

UCLA Brachytherapy
Division of Brachytherapy
Department of Radiation Oncology
200 UCLA Medical Plaza, Suite B265 Los Angeles, CA 90095-6951
Tel: (310) 825-9775 office
Page operator: (310) 825-6301
Fax: (310) 794-9795

PREPARING FOR GYNECOLOGIC INTERSTITIAL BRACHYTHERAPY

INTRODUCTION.....Page 2

BEFORE PROCEDURE.....Page 2

- Medical/Cardiac clearance prior to procedure
- Pre-treatment visit
- One (1) week before procedure
- One (1) day before procedure

THE DAY OF THE PROCEDURE.....Page 4

- Upon arrival
- During your procedure
- After your procedure

EXPECTED DISCHARGE TIMES.....Page 7

FAMILY VISITING HOURS.....Page 7

HOME CARE INSTRUCTIONS FOLLOWING DISCHARGE..... Page 7

- Discharge instructions
- Reasons to call the doctor or go to the ER after the procedure
- During and after-hours contact information

TRAVEL INFORMATION..... Page 8

- Directions
- Transportation
- Parking
- Housing

MEET OUR BRACHYTHERAPY TEAM..... Page 11

CONSENT FORMS.....Page 14

High Dose Rate Brachytherapy for Gynecologic Cancer

Introduction

This information is offered with the intent of answering some of the questions you may have about your upcoming procedure. The UCLA gynecologic brachytherapy program consist of 1 implant procedures performed in the operating room with up to 6 treatments administered throughout several days. The number of treatments you will receive depends upon whether you are receiving HDR brachytherapy alone or a combination of HDR brachytherapy and external beam radiation therapy.

External beam radiation therapy is often referred to as “EBRT”. EBRT is typically a period of 4-5 weeks before brachytherapy. If you are to have EBRT, your physician or physician assistant (PA) will coordinate with an EBRT doctor in your area so that you may receive this part of the treatment closer to home or work.

Before the procedure

MEDICAL/CARDIAC CLEARANCE PRIOR TO PROCEDURE

You will need to have medical and/or cardiac clearance prior to your pre-treatment visit. You will need an EKG, chest xray, labs and/or additional tests such as an echocardiogram or stress test. [\[Recommended tests by our anesthesia department\]](#). If you are on blood thinners such as Warfarin (Coumadin), your clearance must include instructions on holding your medications and whether you require a Lovenox bridge while you are off blood thinners.

If you are from out of town, you will also need medical clearance completed prior to your pre-treatment appointment.

PRE-TREATMENT VISIT

During the pre-treatment visit, you will meet with a member of the medical staff, review and sign [\[procedure consent forms\]](#) and have an opportunity to ask questions related to your scheduled procedure. You will also be given prescriptions for post-op medications. We encourage you to fill these prescriptions prior to your scheduled procedure.

ONE (1) WEEK BEFORE PROCEDURE

One week prior to your procedure, you will need to stop taking aspirin, medications that contain aspirin, NSAIDs or herbal remedies as these medications may cause bleeding.

If you are on chemotherapy, your chemo will need to be held 1-2 weeks prior to the procedure. Your physician or physician assistant (PA) will coordinate this with your medical oncologist.

A pelvic MRI or other scans may be ordered following completion of EBRT and prior to your brachytherapy implant.

ONE (1) DAY BEFORE PROCEDURE

The day before your procedure, you will need to complete a diet and bowel prep.

- You may have a light breakfast
- Begin a clear liquid diet at 12pm (noon) – see table below
- Self-administer a Fleet enema at 5pm. Repeat a second enema at 8pm (available over-the-counter at your pharmacy)
- You are to have nothing by mouth after 12am (midnight)

Examples of liquids qualifying as “clear”:

Food/Beverage	Drink
Soups	<ul style="list-style-type: none">• Clear broth or bouillon• Packaged vegetable, chicken, or beef broth
Sweets	<ul style="list-style-type: none">• Gelatin, such as Jell-O®• Flavored ices• Hard candies
Beverages	<ul style="list-style-type: none">• Clear fruit juices, such as white cranberry, white grape, apple• Soda, such as 7-Up®, Sprite®, ginger ale, seltzer, Gatorade®• Tea

A nurse from the hospital will call you one business day before your procedure. He/she will tell you what time you should arrive at the hospital for your procedure (usually 1 hour before scheduled time). They may ask you a few pre-operative questions.

**** Since your procedure is scheduled in the main operating room (OR) in Ronald Reagan UCLA, you will need to call (310) 267-8899 between 2-4pm one business day prior to surgery to confirm admission time.**

The day of your procedure

Proceed to the venue location listed on your surgery schedule letter.

UCLA Ronald Reagan
Medical Center
757 Westwood Plaza
Los Angeles, CA 90095
Phone: (310) 825-9111

UCLA Ambulatory Surgery
Center
200 UCLA Medical Plaza,
Suite 660
Los Angeles, CA 90095
Phone: (310) 794-1085

UCLA Radiation Oncology
Brachytherapy
200 UCLA Medical Plaza,
Suite B265
Los Angeles, CA 90095
Phone: (310) 825-9775



Things to remember:

- Bring your home medications in its original bottle.
- Bring your CPAP machine (if applicable).
- Bring light reading material or an Ipad/ipod, if you choose. However, someone will need to hold these items for you when you go into procedure. You may be provided a small locker.
- If you wear contacts, wear your glasses instead. Remember to bring a case for them.
- Wear loose-fitting/comfortable clothing (i.e. sweat pants).
- Leave valuables such as credit cards, jewelry, or your checkbook at home.
- Before you are taken into the procedure room, you will need to remove your hearing aids, dentures, prosthetic device(s), etc. Please bring a case for them, if you have one. If you do not have one, one will be made available for you.

UPON ARRIVAL

- *Tell us who you are*

For safety reasons, you will be asked to verify your name and birth date many times. Patients with the same or similar names may be having procedure on the same day. After you have checked in at the front desk, have a seat in the main waiting area and one of our nurses will be out to meet you shortly.

- *Get dressed for your procedure*

You will be asked to change into a hospital gown and nonskid socks. Please limit bringing personal items as storage locker space is very limited. You will not be allowed to wear personal clothing (including undergarments) into surgery.

- *Prepare for your procedure*

Once you are dressed, we will have you recline in a gurney in our pre-operative area. Your nurse will ask you a series of questions about your medical/surgical history, any medication allergies, the medications you took the morning of surgery (if applicable), as well as other questions pertinent to the procedure. Your nurse will also explain what to expect once you wake up from anesthesia until the time you are discharged.

Your nurse or the anesthesiologist will place an intravenous (IV) line into a vein, usually in your arm or hand. The IV line will be used to give you fluids and anesthesia (medication to make you sleep) during your procedure.

You will be taken to the procedure room on a gurney. The staff will help you onto the operating bed. Compression boots will be placed on your lower legs. These gently inflate and deflate to help the circulation in your legs.

DURING YOUR PROCEDURE

Your radiation oncologist and/or fellow/resident/PA will work together during your procedure. While you are under spinal/epidural anesthesia, certain procedures may be performed to evaluate your anatomy in order to ensure the best possible placement of the implant. These may include an examination under anesthesia, cystoscopy (looking in the bladder with a small, flexible camera), proctosigmoidoscopy (looking in the rectum with a small lens) and transrectal ultrasound. Following the exam, a Foley catheter will be placed. A Foley catheter is a soft rubber tube that is inserted into the bladder through the urethra to continuously drain the urine into a bag. Most patients have the Foley catheter removed before they return home, though occasionally a catheter must remain in place for a longer period of time if the patient has difficulties urinating without it.

Next, several small plastic hollow implant tubes called “flexi-guides” will be implanted. These flexi-guides are what give our team direct access to the pelvis, allowing for the delivery of radiation internally directly into the tumor site. An ultrasound or CT will be used to guide the procedure and ensure proper placement.

AFTER YOUR PROCEDURE

Once the implant is complete, you will remain in recovery until the effects from anesthesia have resolved, usually about one hour. You will have a Foley catheter in your bladder to monitor the amount of urine you are making. You will also have compression boots on your lower legs to help your circulation. You may be given a PCA or “Patient Controlled Analgesia” or PCEA “Patient Controlled Epidural Analgesia” pump, which administers pain medication as needed when you press a button. In this case, you control when pain medicine is given, though the pump is programmed with strict limits to prevent unintentional overdosing. Your nurse will teach you how to correctly use your pump, and no one but you or your nurse will be allowed to give you medication from this pump. Your nurse will also likely give you small doses of other forms of medication, which will help keep you comfortable and minimize side effects from any one medication or the PCA/PCEA pump.

Following recovery, you will be taken to the CT (Computed Tomography) scanner for a “CT simulation”. You will meet your Brachytherapists at this time and will undergo a series of scans. This scan takes approximately one hour to complete. There will likely be small adjustments made to the implant during this time to fine-tune the exact position of your implant in the pelvis. The results of the CT scan are sent to our specialized Physics/Dosimetry department, who begin creating your customized treatment plan. The creation of this plan takes on average up to 4 hours. A nurse will monitor you during this time and help you reposition in bed and keep you comfortable. Your nurse can help you reposition yourself either on your side or on your back with your legs on pillows. You do not need to be completely still at all times, just mindful of the implant when changing position, and only change position when a nurse is present to monitor the implant.

You will be given a low-residue diet (no fresh fruits or vegetables) and encouraged to drink fluids. We suggest you bring along a book to read, crossword puzzles or other portable electronics to keep yourself occupied. Family members should check in at the front desk upon arrival should they want to visit the patient. The nurse will be notified and will bring the family to visit when allowed.

Once the treatment plan is complete, you will be transferred into the treatment booth where your radiation therapist will connect the flexi-guides to the HDR afterloader (or “robot”). After this, you will be alone in the room for about 30-45 minutes while the radiation treatment is being given. You will be continuously monitored throughout this time by video camera and will be able to communicate with the radiation therapist via sound system. We ask that you remain as still as possible during the treatment to prevent dislodging the flexi-guides.

HDR Treatment

Depending on your physician’s recommendation, you may receive up to six (6) HDR brachytherapy treatments while you are in the hospital. Treatments are done, typically twice daily, in the Department of Radiation Oncology Brachytherapy Suite.

You will not see or feel the radiation. You may hear the machine humming but you will not feel any pain or discomfort. After the treatment is done, the radiation source is moved back into the storage machine. Once the treatment is complete, there is no residual radiation and you will not be “radioactive”. The radiation therapist will come back and disconnect the cables. Your treatment requires you stay in the hospital as an inpatient for several days.

After your last treatment, the implant is removed from your perineum. This is done easily in the brachytherapy suite. Your epidural, foley catheter and IV will also be removed. Once you are able to do the following, you will be discharged home:

1. Have a stable vital signs (i.e. blood pressure, heart rate, etc)
2. Pain is controlled
3. Ambulate safely
4. Urinate after foley catheter removal

Expected discharge times:

- Discharge times are discussed on an individual basis once plan of care is confirmed, typically at your pre-treatment appointment. Our team will keep you posted during your admission.

Please keep in mind that your discharge is dependent on various factors and these times are approximate. Our goal is to send our patients home before the end of the week.

Family visiting hours

- Radiation Oncology Brachytherapy Suite [7:00am – 5:00pm]
- Ambulatory Surgery [7:00am – 8:00pm]
- Ronald Reagan Medical Center [24 hours]

* Please note that you will not be allowed to be visited when you are having CT scans, your brachytherapy treatments or other patients in the vicinity are having their treatments. It will be up to your nurse to bring family members back for visiting when possible.

Homecare instructions following discharge:

DISCHARGE INSTRUCTIONS

Please keep your 1 week post-operative appointment.

Diet: begin with a bland diet and progress to regular diet as tolerated

Medications:

Please call our office for questions about medications and allergies.

Usual prescriptions: please resume all of your usual medications unless otherwise instructed

Pain: you may experience discomfort for several days after the procedure. It is typically relieved by Tylenol (acetaminophen) but may require prescription pain medication. A prescription is given to you at your preoperative appointment. Do not take both Tylenol and narcotic pain medications that include Tylenol.

Constipation: Narcotic pain medications may cause constipation. It is important that you do not get constipated. Remember to drink plenty of fluids and ensure you are taking a stool softener, such as Colace (docusate sodium) or drink prune juice if you are taking a narcotic pain medication. If you find that you are constipated, you will need a laxative, such as sennakot or milk of magnesia. Both of these are available over the counter at your pharmacy.

Difficulty with urination: It is common to have burning with urination after this procedure. If you experience burning while urinating, you may take Pyridium. Make sure you also drink plenty of water, decrease intake of acidic food/drink, and take warm water (sitz) baths. Do not use bath salts or soaps.

Antibiotics: Preventative antibiotics (Cipro or Bactrim) are usually prescribed by your physician after this procedure. Take your antibiotic twice per day for 3 days after each implant is removed. Begin taking your antibiotic the evening you are discharged.

Activities:

- Avoid lifting over 10 pounds until your follow-up appointment (1 week)
- Avoid strenuous activities until your follow-up appointment (1 week)
- Do not drink alcohol or drive for 24 hours after your release from the hospital OR if you are taking narcotic pain medication
- Keep the perineum (implant area) clean and dry
- You may shower. Just avoid rubbing the perineum harshly or use irritating soaps
- A sitz-bath taken 2-3 times per day (especially after bowel movements) may provide comfort.
- Be patient with urination. Do not strain. Drink plenty of water.

REASONS TO CALL THE DOCTOR OR GO TO THE EMERGENCY ROOM FOLLOWING DISCHARGE

CALL OUR DOCTORS OR GO THE EMERGENCY ROOM IF:

- you are actively bleeding
- you have pain not relieved by prescribed pain medication or if pain is increasing in severity
- you have a temperature over 101 degrees Fahrenheit
- you develop excessive drainage, or drainage appears cloudy or contains pus
- you are unable to empty your bladder or it is causing significant pain

IF YOU ARE IN DOUBT ABOUT WHAT TO DO OR IF YOUR SYMPTOMS ARE URGENT OR CONCERNING, GO TO YOUR NEAREST EMERGENCY ROOM. AFTER YOUR VISIT, PLEASE BE SURE TO LET US KNOW YOU HAVE BEEN TO THE HOSPITAL.

DURING AND AFTER-HOURS CONTACT INFORMATION

For general questions or appointment scheduling, please contact the main line for the Department of Radiation Oncology: (310)825-9775.

Hospital paging operator: (310)825-6301 and ask them to page the Brachytherapy Virtual Pager (pager #89240) to reach the person on-call for our service. Please remain on the line with the operator until you are connected. If they are unable to reach the person on-call for brachytherapy, please ask them to page the attending physician that performed your procedure.

You may also contact the nursing station during business hours (medical questions only, please): (310)267-3132.

Travel information:

DIRECTIONS

UCLA Radiation Oncology Brachytherapy Suite
200 UCLA Medical Plaza, Suite B265
Los Angeles, CA 90095
Phone: (310) 825-9775

<https://www.uclahealth.org/Pages/patients/directions-and-parking/ucla-medical-plaza-maps-and-directions.aspx>

UCLA Ambulatory Surgery Center
200 UCLA Medical Plaza, Suite 660
Los Angeles, CA 90095
Phone: (310) 794-1085

<https://www.uclahealth.org/Pages/patients/directions-and-parking/ucla-medical-plaza-maps-and-directions.aspx>

UCLA Ronald Reagan Medical Center
757 Westwood Plaza
Los Angeles, CA 90095
Phone: (310) 825-9111

<https://www.uclahealth.org/reagan/Pages/maps-and-directions.aspx>

TRANSPORTATION (FLYAWAY SHUTTLE)

Westwood FlyAway offers hourly direct service between LAX and Westwood in partnership with UCLA. Cost is \$10 one-way Visa, Mastercard or Credit Cards Only (No cash accepted). For more information: <https://main.transportation.ucla.edu/getting-to-ucla/travel-options/flyaway>

PARKING

<https://www.uclahealth.org/Documents/UCLAHS-ParkingInfo.pdf>

SHORT-TERM PARKING

Daily Single Entry: Parking at Medical Plaza is available for patients visiting the outpatient clinics. Parking fee is a flat rate of \$12. Please pay at the pay stations located near garage elevators. (*Rates subject to change without notice.)

Daily Single Entry w/Disabled Person's Placard/License Plate: There is a \$5 fee for parking if the driver of the vehicle has a valid handicap placard in his or her name. Please ensure that your vehicle displays a valid parking permit at all times. Pay attendant at exit kiosk during business hours. After hours/weekend, pay full daily single entry rate at pay station.

If parking in Pay-By-Space area near the entrance of 100 and 300 Medical Plaza on the B1 level, pay at self-service pay station BEFORE proceeding to your appointment.

EXTENDED PARKING

Should you or your visitors require parking over an extended period of time, you may want to consider purchasing a consecutive-day discounted parking permit. For more information, visit the patient parking information page or contact Patient Affairs office at (310) 267-9113.

Patient Affairs Office:
Ronald Reagan UCLA Medical Center
757 Westwood Plaza, Suite 1107
Hours: Monday to Friday, 8:00 am to 5:00 pm

TRAILER AND RV PARKING

- *Can I park my RV at UCLA?*
All UCLA parking structures and lots were designed for commuter vehicles. UCLA is NOT set up for recreational vehicles and has no hook-ups.
- *Which RV Park is closest to UCLA?*
The RV Park is located at 12001 Vista del Mar, Playa del Rey, CA 90293. For reservations, fees or additional information call (800) 950-7275 or (310) 322-4951, or check the Department of Beaches & Harbors website.

CONTACT

- *Who can I call for more information about UCLA Parking Services?*
UCLA Parking Transportation Services (310) 206-7275 or visit their website at: www.transportation.ucla.edu.

HOUSING

<http://www.admissions.ucla.edu/tours/accommodations.htm>

*add PDF form

Meet our Brachytherapy Team

Brachytherapy is a specialized skill and we've dedicated ourselves to building a team to take the best care of our patients as possible. Our team includes radiation oncologists, fellows, physician assistant, physicist, dosimetrist, nurses, radiation therapists, scrub tech, and the front office staff. There are only a few other Brachytherapy centers in the United States that commit this level of resource to caring for brachytherapy patients.

[INSERT BRACHYTHERAPY TEAM PHOTO]



[Mitchell Kamrava, MD](#)
Chief of Brachytherapy Service

Dr. Mitchell Kamrava graduated from the University of California, San Diego (UCSD) Medical School. While pursuing his medical education, he also spent a year as a Howard Hughes Research Scholar conducting research on ovarian cancer at the National Cancer Institute (NCI). He completed his internship in internal medicine at Stanford University Hospital and his residency in radiation oncology at the NCI, where he served as chief resident.

Dr. Kamrava then completed a brachytherapy fellowship at the University of California Los Angeles (UCLA) Radiation Oncology Department and subsequently joined the faculty as an Assistant Clinical Professor. He serves as the Chief of the Brachytherapy division as well as the Gynecologic and Sarcoma services.

[David Jeffrey Demanes, MD, FACRO](#)



Dr. Jeffrey Demanes founded California Endocurietherapy Cancer Center (CET) in 1981. He graduated from the University of California, Los Angeles (UCLA) Medical School where he also served his residencies in internal medicine and oncology.

From 1978-1981 he held fellowships at UCLA, and the University of California, San Francisco (UCSF), and at Memorial Hospital in Long Beach. Dr. Demanes is board certified in three medical specialties: Radiation Oncology, Medical Oncology, and Internal Medicine.

He brought his expertise and brachytherapy team to the University of California, Los Angeles (UCLA) in 2010.



[Shyamal Patel, MD](#)

Brachytherapy Clinical Fellow

Dr. Shyamal Patel completed his undergraduate and medical school training at Boston University. He went on to do his internship in medicine at Lenox Hill Hospital in New York City and his residency in radiation oncology at Montefiore Medical Center in the Bronx. He developed a strong interest in brachytherapy during his training, which led him out west to pursue a fellowship at UCLA.



[Omar Ragab, MD](#)

Brachytherapy Clinical Fellow

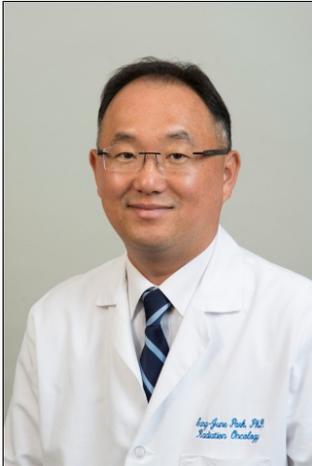
Dr. Omar Ragab is a native of Los Angeles and attended the University of Southern California for medical school and radiation oncology residency. During his training, he developed an interest in brachytherapy and is completing fellowship here at UCLA. His interests outside of work include scuba diving, sports, and finding LA's best foods.



[Lalaine Borja Zaide, PA-C](#)

Brachytherapy Physician Assistant

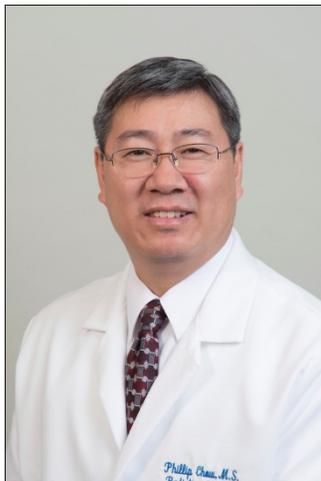
Lalaine Borja Zaide, PA-C received her Bachelor of Sciences degree in Biological Sciences from California State University, Hayward in 1999 and her Master of Science degree in Physician Assistant Studies from Pacific University in 2004. Lalaine has specialized in brachytherapy since 2007 and has been a part of the UCLA Division of Brachytherapy since 2010 when California Endocurietherapy (CET) Cancer center joined UCLA. Lalaine assists with many brachytherapy procedures. She also coordinates patient treatments as well as provides follow up and management of brachytherapy patients.



[Sang-June Park, PhD, DAB](#)

Chief Brachytherapy Physicist

Dr. Sang-June Park is an Assistant Clinical Professor and Chief Brachytherapy Physicist. He received his PhD from the Nuclear Engineering and Radiological Sciences, University of Michigan in 2005. After his PhD, Dr. Park joined Brookhaven National Laboratory for small animal imaging research (2005-2006). He received medical physics and brachytherapy training from Harvard Medical School Department of Radiation Oncology at Brigham and Women's Hospital and Dana-Farber Cancer Institute (2006-2009). Dr. Park joined UCLA in 2009 and has been working on brachytherapy planning, QA, education, and research.



[Phillip Chow, MS, DABR](#)

Medical Physicist

Phillip Chow graduated from UCLA with a Bachelor of Science degree in Physics in 1990. While attending graduate school in Astrophysics, he began working as a Medical Dosimetrist in 1992. He received his certification from the Medical Dosimetrist Certification Board (MDCB) in 1995. He then moved to Bangor, Maine in 1996 where he worked for two years as a Certified Medical Dosimetrist before being offered a position at Kaiser Permanente in Southern California. He stayed with Kaiser from 1998 to 2000 when he was accepted to the Biomedical Physics Graduate Program here at UCLA. He earned his Master of Science degree in Biomedical Physics in 2004 and shortly thereafter began working as a Medical Physicist here in the UCLA Department of Radiation Oncology. He is currently working on his PhD in Biomedical Physics. On top of his duties as a clinical Medical Physicist, Phillip is now heading the Eye Plaque Physics program; responsibilities include coordination of the Physics staff involved in the eye plaque program as well as oversight of the program's day-to-day operations.



[Maryanne Hagio, CDM](#)

Certified Medical Dosimetrist

Mary Ann Hagio, BS, RTT, CMD

Mary Ann obtained her Bachelor's degree from CSU Long Beach in Radiation Therapy. She worked initially as a staff radiation therapist, then later as an associate chief therapist at UCLA from 1996-2007. She then joined the medical physics group as a medical dosimetrist in 2007, then the brachytherapy service in 2013. She currently works alongside the physicians and physicist designing treatment plans for both the brachytherapy and external beam treatments. She's also an active member with the American Association of Medical Dosimetrists



[Kayla Kafka, RN, BSN, CNRN](#)

Brachytherapy RN - Clinical Nurse III

Kayla Kafka RN BSN CNRN is a registered nurse and the coordinator for the UCLA Brachytherapy Program. Prior to joining UCLA, Kayla spent many years working in Neuro/Trauma Intensive Care at Northwestern Memorial Hospital in Chicago, Illinois and at the University of Iowa Hospitals and Clinics in Iowa City, Iowa.



[Racquel Diones, RN](#)

Brachytherapy RN - Clinical Nurse II

Racquel Diones RN is our newest member to the Brachytherapy team. She has been a Registered Nurse since 2002 and has various work experience which include the Emergency Room, Step-Down ICU, Pre-operative and PACU, and OR. For the past 10 years she has worked at an outpatient surgery center in Beverly Hills.



[Thomas Wong, RTT](#)

Radiation therapist

Thomas Wong RTT is our chief brachytherapist with over 25 years of brachytherapy experience.



[Alfred Jamison, RTT](#)
Radiation therapist

Alfred Jamison worked as a radiation Brachytherapist with Dr. Demanes and team for 11 yrs, 5 yrs while at Alta Bates Hosp in Oakland, Ca, and 6 yrs here at UCLA. He particularly enjoys the hands-on aspect of brachtherapy and has enjoyed the quickly developing program of new technology, applicators, and workflow in the UCLA setting. His background is varied in several other non-medical careers of home construction, pipelaying, heavy equip. operating, including commercial truck driving, and coal mining. All these experiences contribute to enjoying his job and relating to patients.



[Maria Serrano](#)
Surgical Technician

Maria Serrano is responsible for equipment and instrument preparation as well as assisting physicians during the brachytherapy procedure.



[Mingle Zhang, BS](#)
Research Study Associate

Mingle (Ming) Zhang joined the Division of Brachytherapy in UCLA Radiation Oncology since 2015. He is dedicated to managing an ongoing brachytherapy data registry, coordinating data analysis for brachytherapy research and assisting in various aspects of different research projects.



[Kevin Cazares](#)
Front office navigator

Kevin Cazares is a Brachy Navigator for the service. The Brachy Navigator guides patients through the process for receiving brachytherapy treatment – the goal of the service. This includes assistance in scheduling your initial consult, coordinating your surgical appointment and follow up care.



[Patricia Mendoza](#)
Front office navigator

Consent forms

[*Add PDF \[link to PROCEDURE consent forms\]](#)

[*Add PDF \[link to RESEARCH consent forms\]](#)