

Vital Signs

WINTER 2020 | VOLUME 85

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Genetic testing opens door to greater awareness of potential cancer risk

As our understanding of the relationship between genetics and cancer increases, UCLA Health has expanded efforts to identify patients who could benefit from genetic screening specific for cancer risk, and to make testing and counseling services more broadly available.

Beth Karlan, MD, vice chair of women's health research in the UCLA Department of Obstetrics and Gynecology and director of cancer population genetics at the Jonsson Comprehensive Cancer Center, explains that patients who might benefit from cancer genetic tests include many cancer survivors, patients newly diagnosed with certain cancers and those whose ancestry places them at higher risk for carrying mutations

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U can stop colon cancer

UCLA Health aims to boost screening during Colon Cancer Awareness Month

Screening can help prevent and detect colon cancer, yet one-in-three Americans delay or refuse testing. To encourage more screening, UCLA Health and the Department of Medicine and divisions of gastroenterology and oncology are hosting a series of events — including lectures, webinars and informational sessions — during National Colorectal Cancer Awareness Month in March.



To learn more about Colon Cancer Awareness Month events, go to: uclahealth.org/colon-cancer-screening

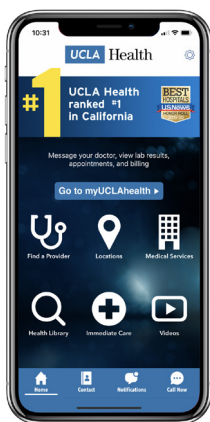


Image: UCLA Health

Get UCLA Health information on your phone

The UCLA Health app now is available for both iOS and Android users and allows you to search for a UCLA Health provider, get directions and maps to more than 180 medical practice locations, access your health records, find out about our medical services, find immediate care locations and view webinars and health education videos. You can also request an appointment and use our extensive health library.



For more information and to download the UCLA Health app, go to: uclahealth.org/ucla-health-app

In the "Zone"

UCLA Health is sponsoring a new, weekly radio show called the *UCLA Health Zone with Dr. Phil Cohen*. The show airs Saturdays, from 8 to 10 am, on AM570. Dr. Cohen is an internal and sports medicine specialist with the UCLA Health-Encino office; he is joined by station cohost Adam Ausland to discuss sports medicine-related issues for professional athletes and weekend warriors alike. Each show features guests and segments about nutrition, rehab or other health topics.



Photo: UCLA Health



For more information or to access podcasts from previous shows, go to: uclahealth.org/ucla-health-zone-radio-and-podcast

UCLA hospitalist care available at local hospitals in Greater Los Angeles region

As UCLA Health has expanded and opened primary and specialty care offices throughout Southern California, it has grown its hospital network and placed internists who specialize in treating hospitalized patients, called hospitalists, into 17 community hospitals and counting. Forster Chhean, MD, a hospitalist at Ronald Reagan UCLA Medical Center, and Veronica Ramirez, MD, a UCLA hospitalist at California Hospital Medical Center, discuss the advantages of hospitalist care.

What is a hospitalist?

“A hospitalist is an internal medicine physician who specializes in hospital medicine and is available to take care of medical issues in real time in the hospital setting as they arise,” Dr. Chhean says. “The hospitalist formulates the care plan and acts as the primary physician contact for the other doctors, nurses and ancillary staff providing care to hospitalized patients.”

How will a hospitalist know about my health history and communicate with my doctors?

“Because we’re an integrated health system, we have access to patients’ outpatient medical records, as well as maintaining close

communication with our patients’ primary care doctors,” Dr. Ramirez says. “This means we can ensure continuity of care between the outpatient setting and the inpatient setting. Our patients feel more at ease knowing that the doctor taking care of them in the hospital also is connected to and in communication with their primary care doctor.”

How did this specialty develop?

The term hospitalist was coined in 1996. The specialty developed as primary care physicians, juggling larger patient loads, had difficulty keeping up with their patients in the hospital. Only available to see their patients early in the morning or in the evening, they missed the opportunity to interact with many of the hospital team members providing care, Dr. Ramirez explains. In addition, patients who are hospitalized today have more acute and complicated health situations. Hospitalists have more expertise to oversee treatment of these conditions in the hospital setting.

What are the advantages of being treated by a hospitalist?

Since they are based in the hospital, hospitalists are more available during the day to speak with nurses, follow up on tests and meet with patients and family members. They know the hospital’s policies and practices, as well as other hospital personnel. In addition to their connection with the patient’s other UCLA physicians, another advantage of having a UCLA hospitalist. “Hospital medicine affords us the time necessary to fully



Photo: Getty Images

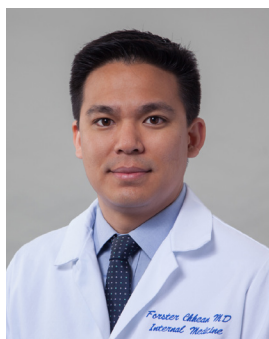
attend to individual patients, which can be a challenge in the outpatient setting,” Dr. Chhean says. “We can take however much time we feel is necessary with a patient or a family member to address their needs.”

How can I get care from a UCLA hospitalist?

UCLA patients who know in advance that they will be hospitalized at a hospital covered by a UCLA hospitalist can have their primary care physician arrange for them to receive care from a UCLA hospitalist. Those admitted from the Emergency Room can show a UCLA hospitalist card (available at primary care offices) or simply ask to see a UCLA Health provider upon admission.



For more information about the UCLA Hospitalist Program and to find locations near you, go to: uclahealth.org/hospitalists



Forster Chhean, MD



Veronica Ramirez, MD

Photos: UCLA Health

Immediate health concerns about vaping are real

but long-term effects are not yet fully understood

While the severe lung disease and related deaths that have been associated with the use of e-cigarettes give pause to some users, two UCLA Health pulmonologists caution that beyond the immediate concerns about illness, vaping poses longer-term threats in the form of nicotine addiction and potential lung damage.

Vaping involves heating a liquid — typically containing nicotine or cannabis, as well as flavorings and other substances and additives — to produce an aerosol that is inhaled through a battery-powered device. E-cigarettes have grown into a multi-billion-dollar industry since hitting the U.S. market in 2007, with a particular appeal to youth. The U.S. Centers for Disease Control and Prevention (CDC) recently estimated that one-in-four high school students vape.

By early November 2019, the CDC had received more than 2,000 reports from 49 states of vaping-associated lung injuries, as well as more than three-dozen confirmed vaping-related deaths. The same month, the agency identified vitamin E acetate, a chemical additive in the production of e-cigarette products, as a likely culprit, though it warned that additional chemicals could also be involved.

Eric Hamberger, MD, a UCLA pediatric pulmonologist, says he became concerned about rising e-cigarette use among his patients well before the recent rash of illnesses. “Whether this outbreak turns out to be an isolated incident or continues indefinitely, we need to worry about the long-term effects on the lungs of kids and

young adults,” Dr. Hamberger says. “Any addictive substance that you inhale has the potential to cause harm.”

Kathryn Melamed, MD, a UCLA adult pulmonologist, points out that many of the health effects of e-cigarette use are yet to be determined. “Vaping is still relatively new, so we don’t have data on the long-term risks,” Dr. Melamed says. “It took decades before we fully understood the effects of cigarettes, because cancer and lung-related illnesses such as emphysema and chronic obstructive pulmonary disease develop over many years. It could be that the risks and long-term outcomes of e-cigarettes will be different from those of traditional cigarettes, but it’s too early to know.”

Dr. Melamed notes that e-cigarettes were initially seen as a potentially effective smoking-cessation tool — a way to wean smokers off their presumably more toxic tobacco-cigarette habit. But the evidence on that point is mixed. A large clinical trial published in 2019 found that smokers who switched to e-cigarettes were nearly twice as likely to remain off tobacco a year later as smokers who used traditional nicotine-replacement products in their effort to quit. But the same study found that 80 percent of the e-cigarette group was still vaping, indicating they had traded one addiction for another.

Whether e-cigarettes are safer than traditional cigarettes is beside the point for a generation of youths who have increasingly become targets of e-cigarette marketing, with the multitude of appealing flavors and devices

that come in attractive, sleek designs that bear no resemblance to traditional cigarettes and are easy to conceal. Dr. Hamberger says too many teens and young adults believe the habit to be relatively harmless.

“Comparing the safety of e-cigarettes and traditional cigarettes makes sense when we’re talking about long-term adult smokers who want to switch to something that’s probably safer, but it’s not a useful comparison for a child or teenager who isn’t a regular cigarette smoker and isn’t trying to switch,” he says. “Kids today have access to more information than any prior generation, and they’re smart about seeking it out. We need to do a better job of getting the word out that even if we don’t know everything yet about long-term effects, there are many known reasons not to vape.”



To view a #UCLAMChat webinar with Dr. Eric Hamberger about vaping, go to: tinyurl.com/e-cigarette-hamberger

Continued from cover

Genetic testing opens door to greater awareness of potential cancer risk

in genes related to cancer susceptibility.

While many people could benefit from cancer genetic services, “few are receiving them,” Dr. Karlan says. “We want these individuals to have conversations with their health care providers about available testing that could have implications for their own health and health care, as well as for preventive opportunities for family members.”

The U.S. Preventive Services Task Force (USPSTF) recommends that primary care clinicians conduct a risk assessment of their female patients who have either a family or personal history of breast, ovarian, tubal or peritoneal cancer, or who have ancestry associated with BRCA1 and/or BRCA2 gene mutations, to determine whether or not they should be referred for genetic counseling and, if indicated, genetic testing. Women who test positive for a BRCA gene mutation have a substantially higher lifetime risk of developing breast or ovarian cancer, and they can work with their health care provider to manage that risk, as well as recommending that first-degree relatives be tested.

Inherited risk doesn't recognize gender, and an assessment of both women and men who have a personal/family history of cancer ensures that all would benefit from genetic counseling referral.

“Thankfully, less than one percent of women have these mutations, but for those who are at risk, it's very important that they get screened,” says Carol Mangione, MD, MSPH, the Barbara A. Levey, MD, and Gerald S. Levey, MD, Endowed Chair in Medicine and a member of the USPSTF panel that issued the recommendation.

Dr. Mangione notes that the USPSTF guidelines, which were revised this past summer, expand the population of women who should be assessed for potential BRCA1 and BRCA2 testing beyond the previous recommendation, which focused on women with a family history of breast or ovarian cancer. The pool now also includes disease-

free breast cancer survivors, many of whom haven't previously considered testing for BRCA1 and BRCA2 mutations, as well as women with ancestries that put them at greater risk, including women of Ashkenazi Jewish descent, where the prevalence of the BRCA mutations is 2-to-3 percent.

Risk from BRCA mutations is not limited to women; men are at equal risk of carrying one of these mutations. A BRCA gene mutation is associated with increased risk of several types of cancers, including breast cancer in both men and women, prostate cancer, ovarian cancer, pancreatic cancer and melanoma, among others.

UCLA is part of a national multicenter research initiative to increase access to testing for BRCA. The BRCA Founder Outreach (BFOR) initiative is open to men and women ages 25 or older, with at least one Ashkenazi Jewish grandparent, who haven't previously been tested. Interested participants complete an online consent and are directed to a nearby laboratory to have their blood drawn. Their results are shared by their primary care provider.

“Democratizing access to genetic testing provides knowledge that can reduce cancer risks and improve outcomes for those with a BRCA mutation,” Dr. Karlan says.

Beyond the BFOR initiative, UCLA is expanding its cancer genetic services to any UCLA Health patient who meets national guidelines for cancer genetic testing — a group that includes many patients diagnosed with cancer, many cancer survivors and healthy individuals who have never been diagnosed but are in high-risk groups. For people who are healthy, a positive genetic test can lead to more frequent cancer screenings or, in some cases, prophylactic or risk-reducing surgery. For cancer patients, knowledge of a particular mutation can influence the therapeutics used in treatment.



For more information or to enroll in the BRCA Founder Outreach initiative, go to:
bforstudy.com

Photo: Getty Images

New clinic provides personalized care for patients with **inherited or genetic cardiovascular disease**

UCLA Health's recently established Cardiovascular Genetics Clinic provides personalized care to patients and families with inherited or genetic forms of cardiovascular disease. In addition to clinical evaluation and diagnostic assessment, including genetic testing, the program provides genetic counseling and subspecialty care designed to meet the unique needs of patients and families. Clinic director Jessica Wang, MD, PhD, genetic counselor Judy Fan and cardiologist Pritha Gupta, MD, PhD, talk about the program.



Photo: Getty Images

What was the impetus for starting this clinic?

Dr. Wang: Genetic or inherited cardiovascular diseases can run in families or occur in isolation. Although family screening is recommended to prevent adverse outcomes and sudden death, it is not often emphasized in a routine visit. Moreover, recent advances in technologies and the dramatic reduction in the cost of genetic testing have made genetic evaluation both possible and feasible. We built our program to provide care to patients and their family members with these very specialized needs, to better assess risks and manage risks for sudden death, heart failure and related complications based on their genetic profile.

What types of cases do you see?

Dr. Gupta: Some of the patients referred here come with a clear-cut diagnosis based on their clinical signs and symptoms. These tend to fall into one of four categories: cardiomyopathies, arrhythmias, diseases of the aorta and familial high cholesterol. We also see familial cases in which there is no diagnosis yet. For example, if there is a sudden cardiac death in the family and a cardiac condition such as arrhythmia could be the cause, first-degree family members might be advised to obtain a cardiac evaluation. Importantly, we provide genetic counseling to asymptomatic family members who may not have a diagnosis, so they understand the implications of genetic testing, before they make an informed choice about whether to proceed with genetic testing.

What do you tell patients as part of their genetic counseling?

Fan: We want them to make an informed decision, so we discuss both benefits and limitations of genetic testing and how that might affect them and their family members. Because many genetic heart conditions have guidelines for family screening, we want patients to be aware that some heritable cardiac conditions have an impact on the medical management of their relatives. The results of genetic testing are not necessarily

clear cut, and a negative result may not mean their condition isn't genetic. Part of pre-test counseling helps patients understand the possible test results and how that may affect their care and the care of their relatives. Patients sometimes have questions about the impact of genetic testing on insurability, so we address these concerns as well.

How might patients' management be affected by genetic testing?

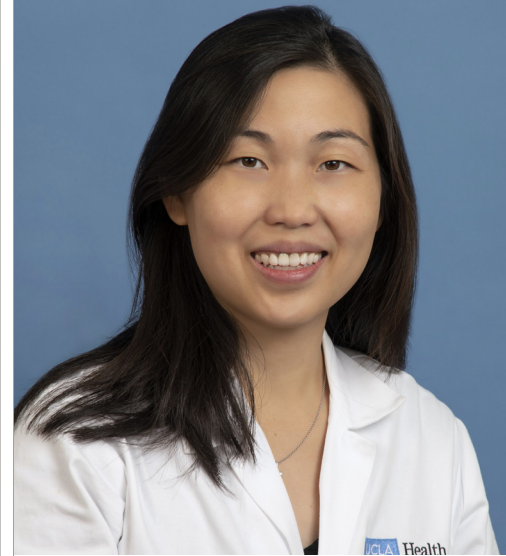
Dr. Wang: Whether tested positive or negative on genetic testing, patients and their family members may still require longitudinal clinical follow-up, which includes periodic clinical screening. For example, patients with hypertrophic cardiomyopathy may require an echocardiogram and ambulatory cardiac monitoring every year. Not-yet-affected family members may require such screening every one-to-five years, depending on their age and other risk factors.

In what other ways are patients better off as a result of this type of a program?

Dr. Gupta: Patients appreciate having answers to questions they might have had for a long time — why their family member died, or getting an explanation for a condition that has been in their family for generations. Many patients also are concerned about the next generation, and they are hoping they can participate in research so that medical care for that condition can improve in the future. And with family history taking, we can identify other family members who might be at risk and allow those individuals to consider screening.



For more information about the UCLA Cardiovascular Genetics Clinic, go to: uclahealth.org/heart/genetics



Jessica Wang, MD, PhD



Pritha Gupta, MD, PhD



Judy Fan

Photos: UCLA Health

New genetic therapies lead to major advances in treatment of cystic fibrosis

A new therapy for cystic fibrosis (CF) that targets the genetic root of the disease has been shown to dramatically improve patients' lung function and could benefit the vast majority of patients with the disease. Data from clinical trials was so persuasive that the Food and Drug Administration approved the new three-drug combination therapy in October 2019, five months earlier than expected.

"This is the closest therapy we have to a cure, and soon we hope to be able to successfully treat all CF patients," says Douglas Li, MD, codirector of the UCLA Mattel Children's Hospital Cystic Fibrosis Center, which is accredited as a Core Center by the Cystic Fibrosis Foundation and includes both pediatric and adult programs.

CF is the most common, life-limiting recessive genetic disorder in Caucasians,

though it occurs in all ethnicities. It is a progressive disease that results in the buildup of thick mucus in the lungs, causing persistent lung infections and limiting the ability of patients to breathe. While the median survival for patients with CF has, over the decades, increased from 2 years to 47 years of age, there have, until recently, been no treatments that did more than alleviate symptoms.

That is not the case with the new therapy, elxacaftor/ivacaftor/tezacaftor, which is part of a new class of drugs — cystic fibrosis transmembrane conductance regulator (CFTR) modulator therapies — designed to correct the underlying defect that causes CF. While not cures, these drugs have dramatically improved the outlook for those patients who have the specific mutations

targeted by the drug therapies. (More than 1,700 mutations in the CFTR gene have been identified, some of them common and others extremely rare.)

Dr. Li notes that the CFTR modulator therapies have a beneficial impact on lung function, as well as decreasing pulmonary exacerbations and weight gains. "Previously, we had made large strides in life expectancy by mitigating the end-organ effects of CF. What's exciting about these new therapies is that, for the first time, we are able to treat the underlying cause of the disease," he says.

Elxacaftor/ivacaftor/tezacaftor was approved for patients 12 years and older with the most common CF mutation. Marlyn S. Woo, MD, codirector of the UCLA Cystic Fibrosis Center, and Dr. Li note that nearly half of CF patients can benefit from one of the two earlier available CFTR modulator therapies that target the malfunctioning protein encoded by the CF gene, which regulates the flow of water and chloride in and out of cells in the lungs and other organs. This new medication expands the proportion of CF patients eligible for CFTR modulator therapy to approximately 90 percent.

"Before these CFTR modulator therapies, we could only symptomatically treat CF patients with drugs to help them with malabsorption

Genetic variance in cystic fibrosis

Deleted CTT nucleotide sequence results in a malfunctioning CFTR protein.

New genetic therapies target mutations in the cystic fibrosis transmembrane conductance regulatory protein.

Illustration: Monica Schroeder/Science Source

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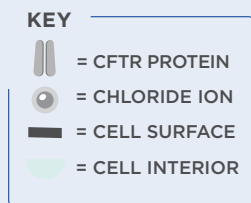


Chromosome 7

A new therapy to combat CF

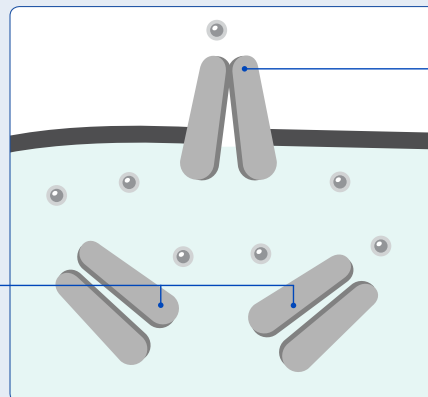
Cystic fibrosis is the most common, life-limiting recessive genetic disorder in Caucasians, though it occurs in all ethnicities. Until recently, therapies aimed only to alleviate the symptoms of the disease.

A new class of drugs that targets the genetic root of the disease is changing the outlook for an increasingly large percentage of patients. Elexacaftor/ivacaftor/tezacaftor is the latest addition to this armamentaria that, together with previous genetic therapies, is expected to expand treatment to up to 90 percent of eligible patients.



Defect 1:

Fewer CFTR proteins get to the cell surface, where they are normally located.



Defect 2:

CFTR proteins don't open correctly if they do not reach the cell surface.

Because of these defects, chloride ions cannot move into or out of the cells like they should. This can cause thick, sticky mucus to build up in the lungs and other organs.

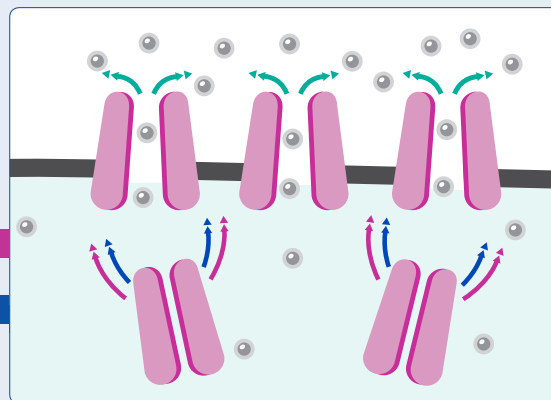
By binding to different places on F508del-CFTR proteins,

ELEXACAFTOR

and

TEZACAFTOR

work together to help more proteins reach the cell surface.



IVACAFTOR

helps CFTR proteins stay open longer at the cell surface.

Together, the three components help F508del-CFTR proteins function better.

Graphic: Courtesy of Vertex

or to thin the thickness of the airway mucus,” Dr. Woo says. “But we couldn’t really go after the source of the disease, which is the dysfunction of the CFTR protein. Now we have directed therapy.”

Care for patients with CF has significantly improved over the years. As recently as the 1980s, the median life expectancy was 14 years of age. That began to change dramatically with newborn screening to detect the disease early, mechanical therapy to loosen thickened mucus and help patients expel it from their lungs, improved antibiotics, nutritional enhancement and digestive enzymes. By 2016, according to CF Registry data, the median predicted survival was 47 years — a jump from 41 the previous year, thanks to the introduction of the first-generation CFTR modulator therapies. More

than half of the CF patient population is now older than 21. “This is no longer a pediatric disease,” Dr. Woo says.

In addition to being codirectors of the UCLA Mattel Children’s Hospital Cystic Fibrosis Center, Drs. Woo and Li direct UCLA’s Pediatric Cystic Fibrosis Program; Patricia Eshaghian, MD, is program director of the UCLA Adult Cystic Fibrosis Program.

Coupled with advances in genetic therapies, therotyping, a recently developed process to match medications with mutations, will enable more patients with rare mutations to benefit from modulators.

Will there someday be a cure for CF? Dr. Woo believes one will come within the next 10 years. “The CF Foundation is committed to finding effective treatment

for all CF patients,” Dr. Woo says. “The motto of the CF community is ‘CF means cure found!’ It may not come about from correcting the protein or getting the protein to function; it may come from some other direction. But I believe that it will come,” she says. “We are very close.



For more information about UCLA’s pediatric and adult cystic fibrosis programs, go to:

uclahealth.org/mattel/pediatric-pulmonology/cystic-fibrosis-program or uclahealth.org/cystic-fibrosis

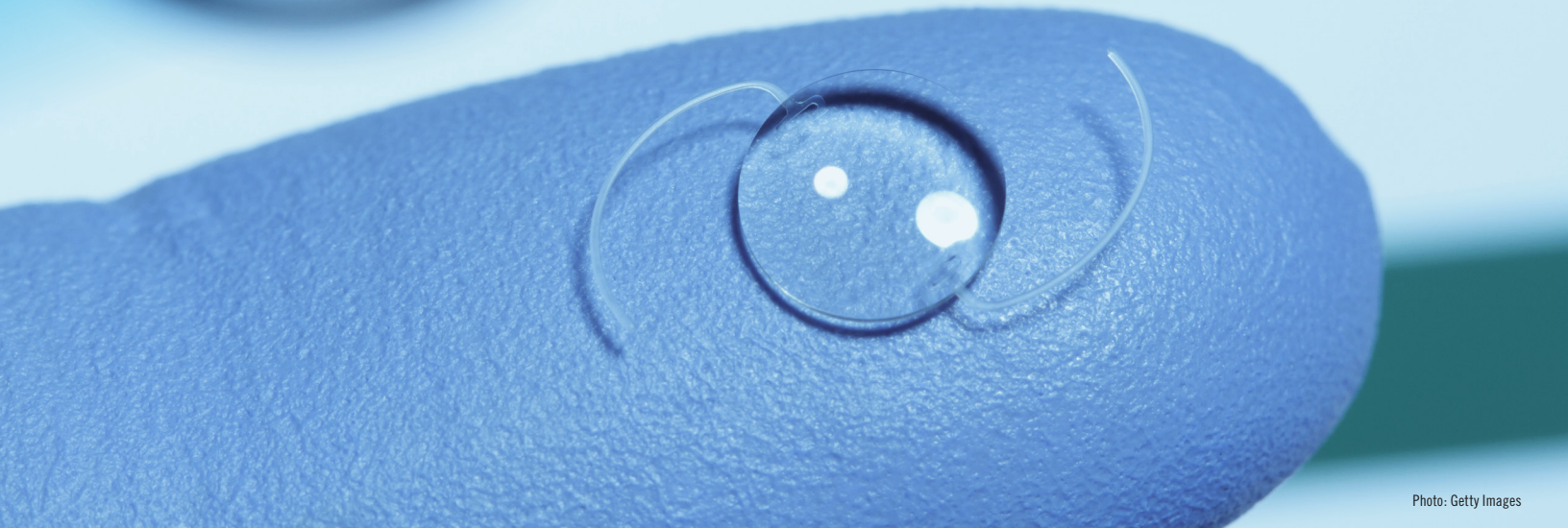


Photo: Getty Images

Advances in lens technology brighten outlook for cataracts patients

Cataracts — clouding of the normally transparent lens of the eye — are the leading cause of visual impairment. By age 65, more than 90 percent of people have a cataract, and half of the people between the ages of 75 and 85 have lost some vision due to a cataract. A cataract cannot be removed with eye drops; surgery is the only treatment to remove the clouded lens and replace it with a plastic intraocular lens (IOL). Approximately 3 million cataract surgeries are performed annually in the United States, making the procedure the most commonly performed outpatient surgery.

Cataract surgery is indicated when patients are experiencing symptoms such as dimmed vision or glare with oncoming headlights that are affecting their daily life, and these symptoms are attributable to a cataract, explains Mitra Nejad, MD, a surgeon in the Stein Eye Institute's Division of Cataract and Refractive Surgery.

The most common IOL used is a standard monofocal lens, which can only focus light into one point in space; therefore, most patients will require glasses for the majority of their tasks after cataract surgery. Newer premium lenses like bifocal implants, which correct for both far and near vision, are available and make people less dependent on glasses. The choice to place a premium IOL as opposed to a standard lens, however, entails additional costs to the patient that are not covered by insurance, and is dictated by patient preference and preoperative clinical findings.

As in most areas of medicine, technology that enhances benefits to patients is evolving. In the field of cataract surgery, the latest advance is a trifocal lens designed to allow cataract patients to see well at all distances — near, mid-range and far — while minimizing the need for glasses. The lens has been available internationally since 2015, but was approved by the Food and Drug Administration for

use in the United States in August. UCLA is among the first academic institutions in the country to make the new technology available to patients.

There has been a trend toward seeking cataract surgery at an earlier age. "It's not that people are necessarily developing cataracts earlier, but their visual demands are greater," says UCLA cataract surgeon Shawn Lin, MD. "It used to be that cataract surgery was simply aimed at allowing people to be able to see, but the bar is higher with smart phones, computers and more active lifestyles."

The new trifocal lens, coupled with laser-assisted cataract removal, which is designed for a gentler and more precise procedure, "is a major advance for the quality of life of our patients," Dr. Lin says.



For more information about eye care at UCLA, go to: uclahealth.org/eye

Alternative to knee replacement offers potential relief for patients who have not been candidates for surgery

UCLA is among the first medical centers to offer a minimally invasive alternative to knee replacement surgery, providing potential relief to individuals who are experiencing debilitating pain from knee arthritis but haven't been candidates for surgery or were deterred by the lengthy recovery time.

Osteoarthritis of the knee can cause significant pain and limit physical activity, hindering quality of life. Most people can obtain relief from medications or injections of a steroid or hyaluronic acid, but the benefits often are temporary and the effects may diminish with repeated treatments.

When these conservative approaches are inadequate, the only option has been knee replacement surgery. More than 600,000 people in the U.S. receive knee replacements each year, and the surgery produces excellent overall outcomes with a relatively low complication rate. But many people are not candidates, either because their advanced age or other medical conditions that place them at high risk. Additionally, many people at a relatively young age may delay the operation, given the likelihood that they might need a second replacement or revision after 15- to 20 years. Others decide to live with their discomfort rather than undergo a procedure that requires a prolonged period of recovery.

UCLA now is offering a middle ground through a procedure called genicular artery embolization, a minimally invasive procedure that involves injection of a small volume of tiny particles into the artery in the knee. "The goal is to reduce the inflammation that causes the pain, which tends to be the result of abnormally increased blood flow to the area," says UCLA interventional radiologist Sid Padia, MD. The procedure has previously been used to treat cancerous tumors and uterine fibroids.

Genicular artery embolization is performed as an outpatient procedure and takes about two hours under conscious sedation. Patients who smoke or have artery damage are not candidates. Through a small catheter under X-ray guidance, a small volume of particles, tinier than grains of sand, are injected into enlarged arteries in the knee, reducing their size. Patients go home the same day and often can resume their usual activities by the evening.

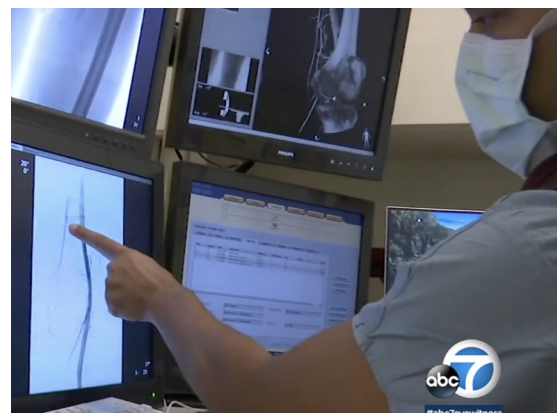
Dr. Padia notes that in Japan, where the procedure originated, approximately 80 percent of patients reported significant pain relief and marked improvement in their knee function. Many have been able to reduce or eliminate their need for pain medication, including narcotics. Dr. Padia is equally encouraged by the results among the patients he has treated.

"This fills in the gap for people who are not being helped by conservative treatments and are either not ready or are poor candidates for knee replacement surgery," Dr. Padia says. "Until now, there was no viable option for these patients."

Applications for this technology are in development for other joints, such as the shoulder for people with adhesive capsulitis (also known as frozen shoulder) and the elbow for lateral epicondylitis (also known as tennis elbow).

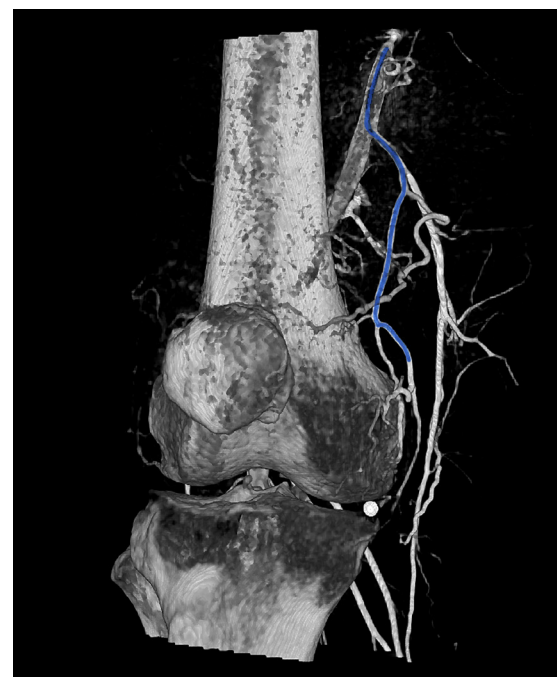


For more information about genicular artery embolization at UCLA, go to: uclahealth.org/radiology/ir/gae



During the genicular artery embolization, Dr. Sid Padia uses an angiogram to identify the abnormal genicular artery that supplies the area of pain in the knee.

Image: ABC7



During the genicular artery embolization procedure, a 3D reconstruction of the knee and the arteries helps identify the genicular artery (blue), which is the target for the embolization procedure.

Image: ABC7

Community Health Programs

JANUARY/FEBRUARY/MARCH 2020 COMMUNITY CALENDAR EVENTS

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education. Go to connect.uclahealth.org/calendar for more information.

BONE HEALTH

Osteoporosis Update

Learn what osteoporosis is, how to prevent it and how to treat it.

When: Tuesday, Jan 21 / 2 – 3:30 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Bone Health and Hyperparathyroidism

Masha Livhits, MD, UCLA endocrinologist, will discuss hyperparathyroidism, how it contributes to bone density loss and osteoporosis, and treatments to help maintain bone health.

When: Wednesday, Jan 29 / 10:30 am – Noon

Where: Sunrise of Westlake Village, 3101 Townsgate Rd

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Exercise for People with Arthritis

Lauren Freid, MD, UCLA rheumatologist, will focus on osteoarthritis and the latest recommendations on exercise and physical activity for people living with arthritis.

When: Saturday, Feb 1 / 2:30 – 4 pm

Where: Belmont Village Burbank, 455 E Angeleno Av

RSVP: connect.uclahealth.org/calendar or 800-516-5323

CANCER

Prostate Cancer Update

David Khan, MD, UCLA radiation oncologist, will discuss current radiation therapy trends in the treatment of prostate cancer.

When: Wednesday, Feb 5 / 5 – 6:30 pm

Where: Cancer Support Community Redondo Beach, 109 W Torrance Bl, Ste 100

RSVP: connect.uclahealth.org/calendar or 800-516-5323

CANCER (CONTINUED)

Colon Cancer Prevention and Screening Update

Rimma Shaposhnikov, MD, UCLA gastroenterologist, and Natalie Manitiuis, MPH, RDN, UCLA GI Dietitian, will discuss screening modalities for colon cancer, how often you should be screened and dietary tips to prevent colon cancer.

When: Monday, Mar 2 / 5:30 – 7 pm

Where: Cancer Support Community Valley/Ventura/Santa Barbara, 530 Hampshire Rd, Westlake Village

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Healthy Breasts, Healthy U

Jeannie Shen, MD, UCLA breast surgeon, will discuss the factors that can increase a woman's likelihood of developing breast cancer, plus healthy lifestyle choices to lower your health risk.

When: Tuesday, Mar 17 / 6:30 – 8 pm

Where: Cancer Support Community Pasadena, 76 East Del Mar Bl, #215

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Thyroid Disease

James Wu, MD, UCLA endocrinologist, will discuss the anatomy and function of the thyroid, how thyroid blood tests are viewed, concerns about a thyroid nodule and when surgery is necessary.

When: Thursday, Mar 19 / Noon – 1:30 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Colorectal Cancer Prevention

Gobind Sharma, MD, UCLA gastroenterologist, will give an overview on colorectal cancer, how and when to screen, screening options and simple steps one can take to prevent it.

When: Friday, Mar 20 / Noon – 1:30 pm

Where: Cancer Support Community Los Angeles, 1990 S Bundy Dr, Ste 100

RSVP: connect.uclahealth.org/calendar or 800-516-5323

DIABETES

Basic Diabetes Nutrition Group Class

This two-hour ADA-certified class will teach you how to plan satisfying meals to maintain healthy blood-sugar levels. A physician referral is required. Covered by most medical insurance policies.

Info: 310-794-1299 or

diabeteseducation@mednet.ucla.edu

When: Tuesdays, Feb 4, Mar 3 / 9 – 11 am

Where: 2020 Santa Monica Bl, Conference Rm 2nd Fl

Living with Type 2 Diabetes

This ADA-certified self-care class will help you gain confidence to successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.

Info: 310-794-1299 or

diabeteseducation@mednet.ucla.edu

Santa Monica

When: Jan 13 & 27, Feb 10 & 24, March 9 & 23 / Time may vary by date

Where: 2020 Santa Monica Bl, Conference Rm 2nd Fl

Porter Ranch

When: Monday, Feb 10 / 8 am – 5 pm

Where: 19950 Rinaldi St, Ste 300

Learning to Manage Gestational Diabetes

This ADA-certified self-care class will help you successfully manage your diabetes. A physician referral is required. Covered by most medical insurance policies.

Info: 310-794-1299 or

diabeteseducation@mednet.ucla.edu

Santa Monica

When: Thursdays of each month / Time may vary by date

Where: 2020 Santa Monica Bl, Conference Rm 2nd Fl

Integrative Medicine Class

This class will teach patients integrative approaches to manage diabetes, including gentle yoga, mindfulness and nutrition counseling.

Info: 310-794-1299 or

diabeteseducation@mednet.ucla.edu

When: Wednesdays in Jan & Feb, Tuesdays in March / Time may vary by date

Where: 2020 Santa Monica Bl, Conference Rm 2nd Fl

FEATURED EVENT

HEALTHY LIVING WITH DIABETES

This free half-day event includes a health fair, presentations on diabetes topics and breakout sessions for type 1 and type 2 diabetes.

When: Saturday, Mar 7 / 8:30 am – 12:30 pm

Where: UCLA Medical Center, Santa Monica, 1250 16th St, Conference Center

Info: uclahealth.org/endocrinology/diabetes

RSVP: 310-794-1299 or diabeteseducation@mednet.ucla.edu

GASTROINTESTINAL HEALTH**Healthy GI Tract**

Anna Skay, MD, UCLA gastroenterologist, will focus on prevention and management of constipation, diarrhea and reflux disease, plus the importance of screening for colon cancer.

When: Monday, Feb 10 / 4 – 5:30 pm

Where: Brookdale Northridge, 17650 Devonshire St

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Take Action: Prevent Colon Cancer

Join us at this free event to learn what you can do to prevent colon cancer – exhibits, information, resources, giveaways and a walk through an inflatable colon!

When: Saturday, Mar 14 / 9:30 am – 12:30 pm

Where: Pico Branch Library, 2201 Pico Bl

Info: 800-516-5323

The Ins and Outs of Colonoscopy

Adarsh Thaker, MD, UCLA interventional endoscopist, will discuss colonoscopy and other screening options and the latest endoscopic techniques for removing colon polyps before they develop into colon cancer.

When: Monday, Mar 30 / 6:30 – 8 pm

Where: Cancer Support Community Pasadena, 76 East Del Mar Bl, #215

RSVP: connect.uclahealth.org/calendar or 800-516-5323

HEART**New Recommendations for Aspirin**

Boris Arbit, MD, UCLA cardiologist, will present the latest research on the role of aspirin, fish oil and vitamin D to prevent heart attacks and strokes.

When: Thursday, Feb 6 / 2 – 3:30 pm

Where: Belmont Village Encino, 15451 Ventura Bl

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Coronary Artery Disease Discussion

Timothy Canan, MD, UCLA cardiologist, will discuss signs and symptoms of coronary artery disease, risk factors to avoid and the newest treatments available.

When: Tuesday, Feb 11 / 6 – 7:30 pm

Where: Camarillo Health Care District, 3639 E Las Posas Rd

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Heart Disease Prevention and Supplements

Boris Arbit, MD, UCLA cardiologist, will discuss current evidence on over-the-counter supplements for the prevention of heart disease.

When: Thursday, Feb 13 / 10:30 am – Noon

Where: ONEGeneration, 18255 Victory Bl, Reseda

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Heart Valve Disease

Olcay Aksoy, MD, UCLA interventional cardiologist, will discuss the treatment of heart conditions, such as mitral valve disease and aortic valve disease, with minimally invasive options that do not require surgery.

When: Tuesday, Feb 18 / 7 – 8:30 pm

Where: UCLA Medical Center, Santa Monica, 1250 16 St, Conference Rm 3

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Women's Heart Health

Megan Kamath, MD, UCLA cardiologist, will discuss warning signs to know if you are at risk of a heart attack and lifestyle changes to lower your cholesterol, blood pressure and health risk.

When: Wednesday, Feb 26 / 7 – 8:30 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: connect.uclahealth.org/calendar or 800-516-5323

HYPERTENSION**High Blood Pressure**

Rivkah Sevell, MD, UCLA internist, will discuss high blood pressure (hypertension), associated health risks, recent research data and lifestyle modifications to achieve an ideal blood pressure.

When: Monday, Feb 3 / 10:30 am – Noon

Where: Kehillat Israel, 16019 W Sunset Bl, Pacific Palisades

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Is It a Stroke and What to Do

Learn what a stroke is, the warning signs and symptoms, and strategies to help if you think you or someone else is experiencing a stroke.

When: Tuesday, Mar 31 / 2 – 3:30 pm

Where: WISE & Healthy Aging, 1527 4th St, Santa Monica

RSVP: connect.uclahealth.org/calendar or 800-516-5323

KIDNEY HEALTH**Kidney Stones Update**

Ray Goshtaseb, MD, UCLA nephrologist, and Nishant Patel, MD, UCLA urologist, will discuss signs, symptoms, diagnosis and management of kidney stones.

When: Thursday, Feb 6 / 2 – 3 pm

Where: Beverly Hills Chamber of Commerce, 9400 S Santa Monica Bl, 2nd Fl

RSVP: connect.uclahealth.org/calendar or 800-516-5323

End-Stage Renal Disease Facts

Anjay Rastogi, MD, PhD, UCLA nephrologist, will discuss what you should know about ESRD, End Stage Renal Disease. Free blood-pressure tests and other educational resources also featured.

When: Sunday, Mar 1 / 1 – 4 pm

Where: UCLA Medical Ctr, Santa Monica, 1250 16th St, Conference Ctr

RSVP: 800-516-5323

FEATURED EVENT

PLAY 4 KAY BREAST CANCER AWARENESS GAME

UCLA Women's Basketball hosts their 14th annual Play 4 Kay Breast Cancer Awareness game versus Oregon, in conjunction with the Iris Cantor - UCLA Women's Health Center, Revlon/ UCLA Breast Center and Santa Monica Breast Centers, Iris Cantor Center for Breast Imaging, Simms-Mann Center for Integrative Oncology, and UCLA Livestrong. Funds raised will support UCLA breast cancer research and services.

When: Friday, Feb 14 / 8 pm

Where: Pauley Pavilion, 301 Westwood Plz

Info: uclabruins.com/tickets

FEATURED EVENT

2ND ACT WINTER EVENT

Alan Castel, UCLA Psychology professor, discusses how selective memory takes shape in younger and older adults. Learn secrets that super-agers know about how to stay sharp and to age gracefully.

When: Thursday, Mar 26 / 6 – 8 pm

Where: James West Alumni Center

RSVP: SecondAct@alumni.ucla.edu

MEMORY

Optimizing Brain Health

This seminar will focus on adopting changes in diet, exercise and other lifestyle habits to foster a brain-healthy life.

When: Wednesday, Jan 29 / 2 – 3:30 pm

Where: WISE & Healthy Aging, 1527 4th St

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Alzheimer's Disease Basics

Alzheimer's Disease is the most common form of dementia, currently affecting 5.8 million Americans. Learn more about this disease, who it most commonly affects and the latest treatments and medical options.

When: Wednesday, Feb 12 / 10:30 am – Noon

Where: JFS Freda Mohr Center, 6310 S San Vicente Bl, Ste 275

RSVP: connect.uclahealth.org/calendar or 800-516-5323

Early-Onset Dementia (ongoing)

Memory Care is a weekly, three-hour program for middle-aged dementia patients (age 65 and younger) to support people with memory challenges and their caregivers.

When: Thursdays, 1 – 4 pm

Where: UCLA Longevity Center, 10945 Le Conte Ave

Info & Cost: Sherrie Goldfarb at 310-794-0680 or SGoldfarb@mednet.ucla.edu

MINDFULNESS

Purpose and Connection: A Mindfulness Approach

Katherine Sarkarati, LCSW, UCLA psychotherapist, will discuss how to identify and connect with a sense of inner purpose and how to become a more active participant in your own life.

When: Tuesday, Jan 28 / 2:30 – 4 pm

Where: Collins & Katz Family YMCA, 1466 S Westgate Av

RSVP: connect.uclahealth.org/calendar or 800-516-5323

MULTIPLE SCLEROSIS

REACH to Achieve Program (ongoing)

This weekly wellness program focuses on fitness, memory, emotional well-being, recreation, and nutrition and health education for individuals living with multiple sclerosis.

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-267-4071

Beyond Diagnosis

An evening program for those newly diagnosed with MS. Join MS professionals from the MS Achievement Center and the National MS Society in a conversation about the disease and wellness practices to help you live your best life with MS.

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-481-1107

CogniFitness

A four-week program for those with MS who are experiencing mild cognitive problems. Learn strategies to improve concentration, memory, organization, problem-solving and critical-thinking skills.

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-481-1107

Living Well

This 12-week program helps those newly diagnosed with MS better understand MS and develop fitness and lifestyle practices to manage symptoms and enhance well-being.

Where: Marilyn Hilton MS Achievement Center

Info & Application: 310-481-1107

ORTHOPAEDICS

Got Shoulder and Knee Pain?

Joseph Burns, MD, and Ron Karzel, MD, will discuss treatment options for common shoulder and knee pain. Topics will include non-surgical options, injections and surgical options.

When: Saturday, Feb 1 / 9 – 11 am

Where: Southern California Orthopedic Institute, 6815 Noble Ave, Van Nuys

RSVP: mortgies@scoi.com, or 818-901-6600 x4301

PEDIATRICS

Speech and Language in Children

Nicole Schussel, M.S., CCC-SLP, UCLA Speech-Language Pathologist, will discuss speech and language development in children, as well as strategies for improving communication abilities at home. Designed for parents and caregivers of children under the age of 5.

When: Monday, January 27, 6 - 8pm

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Conf Rm B124 A&B

RSVP: Please RSVP to nschussel@mednet.ucla.edu as seating is limited.

PODIATRY

Bunions and Bunion Surgery

Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments.

When: Tuesday, Jan 21 / 5:45 – 6:45 pm

Where: 2121 Wilshire Bl, Santa Monica, Ste 101

RSVP: 310-828-0011

Heel and Ankle Pain

Gary Briskin, DPM, will discuss common causes of heel and ankle pain, as well as surgical and nonsurgical therapies.

When: Tuesday, Feb 18 / 5:45 – 6:45 pm

Where: 2121 Wilshire Bl, Santa Monica, Ste 101

RSVP: 310-828-0011

Ankle Arthritis and Ankle Replacement

Bob Baravarian, DPM, will discuss the latest advances in treating foot and ankle arthritis, including injection joint lubrication, arthroscopic cleanup, joint-preservation surgery, fusion surgery and ankle-replacement surgery.

When: Tuesday, Mar 17 / 5:45 – 6:45 pm

Where: 2121 Wilshire Bl, Santa Monica, Ste 101

RSVP: 310-828-0011

TREMORS

How to Shake the Shakes

UCLA movement-disorders specialists will discuss treatment options to cope with tremors, including medicines, surgery (deep-brain stimulation) and noninvasive therapies.

When: Saturday, Mar 28 / 9 am (registration), 9:30 am – Noon (lectures and Q&A)

Where: Ronald Reagan UCLA Medical Ctr, 757 Westwood Bl, Tamkin Auditorium, B level

RSVP: 310-571-5741 or ucla.tremor@gmail.com

WALK WITH A DOC

Walk With a Doc

Join UCLA Health physicians for an informative, brief discussion on a current health topic, followed by a refreshing stroll at your own pace.

Topanga

When: First Saturday of each month / 8 – 9 am

Where: UCLA Health, The Village at Westfield Topanga, 6344 Topanga Canyon Bl, Ste 2040

Van Nuys

When: Second Sunday of each month / 9 – 10 am

Where: Lake Balboa, 6300 Balboa Bl

Culver City

When: Alternating 3rd Wednesday or 2nd Friday / 7:30 – 8:30 am

Where: UCLA Health Culver City, 6000 Sepulveda Bl, Ste 2660

Info: uclahealth.org/walkwithadoc

UCLA HEALTH 50 PLUS IS A FREE MEMBERSHIP PROGRAM that offers individuals age 50 and older access to educational lectures, exercise opportunities, information on community and health resources, a free community flu-shot clinic and special events. Call 800-516-5323 or go to uclahealth.org/50plus to sign up. To learn more about our 50 Plus program and events, subscribe to our *Focus: 50 Plus* e-newsletter by e-mailing us at fiftyplus@mednet.ucla.edu

50+ Stay Active and Independent for Life (SAIL)

Join the SAIL fitness and education program led by UCLA physical therapists, designed for healthy seniors. First-time participants must receive a physical therapy screening ahead of time.

When: Mondays, 9 – 10 am / Thursdays, 10 – 11 am

Where: St Monica Catholic Church, 725 California Ave

Info: 424-259-7140

Cost: \$40 per month

50+ Tech Help for U

UCLA undergraduate students offer free one-on-one coaching (30- to 45-minute sessions) to UCLA Health 50 Plus members about electronic devices. Bring your fully charged smartphone, tablet, laptop or e-reader to have your questions answered.

When: Saturday, Feb 8 / 9 am – Noon

Where: UCLA Medical Center, Santa Monica, 1250 16th St, Conference Rm 3

RSVP: 800-516-5323

50+ Hearing Loss

Megan Greenya, AuD, UCLA audiologist, will discuss different types of hearing loss, causes and treatment options, plus updates on current hearing-aid technologies.

When: Wednesday, Feb 12 / 2 – 3:30 pm

Where: WISE & Healthy Aging, 1527 4th St

RSVP: connect.uclahealth.org/calendar or 800-516-5323

50+ Incontinence Update

Learn about the different types of incontinence and treatment options.

When: Tuesday, Feb 18, 2 – 3:30 pm

Where: Collins & Katz Family YMCA, 1466 S Westgate Av

RSVP: connect.uclahealth.org/calendar or 800-516-5323

50+ The Challenges of Aging Well

This workshop will debunk myths in our culture about people age 65 and older and explore how your physical and mental attitude and condition can meet the challenges of aging.

When: Thursday, Feb 20 / Noon – 1:30 pm

Where: Santa Monica Family YMCA, 1332 6th St

RSVP: connect.uclahealth.org/calendar or 800-516-5323

50+ New Treatments for Knee Arthritis

Sid Padia, MD, UCLA interventional radiologist, will discuss new minimally invasive treatments designed for people with knee pain who are not candidates for knee replacement surgery.

When: Monday, Feb 24 / 1 – 2:30 pm

Where: Culver City Senior Center, 4095 Overland Av

RSVP: connect.uclahealth.org/calendar or 800-516-5323

50+ Cardiovascular Health

Learn about the symptoms, treatments and management of cardiovascular disease, as well as how to maintain cardiovascular health and prevent disease.

When: Tuesday, Mar 10 / 2 – 3:30 pm

Where: Belmont Village, 10475 Wilshire Bl

RSVP: connect.uclahealth.org/calendar or 800-516-5323

50+ Finding Humor in Mental Health

Ze'ev Korn, LCSW, UCLA psychotherapist, will explore ways to maintain, regain and keep your sense of humor to help your mental health.

When: Tuesday, Mar 24 / 2 – 3:30 pm

Where: Oasis Baldwin Hills, 4005 Crenshaw Bl, inside Macy's 3rd fl

RSVP: connect.uclahealth.org/calendar or 800-516-5323

50+ Memory Training Course (quarterly)

Memory Training is an innovative, four-week educational program for improving memory designed for people with mild memory concerns (not dementia). Participants will develop good memory habits and techniques to improve their memory.

When: Two hours per week, once a week, for one month. Please call for next session date.

Where: Locations vary

Info & Cost: Sherrie Goldfarb at 310-794-0680 or SGoldfarb@mednet.ucla.edu

50+ Brain Booster (quarterly)

Brain Boosters will provide information on healthy aging research and exercises to enhance overall cognitive function. Limited seating available. Ninety minutes.

When: Please call for next session date

Where: UCLA Longevity Center, 10945 Le Conte Ave

Info & Cost: Sherrie Goldfarb at 310-794-0680 or SGoldfarb@mednet.ucla.edu

50+ Senior Scholars

The UCLA Longevity Center invites adults 50 years of age or older to audit undergraduate courses taught by UCLA's distinguished professors.

When: Spring 2020 classes begin March 30. Applications will be accepted January 31 through February 28.

Where: Locations vary by UCLA campus

Info & Cost: semel.ucla.edu/longevity/srscholars or srscholars@mednet.ucla.edu or 310-794-0679

50+ Brain Boot Camp

This interactive educational program provides participants with lifestyle strategies and tools to keep their brains vital and healthy.

When: Classes held monthly

Where: UCLA Longevity Center, 10945 Le Conte Ave

Info & Cost: Patricia Ramos at 310-794-6314 or pmramos@mednet.ucla.edu

405 Hilgard Avenue
Box 956923
Los Angeles, CA 90095-6923

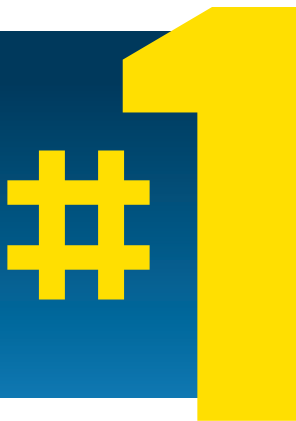
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U C L A



U.S. News & World Report's
Best Hospital Survey ranks
UCLA No. 1 in California
and No. 6 in the nation.



**UCLA Health ranked
#1 in California
#6 in the Nation**
U.S. News & World Report

Putting U first keeps us first

At UCLA Health, we're proud to be ranked #1. According to *U.S. News & World Report's* annual best hospital rankings, UCLA Health is #1 in L.A. and #1 in California. We also are #6 in the nation. We know this comes from putting patients first, with a culture that always strives to make health care the best it can be. With four hospitals and more than 180 neighborhood locations, everything we do begins with U.

Vital Signs

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CHIEF OF COMMUNICATIONS

Rhonda Curry

CHIEF OF MARKETING

Tanya E. Andreadis

EDITOR

David Greenwald

CALENDAR EDITOR

Michael Pollock

MEDICAL EDITOR

Robert Oye, MD

CONTRIBUTORS

Dan Gordon

Nancy Sokoler Steiner

ADVISORY BOARD

Bernard Katz, MD

Carlos Lerner, MD

Janet Pregler, MD

Gary Small, MD

DESIGN

Donenfeld & Associates



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Marketing Communications, Box 956923
Los Angeles, CA 90095-6923
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e-mail: VitalSigns@mednet.ucla.edu