Loneliness is more than psychic pain. It contributes to a host of debilitating and sometimes lethal diseases.
Share Your Thoughts with Us

Like us or not, we want to hear from you. Your input is important, so please give us your comments and feedback. Include your name, email address, city and state of residence and, if you are a UCLA medical alum (MD, PhD, Resident and/or Fellow), your degree(s) and graduation year(s). Letters and/or comments may be edited for clarity and/or length. Don’t be a stranger. Write to us, or post your comments on our social-media pages.

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UCLA Health reached an extraordinary milestone this June, when Dr. Ronald W. Busuttil and the team of the UCLA Liver Transplant Program performed their 6,000th liver transplant. This achievement has been three decades in the making. Dr. Busuttil launched the UCLA Liver Transplant Program in 1984, when liver transplantation still was considered experimental. At that time, there was only one significant program in the United States, at the University of Pittsburgh, and a smattering of smaller centers elsewhere in the country. The immediate success of UCLA’s program established it as the first successful liver-transplant center west of the Mississippi. Just 10 years later, UCLA surpassed Pittsburgh to become the largest and most active liver-transplant center in the country — a position it still holds.

It is remarkable to consider that in the 32 years since its inception, the UCLA Liver Transplant Program has performed roughly one liver transplant every other day. By any measure, that is a noteworthy feat, and it exemplifies our commitment to working on the leading-edge of clinical care and research to advance treatments and cures to benefit society.

The liver-transplant program is just one of our advanced transplantation programs that together make UCLA among the leading transplant centers in the United States. Like our liver program, our lung-transplantation program is among the country’s most successful and the busiest thoracic-transplant program on the West Coast. It completed its 1,000th transplant in September 2016. Similarly, we are national leaders in heart transplantation, with outcomes that are among the best in the world. Our kidney program is ranked No. 1 on the National Kidney Registry’s list of top transplant centers for living-donor transplants, and we have been an innovator in developing programs to increase the pool of potential donors.

All told, UCLA has programs for adults and children in 10 transplant areas: auto islet; bone marrow/stem cell; kidney; cornea; heart; intestine; liver; lung; pancreas; and our newest program, vascular composite allotransplantation for hand, face and abdominal-wall tissues (in 2011, we performed the first hand transplant in the western United States and are preparing for our first face transplant).

We are tremendously proud of these outstanding programs and of the physicians and staff who support them, and we are grateful to the many experts from other subspecialties who provide consultation to enhance the clinical success of all the transplant programs. Their efforts not only lead to extended and healthier lives for our immediate patients, but the research they conduct also has led to the development of new and effective surgical techniques, immunosuppressive regimens and protocols for the treatment of rejection and other critical medical complications of transplantation. The brave new world of transplantation continues to evolve, and we are blessed to be among the leading institutions working toward advancing that world.

I WANT TO TAKE THIS OPPORTUNITY to announce that Kelsey C. Martin, MD, PhD, has been appointed dean of the David Geffen School of Medicine at UCLA. Dr. Martin is a renowned scientist who has been a valuable member of the UCLA family since 1999. For the past year, she has served as interim dean; we are very proud she now will assume the permanent position.

John C. Mazziotta, MD (RES ’81, FEL ’83), PhD
Vice Chancellor, UCLA Health Sciences
CEO, UCLA Health
A Humble Leader

To his peers on the national stage, he was the “Dean of Deans.” His colleagues called him “insightful,” “brilliant,” a “man of irreproachable integrity” and “the ultimate team player.” To most everyone who knew him well, he was simply “Sherm.”

Sherman M. Mellinkoff, MD, the second dean of the UCLA School of Medicine who, from 1962 to 1986, guided the fledgling institution to become an internationally recognized center for medical education and research, died on July 17, 2016, at the age of 96.

Modest and humble, Dr. Mellinkoff was nonetheless a visionary and extraordinary leader. He had an incredible eye for talent, unwavering support for faculty and a gift of persuasion. Under his guidance for nearly a quarter of a century — among the longest tenures of any medical school dean in the country — the school grew from 28 students to 650; its faculty quadrupled; its budget increased by $165 million; and multiple organ-transplantation programs, a comprehensive cancer center and one of the first federally funded facilities for positron emission tomography research were established. In 1979, the Sherman Mellinkoff Faculty Award was established; today it is considered the medical school’s highest honor.

Dr. Mellinkoff is remembered not just for building one of the country’s finest medical schools, but also for his warmth, generosity and self-effacing humor. When he retired, the Los Angeles Times noted that he once remarked that when brain transplants become practical, “deans’ brains will be in highest demand because they’ve never been used.”

Dr. Mellinkoff was not just a man of science; he was a man of great culture and had a deep love of literature. It was not unheard of for him to quote both the humorist James Thurber and Ecclesiastes in the
same sentence. An avid fan of history and baseball, he also was
known to pepper his speech with passages from Winston Churchill
and pitcher Nolan Ryan. He once said that “by the time I was in
high school, I was interested in literature, history and debating —
everything except medicine.”

That changed when he was a senior at Beverly Hills High School.
Inspired by a biology class taught by a local physician, he enrolled
as a pre-med student at Stanford, where he graduated Phi Beta
Kappa. He earned his MD at Stanford, served for two years in the U.S.
Army Medical Corps and completed his residency at Johns Hopkins
University and fellowship in gastroenterology at the University of
Pennsylvania. He was recruited to UCLA in 1953 — just two years
after the medical school opened. Nine years later, he was asked to
assume the role of dean.

Alan Fogelman, MD ’66 (FEL ’73), chair of the UCLA Department
of Medicine, was a student when he first met Dr. Mellinkoff in 1963.
“Sherm served as the face of UCLA medicine and enabled us to
become part of the community in a meaningful way,” he says.

But Dr. Mellinkoff always insisted that the spotlight should be shone
elsewhere. “As dean, I didn’t want to push my dreams onto others,” he
told UCLA Medicine magazine in 2004. “I felt my job was to help make
other people’s dreams come true.” As for his own success, “I’ve always
been lucky,” he said. “That’s really all it was.”
Impaired Decision-making May Contribute to Parkinson’s Motor Symptoms

UCLA researchers have discovered that people with Parkinson’s disease have a form of impaired decision-making that may be a major contributor to the movement problems that characterize the disease. The finding suggests that the neurological factors underlying Parkinson’s, which affects nearly 1-million people in the U.S., may be more complex than commonly believed. The study also could pave the way for strategies to detect Parkinson’s earlier.

The UCLA-led team found that, compared to healthy individuals, people with early-stage Parkinson’s have difficulty with perceptual decision-making only when the sensory information before them is weak enough that they must draw on prior experiences. When the sensory information is strong, individuals with Parkinson’s are able to make decisions as well as people who are healthy.

The finding may help explain a well-known phenomenon associated with Parkinson’s, called paradoxical movement, in which people with the disease — often even while medicated with dopamine therapy — have difficulty initiating walking. Typically, these people have a shuffling gait, along with stooped posture. But when the same people are assisted by strong sensory information, such as horizontal lines drawn on the floor for them to step over, their walking and gait are significantly improved.

“This tells us that the problem for people with Parkinson’s disease is not walking, per se, but rather in generating the walking pattern without the assistance of sensory information,” says Michele Basso, PhD, professor of psychiatry and biobehavioral sciences and neurobiology and director of the Fuster Laboratory of Cognitive Neuroscience in the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. Dr. Basso notes that patients with Parkinson’s disease were impaired only when they had to rely on memory information to guide their actions.

The UCLA team conducted decision-making experiments with a dozen early-stage Parkinson’s patients and a comparison group of healthy individuals. The tasks involved making decisions about visual information that was more or less ambiguous, requiring the participants to rely on memories of similar previous experiences. In those cases, the patients with Parkinson’s disease had trouble integrating the information from memory and making a decision, even when verbally instructed by the research team.

The discovery builds on more than 15 years of work done by Dr. Basso and others and adds to a growing body of evidence that is beginning to redefine Parkinson’s as “a multisystem disease that probably involves many brain areas and neurotransmitter systems,” Dr. Basso says.

Because all of the patients in the study were in the early stage of the disease but still showed the decision-making dysfunction, Dr. Basso and her colleagues also hope to build on the discovery to identify a biological marker for early-stage Parkinson’s disease. The next steps for the UCLA team are to perform imaging experiments in healthy people and patients with Parkinson’s disease to determine the neurological factors involved in the decision-making dysfunction.

“Patients with Parkinson’s Disease Show Impaired Use of Priors in Conditions of Sensory Uncertainty,” Current Biology, June 16, 2016
A new method developed by UCLA scientists could lead to a way to produce more reliable projections for survival time and treatment plans for people with cancer. The approach, which uses information about patients’ genetic sequences, is an innovative way of using biomedical big data — which glean patterns and trends from massive amounts of patient information — to achieve precision medicine, giving doctors the ability to better tailor their care for each patient.

The method is likely to enable doctors to give more accurate predictions for people with many types of cancers. In this research, the UCLA scientists studied cancers of the breast, brain (glioblastoma multiforme, a highly malignant and aggressive form, and lower-grade glioma, a less-aggressive version), lung, ovary and kidney. In addition, it may allow scientists to analyze people’s genetic sequences and determine which are lethal and which are harmless.

The new approach analyzes various gene isoforms — combinations of genetic sequences that can produce an enormous variety of RNAs and proteins from a single gene — using data from RNA molecules in cancer specimens. That process, called RNA sequencing, or RNA-seq, reveals the presence and quantity of RNA molecules in a biological sample. In the method developed at UCLA, scientists analyzed the ratios of slightly different genetic sequences within the isoforms, enabling them to detect important but subtle differences in the genetic sequences. In contrast, the conventional analysis aggregates all of the isoforms together, meaning that the technique misses important differences within the isoforms.

SURVIV, which stands for “survival analysis of mRNA isoform variation,” is the first statistical method for conducting survival analysis on isoforms using RNA-seq data, says Yi Xing, PhD, associate professor of microbiology, immunology and molecular genetics and a member of the UCLA Institute for Quantitative and Computational Biosciences.

The researchers identified some 200 isoforms that are associated with survival time for people with breast cancer; some predict longer survival times, while others are linked to shorter times. Armed with that knowledge, scientists might eventually be able to target the isoforms associated with shorter survival times in order to suppress them and fight disease, Dr. Xing says.

The researchers evaluated the performance of survival predictors using a metric called C-index and found that across the six different types of cancer they analyzed, their isoform-based predictions performed consistently better than the conventional gene-based predictions. The result was surprising because it suggests, contrary to conventional wisdom, that isoform ratios provide a more robust molecular signature of cancer patients than overall gene abundance, Dr. Xing says.

The researchers studied tissues from 2,684 people with cancer, whose samples were part of the National Institutes of Health’s Cancer Genome Atlas, and they spent more than two years developing the algorithm for SURVIV. Dr. Xing notes that a human gene typically produces seven-to-10 isoforms. “We have just scratched the surface,” he says. “We will apply the method to much larger data sets, and we expect to learn a lot more.”

UCLA researchers have created three-dimensional lung “organoids” by coating tiny gel beads with lung-derived stem cells and then allowing them to self-assemble into the shapes of the air sacs found in human lungs. The laboratory-grown, lung-like tissue can be used to study diseases including idiopathic pulmonary fibrosis, which has traditionally been difficult to study using conventional methods.

“While we haven’t built a fully functional lung, we’ve been able to take lung cells and place them in the correct geometrical spacing and pattern to mimic a human lung,” says the study’s lead author Brigitte Gomperts, MD, associate professor of pediatric hematology/oncology and member of the UCLA Broad Stem Cell Research Center.

Idiopathic pulmonary fibrosis is a chronic lung disease characterized by scarring of the lungs. The scarring makes the lungs thick and stiff, progressively worsening shortness of breath and lack of oxygen to the brain and vital organs. After diagnosis, most people with the disease live about three-to-five years. Though researchers do not know what causes idiopathic pulmonary fibrosis in all cases, for a small percentage of people it runs in their families. Additionally, cigarette smoking and exposure to certain types of dust can increase the risk of developing the disease.

Researchers have previously relied on two-dimensional cultures of the cells to study the effect of genetic mutations or drugs on lung cells. But when they take cells from people with idiopathic pulmonary fibrosis and grow them on these flat cultures, the cells appear healthy. The inability to model idiopathic pulmonary fibrosis in the laboratory makes it difficult to study the biology of the disease and design possible treatments.

Dr. Gomperts and her colleagues started with stem cells created using cells from adult lungs. They used those cells to coat sticky hydrogel beads, then partitioned these beads into small wells, each only 7 millimeters across. Inside each well, the lung cells grew around the beads, which linked them and formed an evenly distributed three-dimensional pattern. To show that these tiny organoids mimicked the structure of actual lungs, researchers compared the lab-grown tissues with real sections of human lung. When researchers added certain molecular factors to the 3D cultures, the lungs developed scars similar to those in the lungs of people who have idiopathic pulmonary fibrosis, something that could not be accomplished using two-dimensional cultures of these cells.

Using the new lung organoids, researchers will be able to study the biological underpinnings of lung diseases, including idiopathic pulmonary fibrosis, and also test possible treatments for the diseases. To study an individual’s disease, or what drugs might work best in each case, clinicians could collect cells from the person, turn them into stem cells, coax those stem cells to differentiate into lung cells and then use those cells in 3D cultures. Because it’s easy to create many tiny organoids at once, researchers could screen the effects of many drugs.

“Development of a Three-dimensional Bioengineering Technology to Generate Lung Tissue for Personalized Disease Modeling,” Stem Cells Translational Medicine, September 15, 2016
UCLA Scientists Advance Cancer-screening Technology to Personlize Treatment

Despite a growing interest in developing noninvasive methods to identify rare cancer cells or cancer-cell DNA in blood, current techniques remain complicated and often prohibitively expensive. Now, UCLA researchers have pioneered a more effective approach to these “liquid biopsies” that has the potential to offer a streamlined and low-cost solution for people with the disease.

The technology works by creating millimeter-scale whirlpools to draw in and concentrate circulating tumor cells, known as CTCs, based on their size. CTCs often appear as large abnormal cells in the circulation of cancer patients and can be used by scientists as cellular markers of the disease. Analysis of these cells promises to provide critical information about which treatments are best suited and most effective for a patient and whether or not those receiving a therapy may relapse.

“CTCs are extremely rare, so isolating them is a problem similar to finding a needle in a haystack,” says Dino Di Carlo, PhD, director of UCLA’s Jonsson Comprehensive Cancer Center Nanotechnology Program and professor of bioengineering at UCLA’s Henry Samueli School of Engineering and Applied Science. “Our filterless system avoids issues of previous technologies that clog and break cells apart, and we found this approach was more effective than technologies currently available at isolating cells from breast- and lung-cancer patients.”

In a two-year study, Dr. Di Carlo’s team isolated cells and detected specific proteins on these cells from 50 patients. In a subset of these patients, they compared the number of CTCs discovered by the U.S. Food and Drug Administration-approved gold-standard instrument. What they found was a significantly higher number of cells per patient, with more than 80 percent of patients having CTC levels above age-matched healthy individuals, compared to only 20 percent with the currently approved instrument.

In a previous study published in 2014, the researchers discovered that the micro-whirlpools, or vortices, entrapped cancer cells with epithelial characteristics in a small number of patients (epithelial cells help to protect or enclose organs within the body). The new findings showed that nearly half of the CTCs isolated with this new Vortex HT system developed by UCLA researchers didn’t have epithelial-like markers and that the number of CTCs isolated was almost doubled compared to the previous iteration of the technology.

Dr. Di Carlo said he hopes the new system will enable clinicians to better understand how to administer and monitor treatments. In the long term, he hopes an approach could potentially be used to detect cancer earlier with a simple blood test.

Parallel microfluidic vortex chambers accumulate larger circulating tumor cells from flowing blood.

Image: Courtesy of Dr. Dino Di Carlo

“Classification of Large Circulating Tumor Cells Isolated with Ultra-high Throughput Microfluidic Vortex Technology,” Oncotarget, February 6, 2016

Heart-failure Therapy Could Reduce Deaths

A UCLA-led study estimates that more than 28,000 deaths could be prevented each year in the U.S. through the use of a new class of cardiovascular medication approved by the U.S. Food and Drug Administration. The medication helps reduce mortality in patients diagnosed with heart failure and reduced ejection fraction, the percentage of blood pumped from the heart with each contraction.

Previous studies have demonstrated that angiotensin receptor neprilysin inhibitor (ARNI) therapy using a new class of medication, sacubitril and valsartan, reduces mortality in patients with heart failure and reduced ejection fraction. The therapy works by enhancing the body’s protective hormonal systems while simultaneously inhibiting the overactive hormones that harm the heart.

In this study, researchers wanted to quantify the number of deaths that could be prevented or postponed with ARNI therapy. Researchers conducted the study by analyzing published data of patients who were eligible for the therapy, estimates of the number of people in the U.S. diagnosed with heart failure and reduced ejection fraction and the numbers needed to treat with the medication to avert death.

More than 2.7-million patients in the U.S. have been diagnosed with heart failure and reduced ejection fraction. Of these patients, 84 percent (almost 2.3 million) are potential candidates for ARNI therapy. This study showed that if ARNI therapy were comprehensively applied to eligible patients, it could potentially prevent 28,484 deaths each year.

“These findings support the timely implementation of ARNI therapy into routine clinical practice because this will have a substantial impact on population health for patients with heart failure,” says the study’s lead author, Gregg Fonarow, MD ‘87 (RES ’90, FEL ’93), Eliot Corday Chair in Cardiovascular Medicine and Science, director of the Ahmanson–UCLA Cardiomyopathy Center and co-chief of the UCLA Division of Cardiology.

Fructose Alters Brain Genes, Can Lead to Disease

Diseases ranging from diabetes to cardiovascular disease and from Alzheimer’s disease to attention deficit hyperactivity disorder are linked to changes to genes in the brain. A new study by scientists from UCLA life sciences and the school of medicine has found that hundreds of those genes can be damaged by fructose, a sugar that’s common in the Western diet, in a way that could lead to those diseases. However, the researchers also discovered good news: An omega-3 fatty acid known as docosahexaenoic acid, or DHA, seems to reverse the harmful changes produced by fructose.

“DHA changes not just one or two genes; it seems to push the entire gene pattern back to normal, which is remarkable,” says Xia Yang, PhD, assistant professor of integrative biology and physiology. Dr. Yang and Fernando Gomez-Pinilla, PhD, professor of neurosurgery and of integrative biology and physiology, are coauthors of the study.

To test the effects of fructose and DHA, the researchers trained rats to escape from a maze and then randomly divided the animals into three groups. After six weeks, the rats were put through the maze again. The animals that had been given only the fructose navigated the maze about half as fast as the rats that drank only water — indicating that the fructose diet had impaired their memory. The rats that had been given fructose and DHA, however, showed very similar results to those that only drank water — which strongly suggest that the DHA eliminated fructose’s harmful effects.

Other tests revealed that the rats receiving a high-fructose diet had much higher blood glucose, triglycerides and insulin levels than the other two groups. Those results are significant because in humans, elevated glucose, triglycerides and insulin are linked to obesity, diabetes and many other diseases.

The research team sequenced more than 20,000 genes in the rats’ brains and identified more than 700 genes in the hypothalamus and more than 200 genes in the hippocampus that were altered by the fructose. Of those 900 genes they identified, the researchers found that two in particular, called Bgn and Fmod, appear to be among the first genes in the brain that are affected by fructose. Once those genes are altered, they can set off a cascade effect that eventually alters hundreds of others, Dr. Yang says. That could mean that Bgn and Fmod would be potential targets for new drugs to treat diseases that are caused by altered genes in the brain.

The research also uncovered new details about the mechanism fructose uses to disrupt genes. The scientists found that fructose removes or adds a biochemical group to cytosine, one of the four nucleotides that make up DNA. This type of modification plays a critical role in turning genes “on” or “off.”

“Systems Nutrigenomics Reveals Brain Gene Networks Linking Metabolic and Brain Disorders,” EBioMedicine, April 13, 2016

Illustration: Maja Moden
A UCLA-led team has demonstrated a new method to conduct research on mitochondrial DNA diseases — a broad group of debilitating genetic disorders that can affect the brain, heart and muscles. The new method utilizes a technology developed by UCLA researchers that opens holes in the cell membrane. The researchers say that it could pave the way for specific research on how and why these diseases occur and point to pathways to develop treatments.

Mitochondria, often referred to as the cell’s “energy powerhouse,” are small organelles that reside inside a cell’s cytoplasm but outside the nucleus. They convert food into energy and building blocks for cells in a process known as metabolism. Mutations in mitochondrial DNA, or mtDNA, can cause devastating diseases that mainly affect tissues and cells with high-energy demands. One of the best-known mtDNA diseases is Leber’s hereditary optic neuropathy, which can cause sudden and profound loss of central vision. Because mitochondria in humans are maternally inherited, mtDNA diseases can be passed from an unaffected mother to her children.

“Although specific mtDNA diseases are rare, the collective prevalence of mtDNA diseases from all types of mtDNA mutations is estimated to be 1 in 5,000 individuals,” says Michael Teitell, MD ’93, PhD ’93, director of basic and translational research in the UCLA Jonsson Comprehensive Cancer Center. He added that the “new approach for mitochondrial transfer into cells could open new possibilities for understanding how specific mtDNA mutations alter cell metabolism and potentially provide a way forward in treating specific mtDNA diseases.”

According to the researchers, mitochondria with healthy mtDNA could be delivered into cells with damaged mtDNA, which could dramatically reduce a disease’s effects — or possibly eliminate them. To begin to address these and other complex issues surrounding mtDNA alterations, UCLA researchers, led by Dr. Teitell and Pei-Yu (Eric) Chiu, PhD, professor of mechanical and aerospace engineering in the UCLA Henry Samueli School of Engineering and Applied Science, collaborated on a new precision-cutting tool.

The tool, a “photothermal nanoblade,” opens holes in the outer membrane of a cell to enable pressurized delivery of desired contents, in this case healthy mitochondria, into the cell cytoplasm. “Our photothermal nanoblade can open a micron-sized pore through a cell membrane by utilizing an ultrafast laser-induced cavitation bubble for precision cutting,” Dr. Chiu says. “This process keeps cells alive as the nanoblade tool never enters the cell. So we can achieve a very high efficiency in the delivery of large-sized, slow-diffusing cargo, such as mitochondria.”

Additionally, Drs. Chiu and Teitell are engineering an approach that incorporates the nanoblade into a high-throughput system that could deliver desired cargo, such as mitochondria, into as many as 100,000 cells per minute.

“Mitochondrial Transfer by Photothermal Nanoblade Restores Metabolite Profile in Mammalian Cells,” Cell Metabolism, May 10, 2016
Doctors at UCLA and other institutions have achieved a milestone in the treatment for people with recurrent brain cancers. The development includes the treatment of glioblastoma, the most common and aggressive form of brain cancer, by successfully demonstrating that a modified virus can extend the lives of patients with this deadly disease.

If a glioblastoma tumor recurs following chemotherapy and radiation, there are few treatment options left, and patients have only months to live. In a phase I multicenter clinical trial, researchers found that, of the 43 participants who were given the investigational treatment Toca 511 and Toca FC, overall survival increased to 13.6 months compared to 7.1 months for an external control. For some patients, survival was extended to more than two years, with few side effects.

The findings were led by Timothy Cloughesy, MD (FEL ’92), a member of the UCLA Jonsson Comprehensive Cancer Center and director of the UCLA Neuro-Oncology Program, and Michael A. Vogelbaum, MD, PhD, professor of neurosurgery and associate director of the brain tumor neuro-oncology center at the Cleveland Clinic. Their work is the first publication of clinical data involving this new type of modified virus known as a retroviral replicating vector (RRV).

RRVs can deliver a therapeutic gene with a specific function to a cancer cell and insert it, thereby enabling cell killing. The use of RRVs holds promise in the development of innovative new therapies for many types of cancer, including brain cancers. “For the first time, these clinical data show that this treatment, used in combination with an antifungal drug, kills cancer cells and appears to activate the immune system against them while sparing healthy cells,” Dr. Cloughesy says.

During the first step of treatment, the patient is given an injection of Toca 511, which is a modified virus that selectively infects actively dividing cancer cells and delivers a gene for an enzyme called cytosine deaminase (CD) to the cancer cells. As it spreads through the tumor, Toca 511 programs the cancer cells to make CD. Next, the patient is prescribed oral cycles of Toca FC, an antifungal drug, for seven days, every four-to-eight weeks.

The genetic changes created by Toca 511 allow infected cancer cells to convert Toca FC into the U.S. Food and Drug Administration-approved anticancer drug 5-fluorouracil (5-FU). As a result, infected cancer cells and cells that help tumors hide from the immune system are selectively killed, subsequently activating the immune system to recognize and kill cancer cells, while leaving healthy cells unharmed.

An estimated 40 percent of study participants who received higher doses of the combo treatment during the phase I clinical trial were still living after two years. The researchers also noted that some study participants had partial or complete shrinkage of their tumor, which has lasted for a year or longer, and are still doing well. Additionally, Toca 511 & Toca FC demonstrated a favorable safety and tolerability profile. Based on the new clinical findings, the research has moved into a phase 2/3 international clinical trial, called Toca 5, for patients with recurrent glioblastoma or anaplastic astrocytoma.

“Phase 1 Trial of Vocimagene Amiretrorepvec and 5-fluorocytosine for Recurrent High-grade Glioma,” Science Translational Medicine, June 1, 2016

The Toca 511 virus selectively infects and spreads throughout brain-cancer cells and not healthy cells. Cancer cells infected with Toca 511 and programmed to produce an anticancer drug are pictured in brown (human tissue).

Image: Courtesy of Dr. Timothy Cloughesy
About 35-million people are living with HIV. The World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS plan to use an approach called “treatment as prevention” to eliminate the global pandemic, which the WHO says will have occurred when only one person out of 1,000 becomes infected each year. Now, a nearly two-decade analysis by researchers from UCLA and Denmark yields the first proof that the approach could work.

Reviewing Danish medical records, researchers found that the number of infections in Denmark has decreased since 1996, when effective HIV treatments were introduced. They found that the number of infections has been decreasing since 1996, when effective HIV treatments were introduced in Denmark. They then measured the correlation between the decrease in the number of HIV infections each year and the increase in the number of people who began treatment, and they found that the two were highly correlated.

The team calculated that by 2013, when the epidemic was close to elimination, there were only about 600 men in Denmark who have sex with men who had become infected with HIV each year between 1995 and 2013. They found that the number of infections has been decreasing since 1996, when effective HIV treatments were introduced in Denmark. They then measured the correlation between the decrease in the number of HIV infections each year and the increase in the number of people who began treatment, and they found that the two were highly correlated.

The findings are based on a sophisticated statistical analysis of data from the ongoing Danish HIV Cohort Study, which began in 1995. That project, which tracks all Danish men who have sex with men and who have been diagnosed with HIV, was established and is run by Jan Gerstoft and Niels Obel, clinicians and epidemiologists in Denmark who also are co-authors of the new study.

For the current study, the researchers used an approach called CD4-staged Bayesian back-calculation to determine the number of Danish men who have sex with men who had become infected with HIV each year between 1995 and 2013. They found that the number of infections has been decreasing since 1996, when effective HIV treatments were introduced in Denmark. They then measured the correlation between the decrease in the number of HIV infections each year and the increase in the number of people who began treatment, and they found that the two were highly correlated.

The team calculated that by 2013, when the epidemic was close to elimination, there were only about 600 men in Denmark who have sex with men and who were infected with HIV but had not been diagnosed. The researchers attribute Denmark’s success to many factors, including the country’s universal healthcare system and the availability of free treatment for all people who have been infected with HIV. However, the largest number of people with HIV — 25 million — live in sub-Saharan Africa, where healthcare systems are overextended and there are far fewer resources. “The goal of elimination through treatment is aspirational,” Dr. Blower says. “But Denmark has shown that — at least in resource-rich countries — it’s achievable.”

COMMUNITY ENGAGEMENT

Eye to the Future

Established in 1975 by an anonymous donor, the UCLA Mobile Eye Clinic was one of the first programs of its kind, and it is the longest continuously operating eye clinic on wheels. Visits by the specially equipped traveling clinic are made to schools, preschools, free clinics, community centers and agencies that serve the homeless and low-income families. Vision screenings and eye exams are also provided at health fairs organized by medical students, undergraduate clubs, governmental offices, nonprofit organizations and churches.

For more information, go to: uclamobileeyeclinic.wordpress.com

The UCLA Mobile Eye Clinic is a program of the Stein Eye Institute’s Center for Community Outreach and Policy. Among its priorities is to conduct vision screenings of 90,000 preschool-aged children by 2017.

Photos: Courtesy of the UCLA Mobile Eye Clinic
The doctors, nurses, staff and volunteers of UCLA are proud to be at the top of U.S. News & World Report’s Best Hospitals rankings for 2016 – 2017. And, for the 27th consecutive year we ranked Best in the West. Still, our greatest honor is to bring outstanding care — from the routine to the most complex — to you and your family. Rankings come once a year, but you inspire us every day. And for this, we thank you.
The Collaborator

UCLA Health and Cedars-Sinai Medical Center have joined together in a partnership to open the California Rehabilitation Institute. David Chernow, of Select Medical, was instrumental in bringing the two rivals to the table for this unique joint venture.

Seeing the names of UCLA Health and Cedars-Sinai together on one hospital building might catch some people off-guard, but that’s exactly what they’ll find at the California Rehabilitation Institute in Century City. After three years of collaboration and planning, the new 138-bed facility opened in July 2016. Helping to nurture this partnership between UCLA and Cedars was Select Medical, a Pennsylvania-based healthcare company that independently and in partnership with such institutions as Cleveland Clinic, Emory University and Ohio Health operates specialty hospitals and clinics around the United States. David S. Chernow, president and CEO of Select, was key to bringing the hospitals’ leadership together to build the joint venture. For Chernow, the opportunity to build this partnership in Los Angeles was something of a homecoming. He grew up in the San Fernando Valley, worshipping the basketball teams of Coach John Wooden (a photograph on the wall of a well-known student hangout in Westwood captures a young Chernow sitting on the floor under the basket gazing up as Bruin-great Bill Walton leaps and stretches to block a shot), and he graduated from UCLA in 1979 with a degree in history. He then went on to earn his law degree from Pepperdine University.

“I think maybe it was fate that I would come back here to work on this with UCLA and Cedars,” he says with a wide smile during a recent visit to Los Angeles. Though he began his career in real estate, Chernow gravitated to healthcare and co-founded an oncology-resource company, American Oncology Resources, which later became US Oncology. He always has felt a strong commitment to public service, and from 2001 to 2007, he was president and CEO of JA Worldwide (formerly known as Junior Achievement). Chernow spoke with U Magazine editor David Greenwald about the UCLA-Cedars joint venture and building partnerships.

The Los Angeles healthcare market is very competitive, and among its chief players are UCLA and Cedars-Sinai. How did these two rivals come together to create this partnership?

David Chernow: It is true that UCLA and Cedars, each with its own inpatient rehabilitation service, are competitive in this healthcare-service area, as well as in many other service areas. UCLA has had its 11-bed unit and Cedars had its 29-bed unit. They both were very good services, but both were smaller programs and usually full. There was limited capacity, and there weren’t economies of scale.
The two hospitals together were having to send more than 90 patients to facilities outside of their systems or to out-of-state facilities in Colorado and Arizona and Texas because they couldn’t accommodate them. It became clear after some initial conversations that Select was having separately with both UCLA and Cedars that there was a real opportunity here to create something — a more integrated and comprehensive resource to serve the broader community. After we did an analysis of each hospital and looked at the numbers of patients they were sending for rehabilitation after discharge, it became evident that there was a much larger need. Looked at individually, the numbers appeared to be small, but taken together, they were enormous. There was an acute need for a regional resource such as this.

The need may have been acute, but still, you have two distinct entities that you need to bring to the table to even consider an idea like this.

David Chernow: Yes, that, of course, was a key question: Would UCLA and Cedars even want to partner? To be honest, I was, perhaps, a little naive about it. My thinking was, it’s a beautiful thing, why wouldn’t we all want to do this together? It was challenging, but the leadership of UCLA and Cedars — it truly was enlightened leadership on both sides — recognized the need, and that by working together, with a common vision, purpose and goals, they could address a significant issue and build a legacy project for this community, a state-of-the-art regional and national center of excellence. When we identified a viable location — the then-vacant...
Century City Hospital — that would not require building something entirely new, that was the last piece that needed to fall into place. The result is fantastic; California Rehabilitation Institute, with 138 beds, is the largest comprehensive rehabilitation hospital west of the Mississippi.

Having successfully collaborated for this project, do you see the door open to future partnerships?

David Chernow: Many large healthcare systems understand what they’re really good at and focus on that and maybe, also, what they’re not so good at. They might be excellent in areas like oncology, cardiology and orthopaedics, but post-acute care was not, perhaps, really where their focus was. In a situation like that, they have a choice if they want to improve: Build something themselves, buy it from outside or partner with someone else. I am in the business of working collaboratively with healthcare institutions and building partnerships, and I look at the relationship like a marriage. There’s the four “C’s”: communication, compassion, collaboration and compromise. There needs to be trust between the partners, that each is in it for the benefit of all and for the broader good of the community. This gets us to the larger question: Why would you duplicate services, spend money and build buildings if you didn’t have to in an environment where value-based practices and efficiencies are rewarded? The creation of the California Rehabilitation Institute is a wonderful example of this, and it is very possible that this is a model that can translate for other post-acute-care services as well.

In the case of the California Rehabilitation Institute, what expertise does each of the partners bring?

David Chernow: UCLA has exceptional expertise as an academic institution with a mission of both teaching and research, as well as excellent patient care and community engagement. Cedars, too, has tremendous strength in clinical care, research and training. In that regard, they are very complementary. Along with the great clinical care they will provide, their combined expertise will have great value in the area of research. Together, these two institutions will be able to conduct groundbreaking research in the area of rehabilitation medicine that will be far-reaching. In addition, Select can draw upon experts from some of our other partners, like Kessler Rehabilitation Center, in New Jersey, which is the largest rehabilitation hospital in the United States, to work together with our UCLA and Cedars partners. That, to me, is one of the really exciting aspects of this collaboration. For us, fostering these kinds of relationships among institutions is a part of our vision to develop a network, like what exists in cancer care and research, for example, to share research and knowledge and develop a higher level of sophistication and clinical expertise to focus on rehabilitation and address issues of spinal-cord and traumatic brain injury and stroke.

That would seem to fit well within the goal that the reach of the California Rehabilitation Institute extend beyond the Los Angeles region.

“People indeed are living longer, and as that population ages, the need for facilities like this becomes even more critical.”
David Chernow: Absolutely. As I mentioned, the vision of the UCLA and Cedars leadership is that this be a national center of excellence. In addition to the immediate Los Angeles region, much of the draw will be from throughout the West Coast. There aren’t many facilities that can offer the caliber of care and clinical expertise that will be provided here. And just as UCLA and Cedars now attract patients from overseas, we believe that also will be the case with this new rehabilitation hospital.

What will success look like?
David Chernow: At its most basic level, as with any aspect of healthcare, it will be patients and their families receiving optimal care. As more and more patients experience the benefits of this new facility, we will see that we are providing great quality care and efficiency and will be meeting the needs of the community. But beyond that, success also will be, in my mind, our ability to expand what we are doing beyond rehab to other post-acute services. That, I think, is the next opportunity — to continue to provide, through our partnerships and joint-ventures, other post-acute-care services, including ongoing therapy once the patient has left the acute-care hospital setting and returned to his or her home. That, to me, would be the ultimate success.

How will the needs of a growing population of older Americans be addressed by a facility like California Rehabilitation Institute?
David Chernow: People indeed are living longer, and as that population ages, the need for facilities like this becomes even more critical. Our current healthcare environment demands that patients be shifted to the lowest-cost setting; that just is the reality at this time. But those settings can’t always meet the increasingly complex needs of certain patient populations. To achieve the best results for these patients — patients who may be post-stroke or who have been injured by a fall or who are experiencing symptoms of dementia, for example — requires a facility that not only provides skilled nursing care, but also expert physician oversight and management. A facility like California Rehabilitation Institute can provide that higher level of expertise and care. This goes to what I’ve mentioned earlier, about expanding this model to other post-acute-care services to create an integrated care-management model that provides the right level of service at the right time for the right patient. That will have significant benefit to elevate the quality of results — optimal care and faster recovery — that can be achieved.

For more information about California Rehabilitation Institute, go to: californiarehabinstitute.com

“Success ... will be, in my mind, our ability to expand what we are doing beyond rehab to other post-acute services. That, I think, is the next opportunity — to continue to provide, through our partnerships and joint-ventures, other post-acute-care services.”
The changes came so gradually that, for a long time, Paula Dutton didn’t realize she was in trouble. This was just modern life, after all — the cross-country distance from her close-knit family in Philadelphia, the end of a 10-year marriage that never quite jelled, the death of one parent and then the other. By the time Dutton, who now is 71 years old, retired from her job with an airline in 2011, she was lonely to a degree that shocked and frightened her.

“I just suddenly realized I was all alone and had no one around me and no one I could turn to,” she says. “I had a lot of pity parties, I can tell you, and with all kinds of anxiety and depression, and I worked myself into a fever pitch in my loneliness.”

The tipping point came with a panic attack so severe that it took a visit from paramedics to calm her down.

“I really felt like I might die,” Dutton recalls.

The episode prompted Dutton to join the church near her Los Angeles home. The connection to the community brought her relief and felt like a solid step back from the void.

“I knew I was on the right track because hearing The Word and being reminded that I am not alone helped me in my pity parties, which got to be less and less often,” she says with a laugh before turning serious again. “I had gotten to where, with the anxiety and the bad feelings, I thought, ‘Is being so lonely making me sick?’”

In fact, it is quite likely that it was. Loneliness and social isolation take a steep toll on the human body. Studies show that people who are chronically lonely have significantly more heart disease, are more vulnerable to metastatic cancer, have an increased risk of stroke and are more likely to develop neurodegenerative diseases such as Alzheimer’s. Lonely adults are 25 percent more likely to die prematurely, while elderly people who are lonely die at twice the rate as those who are socially connected. All of which makes the spike in loneliness in American society even more alarming.

The pain of loneliness can cut deeper than a knife. But its implications go beyond inner turmoil and the corrosion of emotional health to contribute to a host of debilitating and sometimes lethal diseases.
Researchers estimate that some 60-million Americans — one fifth of the population — suffer from the pain of loneliness. And with millions of Baby Boomers now facing a radically shrinking social world as they retire from the workplace, see their children disperse, lose friends and family members to illness and death, the rising tide of loneliness has all the hallmarks of a widespread and costly epidemic.

“Our culture is changing in ways that invite us — in fact, almost require us — to be more lonely and disenfranchised,” says Steve Cole, PhD (FEL ’98), professor of medicine and psychiatry and biobehavioral sciences in the David Geffen School of Medicine at UCLA and director of the UCLA Social Genomics Core Laboratory.

Today, Americans live in increasing isolation. Extended families that once stayed within a few towns or counties of one another now span the country and, at times, the globe. Social media make our connections broader but not deeper. Visits on the front porch have morphed into “likes” on Facebook and stuttering images on video chats. Phone calls have been replaced by texts, which themselves are devolving from the shared bond of language into the flimsy abstraction of emojis. The result is that the web of meaningful connections that keep us healthy has frayed to the breaking point.

“Loneliness is a pending epidemic,” Dr. Cole says. “The challenge is that the solutions are more nuanced and intricate than simply putting a bunch of lonely people together and telling them to connect.”

WHAT IS LONELINESS? At its most basic, it is the lack of fulfilling social connection in people who yearn to feel connected. Our ability to feel lonely is...
WHY WE GIVE

Wendy and Ken Ruby have been UCLA supporters for nearly 20 years. In 2013, the Rubys contributed the founding gift for Generation Xchange — a program designed to increase social interaction among older adults by pairing them with underserved elementary-school children to enhance their academic and behavioral outcomes.

“Generation Xchange just spoke to us. It sounded like a wonderful idea, and we’re just very happy with what’s happening.”
— Wendy Ruby

The program promotes the health of volunteer adults through social, physical and cognitive activities. The adult volunteers and children benefit from the bonds that develop between them.

“There are many things that you can invest your charity dollars in, and Generation Xchange is one of the best. We see an immediate result, and that is very satisfying to us.”
— Ken Ruby

Dr. Steve Cole: “Our culture is changing in ways that invite us — in fact, almost require us — to be more lonely and disenfranchised.”

Photo: Ann Johansson

an integral part of the human condition. At the same time, Norman Cousins, the late celebrated social commentator, author and adjunct professor of medical humanities in UCLA’s school of medicine, noted that “the eternal quest of the individual human being is to shatter his loneliness.” While this emotion is so fundamental to our being, it wasn’t until the 1960s that loneliness became a focus of serious study. Letitia Anne Peplau, PhD, distinguished research professor of psychology in the UCLA College, is among the pioneers of research into loneliness. In 1978, she developed the UCLA Loneliness Scale to quantify an emotion that’s so easy to feel but so difficult to define. The scale has been revised several times since, and it continues to be used by researchers to assess an individual’s sense of social disconnect and isolation.

Loneliness may be fleeting, a moment of disconnection felt while in the midst of a crowd, or it might be the grinding anguish of isolation experienced over time. In either case, whether an internal and subjective emotional state or literally the act being alone, studies show chronic loneliness can be a killer.

“Humans are the most social of all animals in how they survive and thrive,” Dr. Cole says. “We’re not that big, we’re not that strong, and we, as a species, have survived mainly by banding together to form little communities that, collectively, can do what none of us can manage by ourselves.”

Dr. Cole studies the effects of loneliness at the molecular level, a deep dive made possible by the Human Genome Project. He began the work in the early 2000s, after a study revealed that closeted gay men with HIV died at a significantly faster rate than gay men with HIV who were open about their sexuality. The reason, it turned out, was the immune systems of the closeted men were not as robust as those of the openly gay men. Closeted men were far more sensitive to social threats, such as being rejected or even ostracized for their sexuality, than the openly gay men.

“The question became, is there something about threat-sensitivity that might make our bodies work differently?” Dr. Cole says. “And that concept turned out to be a very productive key to the biology of how loneliness turns into disease.”

Working with John Cacioppo, PhD, founder and director of the Center for Cognitive and Social Neuroscience at the University of Chicago, Dr. Cole studied how gene expression in a small group of
lonely people differed from a group of non-lonely people. The results were startling.

“We found the key antiviral response driven by so-called Type 1 interferon molecules was deeply suppressed in the lonely people relative to the non-lonely people,” Dr. Cole says. “But we also found that there was another block of genes that was not suppressed — in fact, it was greatly activated — and this block of genes was involved in inflammation.”

Inflammation fuels disease processes in a host of devastating illnesses, including atherosclerosis, Alzheimer's and cancer, Dr. Cole says. Inflammation is not the disease itself; rather, it serves as a kind of molecular fuel that helps the disease thrive and grow.

The study revealed that not only are people who are lonely markedly more vulnerable to outside threats such as viruses and bacteria, they also are under attack from within by their own bodies. But why?

“The best theory is that this pattern of altered immunology is a kind of defensive reaction mounted by your body if it thinks you are going to be wounded in the near-future,” Dr. Cole says. That is, our bodies see loneliness as a mortal threat. When we’re alone, there’s no one to help us to fight off that saber-tooth tiger or the hostile war party from the next village. Sensing that we are isolated and at risk, our bodies ramp up their defenses in anticipation of the wounds and infections to come. It was a pretty good survival tactic thousands of years ago. In the modern world, though, it’s killing us.

“The level of toxicity from loneliness is stunning,” says the University of Chicago’s Dr. Cacioppo. A leading authority on the cellular mechanisms and physical effects of disconnection, he also is the author of Loneliness: Human Nature and the Need for Social Connection (WW Norton, 2008).

“The mortality rate for air pollution is 5 percent,” Dr. Cacioppo says. “For loneliness, it’s 25 percent.”

And yet, the emotional state of loneliness is crucial to human existence.

“To survive as a species, we very much want to have people who are so pained by thoughts of losing connections with each other that they are willing to fight off invading hordes,” Dr. Cacioppo says. Loneliness also helps assure that enterprising souls who set off on expeditions of discovery will return home to share their newfound knowledge. “Loneliness reminds us how crucial it is to connect. It’s what gives us our humanity,” he says.

IF THE PHYSICAL DAMAGE THAT LONELINESS CAUSES IS LARGELY SILENT, why does being lonely feel so bad? The very language we use to talk about social disconnection is filled with words of pain and emptiness. You ache, you’re wounded, your heart is broken, you feel hollow or empty, you’re torn up inside.

In her research into social isolation, Naomi Eisenberger, PhD, associate professor of social psychology at UCLA and director of the Social and Affective Neuroscience Laboratory, found a surprising answer. Dr. Eisenberger created a study using an open-source virtual ball-tossing game called Cyberball. Although it looks like any other online game, it can only be played from the computer on which it is downloaded. It’s a simple set-up — several players “toss” a ball back and forth within a group that includes a test subject whose brain activity is being scanned.

But Cyberball is rigged.

“At a certain point, the other players will deliberately stop tossing the ball to the subject,” Dr. Eisenberger says. “As we measure the neural activity, we can look at the brain and see how it is changing when people are now being excluded, compared to a few minutes before when they were included in the ball-tossing game.”

The result? The brain activity of the person being deliberately excluded looks strikingly similar to what is observed when someone is in physical pain. Just as important as the brain scans are each subject’s verbal reactions. “There’s a lot of variability to how people respond to being left out. Some get very upset and take it very personally, while some are much more able to explain it away, or say, ‘I didn’t care about them anyway,’” Dr. Eisenberger says. “We have the brain data and we have their self-reports, so we can also look at whether or not those two things go together.”

It turns out that they do. Brain scans of the test subjects who reacted badly to being cut out of Cyberball showed increased activity in two regions of the brain associated with physical pain — the dorsal anterior cingulate cortex and the anterior...
insula. Those who shrugged off the exclusion showed little or no increase in activity in their pain centers.

“We think this is why people talk about rejection as literally hurting — because the brain processes emotional and physical pain in similar ways,” Dr. Eisenberger says. “Because being connected is so important to us as a species, researchers think the attachment system may have piggybacked onto the physical pain system over the course of our evolutionary history, borrowing the pain signal to highlight when we are socially disconnected.”

A surprising twist in this line of inquiry emerged when test subjects were given over-the-counter pain medications. It turns out that the same dose of acetaminophen that eases a physical ache will offer protection against emotional pain as well. When given acetaminophen over the course of three weeks, study participants reported fewer hurt feelings in the course of each day, Dr. Eisenberger says. In a repeat of the Cyberball experiment, the subjects who took acetaminophen showed a marked decrease in pain-related brain activity when they were excluded from the game.

The bottom line: We need to take social pain just as seriously as we do physical pain.

“When it comes to social pain, like when someone is suffering after a breakup, we can feel sympathetic at first, but after a while, we think, ‘Oh, come on, get over it already,’” Dr. Eisenberger says. “With social pain, you can’t see the wound or the blood because it’s emotional, but this work suggests that social pain is genuine suffering.”

WITH THE EXCLUSION-EQUALS-PAIN LINK ESTABLISHED, Dr. Eisenberger is now looking into the pleasurable effects of social connection. “We know quite well that there are certain neural regions that activate to basic-reward processes, things like eating sweet foods or having sex or taking drugs,” Dr. Eisenberger says. “These same kinds of regions also activate when you’re reading loving messages from your close family and friends or when you’re giving to charity.”

This is vital research because studies show that chronic loneliness affects not only the body and the psyche, but it also alters behavior in social situations. Lonely people tend to be more guarded, are less able to read social cues and have such a heightened sensitivity to perceived rejection that they derail...
otherwise normal interactions. This makes finding a solution for loneliness a real challenge.

Getting together for lunch or a movie may help a lonely person survive an afternoon. But what about the long term? A promising program founded three years ago by Teresa Seeman, PhD, professor of medicine and epidemiology in the David Geffen School of Medicine at UCLA and the Jonathan and Karin Fielding School of Public Health, may hold the key. “I’ve always been very interested in peoples’ social relationships and the degree to which people who are socially engaged do better,” Dr. Seeman says. “And it’s certainly true this is a benefit that continues into older age.”

With adults now living decades beyond retirement, the question becomes how to develop more ways for retirees to stay engaged. How can retirees’ sense of isolation be addressed in a significant way, one that lets them know they are making an important contribution?

One answer turns out to be Generation Xchange, a program that has its roots in a similar initiative that Dr. Seeman was engaged in with researchers from Johns Hopkins University. Launched in Los Angeles three years ago, Generation Xchange recruits older adults who are at risk of being lonely to work with children in Los Angeles public schools. The volunteers undergo special training and commit to spending 10 hours per week in kindergarten-through-third-grade classrooms in South Los Angeles. “The project I worked on with my colleagues at Hopkins was fabulous,” Dr. Seeman says. “When I looked around to see if there was something like that here in L.A., I couldn’t find anything.”

So Dr. Seeman went about recreating the program here. Soon, with initial funding from private donors who wanted their gift to improve the lives of older adults, Generation Xchange was launched. Based in South Los Angeles,
The program started out small — just one school with five volunteers. Three years later, 40 volunteers are working in four elementary schools, and principals throughout the area are clamoring for their own schools to be included. “The teachers love it, the kids love it, and we have principals lined up asking for the program,” Dr. Seeman says. “The kids are thriving, and the older adults are having a blast.”

The older adults benefit from work that is physically demanding, cognitively stimulating and socially rewarding, Dr. Seeman says. It also is psychologically beneficial every day that they come to work, as the volunteers see how their efforts are helping the children. Initial analysis of the Hopkins program in Baltimore shows the adults were more physically active, watched less television and reported an increase in meaningful social relationships, Dr. Seeman says. The children benefited as well. When compared with students whose schools were not part of the program, the children had higher test scores in reading and math. The researchers in Los Angeles now are planning an evaluation of the program here in the coming year. “With 40 volunteers, we now have a large enough number to take a look,” Dr. Seeman says.

For Bertha Wellington, one of the five original Generation Xchange volunteers, no analytics are needed. Without a doubt, the program changed her life, she says. Now 68 years old, Wellington had been aware of her growing sense of loneliness and isolation for some time. “As an older person, you get to feeling the sense of loss of a portion of your life as the people you love, your friends and your family, move away or get sick or die,” Wellington says. “I’m quite active, and I do have opportunities to meet new people, but it’s not necessarily something that brings you the kind of closeness you truly need.”

When she spends time in the classroom with the children, however, “the hours fly by,” Wellington says. “Whichever portion of the classroom you’re working with, the low achievers or the high achievers, they are hungry for personalized attention, and they just claim you as their own. These become important relationships because the children want the others around them to know ‘that’s my Mrs. Wellington, she comes to my school and helps me.’”

The bonds that are formed transcend school hours and boundaries.

“I was in a store once and these children were running around and misbehaving, and they ran right up on me and had to put the brakes on,” Wellington recalls. She recognized some children from her classroom and gave them a questioning look. “They didn’t want me to see that side of them, and right away they knew they had to clean up their act,” she says. “Of course it goes the other way, too — you want to step right when you’re with them, you want to set the best example.”

The loneliness that once felt overwhelming now is gone, Wellington says. She credits both the work with the children and the relationships that have sprung up among the adult volunteers. “I really can feel the difference,” she says. “We are concerned with each other and how we are doing. It’s the kind of camaraderie that strengthens between us and gets to be quite strong.”

Paula Dutton is among the Generation Xchange volunteers. She joined after hearing Wellington, her friend, tell stories about the satisfaction she got from working with the children. Where once Dutton’s sense of isolation had triggered that panic attack so severe that paramedics were called in, she now finds herself in a widening and warmer world. She has a new man in her life and a deeper commitment to her church and revels in the meaningful work she does with Generation Xchange.

“I’m sitting at a point of happiness because of all of these things,” Dutton says. “Before I was alone, and now I know I am not.”

Veronique de Turenne is a freelance writer in Los Angeles. Her work has been published in Los Angeles Magazine, Daily Variety, the Chicago Tribune and Los Angeles Times. This is her first article for U Magazine.

To read more about Generation Xchange and view a video, go to: medschool.ucla.edu/community-generation-xchange

“The program started out small — just one school with five volunteers. Three years later, 40 volunteers are working in four elementary schools, and principals throughout the area are clamoring for their own schools to be included.”
When he was 7 years old, Guillermo Padilla, MD ’15, MPH, landed in the hospital with appendicitis. While a frightening experience for any child, Dr. Padilla did not yet have a command of English, so his parents — Mexican immigrants who were determined that their son learn Spanish first — translated for him. That experience made an indelible impression on the youngster. “Being scared and not knowing much of the language made me realize after the fact that I wanted to be one of those doctors who were both comforting and able to save lives,” he says. Later, during his teen years, Padilla witnessed extended family members being too afraid to seek healthcare for fear of deportation or high healthcare costs. Those experiences, he says, further influenced him to want to become a primary-care physician and serve underrepresented minorities, particularly members of predominantly Spanish-speaking Latino communities.

“Growing up, I saw a lot of healthcare disparities,” Dr. Padilla recalls. “Seeing my family’s lack of access to care focused my attention on being an advocate for underserved populations.”

As the Latino population has increased dramatically in the United States, the relative number of Latino physicians has declined. UCLA is at the forefront of efforts to achieve a greater balance.
Growing up in a home with limited access to healthcare services compelled Dr. Guillermo Padilla to pursue a career in which he could “be one of those doctors who are both comforting and able to save lives.”

Photo: David Martinez
Yet, even with his clear ambition, the road to medical school wasn’t easy or direct for Dr. Padilla. After graduating from UC Davis in 2006, he took the MCAT twice but didn’t score well. In addition, his attention while in college was divided between his academic work and volunteer activities like working in a student-run health clinic. As a result, he didn’t achieve stellar grades.

So he gave up on his dream and began working in the bakery that his father managed. After a year, he took a job as an interpreter at a refugee clinic affiliated with San Francisco General Hospital. As it turned out, the clinic director had been one of the doctors at the clinic in Sacramento where Dr. Padilla volunteered during college. She encouraged him to return to UC Davis and improve his grades by completing a post-baccalaureate program and then retaking the MCAT. “I always had the idea of going back to school and improving my grades, but she mentored me to come up with a plan,” Dr. Padilla says.

While applying to medical schools, Dr. Padilla was drawn to UCLA’s Program in Medical Education (PRIME), a five-year course of study leading to joint MD and master’s degrees that aims to train students to work in medically disadvantaged communities, and to the UCLA/Charles R. Drew University Medical Education Program. In 2015, Dr. Padilla graduated with his MD and a master’s in public health, specializing in health policy and management. Today, he is a resident in family medicine at Sutter Santa Rosa Regional Hospital in Santa Rosa, California. After completing his residency, Dr. Padilla plans to work for a federally qualified community health center, improve the quality of care for patients and develop a mentorship program for students in his hometown near Sacramento.

“There are a lot of kids who grow up and don’t see people like themselves as doctors, and so they don’t think they can have that as a profession,” Dr. Padilla says. “It is so important for these children to have role models and mentors who look like them.”

As the country faces a national shortage of primary-care doctors in general and Latino physicians in particular, Dr. Padilla’s experience demonstrates how successful “emphasis” programs such as PRIME and UCLA/Drew can encourage medical students from underrepresented communities to enter fields like family medicine and help reduce healthcare disparities, says Daphne Calmes, MD ’84, associate dean of the UCLA/Drew

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<tr>
<th>Year</th>
<th>Ratio (Latino)</th>
<th>Ratio (Non-Hispanic White)</th>
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<td>1980</td>
<td>135</td>
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<td>2010</td>
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California’s Latino-doctor-to-patient ratio was the lowest with 50 physicians per 100,000 people.
program. Each year, UCLA/Drew accepts 24 students, plus an additional four applicants who are enrolled through the PRIME program.

“When we select a student for the program, we are looking for a demonstrable commitment to working with Latino or underserved populations,” Dr. Calmes says. “Some of our students have parents who are farmworkers and come from the very areas we want them to go back to and provide service. We provide faculty mentors who show students it really is honorable to choose to work for underserved populations.”

In fact, research has shown that students who graduate from the UCLA/Drew program are more likely to practice medicine in underserved areas than those who completed the traditional UCLA curriculum, even after controlling for race and ethnicity.

The need for Latino physicians is particularly acute. A study published last year by Gloria Sanchez, MD, associate clinical professor of medicine at the David Geffen School of Medicine at UCLA and a member of UCLA’s Center for the Study of Latino Health and Culture, and several colleagues indicates that while the Latino population has increased dramatically in the United States, the number of Latino physicians in relation to that population has declined.

It is estimated that by 2060, one-in-three U.S. residents will be Latino. Under the Affordable Care Act, more Latinos than ever have access to coverage, but the number of Latino doctors, who are more likely to speak Spanish and practice in underserved areas, is not keeping pace. After analyzing 30 years of U.S. Census data, Dr. Sanchez found that in 1980, there were 135 Latino physicians for every 100,000 Latinos in the U.S.; by 2010, that figure had dropped to just 105 per 100,000. Meanwhile, the national rate of non-Hispanic white physicians increased from 211 for every 100,000 non-Hispanic whites to 315 per 100,000. Among the five states with the largest Latino populations — California, Texas, Florida, New York and Illinois — California’s Latino-doctor-to-patient ratio was the lowest, with 50 physicians per 100,000 people. “In California, in particular, I really believe we’re at a crisis point,” Dr. Sanchez says.

Improving that ratio is a key step to improving care, she emphasizes. As the daughter of a Mexican migrant laborer, Dr. Sanchez says she knows firsthand the challenges that many of her patients face, chief among them language and culture. Non-Hispanic white physicians in the U.S. will speak Spanish just 6 percent of the time, Dr. Sanchez found; among Hispanic physicians, that number is 96 percent. That gap is disconcerting, as previous research has shown that Latino patients who have limited English-language skills visit doctors less frequently than those with stronger English proficiency.

“But in California, it’s not just getting past the language barrier that makes a difference,” she says. There is a multitude of “different beautiful cultures” that can influence the quality of care that a patient receives. Nuances like diet and community support networks can affect a doctor-patient visit, Dr. Sanchez says. Sometimes, it is difficult to find a translator, costing valuable time during a visit. Other times, important information can be lost in translation.

That language barrier can be a high hurdle that contributes to patient discomfort and confusion.
An article in the Los Angeles Times published after Dr. Sanchez’s study came out highlighted the difficulty. A Latino woman attending a family-medicine clinic at Harbor-UCLA Medical Center, in Torrance, California, where Dr. Sanchez practices, recalled asking her 70-year-old husband, who was hospitalized for a heart condition, what the doctor had said to him. “He said, ‘I don’t know,’” the woman told the paper.

But when the physician also speaks Spanish, “It’s a powerful moment when you see your patient’s face express that relief, that ¡O, usted habla español, que bueno! You’re going to understand me,’” Dr. Sanchez says. “Even if a patient speaks English, when you’re vulnerable and scared, you may really prefer your native tongue.”

A patient also is more likely to reveal vital details about his or her life when they feel a connection to the physician. Such a connection may affect everything from medication decisions to a reduction in unnecessary trips to the ER. “It is important to know if they sleep on a couch and don’t have a home with access to refrigeration. A person’s living condition has significant implications when making choices about providing the most appropriate healthcare,” Dr. Sanchez says.

One route to increasing the number of Hispanic physicians in the U.S. is to reach beyond the country’s borders. Currently, some 25 percent of the nation’s 900,000 licensed physicians have come from abroad. The representation of Latino physicians among that group, however, is relatively small. The UCLA International Medical Graduate (IMG) program aims to increase those numbers. An innovative and highly successful program, IMG enrolls foreign-trained physicians from Latin America in a program leading to licensure to practice in California. The IMG program helps participants to compete for positions in family-medicine residency training in the state, after which they are eligible for a medical license. In return, the participants are required to practice in designated underserved communities in California.

Created a decade ago by Patrick T. Dowling, MD, chair of the Department of Family Medicine, and Michelle Bholat, MD (RES ’95, FEL ’96), executive vice chair, the program has graduated 104 bilingual and bicultural physicians now practicing family medicine.

ENROLLMENT OF LATINO STUDENTS IN THE DAVID GEFFEN SCHOOL OF MEDICINE AT UCLA is significantly higher than the national average. “Between 2011 and 2015, we had between 12-to-15 percent Hispanic students in our medical school versus the national average of 7-to-8 percent,” says Clarence Braddock, MD, vice dean for education. “By using so-called holistic admissions — a process that looks at the totality of a student’s qualifications and experiences, in addition to metrics such as grades and MCAT scores — ‘we are able to achieve high rates of diversity.’”

In fact, UCLA’s 2016 entering class of 175 students is among its most diverse, says Theodore Hall, MD, associate dean for admissions. Twenty-eight percent are Asian, 25.7 percent are white, 22.3 percent are Hispanic, 16 percent are black and 2.9 percent identified as being from multiple underrepresented minorities, he noted.

UCLA pipeline programs also have contributed significantly to attracting students who want to practice medicine in underserved communities. The Summer Medical and Dental Education Program, sponsored by the Robert Wood Johnson Foundation, addresses the decline of medical-school applicants by providing college students interested in health careers the opportunity for a transformative summer experience. Chicanos/Latinos for Community Medicine, a program of the UCLA Community Programs Office, also offers mentoring, peer-to-peer counseling, community service and outreach efforts.

“That helped me figure out what I needed to do to get into medical school,” says UCLA obstetrician and gynecologist Mya Zapata, MD (RES ’10). “Doctors came to speak to us, and it helped us understand what it really meant to be a doctor. They inspired me to think that they were really making a difference as one of their own.”

Today, Dr. Zapata is doing outreach whenever possible and trying to reach potential future physicians as young as possible. “Reaching out to children, even in elementary school, when they are very young, is key,” she says. In addition, she and three Latino colleagues in her department work together to find opportunities to expand care for Latino women. “We are starting to change the conversation to figure out how do we give back,”
says Erica Oberman, MD (RES ’12). “How do we get more Hispanic undergrads, medical students and residents involved in medicine and our specialty?”

Most agree that exposure and mentorship are the key. “In the end, the literature and research tell us that individual experiences with healthcare disparity are the motivation for many of our future doctors to go into primary-care medicine,” Dr. Hall says. “They’ve seen what it is like in their own communities and what it would be like for them to be part of the solution. We provide the exposure to all those pluses and the environment that will help enrich them, and they will pick and choose the person they want to become.”

For Dr. Padilla, the long journey has been worth it. “Along the way, the family-medicine community helped me significantly,” he says. “Now I’m planting a seed because someone told me I can.”

Marina Dundjerski is managing editor of UCI Magazine and has been a regular contributor to U Magazine.

On the mainland, he may be known as Kevin Shannon, MD (RES ’90, FEL ’93), associate professor of pediatrics at the David Geffen School of Medicine at UCLA. But on Catalina Island, about 20 miles off the coast of Los Angeles, he answers to Big Kahuna, his handle at Camp del Corazón, a sleep-away summer camp for children with heart disease that he started in 1995 along with UCLA nurse Lisa Knight, RN.

As a pediatric cardiologist at UCLA Children’s Heart Center, Dr. Shannon specializes in electrophysiology, the diagnosis and treatment of conditions relating to the heart’s electrical system. His young patients come to him with abnormal heart rhythms, which can take the form of lightheadedness, weakness, heart palpitations or fainting.

Decoding the heart’s electrical system appeals to Dr. Shannon’s interest in engineering, the field he expected to enter as a physics major at Haverford College in Pennsylvania. He changed paths after realizing he disliked working alone. In medical school at Columbia University, he knew he wanted to work with children and became intrigued during his cardiology rotation.

“I understood physics and hemodynamics and electricity,” he says. “It was fun to figure out what was wrong with a particular heart and why it was acting a particular way.”

Camp del Corazón came as a result of Dr. Shannon’s experience with a 10-year-old patient who had successfully undergone valve-replacement surgery at his recommendation. While doing a follow-up exam on the boy nine months after the procedure, Dr. Shannon noticed how his patient carefully avoided revealing his scar.

“I was watching him go through these contortions with his shirt, and the euphoria (of curing his heart condition) went out the window,” he says. “I realized that what I’d done, in his mind, was traded a problem no one could see to a problem everyone could see.”

Dr. Shannon thought the boy would benefit from interacting in a camp setting with other children who also had scars resulting from heart procedures. In 1995, only two such summer camps existed in the country, and the boy’s mother balked at sending her son out of state. So Dr. Shannon and Lisa Knight, at that time his electrophysiology nurse, decided to start a camp in Southern California. They set the wheels in motion that April and welcomed 49 cardiac campers in September.

Today, Camp del Corazón runs three sessions and brings about 350 campers, ranging from ages 7 to 17, to Catalina Island for five days and four nights of adventure, activity and silliness. Children with such medical conditions as heart transplantation and heart failure might not otherwise have such opportunities, either because other camps are not equipped to deal with their medical needs or their parents don’t feel comfortable sending them. Accredited by the American Camp Association and funded entirely by donations, Camp del Corazón is free to participants and is staffed by volunteer counselors, nurses and physicians — about 230 of them this past summer.
“This place holds a magical place in your heart,” says Colby Rycus, 23, who at age 7 underwent open-heart surgery to repair a defect in the veins leading from her lungs to her heart. Now a counselor for her fourth summer, Rycus — aka Kool Bee — attended as a camper for 11 years. “My best friends are from this camp. You have an underlying connection even if it’s not visible to the naked eye and even if your (heart) conditions are different.”

Dr. Shannon understood the value of camp after being a counselor at a day camp while a student in high school and at a sleep-away camp the summer between graduating college and starting medical school. Even so, he finds that campers aren’t the only ones who benefit.

“Doing this gives me a completely different understanding of what these children live with,” he says. He encourages UCLA fellows to do their pediatric cardiology rotation at Camp del Corazón so they will gain this valuable perspective.

His volunteer activities extend beyond camp. Over the years, Dr. Shannon has traveled on 10 medical missions to South America to provide medical care to children with congenital heart disease. In April, he spent a week in El Salvador and performed 23 cardiac ablations, a procedure to neutralize heart tissue responsible for aberrant electrical impulses that cause abnormal heartbeats.

Although Dr. Shannon doesn’t consider himself an athlete, he is certified as a lifeguard, a lifeguard instructor and an archery instructor. He also works with athletes, screening not only his pediatric patients who play sports, but also UCLA athletes and members of the NBA’s Los Angeles Lakers for heart abnormalities. Based on his findings, he will either clear them to play or deliver the devastating verdict that they can no longer participate in competitive sports.

For all of his patients, however, Dr. Shannon focuses on what they can do instead of what they can’t. “Our goal is to balance the treatment and the disease to make life as normal as possible and as long as possible,” he says. “But normal supersedes long. Because there’s no point living forever if you’re miserable.”

Back at Camp del Corazón, Big Kahuna has just returned from the kayak excursion. “Great job paddling,” he tells his boat mate, 11-year-old Sofia Manalang. “We make a great team.”

The smile on Sofia’s face tells him all he needs to know.

Nancy Sokoler Steiner is a freelance writer in Los Angeles.

Awards & Honors

Dr. Navid Amini, research faculty member at the UCLA Stein Eye Institute, was a 2016 Vodafone Wireless Innovation Project winner for work to solve critical issues facing the world today and driving social impact through mobile innovation.

Dr. Dean Bok (PhD ’68), Dolly Green Professor of Ophthalmology, professor of neurobiology and a member of the UCLA Brain Research Institute, received the 2016 Helen Keller Prize for Vision Research from the Helen Keller Foundation for Research and Education.

Dr. Jeffrey Demanes (MD ’74, RES ’79), professor of brachytherapy in the Department of Radiation Oncology, received the Ulrich Henschke Award, the highest honor from the American Brachytherapy Society.

Dr. Michael Ong, associate professor-in-residence of medicine and health services research, was reappointed by California Gov. Jerry Brown to the Tobacco Education and Research Oversight Committee.

Dr. Antoni Ribas (FEL ’98, ’01), professor of hematology and oncology and director of the Parker Institute for Cancer Immunotherapy Center at UCLA, received the Richard and Hinda Rosenthal Memorial Award from the American Association for Cancer Research.

Dr. Jonathan Tobis, clinical professor of medicine in the Division of Cardiology and director of interventional cardiology research, has been named to the new class of Master Fellows of the Society for Cardiovascular Angiography and Interventions.

Dr. Owen Witte, founding director of UCLA’s Eli and Edythe Broad Center of Regenerative Medicine and Stem Cell Research, was appointed University Professor by the University of California Board of Regents.

In Memoriam

Dr. Sidney Roberts, the first professor appointed to the Department of Physiological Chemistry in the newly established UCLA School of Medicine in 1948, died July 20, 2016. He was 98 years old. He served as acting chairman of the department to begin organizing the teaching program, planning the physical facilities and reviewing applicants for entrance to the medical school’s first class. Dr. Roberts also played an important role in the early development of the UCLA Brain Research Institute, was a Guggenheim Fellow and served on numerous National Institutes of Health and National Science Foundation advisory panels.

Dr. Richard Wain Young, professor emeritus of anatomy, died May 18, 2016, in Hollywood, California. He was 86 years old. He served four years in the U.S. Marine Corps and attended college on the G.I. Bill. Dr. Young earned his PhD from Columbia University, did postdoctoral work in Italy and Sweden and received additional training at the Oak Ridge Institute of Nuclear Studies in Tennessee, and in France. He joined the faculty of the UCLA School of Medicine’s Department of Anatomy in 1960; he retired in 1991. During his tenure, he received numerous recognitions, including the Friedenwald Award in Ophthalmology in 1976, one of the highest honors given by the Association for Research in Vision and Ophthalmology; the UCLA Distinguished Teaching award; the Bowman Lecture of the Royal College of Ophthalmologists; and an honorary Doctor of Science from the University of Chicago.
Jean Clare Smith, MD ’80, MPH, completed a one-year fellowship in India between her second and third years at UCLA that left her with a deep interest in public health. She worked in maternal/child health in Cambodia before joining the Epidemic Intelligence Service (EIS) program — a two-year field-epidemiology training program for physicians based at the Centers for Disease Control and Prevention (CDC). Upon completion of EIS, Dr. Smith was recruited by the CDC to take long-term assignments in India and Nepal with the World Health Organization (WHO). She also worked in Myanmar, Bangladesh, Indonesia, Maldives, North Korea, Sri Lanka and Thailand before she returned to the CDC, where she has served, since 2006, as a medical officer with the Advisory Committee on Immunization Practices for the United States.

The transition from being a practicing internist to a fledgling EIS officer was not an easy one, but after visiting the CDC in 1991, I knew that I really wanted to learn more about public health and epidemiology and build a public-health career. When I was recruited by Stephen Cochi, MD, MPH, in CDC’s National Immunization Program to move to New Delhi, India, on assignment with the WHO, I was overwhelmed and thrilled by the tasks ahead. From 1995 to 1998, I developed a surveillance system to track acute flaccid paralysis (AFP), the key to developing targeted-immunization strategies aimed at eradicating the three wild poliovirus serotypes.

I traveled to several Southeast Asian countries and worked with ministries of health to get AFP surveillance running in their countries — a more intense and challenging task, in many ways, than internal-medicine residency. As the countries began making headway in strengthening their polio-eradication strategies, I was asked to shift to Nepal, which was not making much progress in its programs. In 1998, I moved to Kathmandu, recruited a team of Nepali surveillance medical officers (SMOs) and ancillary staff and began working closely with the Ministry of Health to strengthen polio-immunization and surveillance programs at national, regional, district and village levels.

Nepal saw its last indigenous case of polio in 2000, and for the next five years, I worked with the SMOs and ministers of health in Nepal and India to bolster other vaccine-preventable-disease programs, such as measles and neonatal tetanus. The team of Nepali SMOs still exists and has taken on more and more infectious-disease challenges over the years. To this day, I consider these years to be the most satisfying, challenging and rewarding work experiences since earning my UCLA MD degree in 1980. Having the privilege of working at the CDC and experiencing the best of both worlds at the CDC and WHO has been the highlight of my professional life.
Edward Kwok-Ho Hui, MD ’01 (RES ’04, FEL ’06), is board-certified in internal and geriatric medicine. He is director of the East-West Primary Care program at the UCLA Center for East-West Medicine (CEWM). Dr. Hui believes that primary care can benefit from an increased appreciation of the values and practices of geriatrics and integrative East-West medicine and that these practices can play a role in the redesign of primary care.

My philosophy as a physician has been greatly influenced by my father Ka-Kit Hui, MD ’75 (RES ’78, FEL’79). In a sense, I was inspired to pursue medicine as a result of my involvement in his early work in integrative medicine at UCLA. Now I work alongside him and our colleagues and staff at the CEWM to deliver and disseminate our brand of integrative medicine.

UCLA Health’s strategic plan to expand outpatient care highlights the demand for quality and affordable care, with a focus on value. Our effort over the past several years to reorganize and expand the long-existing consultative and treatment clinic at the CEWM into a one-stop, full-service, integrative East-West health center is our attempt to deliver such care and work toward the Institute for Healthcare Improvement’s Triple Aim — improving the patient’s experience of care, improving the health of populations and lowering costs. This integrative-medicine-flavored patient-centered medical home will help meet the demand for high-level generalists who practice integrative medicine. It will empower patients to develop optimal health and well-being through a model of primary care that is rooted in the principles of prevention, holism, integrative medicine and traditional Chinese healing philosophy.

While we have shown integrative East-West medicine, with its ability to offer symptom relief and palliation with less toxicity and to rebuild infrastructure that is in disrepair, to be helpful for patients with advanced disease, its real strength may lie in its ability to intervene at an earlier stage in the continuum of health and disease. The hope is that this early intervention will effectively address most problems in the primary-care setting and help patients avoid a trajectory that sometimes involves expensive and unnecessary evaluations and therapeutic interventions with non-optimal outcomes.

After all, a focus on prevention and wellness and preference for low-tech, low-cost and high-touch treatments is what most patients really want. It certainly helps, too, that this is what those who pay for healthcare also want.

Like Father, Like Son

To learn more about integrative medicine at UCLA, go to: exploreim.ucla.edu
Building on their previous philanthropy to UCLA, Tamar and Vatche Manoukian have made a landmark gift to the Division of Digestive Diseases at the David Geffen School of Medicine at UCLA that will provide unrestricted funds to accelerate research, innovative clinical care and educational priorities. This generous effort has inspired additional anonymous pledged support, bringing the total of the gift on behalf of the Manoukians to $30 million to benefit the division and crucial initiatives in the David Geffen School of Medicine at UCLA. In recognition of the Manoukians’ leadership philanthropy, the university will name the division in their honor, making this the first division naming in the David Geffen School of Medicine at UCLA. In addition to the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases, the university has named 100 UCLA Medical Plaza the Vatche and Tamar Manoukian Medical Building.

“Visionary philanthropy can alter the course of science,” said Dr. John C. Mazziotta (RES ’81, FEL ’83), vice chancellor for UCLA Health Sciences and CEO of UCLA Health. “The remarkable generosity of Tamar and Vatche Manoukian will be instrumental in positioning the division for the future.”

“It is Tamar’s and my hope that our gift will not only change medical science, but also will be a model for others,” Manoukian said. “We hope it will inspire young people to give and to become engaged with causes that matter.”

A leader in the Armenian community, Vatche Manoukian has been involved in a wide range of businesses, including property investment, retail, pharmaceuticals, biotechnology, entertainment and renewable energy. He and his wife, who have four children, have continued his family’s tradition of charitable work throughout the world, with a particular emphasis on education, medicine, culture, the environment and Armenian causes. The Manoukians’ scholarship funds have enabled several thousand students who lacked financial resources to further their education, and postgraduate programs established by the Manoukians at universities in the United States, the United Kingdom and Lebanon have helped provide essential skills for tomorrow’s community leaders. The couple also support many children’s charities around the world, including the U.S. Fund for UNICEF, on whose board Vatche Manoukian serves.

“Tamar and Vatche’s exceptional philanthropy will help ensure that UCLA can continue to unravel the mysteries of digestive diseases, make transformative scientific discoveries and develop the physician leaders of the future,” said Dr. Eric Esrailian (FEL ’06), co-chief of the Division of Digestive Diseases and Lincy Foundation Chair in Clinical Gastroenterology in the David Geffen School of Medicine at UCLA.

The UCLA Vatche and Tamar Manoukian Division of Digestive Diseases is renowned for its comprehensive research. Ranked No. 5 in the nation by the U.S. News & World Report 2016-2017 survey, the division has become a model for coordinated care that empowers patients and improves their lives.

For more information, contact Laurel Zeno at: (310) 825-1980
Cancer Moonshot Summit Aspires to Eclipse Cancer

At the invitation of the White House, UCLA Health and the UCLA Jonsson Comprehensive Cancer Center (JCCC) participated in the national Cancer Moonshot Summit on June 29, 2016, in the Dr. S. Jerome and Judith D. Tamkin Auditorium at Ronald Reagan UCLA Medical Center. Following a video introduction by Vice President Joe Biden, UCLA physicians and scientists presented an aspirational discussion on the future of cancer research and care and how UCLA will continue to be at the forefront of discovering the next generation of treatments.

Addressing an audience of patients, philanthropists and physicians, Dr. Fola May, assistant professor of medicine in the Vatche and Tamar Manoukian Division of Digestive Diseases in the David Geffen School of Medicine at UCLA, led the presentation with UCLA panelists and JCCC members Dr. Maie St. John (RES ’05), director of the Head and Neck Cancer Program and Samuel J. Pearlman, MD and Della Z. Pearlman Term Chair in Head and Neck Surgery; Dr. Noah Federman (RES ’05, FEL ’08), director of the Pediatric Bone and Soft Tissue Sarcoma Program; Dr. Patricia Ganz (MD ’73), director of the Center for Cancer Prevention and Control; and Dr. Dennis Slamon (FEL ’82), chief of the Division of Hematology/Oncology, director of Clinical/Translational Research, director of the Revlon/UCLA Women’s Cancer Research Program and Bowyer Professor of Medical Oncology.

The panelists and JCCC members highlighted an array of topics from precision medicine, targeted therapies, survivorship and collaboration across the entire UCLA campus to the crucial role of philanthropy in funding innovative investigations.

After questions from the audience, Dr. May asked each panelist, “Why is UCLA poised to be a leader in the national Cancer Moonshot initiative?” Dr. Slamon provided the concluding comment, saying, “You’ve heard from my colleagues how thinking out of the box is encouraged here, that we’re really pushed forward every day, that this community has been very generous to us with collaboration and support, and that has made this place magic. We can compare the impact that we’ve made on cancer here at UCLA to the impact of any institution in the country and the world, and that is why I think we all feel really good about being here and what we will soon achieve.”

For more information, contact Stephanie Witte at: (310) 206-3878
friends

The circus came to town on May 21, 2016, and not just any circus. *Cirque pour la Recherche* (“Circus for Research”) — complete with men on stilts, gymnasts on poles, ersatz elephants and giraffes — was the festive theme of the Fourth Annual Kaleidoscope Ball held at 3 LABS in Culver City, California, to benefit the UCLA Children’s Discovery and Innovation Institute of Mattel Children’s Hospital UCLA. Supported by presenting sponsor Harry Winston and additional sponsor Mattel, Inc., the event honored philanthropists Lori and Michael Milken, actress Kate Hudson and former patient Jake Schuster. More than $2.9 million was raised, thanks in part to the hard work of event co-chairs Bari Milken Bernstein and Fred J. Bernstein, Beth Friedman, EJ and Gregory Milken and Hillary and Lance Milken, as well as the efforts of auctioneer Grant Snyder, with assistance from Michael Milken. The evening began with a cocktail reception and roving circus performers, followed by dinner prepared by Wolfgang Puck Catering; a live auction of trips and experiences and bids to support the hospital’s greatest clinical research needs; an awards ceremony; and musical entertainment.

Lori and Michael Milken received the Philanthropic Leadership Award, presented by UCLA Chancellor Gene D. Block. Lori Milken, a founding member of the Advisory Board of Mattel Children’s Hospital UCLA, and Michael Milken have lavished their creativity, energy and generosity on healthcare, research, education and the arts. Recognized for the depth and breadth of their philanthropy and its lasting and profound impact on the community, they have helped advance the research process, championing faster and more interdisciplinary approaches to addressing diseases.

Golden Globe Award-winner and Academy Award-nominated actress, author, producer and entrepreneur Kate Hudson received the hospital’s Kaleidoscope Award for her dedication to improving the lives of children and protecting their rights and well-being. This award recognizes members of the arts and entertainment community whose professional achievements and humanitarian efforts improve children’s lives. “It’s nice to be able to bring awareness to this, because this is incredible,”

Left: (From left) Honorees Michael Milken and Lori Milken with UCLA Chancellor Gene D. Block. Center: (From left) Extraordinary Children’s Awardee Jake Schuster with Carl and Leslie Schuster. Right: Honoree Kate Hudson and Harry Winston representative Michael Moser.

Photos: (left and right) Alex J. Berliner/ABImages; (center) Todd Cheney/UCLA Photography
Hudson said upon accepting the award from her friends Erin Foster and Sara Foster.

Fifteen-year-old Jake Schuster, a former Mattel Children’s Hospital UCLA patient who, since birth, has endured 21 successful surgeries for a rare condition, was supported by his family and presented with the Extraordinary Children’s Award by Los Angeles Kings hockey star Luc Robitaille and with a surprise WWE belt by former WWE star Eva Marie.

Guests enjoyed performances by singers Shawn Hook, Angelina Jordan, and Richie Sambora and Orianthi with Randy Jackson, as well as music spun by DJ Michelle Pesce and special guest DJ Ryan Cabrera.

“The funds raised at the Kaleidoscope Ball will be used to support crucial research programs that benefit children in our own backyard and around the world,” said Dr. Sherin U. Devaskar, Mattel Executive Endowed Chair in Pediatrics, physician-in-chief of Mattel Children’s Hospital UCLA, assistant vice chancellor of Children’s Health and executive director of the UCLA Children’s Discovery and Innovation Institute. “We are more than grateful to our co-chairs, sponsors and supporters who made this evening an overwhelming success, the impact of which is creating a ripple effect.”

For more information, contact Kat Lauer at: (310) 267-1831
On May 31, 2016, more than 700 guests showed that they care by gathering at the home of Christine and Jordan Kaplan for Who Cares About the Next Generation. The fundraiser, co-hosted by Jordan Kaplan and Rebecca Rothstein, is the most recent in a series of philanthropic events that began in 2006 to raise money for UCLA’s Autism Treatment Program in the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. It has since expanded to include the treatment of children and adolescents with cancer, and it funded the opening of the UCLA Daltrey/Townshend Teen and Young Adult Cancer Program at UCLA Medical Center, Santa Monica. This year’s event raised $3 million to support both causes.

Funds also will benefit Teen Cancer America, founded by Rebecca Rothstein, Jordan Kaplan and members of The Who Roger Daltrey and Pete Townshend. “We are working in partnership with the UCLA team to develop a comprehensive plan for young people with cancer,” said Simon Davies, executive director of Teen Cancer America.

Performers included Joan Jett & the Blackhearts, David Spade, Eddie Vedder and headliners The Who. Guests enjoyed a variety of food stations and rock-and-roll-themed drinks provided by Patron, John Paul and Eloise DeJoria. AEG provided all the staging, lighting, production and sound. Howie Mandel hosted a live auction of legendary rock memorabilia and unique experiences. Other celebrity attendees included KISS guitarist and singer Paul Stanley and wife Erin Sutton, Cindy Crawford and husband Rande Gerber, Sugar Ray Leonard and wife Bernadette, Leslie Mann and husband Judd Apatow, Wendy and Adam Sandler, David Foster, and Dustin Hoffman.

For more information, contact Alan Han at:
(310) 825-1546

Row 1: (From left) KISS’s Paul Stanley and wife Erin Sutton with event co-host Jordan Kaplan. Row 2: (From left) Roger Daltrey, Eddie Vedder and Pete Townshend rocked the crowd. Row 3: (From left) Sugar Ray Leonard helps rally the crowd with auction host Howie Mandel. Row 4 Left: Producer Judd Apatow and wife actress Leslie Mann. Row 4 Right: (From left) Singers Eddie Vedder and Roger Daltrey with actor Dustin Hoffman. Row 5 Left: Actors Adam Sandler (left) and David Spade. Row 5 Right: Rande Gerber and wife Cindy Crawford.

Photos: FilmMagic
Cancer Crusader Establishes Women’s Cancer-research Fund

For television producer Noreen Fraser, a survivor of stage IV breast cancer since 2001, what began as a passion project — raising money and awareness to advance women’s cancer research — evolved into one of the most far-reaching and successful fundraising campaigns in the history of philanthropy. Fraser co-founded and co-produced Stand Up to Cancer, the well-known television broadcast and online initiative. She also established and oversaw the Noreen Fraser Foundation, which, through gifts and grants of more than $2 million, has directly supported the innovative breast and ovarian cancer research of UCLA’s Dr. John Glaspy (MD ’79, RES ’82, FEL ’83), Sanders Chair in Cancer Research; and Dr. Dennis Slamon (FEL ’82), Bowyer Professor of Medical Oncology.

“Early-discovery cancer research is both fragile, because it is difficult and under-resourced, and incredibly powerful, because it eventually — inevitably — leads to the knowledge that ensures meaningful progress,” said Dr. Glaspy. By funding early work that led to the U.S. Food and Drug Administration’s approval of the drug Ibrance, Dr. Glaspy noted, “the Noreen Fraser Foundation has an established track record of supporting research that translated into important progress in the treatment of the most common form of breast cancer.”

This year, in order to accelerate her commitment to advancing research, Fraser closed the doors of the Noreen Fraser Foundation and directed all of the foundation’s assets to UCLA’s Jonsson Comprehensive Cancer Center (JCCC) to establish The Noreen Fraser Fund for Women’s Cancer Research, a current-expenditure fund under the direction of Dr. Glaspy.

“The JCCC has the clout and smarts to use the organization’s funds to truly make a difference in extending the lives of women who are living with cancer,” Fraser said. The Noreen Fraser Foundation’s website now invites supporters to continue the foundation’s mission by contributing directly to the Fraser Fund at UCLA.

Fraser’s influence will be felt daily by scientists working in The Noreen Fraser Foundation Cancer Research Laboratory at UCLA’s Translational Oncology Research Laboratories, the heart of Drs. Glaspy and Slamon’s research enterprise. Never one to lose sight of the human side of illness, Fraser also has named a bench at Ronald Reagan UCLA Medical Center. Located in a quiet garden setting, this special spot will provide comfort to patients and families experiencing their own medical challenges, reminding all who pause there that they are never alone on their journey.

For more information, contact Margaret Steele at: (310) 794-5244
Longtime UCLA Benefactor Expands Commitment to Alzheimer’s Care

Since 1968, UCLA has benefited from the visionary philanthropy of The Fran and Ray Stark Foundation. Now, through a generous pledge to establish the UCLA Fran and Ray Stark Memory Care Fund, the foundation will play a vital role in alleviating the suffering of patients with Alzheimer’s disease, particularly younger and middle-aged adults with early-onset dementia, and reducing the strain on their families and caregivers. The gift will expand the current successful Memory Care Program in the UCLA Longevity Center and double the number of families who will benefit from the service.

“Memory loss has a profound impact on patients and their caregivers,” said Dr. Gary Small (FEL ’83), Albert F. Parlow-David H. Solomon Chair on Aging and director of the UCLA Longevity Center. “Thanks to the generosity of The Fran and Ray Stark Foundation, the UCLA Memory Care Program will be able to provide ongoing support for patients and caregivers to improve their daily lives and reduce the burden of cognitive decline.”

Caregivers of the more than 5-million Americans suffering from Alzheimer’s disease lose time from work, suffer from anxiety and insomnia and have a 50-percent risk of developing clinical depression that requires medical attention. In response to the urgent call for the relief of such burdens, the UCLA Longevity Center created the innovative Memory Care Program in 2013. Designed for individuals and their caregivers to help them cope with early memory loss, the program teaches attendees memory techniques and strategies to lower stress.

“It is very meaningful to me to be able to further my parents’ legacy with this gift,” said Wendy Stark, daughter of Fran and Ray Stark. “It is important to our foundation that patients and caregivers in the Los Angeles area have the support they need to help them through such a challenging time. This gift is in honor of Deanna Hypolite, who is a part of the Stark family.”

For more information, contact Alan Han at: (310) 825-1546

Symposium on Teen Self-image

The Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA (RNPH) Board of Advisors hosted the second Community Conversations symposium on June 13, 2016. Local school educators, parents and mental-health professionals attended the event, which covered “Adolescence: Eating Disorders, Body Dysmorphia, and Self-Image.” Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA faculty members Drs. Michael Strober and Jamie Feusner (MD ’99, RES ’03, FEL ’04, ’06) gave presentations on eating disorders and body dysmorphic disorder, a body-image disorder in which individuals are preoccupied with perceived flaws in physical appearance. Visiting speaker Dr. Nicole Martins, from Indiana University, also discussed the influence of media on teen self-image. The RNPH Board seeks to educate the community on relevant topics in mental health through the Community Conversations series, featuring brief presentations by distinguished faculty followed by question-and-answer sessions.

For more information, contact Alan Han at: (310) 825-1546
Medical School Alumni Reunite and Tour Geffen Hall

This past summer, the medical school classes of 1961 and 1966 returned to UCLA to celebrate their 55th and 50th reunions, respectively. Among the many activities planned for alumni from both classes were sneak previews of the new medical-education building, Geffen Hall, which will welcome its first students in 2017. Medical-student scholarship recipients also joined the tours to share their school experiences, excitement for the new facility and their thanks for all of the support provided by alumni over the years.

In the 1990s, the UCLA Medical Alumni Association (MAA) launched a scholarship campaign through which alumni provide essential support to the next generation of medical students. Since then, alumni and friends have contributed nearly $2 million to the MAA Scholarships, which now provide annual support for numerous medical students. In recognition of the extraordinary efforts of the classes of 1955, 1961, 1962, 1975, 1976, 1979 and 1981 that have each raised $100,000 or more, UCLA named scholarship funds in honor of these classes.

For more information, contact Chelsea Bollea at: (310) 825-5328
**Heart Talk: Women’s Heart Health Program Reaches Out to the Community**

On Wednesday, May 11, 2016, the UCLA Barbra Streisand Women’s Heart Health Program hosted Let’s Talk: A Conversation with UCLA Women’s Health Cardiologists. The educational seminar welcomed 120 UCLA alumni and friends to Westlake Village and included presentations by UCLA cardiologists on the need for cardiovascular screenings, the effects of stress and lifestyle on heart disease and current research in women’s cardiovascular disease. Special guest Bri Winkler, meteorologist at abc7 Eyewitness News, who suffered a stroke at age 24, spoke about the symptoms of stroke and how stroke can happen at any age.

Third in a series of conversations with UCLA female cardiologists, this was the first event held in the community. Cardiologists from the UCLA Women’s Cardiovascular Center in Westwood, Drs. Karol E. Watson (RES ’92, FEL ’97, PHD ’98), Tamara B. Horwich (RES ’02, FEL ’06) and Marcella Calfon Press, partnered with UCLA specialty-care physicians Drs. Janki Shah (RES ’03) and Tracy Huynh from Thousand Oaks/Westlake Village; Dr. Farheen Shirazi from Porter Ranch; and Dr. Rena Patel from Redondo Beach. The interactive format allowed as much time for audience questions as for formal presentations and was followed by a reception with heart-healthy refreshments.

For more information, contact Michelle Jacobson at: (310) 267-1213

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**UCLA Medical Center Boards Welcome New Leadership**

The Ronald Reagan UCLA Board of Advisors and the UCLA Medical Center, Santa Monica Board of Advisors are two volunteer advisory groups that work with UCLA Health leadership to provide guidance and support for the medical centers’ greatest needs. This year marked the end of Donald Goodman’s term as chair of the UCLA Medical Center, Santa Monica Board of Advisors, a role he held from 2013 to 2016. In Goodman’s leadership role, he provided steadfast support for many areas across campus. Goodman’s father Lawrence Goodman also served as chair of this board, and his sister-in-law Vicky Goodman founded and leads a philanthropic support group, The Friends of the Semel Institute for Neuroscience and Human Behavior. As UCLA Health thanks Goodman for his service, it welcomes Peter Darley Miller as the incoming chair of the Santa Monica Board. Miller led the development of the UCLA Baby app and his father was one of the early physicians to volunteer at the Venice Family Clinic.

Madeleine Kleiner concluded her term as chair of the Ronald Reagan UCLA Medical Center Board of Advisors, a role she held from 2014 to 2016. In addition to her expert guidance as chair, Kleiner served 15 years as a member of the board. During this time, she served as the board’s vice chair and also chaired the Nominating Committee. William E. Simon, Jr. will succeed Kleiner as chair. Cindy and William Simon founded Sound Body Sound Mind, now part of UCLA Health, which fights childhood obesity by placing exercise equipment and curricula in local schools.

For more information, contact Nora Bok at: (310) 267-0050
For the past six years, the Ovarian Cancer Circle/Inspired by Robin Babbini has hosted the Happily Ever Laughter fundraiser to support the endometrial- and ovarian-cancer research of Dr. Sanaz Memarzadeh (RES ’00, FEL ’03, PhD ’08), professor and gynecologic-cancer surgeon in the Department of Obstetrics and Gynecology at the David Geffen School of Medicine at UCLA and director of the G.O. Discovery Laboratory in the Department of Obstetrics and Gynecology of Geriatric Psychiatry in the David Geffen School of Medicine at UCLA — and the Division of Pulmonary and Critical Care Medicine. The Jonsson Comprehensive Cancer Foundation Knaub Unitrust, established by Richard and Mari Tamura, has received a $582,000 distribution from the UCLA Foundation Knaub Unitrust, established by Richard and Suzanne Knaub to fund multiple sclerosis research. The Jonson Comprehensive Cancer Center also received a $582,000 distribution from the Unitrust, which will support breast-cancer research and the development of better treatment options for breast cancer.

Barbara and John P. McLoughlin have pledged $1 million to support the development of the Cognitive Health Clinic and research initiatives under the direction of Dr. David Merrill (RES ’09, FEL ’10) in the UCLA Longevity Center — part of the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA — and the Division of Geriatric Psychiatry in the David Geffen School of Medicine at UCLA. This gift will help provide innovative care and assistance to patients by finding new ways to improve the diagnosis and treatment of memory disorders, late-life depression and age-related diseases.

Susan and Bruce Ruehl have made a $500,000 contribution to the Department of Neurology in the David Geffen School of Medicine at UCLA. The gift will fund a five-year ataxia with oculomotor apraxia type 2 (AOA2) study, under the direction of Dr. Brent Fogel (RES ’07, FEL ’09), to identify crucial genetic pathways in AOA2 as potential therapeutic targets. This support enables Dr. Fogel and his team to explore new frontiers in brain science and accelerate investigations that enhance the understanding of AOA2.

The UCLA Department of Neurosurgery received a planned gift of $500,000 from Maggy and Jack Simon to support research for the diagnosis and treatment of vascular malformations of the brain, under the direction of Dr. Neil A. Martin, chair of the Department of Neurosurgery and W. Eugene Stern Chair in Neurosurgery. In recognition of the Simon’s philanthropic commitment, UCLA has named a patient-examination room on the fourth floor of the Edie & Lew Wasserman Building the John B. “Jack” & Maggy Simon Patient Examinations Room. Jack Simon is a founding member of the UCLA Department of Neurosurgery Advisory Board.

A commitment of $150,000 from Mari and Randy Tamura has established the Mari and Randall Tamura Pulmonary Research Fund in the UCLA Division of Pulmonary and Critical Care Medicine. The endowed fund will provide sustained support for lung-transplant research, with the ultimate goal of eliminating organ rejection following transplantation.

The UCLA Division of Pulmonary and Critical Care Medicine has benefited from a $250,000 pledge from Susan Bay Nimoy and the late Leonard Nimoy. The contribution will establish the Leonard Nimoy COPD Research Fund and provide significant resources for Dr. John Belperio’s research into chronic obstructive pulmonary disease (COPD).
The U.S. Social Security Administration tells us that a white male of my age has an additional life expectancy of 8.9 years. I do not want to leave those years to chance, so I am methodically trying to decide which of the many potential opportunities I shall pursue with the time I have left.

The task has turned out to be more difficult than I expected because my life up to this point is a tough act to follow. During my first 79 years, I helped to raise three amazing children, held several interesting jobs, started several successful businesses (as well as a couple of failed ones), appeared on national television for more than two decades, traveled to 81 countries, sailed boats, raced cars (illegally), celebrated my 75th birthday at the 19,341-foot summit of Mount Kilimanjaro and stayed married to the same woman for 55 years. The going has not always been easy, but I have learned a few important lessons along the way.

**Lesson 1:** It’s about the journey, not the destination. When I started medical school, I was certain I would become a psychiatrist, but two guitar-playing OB/GYN residents in the labor room convinced me that I was on the wrong path, so I changed my plans. I will always be grateful for their music. At the end of my residency, I was drafted into the Army — a fate that my wife Priscilla and I dreaded. The actual experience was much better than expected, and she convinced me to sign up for an extra year of service. We look back on that additional year as one of the best we’ve ever shared.

**Lesson 2:** The greatest joy and rewards often are found outside your comfort zone. I was terrified of appearing on television, but one appearance on a local TV station led to a 23-year career as a national medical commentator. For years, I opposed the idea of a family ski vacation and agreed to go only when Priscilla scheduled the trip without me. Now, 45 years later, skiing together is a family passion. I also resisted her pleas to go hiking or camping, but a 2009 trek in Nepal turned out to be the most “spiritual” trip of our lives. Two years later, we celebrated my 75th birthday together at the summit of Mt. Kilimanjaro.

**Lesson 3:** The only way to fail is by not trying. Since climbing Kilimanjaro, Priscilla and I have attempted three glacier climbs in South America. Though we got past 17,000 feet each time, we were not able to reach any of the summits. Was that failure? Never! When we reached our limit, we looked for the best nearby spot where we could take a dramatic photo, and then we declared victory and went home.

**Lesson 4:** We have no guarantee of tomorrow so live each day well. Twenty years ago, I drove to Fresno to say goodbye to a med-school roommate, Tom Thaxter (MD ’61), who was dying of lung cancer. We spent three hours together, reminiscing about medical school.
and laughing a lot.

When his fatigued state made it obvious it was time for me to leave, we hugged and said goodbye. Before I reached the door, Tom called out to me with this question: “If you learned today that you only have four more weeks to live, would you spend the next four weeks the same way you spent the last four?” The question caught me by surprise, and I was unable to come up with an answer. But Tom was ready with this message: “You know that I don’t have four more weeks. I need you to know that you don’t have a guarantee of four weeks, so remember this moment and live every day well.” Tom died less than 10 days later, but his parting message continues to inspire me to this day. It’s the most valuable gift I’ve ever received.

I AM 80 YEARS OLD NOW. The actuaries tell me that I can expect to live a shade under nine more years, but Tom’s message reminds me that I have no guarantee of tomorrow. Priscilla reminds me that I have 95,000 digital photos that need to be sorted, our garden is in terrible shape, the garage is a mess, the cars are dirty, our estate plan is out of date and there are 120 countries left to visit. So what’s our plan?

For the rest of our days, we plan to stay outside of our comfort zones as much as possible. In 2023, Priscilla and I are scheduled to return to Kilimanjaro, where we will attempt to break the Guinness World Record for “Oldest Couple, Aggregate Ages, to Reach the Summit.” The current record is 169 years; if we succeed, our combined age will be 171 years.

We have no intention of sitting around until then. In May, 2017, we’ll start leading high-altitude adventure treks designed specifically for seniors, and in July, we’ll accompany our first group to the summit of Kilimanjaro. We plan to repeat that ascent every year until we can climb for the record in 2023.

Why would a sane 80-year-old and his much-younger wife commit to climbing a 19,000-foot mountain at least seven more times in the next seven years? Because each climb will bring new challenges, new friends, new vistas and new experiences. Because every climb is filled with its own unique beauty and rewards. Because it’s not about the destination. It’s about the journey.
Camp del Corazón was established in 1995 by Dr. Kevin Shannon and nurse Lisa Knight to provide a fun summer-camp experience for young cardiac patients. Today, the camp runs three five-day sessions and brings about 350 campers ages 7-to-17 to Catalina Island.