Making Better Doctors
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Today’s model for residency training incorporates hi-tech advances while emphasizing the breadth of settings in which physicians and patients interact.
BY DAN GORDON

Living Life After Cancer
For survivors, cancer and its aftermath forever remain a part of their lives.
BY KIM IRWIN

Community Ties
UCLA students and physicians in the Department of Family Medicine help bring primary care to one of the city’s poorest communities.
BY DAVID GREENWALD

The New Medical Missionaries
Missionary medicine used to be focused on both religion and doctoring, but the forces behind global-health efforts today are more secular.
BY CLAIRE PANOSIAN, M.D., AND THOMAS J. COATES, PH.D.

Vision Quest
The Jules Stein Eye Institute has been leading advances to preserve sight and prevent blindness for 40 years.
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Kid-sized Heart Valve Will Avoid Invasive Surgery, Reduce Pain and Speed Recovery

Cardiologists at Mattel Children’s Hospital at UCLA are working with researchers at the UCLA Henry Samueli School of Engineering and Applied Science to build a better artificial heart valve for children with congenital heart defects. Dr. Daniel Levi, assistant professor of pediatric cardiology, designed the valve. He partnered with Gregory Carman, professor of mechanical and aerospace engineering, who, with researcher Lenka Stepan, created and developed the new device.

Constructed of an elastic memory-retaining metal alloy, the valve has a butterfly design that opens from the middle of the valve rather than the edges. “Using catheters and collapsible valves, heart valves can be replaced without stopping the heart, without cutting the chest open and without long recovery times,” says Dr. Levi. “That is a huge improvement in care for children living with a very difficult condition.”

Physicians will load the collapsible heart valve into a catheter inserted into a vein in the groin area, guide the catheter into place, and then deploy the valve to a precise location within the heart. As the valve is released from the catheter, it springs back to its original shape and begins to function.

“The unobtrusive leaflets within the valve mean there is no obstruction to blood flow,” explains Carmen. “This smaller design is well suited for pediatric patients and will allow children born with heart-valve defects to experience less pain and live much fuller lives.”

A defective heart valve fails to fully open or close, allowing blood to leak back into the heart chamber. Surgeons often replace the valve with one from a human donor, or a mechanical or porcine substitute. All heart-valve replacements have a limited life span, but for children there are even greater complications: The valves do not grow as children grow, which could mean as many as three or more open-heart surgeries during childhood and adolescence.

Open-heart surgery typically requires three to four days in intensive care, at least one or two weeks in the hospital and a lengthy recovery period at home. In contrast, patients who have valves replaced via catheter can go home as soon as the following day, with little pain.
Transformation of Stem Cells into T-cells Raises Hopes for AIDS Gene Therapy

Scientists from the UCLA AIDS Institute and the Institute for Stem Cell Biology and Medicine have derived T-cells from human embryonic stem cells, raising hopes for a gene therapy to combat AIDS. The Proceedings of the National Academy of Sciences reported the findings in its July 14, 2006, online edition.

“We may be able to use human embryonic stem cells to treat T-cell and other blood diseases,” says lead author Zoran Galic, assistant research biologist. “This could be a very important weapon in the fight against AIDS.”

The researchers cultured human embryonic stem cells and incubated them on mouse bone-marrow cells, which in turn converted them into blood-forming cells. Those cells were injected into a human thymus that had been implanted in a mouse. The thymus transformed the blood-forming cells into the T-cells that HIV targets for destruction.

“Our results indicate that it’s possible to decipher the signals that control embryonic stem cells’ development into mature T-cells,” says Jerome Zack, associate director of the UCLA AIDS Institute and professor of microbiology, immunology and molecular genetics. “This way we can eventually repopulate the immune system of patients needing T-cells.”

One of the body’s main defenses against disease, T-cells are manufactured in the thymus. The organ shrinks as we age, weakening the immune system.

The scientists anticipate that their findings could give rise to gene-therapy approaches for other diseases related to T-cells such as severe combined immunodeficiency, or “bubble-boy disease.”

Placebo Study Finds Brain Activity Predicts Antidepressant Response Before Medication Begins

A UCLA study that explored the relationship between changes in brain activity during a placebo lead-in phase and later outcomes of antidepressant treatment suggests that medication is just one of many variables in the effective treatment of depression. Published in the August 2006 issue of the American Journal of Psychiatry, the findings imply that factors such as patient expectations may play a role in priming the brain for antidepressant therapy.

“Treatment results appear to be partly predicted by changes in brain activity during placebo lead-in—prior to the actual use of antidepressant medication,” says Aimee Hunter, a research associate at the Semel Institute for Neuroscience and Human Behavior at UCLA. “More research is needed to identify the impact of non-drug factors that affect brain activity and clinical improvement in patients receiving antidepressant treatment.”

Semel Institute researchers examined data from 51 adults with major depression who were involved in two independent, double-blind placebo-controlled trials. The subjects received blinded treatment with placebo for one week prior to receiving antidepressant medication. The scientists measured electrical brain activity at baseline and at the end of the placebo lead-in period. The research linked changes in activity in the prefrontal brain region during placebo use to less depression after eight weeks of antidepressant treatment.

In subjects randomly assigned to medication, prefrontal changes during placebo lead-in predicted 19 percent of the variation in antidepressant response.
Reversing Dietary Ratio of Fatty Acids May Suppress Prostate-Cancer Growth

Altering the fatty-acid ratio found in the typical Western diet may reduce PSA levels and the growth rate of prostate cancer, a UCLA study reported in the August 2006 issue of *Clinical Cancer Research*. The animal-model study demonstrated that boosting consumption of omega-3 fatty acids and decreasing omega-6 fatty acids lowered an inflammatory response linked to progression of prostate tumors.

The corn oil, safflower oil and red meats that dominate the Western diet contain omega-6 fatty acids. Cold-water fish like salmon, tuna and sardines contain healthier omega-3 fatty acids. "Corn oil is the backbone of the American diet. We consume up to 20 times more omega-6 fatty acids in our diet than omega-3 acids," says Dr. William Aronson, a professor of urology and Jonsson Cancer Center researcher.

Using a mouse model for hormone-sensitive prostate cancer, the scientists fed one group of mice a 20-percent fat diet with a healthy 1-1 ratio of omega-6 to omega-3 fatty acids. A second group of mice consumed the same diet but the fat contained mostly omega-6 fatty acids. In the first group of mice, tumor-cell growth rates dropped by 22 percent and PSA levels were 77 percent lower than in the second group.

Dr. Aronson suspects that the first diet’s increase in the omega-3 fatty acids DHA and EPA and a drop in an omega-6 acid called arachidonic acid slowed tumor progression. These three fatty acids compete for conversion into hormone-like substances called prostaglandins, which become either pro-inflammatory and spur tumor growth, or anti-inflammatory and curb growth.

Pro-inflammatory prostaglandin levels in tumors were 83 percent lower in mice in the omega-3 group than in mice in the omega-6 group, suggesting that boosting DHA and EPA may produce more anti-inflammatory prostaglandins.

Dr. Aronson currently is conducting a clinical trial with prostate-cancer patients to evaluate the protective effects of a low-fat diet with omega-3 supplements.

Pomegranate Juice Stabilizes PSA Levels in Men with Prostate Cancer

Men who drank eight ounces of pomegranate juice a day nearly quadrupled the amount of time that their PSA levels remained stable following prostate-cancer treatment, reported a UCLA study in the July 2006 issue of *Clinical Cancer Research*.

The study, performed at the Clark Urology Center, focused on 50 men who had undergone surgery or radiation yet quickly experienced increases in prostate-specific antigen, or PSA, a biomarker indicative of aggressive cancer. Researchers measured how long it took PSA levels to double; patients with short “doubling times” are more likely to die from their cancer.

More than 80 percent of the men experienced improvement in doubling times, from 15 months to 54 months. None experienced side effects or had cancers that metastasized during the study.

“If we give pomegranate juice to older men who have been treated for prostate cancer, it may be possible for them to outlive their risk of dying from cancer,” says Dr. Allan Pantuck, associate professor of urology and a Jonsson Cancer Center researcher. “We may be able to prevent or delay the need for hormone treatment or chemotherapy, which bring harmful side effects.

“This is not a cure, but we may be able to change the way prostate cancer grows,” he adds. “We want to find out what cell-signaling pathways are affected, and what is happening to keep PSA levels stable.”
UCLA researchers report that thousands of genes behave differently in the same organs of males and females—something never detected to this degree. The study, published in August 2006 in *Genome Research*, sheds light on why the same disease often strikes males and females differently, and why the genders may respond differently to the same drug therapy.

“Our research discovered a genetic disparity that may explain why males and females diverge in terms of disease risk, rate and severity of symptoms,” says Xia Yang, a postdoctoral fellow in cardiology.

The UCLA team scrutinized more than 23,000 genes to measure their expression level in brain, liver, fat and muscle tissue from male and female mice. While each gene functioned the same in both sexes, gender consistently influenced the amount of gene expressed. “We saw striking differences in more than half of the genes’ expression patterns between males and females,” says Dr. Thomas Drake, professor of pathology. “The differences were not related to reproductive systems—they related to the primary functions of a wide variety of organs.”

The gender differences in gene expression also varied by tissue. Affected genes were typically those most involved in the organ’s function, suggesting that gender influences important genes with specialized roles, not the rank-and-file. In the liver, for example, the expression of genes involved in drug metabolism differed by sex. The findings imply that male and female livers function the same, but work at different rates.

“Our findings in the liver may explain why men and women respond differently to the same drug,” says Jake Lusis, professor of human genetics. “One gender may metabolize the drug faster, leaving too little of the medication in the system to produce an effect.”

The findings identify gene targets for potential new therapies, and support the importance of gender-specific clinical trials. Most medication dosages for women have been based on clinical trials conducted primarily on men.

**New Biosensor Provides Rapid UTI Relief, Cuts Diagnosis Time from Two Days to 45 Minutes**

For the millions of people who suffer from urinary-tract infections, a new biosensor technology may replace antiquated testing methods and provide rapid relief. The new test provides results in 45 minutes, compared to two days with current methods. The February 2006 issue of the *Journal of Clinical Microbiology* reported the findings.

UCLA and Veterans Affairs (VA) Greater Los Angeles Healthcare System researchers used a biosensor developed by GeneFluidics to correctly identify the infection-causing bacteria species in 98 percent of the 78 urine samples tested.

Laboratories currently grow urine bacteria in culture dishes until they can be visually identified. The major drawback of this technique is the two-day lag between specimen collection and bacteria identification. Doctors must decide whether to prescribe antibiotic therapy and, if so, which type of bacteria to treat—all without knowing the infection’s cause. The new biosensor would enable physicians to prescribe targeted treatment in a clinically relevant timeframe.

“Our research showed that GeneFluidics’ biosensor avoided problems inherent in alternative molecular approaches, such as PCR, that require the repeated copying of bacterial DNA or RNA prior to testing. We found that these amplification methods do not provide reproducible results,” says lead author Dr. Joseph Liao, UCLA clinical instructor of urology.

The study was performed in the laboratory of Dr. David Haake, VA staff physician and UCLA professor of medicine. Dr. Bernard Churchill, chief of pediatric urology at the Clark-Morrison Children’s Urological Center at UCLA, was principal investigator.

The potential for rapid bacterial detection was discovered in the laboratory of Dr. Edward R.B. McCabe, chair of pediatrics at the Mattel Children’s Hospital at UCLA and a GeneFluidics adviser.

The team anticipates the rapid test could become available in the next two to three years.
There is an excellent article in this issue of UCLA Medicine that offers insight into the current environment for training residents. Every generation has its challenges, and our present one is no exception with regard to residency training. The 80-hour workweek, increased emphasis on the ambulatory-care experience, rapid turnover of patients in the hospital and the limited time that modern trainees spend in the hospital pursuing diagnostic evaluations because of pre-admission work-ups require us to develop new models for residency training. Facing these challenges is a positive thing, forcing us to think about how we teach, why we teach and what we teach.

In addition to the points made in the article ("Making Better Doctors," Page 8), I will add some other challenges we face. First, there is an increasing need to train physician scientists. We are blessed at UCLA to have the Specialty Training and Advanced Research (STAR) program, which offers the opportunity to combine clinical fellowship training with advanced research training to complete a Ph.D. or a Master of Science degree, depending on the pathway chosen.

Second, we must find ways to train our house officers in the broad area of therapeutics. The Institute of Medicine report on medical errors and side effects of medications, and the frightful price that is paid in terms of our patients’ health and well being, makes it clear that we must do a better job in this area. Knowledge about the systems for drug metabolism, including genetic perturbations to the cytochrome p450 system, will have enormous ramifications for physicians and patient treatment by, ultimately, enabling us to predict how individuals may metabolize certain drugs, the implications for potential side-effects of drugs and their efficacy.

Finally, we must continue to ensure that our trainees, as well as our physicians in practice, never lose sight of providing the human touch to medicine. We must continue to stress communication skills and the importance of spending time with patients and their families to make sure they understand their disease and the reasons behind various tests and treatments that are prescribed. The power of modern medicine can be frightening to anyone with a serious illness. Our challenge is to incorporate meaningful interactions with patients and their families regardless of the pressures and time constraints of today’s stressful medical environment.

Despite all the changes and all the challenges, our curriculum must ensure that our students and residents leave UCLA with outstanding skills in history-taking and physical diagnosis, and with the skills, knowledge and abilities to practice not only the science but also the art of medicine.

Congratulations to the world-class Jules Stein Eye Institute, which has celebrated its 40th anniversary ("Vision Quest," Page 24). In many ways Jules Stein’s track record of excellence and success parallels that of the David Geffen School of Medicine at UCLA. Both have enjoyed steady leadership, a focused emphasis on science and medical practice, generous philanthropy, and, of course, exceptional faculty and staff.

In the School of Medicine’s 55-year history, there have been only four deans—Drs. Stafford Warren, Sherman Mellinkoff, Kenneth Shine and myself. Given that the average time on the job for a dean in this country is four years, this is an extraordinary record of stability. This stability has enabled the school to develop and follow an institutional vision. In its 40 years, Jules Stein has had two outstanding leaders. Dr. Bradley Straatsma, the founding director, guided the Institute’s development and set it on a trajectory of excellence by recruiting the finest faculty and developing superb clinical, research and training programs. Dr. Bartly Mondino, who succeeded Dr. Straatsma in 1994, has elevated the Institute to its next level of excellence.

Both the School of Medicine and the Jules Stein Eye Institute have dedicated themselves to the principle that the best clinical care derives from cutting-edge science. The faculty of both institutions recognizes the importance of basic research and its translation to patient care. It is this concept that has catapulted the School of Medicine and Jules Stein into the top ranks of healthcare centers worldwide.

Philanthropy, too, has played a major role in the success of both the School of Medicine and Jules Stein. This success has stemmed largely from the generosity of the entertainment industry. Jules Stein, the founder of the Music Corporation of America (MCA), and Lou Wasserman, the chair of MCA and Universal Studios, were the industry legends responsible for the extraordinary endowment base of the Jules Stein Eye Institute.

A Message from Gerald S. Levey, M.D.
Vice Chancellor, UCLA Medical Sciences
Dean, David Geffen School of Medicine at UCLA

Leadership in education and research
Institute. I learned a great deal from observing this success, and when it came time to attract someone to name and endow the School of Medicine, the Jules Stein experience profoundly influenced my negotiations. When I met with David Geffen, the cofounder of DreamWorks SKG, to discuss the naming, I asked that the funds be unrestricted in their use and that his gift be a quasi-endowment, and he readily agreed. These special people have secured our respective financial futures for generations to come.

Finally, the faculty and staff of both the school and the Institute are exemplary.

The UCLA medical sciences are successful because we have the best faculty, who are dedicated, talented and committed to serve science and our patients, and the best staff, who are dedicated to supporting that work.

We are grateful for our challenges and for our milestones because they give us the opportunity to reflect on our past, enhance our present and anticipate the brightness of our future.

“We must continue to ensure that our trainees, as well as our physicians in practice, never lose sight of providing the human touch to medicine. We must continue to stress communication skills and the importance of spending time with patients and their families to make sure they understand their disease and the reasons behind various tests and treatments that are prescribed.”
Hospital stays were measured in weeks. Medical records were paper based. To search the literature for information about a patient’s condition required thumbing through aging textbooks or perusing journals retrieved from the stacks at the biomedical library. Doctors did their own blood counts and gram stains. MRI, CT and PET were just random letters of the alphabet. There were barely more than a handful of antibiotics.

“You spent a lot more time just talking to patients and their families because there wasn’t as much to do for them, and you knew that when they were hospitalized, they were going to be there for awhile,” Dr. Neil Parker, senior associate dean for students and graduate medical education, recalls of his residency at UCLA in the mid-1970s.

No one needs to tell Dr. Parker how different today’s mission of training physicians is from when he was a member of the UCLA house staff: He is among the leaders in ushering in a new model of residency training—one that incorporates computer and other technological advances while emphasizing the breadth of settings in which physicians now see patients, including ambulatory care, as well as other changes in the medical-practice environment.

Even with all those advances, however, the challenges are great. “We’re able to do so much more for patients but we also have to know much more,” says Dr. Jan Tillisch, executive vice chair of the Department of Medicine, who for three decades has played an active role in the education of UCLA physicians. When Dr. Tillisch was starting his career, in the late 1960s, he would learn a few fundamentally new concepts each year. “Today, if I stay vigilant I’ll learn something every day that changes the way I think about medicine,” he says. “That makes it incredibly exciting and enables one to be very optimistic about the future, but it also becomes a big challenge to train new doctors.”

In the traditional hospital training environment, keeping up with the rapidly accelerating pace of medical progress is only one part of the challenge. In addition to the significantly shorter hospital stays, inpatients have far greater acuity than in the past. Insurance and regulatory requirements have increased, eating into time that has become more scarce since the 80-hour workweek for trainees was implemented in 2003.

The limits set on working hours for trainees, imposed nationally in response to concerns about fatigue and its effect on patient care, represented a seismic change in graduate medical education. Fewer hours has meant a contracted workforce, and many institutions have struggled to avoid fostering a “shift mentality,” to ensure continuity of care, and to maintain an appropriate balance between patient care and education.

“Clearly, the 80-hour workweek changes the experience,” says Dr. Carl Bertelsen, a general surgeon in San Jose, Calif., who trained at UCLA from 1979 to 1986. “Now, when your 80 hours are up, you have to leave. That sort of thing was unheard of when I trained. You did what you had to do regardless of how little sleep you had.” Dr. Bertelsen recalls his years of training as a “phenomenal time” that he looks back upon with great fondness, despite the fact that it was “physically, mentally and emotionally trying.”
In their reassessments of how residents are taught, UCLA training programs have concluded that the competencies needed by today’s house staff can no longer be obtained in a single setting. As medicine has become more complex, Dr. Parker notes, individual facilities have become less likely to see the same wide spectrum of cases, both in terms of the diagnostic categories and severity. Managed care perpetuated the trend. “Now you can’t just assume that because you have an outstanding hospital such as UCLA Medical Center, a trainee can get everything he or she needs,” Dr. Parker says. Indeed, as a tertiary/quaternary facility, UCLA Medical Center sees fewer primary-care and new diagnostic patients than in the past.

Thus, UCLA residents now work at multiple sites. Dr. Harish Lavu, a chief resident in general surgery, believes the breadth of clinical experience is among the program’s strengths. “We get to work not only at UCLA Medical Center, where we see the complex tertiary cases, but also at the VA Medical Center in West Los Angeles; a county hospital, Olive-View Medical Center; and a community hospital, Santa Monica-UCLA Medical Center,” he says. “By the time we’re finished, we are prepared in all of the surgical environments one might find after residency.”

With diagnosis and treatment so widely disbursed across settings and specialties, it’s more important than ever for trainees in the primary-care specialties to learn how to coordinate the vast array of services and to make sense out of the information that comes from many different sources, Dr. Parker notes.

The dramatic reduction in length of hospital stays over the last generation, and the emphasis on outpatient management of diseases, has resulted in significantly different exposures for trainees. “When I was a house officer, we would see patients only at the end stage of a chronic disease, when they finally arrived in the hospital and were getting heroic treatment,” says Dr. Joshua Goldhaber, professor in the Division of Cardiology, who trained at UCLA from 1984 to 1990. “Now, because we have more outpatient exposure to these diseases, we realize that we were seeing only the worst cases—that in fact there is a spectrum, and patients with milder forms can be treated very effectively and managed outside of the hospital. As a result, prevention and early treatment get a lot more consideration than they used to, and the house officer gets into the mindset that chronic diseases are manageable. It’s a much more positive and hopeful experience.”

Dr. Tillisch, who was among those who spearheaded the greater outpatient emphasis, points out that although the experience is important and necessary given the direction medicine has taken, it raises new challenges. “The advantage of the inpatient setting has always been that it is an efficient training environment—the trainee can go back and visit the patient repetitively in a given day, and, particularly with longer hospital stays, could see some resolution of the problem over time,” he says. “Now, with shorter hospital stays, the resolution takes place on an outpatient basis over a longer period of time, and the trainee often isn’t able to see it. This challenges us to come up with new teaching paradigms and new ways of exposing trainees to diseases and their manifestations.”

The shifts toward training physicians more in ambulatory settings and in a variety of hospitals are two of the major changes resulting from a reassessment in which the leaders of UCLA programs have begun to identify more explicitly the specific skills trainees should acquire and then chart a course for getting there. Rather than simply treating residency as an apprenticeship, the tenets of undergraduate medical education—with a more explicit teaching
“At a place like UCLA, you’re constantly exposed to the greatest minds, both in research and patient care, and to people who are enthusiastic about what they’re doing. That enthusiasm is contagious.”

—Dr. Stephanie Smooke, chief resident in the Department of Medicine

and testing agenda—are being applied, stressing six core competencies spelled out by the Accreditation Council for Graduate Medical Education. In addition to medical knowledge and patient care, for example, greater emphasis is now placed on teaching professionalism. “We’ve always expected our doctors to be ethical and professional but now we’re looking at ways to actually measure that and stress it more than we did in the past,” says Dr. Parker. Similarly, closer attention is being paid to teaching continuous quality improvement, systems of care and teamwork.

As medicine and how it is delivered have become more complex, house staff and attendings are required to spend more time on documentation and other administrative work. That, along with the 80-hour workweek, led to concerns that the amount of education and hands-on patient care for trainees was receiving short shrift. “There was a sense that many programs were starting to be weighted too far in the direction of service vs. educational activities,” says Dr. Jonathan Hiatt, chief of general surgery and director of surgical education. “Wheeling a patient down to X-ray and starting an IV may build character, but it doesn’t teach much about the management of the patient, and doing it 10 times a day is certainly not educational. So the challenge for training programs, particularly at a time when resources are tight, is to recalibrate the balance between education and service.”

To meet that challenge in surgery, Dr. Hiatt and colleagues have sought to employ an alternative workforce—using nurse practitioners and physician assistants where feasible—to pick up some of the patient-care duties that had been taking residents’ time. Beyond that, they have sought to make existing educational approaches more efficient and have looked to new educational paradigms. “I think the 80-hour workweek pushed us to be more concise and organized about our educational program and has made the didactic part of our training better,” says Dr. Jessica O’Connell, a chief resident in general surgery. Wednesday morning conferences are now considered “protected time” during which house staff cannot be interrupted to attend to patient-care matters. The finite number of training hours has increased the emphasis on making the conferences of the highest quality.

In their search for new educational paradigms, the leaders of the programs have turned to resources that were unavailable when most of them trained. Many specialties have begun to incorporate simulator technology, following the model of the airline industry. In surgery, for example, residents use simulators to learn laparoscopic and endoscopic techniques outside the operating room. In the future, Dr. Hiatt suggests, just as airlines require pilots to prove their mettle in the simulator before being allowed to fly a plane, surgical trainees will be required to demonstrate a certain level of proficiency with simulation technology before being able to operate on patients, or even animal models.

A more dramatic change has come with the incorporation of electronic resources into medical practice. “When I was an intern 22 years ago, if we wanted to know the results of a laboratory test on a patient, it involved a long walk down to the lab where we would wait to receive a slip of paper from an overworked clerk or technician,” says Dr. Goldhaber. “Now, we simply log on to one of the many computers at our disposal all over the hospital and punch in the patient’s ID number.” Information technology also means that today’s trainees can have the world’s medical literature at their fingertips—literally. When they needed to learn more about a rare disease and its treatment, residents who trained with Dr. Goldhaber often had to go to the library in search of texts; today’s house staff can typically find all they need to know within five minutes of electronic searching at the point of care.

It’s a good thing, because the explosion of medical knowledge has made it next to impossible for physicians to carry with them all of the most up-to-date information on even the conditions they commonly treat. “It used to be that you expected residents to know everything off the top of their heads,” says Dr. Parker. “Now, we have them carry PDAs and we teach them how to access and understand the literature so that they can practice evidence-based medicine.”
Technology can’t do everything, of course; much of the teaching process will always depend on the abilities of the teachers themselves. “You can learn technical aspects of medical diagnostics or therapy from simulators, but they’re not terribly useful in showing people how to think through a process,” says Dr. Tillisch.

Good teaching is based on both depth of experience and communication—including the ability to tailor material to the learners’ needs. But even more important, asserts Dr. Tillisch, are the same qualities that have always made for the best physicians. “When young physicians ask me what it takes to be a good doctor, I always say you have to care a great deal—so much that you’re ashamed to make a mistake, and so that your sense of self is secondary to the patient’s importance,” he says. “If you look around at the best teachers, they are simply the ones who are the most committed.”

In going through the interview process after medical school, Dr. Lavu was struck by the sense that at UCLA, far more than at other institutions he visited, trainees were treated with great respect. “Other institutions can be cutthroat and not very pleasant environments to work in,” he says. “At UCLA, I felt it was much more professional, and that the focus was really on education.” And he is as impressed with the quality of his fellow residents as with the faculty. “When you go to the graduation banquet every year and they talk about the achievements of the residents prior to coming to UCLA, as well as while they were here, it just blows you away,” he says. “A lot of the teaching occurs between the senior residents and the junior residents, and it’s not just how to care for patients but also how to carry yourself as a physician.”

“At a place like UCLA, you’re constantly exposed to the greatest minds, both in research and patient care, and to people who are enthusiastic about what they’re doing,” adds Dr. Stephanie Smooke, a chief resident in the Department of Medicine who is starting a fellowship in endocrinology. “That enthusiasm is contagious.”

It’s also a characteristic that has remained constant through the significant changes in how UCLA residents are taught. “We’ve made a lot of adjustments,” says Dr. Hiatt, “but the spirit—that of a great institution with a busy and diverse clinical program, along with superb faculty and residents—is one that would be recognized by anyone who ever trained at UCLA.”

RoboDoc

The situation in the operating room is critical. As the physician trainee manages the patient through the life-or-death event, his anxiety is evident. The perspiration glistens on the trainee as his teacher watches the scenario unfold.

It feels real, but it’s not. The scenario is taking place in the UCLA Simulation Center. The patient is a life-size, computer-controlled mannequin that interfaces with standard monitors. It has a realistic cardio-pulmonary system, palpable radial and carotid pulses, audible heart and lung sounds, and the capacity for airway instrumentation, intubation and ventilation; pharmacological response to more than 60 medications; ulnar nerve stimulation; IV insertion; and even urine output. Through controls in an adjacent room, the mannequin can be made to “talk” or simulate critical events. Once the scenario has played out, the resident is taken into a conference room for a debriefing in which his or her performance is discussed.

“This is part of the new face of residency training—being able to rehearse both routine procedures and challenging leadership scenarios without risk to patients,” says Dr. Randolph H. Steadman, professor of anesthesiology and director of the UCLA Simulation Center. “It’s much more interactive and performance-based than anything I got when I was in medical school or residency in the late 1970s and early 1980s.”

UCLA was among the first institutions to integrate the simulation technology, starting with first-year medical students and anesthesia residents in 1996. The use has expanded into the surgical arena, and Dr. Steadman foresees that the technology will soon be incorporated into all of the residency programs.

“When there is a cardiac arrest or other critical incident with real patients, we can’t give trainees authority,” Dr. Steadman says. “But we can take them to the simulator and let them manage the healthcare team in a re-created environment, allowing them to make mistakes and see the consequences of their decisions. That’s how the real learning occurs.”
Living Life After C

BY KIM IRWIN
PHOTOGRAPHY BY JOHN LICHTWARDT
Brad Zebrack beat Hodgkin’s lymphoma 20 years ago but he’s never felt that the cancer ever really left him.

It took a year after he finished treatment to shake the fatigue that gripped him and kept him from enjoying everyday activities like hiking or riding a bike. Five years after his diagnosis, cancer again invaded his life when Zebrack learned that his treatments had left him sterile and unable to father a child. Even now, a simple cold or cough carries with it the fear of a relapse.

Since the moment of his diagnosis, “cancer has always been a part of who I am,” the 45-year-old Los Angeles man says. “It’s there in my head. But I try to push it into the back of my mind.”

Santa Monica teen-ager Victoria Miranda was just 14 years old when she was diagnosed with a form of childhood sarcoma that developed in the front portion of her brain. She underwent a year of chemotherapy and radiation, had surgery to remove what was left of the tumor, then received more chemotherapy.

Like Zebrack, she is a survivor. Her cancer is gone now, but it has left an indelible stain. Miranda’s legs are weak and she does not walk with a normal gait — she often is unsteady and feels off balance. She gets severe headaches and has pain in her hips. Her doctors say she’ll be on thyroid medication for the rest of her life.

“One you’ve been through cancer, your whole life changes,” says Miranda, now 17, who graduated from Santa Monica High School in June. “It is something you have to deal with your entire life.”

Oncologists traditionally have focused on successfully treating cancers like Zebrack’s and Miranda’s and ensuring that the disease does not return. However, once that goal is reached, lapses in communication can occur. Many patients return to their primary-care physicians without knowing what follow-up tests they should have, when and how to monitor for recurrence or what physical and emotional problems they might experience months, and even decades, later as a consequence of their treatment.

A new program at UCLA’s Jonsson Comprehensive Cancer Center aims to bridge these gaps by focusing on the needs of the increasing number of survivors living post-cancer in the United States. The Lance Armstrong Foundation (LAF) has named UCLA a Livestrong Survivorship Center of Excellence, and provided the university with a five-year, $1.7-million grant. The grant established the UCLA-Livestrong Cancer Survivorship Center of Excellence.

UCLA and four other centers across the country make up the Livestrong Survivorship Center of Excellence Network, an invitation-only partnership among the LAF and selected National Cancer Institute (NCI) comprehensive cancer centers. The centers, along with their community affiliates, will conduct critical survivorship research, develop new interventions to improve the coordination of care for survivors and work to establish new models of care delivery within the community.

Dr. Patricia Ganz, director of cancer-prevention-and-control research at UCLA’s Jonsson Comprehensive Cancer Center, heads up the UCLA-Livestrong Cancer Survivorship Center of Excellence. The target audience for the centers is...
huge — more than 10 million Americans today are survivors of cancer, a group that is larger than the population of New York City and represents about 3.3 percent of the U.S. population.

“Most cancer survivors are cared for in the community by community physicians,” Dr. Ganz says. “Oncologists often lose touch with their patients when they finish treatment, yet vital issues may need to be addressed. Up until now, we’ve had poor coordination at the end of treatment, and poor communication with the patient about their future medical needs.”

The move to meet the needs of survivors represents a welcome change of direction in cancer research and treatment, says Dr. Julia Rowland, director of the National Cancer Institute’s Office of Cancer Survivorship.

“It wasn’t until about a decade ago that most people began to look seriously at survivorship and develop an evidence base to support new programs,” Dr. Rowland says. “No treatment for cancer is benign — they all have consequences. We have to talk to survivors about what problems they might face.”

In the 1970s, about 50 percent of cancer patients survived five years. Today, that number has increased to 66 percent. About 14 percent of the 10 million-plus cancer survivors alive today were diagnosed more than 20 years ago. While they may have survived their disease, the ripples — physical, emotional and social — can be felt throughout their lifetimes. Late effects can show up 20 or more years after treatment, says Dr. Jacqueline Casillas, a pediatric oncologist and associate director of the survivorship center. The impact of these late affects can vary, depending on the age of diagnosis, exposure to chemotherapy and radiation — the doses and parts of the body exposed — and the intensity of the therapy, as well as the severity of the cancer itself.

Survivors of childhood cancer, for example, may later experience learning disabilities, cardiac problems, and growth and fertility issues. Psychological dysfunction and second malignancies are not uncommon. For those who survived cancer as adults, a host of other issues may await them. Patients who receive radiation and hormonal treatments may later suffer premature osteoporosis. Men who have survived prostate cancer may have a loss of libido and erectile dysfunction. Women who were given the drug Herceptin to treat breast cancer may, in some cases, have an increased risk of heart damage. Survivors of breast cancer
also may suffer with fatigue, depression and sexual dysfunction.

Part of the survivorship center’s mission, then, is, through scientific research, to determine what physical and emotional problems survivors will face, and whether those problems vary according to cancer type.

“By setting up these centers, we’ll have an opportunity to evaluate different models and determine, with scientific-based evidence, what care and services need to be provided,” Dr. Rowland says. “This also sends an important message to survivors that their health going forward is important to us. I think we’ll find that cancer patients will feel less abandoned, have more dialogue with their physicians and feel more empowered.”

None recognize the need for greater service to this vast population better than the survivors themselves. “Cancer and its treatment have physical, emotional and social effects that last long after therapy is completed,” says Zebrack. “It’s great that medicine has gotten so good at treating cancer, but because of that success, a lot of people out there must deal with other important issues as well. They need help.”

“Actor and screenwriter Jon Kasdan was 17 when he was diagnosed with Hodgkin’s lymphoma a decade ago. He got through the treatment, but says he continues to suffer from emotional late effects.

“For me, the hardest part of the whole experience was the anxiety,” says Kasdan, who wrote and directed an upcoming movie for Warner Bros. that stars Meg Ryan as a breast-cancer survivor — a story that sprang, in part, from his own battle with the disease.

“I hope my experience left me with a deeper appreciation for life,” says Kasdan. “But I’m more limited now in terms of the boldness with which I live my life, and I wish that weren’t so. Sometimes I feel like it’s more difficult for me to do simple things, like commit to a relationship.”

The Jonsson Comprehensive Cancer Center has a rich history of focusing on survivorship and helping people like Kasdan to manage the attendant issues. The recently established Life

“I feel really proud to have gone through what I went through. I learned a lot from my cancer experience. I learned that I’m strong enough to overcome a challenge, and I hope that my experience and participation in the center will help the cancer patients who come after me.”
After Cancer Clinic helps childhood-cancer survivors deal with their late effects. The 10-year-old Patients and Survivors Program conducts prevention and control research on behavioral interventions, assessment of quality of life, nutritional intervention and symptom control.

Now, with the LAF grant, the new center will be able to do even more, providing cancer survivors and their primary-care physicians with a survivorship master plan that will include a history of the patient’s disease, including cancer staging and the treating physicians’ names, addresses and phone numbers; a summary of all treatments received; potential late effects that might be caused by the cancer treatments; a schedule of screening tests to monitor for disease recurrence; a list of lifestyle, behavioral and nutritional guidelines that may help prevent the cancer from returning; and referrals to specialists for those patients experiencing physical or emotional problems due to the treatments they received.

Most cancer care takes place in an outpatient setting, which hasn’t provided a comprehensive treatment summary to follow-up physicians. The survivorship care plan, however, will provide a treatment synopsis — similar to a hospital discharge summary but in this instance it will be given to patients as well as their physicians. This consultation will fill in a huge gap into which many survivors fall, Dr. Ganz notes.

“Survivors go back to their oncologists occasionally in the first years after treatment, but we need to be concerned about what happens to them five, 10, 15 and 20 years after treatment,” she says. “Right now, we’re not addressing that.”

In addition to the more than 2,000 newly diagnosed cancer patients seen by UCLA oncologists each year, the LAF grant supports a formal collaboration with Kaiser Permanente Southern California, HealthCare Partners Medical Group and Torrance Memorial Medical Center. This agreement will allow UCLA investigators to work with community partners to improve the quality of cancer-survivorship care within the greater Los Angeles region and will foster a wider range of survivorship studies in different types of healthcare systems with a richly diverse population of survivors.

“Solving the problem of how best to deliver coordinated and caring follow-up services within existing healthcare settings will not be simple,” Dr. Ganz says. “It will require teamwork among clinicians, researchers, healthcare executives, community leaders, survivors and others.”

Charlene Cottrell, clinical director of cancer programs at Torrance Memorial Medical Center, says that her hospital diagnoses and treats about 1,600 cancer patients a year. “In the past, we worked with our patients up and through treatment. Once they left, they were on their own,” Cottrell says. “Working with UCLA, we’ll be able to look at what more we can do for them.”

Likewise, George Gabison, director of the health-enhancement program for HealthCare Partners Medical Group, says participating in UCLA’s effort will help his medical organization improve the services they already offer.

In addition to working in the healthcare field, Gabison has a survivor’s perspective. He was diagnosed with bladder cancer in 1999 and felt he was excluded from the decision-making regarding his care. Without his background in healthcare, he says, he would have been completely lost.

“When my treatment ended, I had no summary of my care, and no one told me what to expect,” Gabison says. “Because of my background, I was able to take a proactive role.
But I suspect other patients have experienced what I experienced and need some help. This program will help patients feel more comfortable and become more involved in their treatment and follow-up care. That’s vital.”

Sheila McDaniel Henry, 41, of Playa del Rey, is a two-time cancer survivor, most recently beating breast cancer that may have resulted from treatment she received as a 17-year-old for sarcoma. Like Zebrack, she faced fertility issues; doctors told her that her chances of becoming pregnant were less than 1 percent. She suffered from fatigue and “chemo brain,” a disorder that at times muddled her thinking. She also suffered from bone pain. And like other survivors, she continues to worry about her long-term health.

“If I’m sick or fatigued or something doesn’t seem right, I’m very quick to jump to the conclusion that something serious is wrong,” says Henry, who raises money for research through her position with the Jonsson Cancer Center Foundation, a career path she chose because of her battles with cancer. “I know the cancer might come back, that’s always a possibility.”

Happily, Henry often is too busy these days to worry. Her “miracle baby,” Charlie, was born in 2004, and she is occupied with being a wife and mother. She, too, plans to be a part of the new survivorship center at UCLA.

“Survivors are out there,” she says, “and we’re living our lives.”

Zebrack is also enjoying a new life post-cancer. He now is married and the father of an adopted daughter, Sierra, 4. “The whole second half of my life will be radically different than the first half,” says Zebrack. “Cancer is life-changing, and this center, with its research-based approach, will change the way doctors deal with cancer survivors.”

Miranda also looks forward to representing the new generation of survivors. She entered Santa Monica College in the fall, where she is studying fashion design.

“I feel really proud to have gone through what I went through. I learned a lot from my cancer experience,” Miranda says. “I learned that I’m strong enough to overcome a challenge, and I hope that my experience and participation in the center will help the cancer patients who come after me. You can beat this disease and have a good life afterwards.”

“Survivors are out there, and we’re living our lives.”

To watch videotaped conversations with some of the survivors and doctors interviewed for this article, visit http://streaming.uclabealth.org/lifeaftercancer.
One hundred years ago, the area that would become known as Sun Valley was considered to be among the healthiest places to live in the United States.

No one would confuse Sun Valley for one of the healthiest places in the U.S. today. In the words of Supervisor Zev Yaroslavsky, “Sun Valley is Ground Zero for the healthcare crisis in Los Angeles County.”

Located in an area that has been tagged as an “environmental justice” zone due to its concentration of landfills, wrecking yards, metal-plating facilities and other polluters, this community of 53,000 mostly working-class Latino residents in the northeast San Fernando Valley registers rates of asthma, obesity and diabetes that are significantly higher than most of the rest of the county. More than 20 percent of Sun Valley’s residents live below the federal poverty level. One-third lack health insurance. Everyday illnesses such as colds, flu, infections, and cuts and bruises go untreated for lack of conveniently located healthcare.

Soon, however, healthcare services will become available to the residents of Sun Valley. In May 2006, construction of a modern 10,000-square-foot clinic began on the campus of Sun Valley Middle School, which, when it opens in Fall 2007, will serve the entire community.

The Sun Valley Community Health Center represents a unique partnership between the David Geffen School of Medicine at UCLA, Los Angeles County, the Los Angeles Unified School District (LAUSD) and the Northeast Valley Health Corporation, a Federally Qualified Health Center (FQHC). LAUSD has provided the land, the county supplied $7 million for construction, the Northeast Valley Health Corporation will provide the comprehensive healthcare services, and the UCLA Department of Family Medicine will offer expanded asthma screening for the children and families of the community. As Dr. Gerald Levey, UCLA’s vice chancellor for medical sciences and dean of the David Geffen School of Medicine at UCLA, noted during the groundbreaking, “It really does take a village to transform an idea into reality.”

With 13 examining rooms, a pharmacy, lab, counseling offices, and education and training rooms, the clinic will be the largest and most comprehensive school-based clinic in the United States. The free and low-cost services that will be provided include preventive care, chronic-diseases management, dental care, mental health, and adult and pediatric medicine. Such a clinic is sorely needed for the community, says LAUSD Board Member Julie Korenstein, whose district includes Sun Valley. “Children will be able to get immediate healthcare, and parents, who often must travel long distances to access healthcare, now will have it conveniently located in their own neighborhood.”
Those involved with the project have aspirations beyond Sun Valley. “We view what we are doing here as a model for similar partnerships to meet the healthcare needs of underserved communities elsewhere in the country,” says Dr. Patrick T. Dowling, chair of the Department of Family Medicine and a driving force behind the clinic.

In addition, the clinic will serve as a training site for UCLA medical students and family-medicine residents, helping them, through direct intervention in an underserved community, to gain a greater understanding and appreciation of community-based healthcare delivery and access, explains Dr. Dowling. Perhaps the experience will encourage some of those students to pursue primary-care medicine. In addition, Dr. Dowling notes, “We hope that the presence of our students and trainees on campus will inspire some Sun Valley students to consider a career in healthcare. Ideally, we’d like to train physicians from this immigrant Latino and working-class community who will then become mentors and role models.”

This dream has been six years in the making. In the summer of 2000, eight UCLA students who had completed their first year of medical school participated in the medical school’s summer research fellowship under the supervision of the UCLA Department of Family Medicine. They were taught how to conduct a random cluster survey of more than 300 households, asking the residents more than 100 questions regarding the health of their families. The survey revealed that, compared with surrounding communities, the residents of Sun Valley had pitifully inadequate access to healthcare services. Asthma was singled out as the most serious health problem in the community—a finding of great concern, Dr. Dowling.

“We view what we are doing here as a model for similar partnerships to meet the healthcare needs of underserved communities elsewhere in the country.”

DR. PATRICK T. DOWLING
“Children will be able to get immediate healthcare, and parents, who often must travel long distances to access healthcare, now will have it conveniently located in their own neighborhood.”

LAUSD BOARD MEMBER JULIE KORENSTEIN

says, since the National Institutes of Health has declared asthma, particularly childhood asthma in minority populations, a national health priority.

The UCLA summer research students also submitted lengthy applications that resulted in the community being designated a Health Professional Shortage Area (HPSA) for primary care. (Eighteen such HPSA-designated areas in Los Angeles County exist, which means they lack access to basic medical care and that they can receive federal funding to support healthcare services.) Once the need was documented, Dr. Dowling then proposed creating a clinic to serve the needs of the entire community.

“Our initial effort to promote a clinic was not, however, embraced by the community,” Dr. Dowling recalls. “At a meeting in the office of [then-City Councilman] Joel Wachs, we basically were shouted down by about 30 residents who didn’t understand what a family-medicine clinic would be, and who feared that it would attract drug users to the neighborhood. We were somewhat shocked by that, and disappointed.” But shortly after that rejection, Supervisor Yaroslavsky’s health deputy, Ron Hansen, recommended that UCLA Family Medicine attempt to partner with Sun Valley Middle School, which had some available land.

At Sun Valley Middle School, the concept was received more warmly, and an on-campus asthma-screening and early-intervention program soon was established, under the direction of Assistant Professor of Family Medicine Dr. Glenn Lopez, with the goal of one day creating a more comprehensive service on the site.

UCLA medical students and trainees, under the supervision of an attending physician, have screened more than 2,200 students and found an asthma prevalence of 14 percent, a rate that is significantly higher than the 4 percent reported by the Los Angeles County Department of Health Services for Hispanic children countywide. Further, 48 percent of the children found to have asthma had never been previously diagnosed. All these children have been referred to the UCLA-run asthma-education program on the school grounds and to their own primary-care providers. If the family did not have a physician, they were referred to the county’s Mid Valley Comprehensive Health Center in Van Nuys, which includes UCLA family medicine residents and faculty.

Another program targeting diabetes prevention and early intervention is now in development. The new clinic will serve as an ideal location to treat patients who come through both programs. “The clinic affords us the opportunity to intervene at a much earlier stage in terms of treatment for these conditions,” Dr. Lopez says.

Dr. Dowling sees these projects as the basis for a long-term relationship between the Department of Family Medicine and the community. “Through these projects we can establish strong ties with the Sun Valley community, a foundation upon which we will build to eventually address other difficult issues such as alcoholism, substance abuse, depression, family violence, obesity and diabetes,” he observes.

State and county budget cuts
delayed the clinic for several years, but the logjam broke in 2004, and momentum picked up. Once completed, the clinic “will provide desperately needed high-quality healthcare to this community,” Yaroslavsky says. “It will have a profound impact in bringing a better quality of life to these kids and their families.”

Dr. Dowling, too, envisions the clinic delivering services that extend beyond the examining room. “We really want to empower people,” he says. “We have access to the school gymnasium, so maybe we can start an exercise class for parents. Or, because prevention always is more cost effective than treating a chronic disease, we can teach about some different ways of healthful cooking to help curb obesity and diabetes in the community.

“Together,” Dr. Dowling says, “we can really make a difference in the healthcare of this community.”

“The clinic will provide desperately needed high-quality healthcare to this community. It will have a profound impact in bringing a better quality of life to these kids and their families.”

SUPERVISOR ZEV YAROSLAVSKY
Historically, so-called missionary medicine was focused on spreading religion as well as compassionate care. Today, the forces behind global-health efforts are more secular. Nonetheless, the movement continues to be motivated by a sense of mission.

N OELLE BENZEKRI is a UCLA medical student with a mission. Even before the New York native spent a year as a clinic assistant and polio vaccinateur in Senegal, she knew global health was her calling. “It’s the reason I decided to go to medical school,” she says. Spurred by memories of her African patients, Benzekri intends to return to Africa to train local health workers to deliver care to the poorest of the poor.

Benzekri’s classmate, Sue Tuddenham, is another UCLA medical student with prior global-health experience and big dreams. After graduating from Yale, she completed a degree in international relations at the London School of Economics, worked in the Hanoi office of the Population Council, and then took a job with the International Trachoma Initiative evaluating trachoma-control programs in Niger, Tanzania and Vietnam. During her first week of medical school, she was already seeking mentors for a career in global-health policy.

Many students and trainees at UCLA share Benzekri’s and Tuddenham’s hopes for greater global equity in health in their lifetimes. They are hungry to discuss diseases of poverty as well as international policy and aid programs. In the curricula at most medical schools and postgraduate institutions in the United States, however, these topics receive little time and attention. A new generation of activists could change that.

In 2003, at least 20 percent of students graduating from U.S. medical schools had participated in overseas activities related to international health, compared with 6 percent of 1984 graduates, according to Association of American Medical Colleges (AAMC) surveys. Those who go overseas are often inspired by peers who have already rotated abroad. Benzekri and Tuddenham, for instance, may look to Sagar Vaidya, an M.D.-Ph.D. candidate at UCLA who has volunteered at a rural clinic in Mexico and has also completed clerkships in India and Vietnam. Or Shilpa Sayana and her husband, Rishi Manchanda, residents in internal medicine who recently participated in a rollout of antiretroviral drugs in Durban, South Africa.

Trainees who search hard enough and can pay their own expenses will always find exciting international medical opportunities. But their schools and residency programs rarely give anything more than moral support and elective credit. As a result, the few travel fellowships available each year to medical trainees are flooded with applicants. Last year, a program sponsored by the American Society of Tropical Medicine and Hygiene received 130 applications and awarded 10 student fellowships for projects in a variety of venues, including an entomologic field site in Senegal, a war-torn setting in Uganda, and a mobile, railroad-based hospital in India.

Rarely, a department head will use discretionary funds to pay for trainees’ overseas electives—as Dr. Gautam Chaudhuri, executive chair of the UCLA Department of Obstetrics and Gynecology, has done. Nearly all of UCLA’s OB-GYN residents, traveling
in pairs and accompanied by at least one faculty member, now spend three weeks in Eritrea, a country in which the rates of complications during childbirth are among the highest in the world.

What is fueling the hunger for overseas learning among the next generation of medical professionals? Many of these young people have already traveled a lot, says Michele Barry, cofounder of the Yale-Johnson & Johnson Physician Scholars in International Health program, and media coverage has raised their awareness of global-health issues. In addition, she notes, first-generation Americans whose families come from developing countries often want to give back to less-privileged people and regions of the world. Surveys have shown that graduates of the Yale-Johnson & Johnson program express a greater commitment to underserved populations at home and abroad than do non-participants.

No matter what motivates them at the outset, long-term benefits can accrue from trainees’ spending even a few weeks overseas—and not just broadened clinical and cultural competence. The weeks that residents spend in low-resource settings teach cost-conscious practice and back-to-basics diagnosis. And according to Dr. Malini Anand, an OB-GYN resident at UCLA, returning residents also continue to bear witness—to colleagues, family, and friends—regarding the health conditions they have seen. Their reports, in turn, increase public awareness, which may be partly responsible for the recent increase in U.S. foreign aid for global health.

Historically, so-called missionary medicine was focused on spreading religion as well as compassionate care. Today, the forces behind global-health efforts are more secular. Nonetheless, the movement continues to be motivated by a sense of mission—a word with a Latin root, mittere (to send), that suggests an important question: If there is new fervor for global health on the part of medical professionals and international policymakers, shouldn’t the “sending” process be more organized—and the vision bigger and bolder?

In a 2005 report, the Institute of Medicine recommended establishing a federally funded U.S. Global Health Service that would send mid-career professionals overseas to help augment local responses to human immunodeficiency virus infection and AIDS, tuberculosis and malaria; provide fellowships and partial repayment of student loans; foster international healthcare partnerships; and create a global-health employment clearinghouse for paid or volunteer positions. The establishment of such a federal program would offer some hope of support for young professionals who are ready to dedicate themselves to global health.

Drs. Thomas J. Coates and Claire Panosian are co-founders of UCLA’s Program in Global Health at the Division of Infectious Diseases. Adapted with permission from The New England Journal of Medicine (April 27, 2006, Copyright © 2006 Massachusetts Medical Society, all rights reserved).
Drs. Barty J. Mondino (left) and Bradley R. Straatsma
The Jules Stein Eye Institute has been leading advances to preserve sight and prevent blindness for 40 years.

In 1966, Lyndon Johnson was president, it cost 5 cents to mail a letter, Star Trek hit the airwaves and the Jules Stein Eye Institute opened its doors for the first time.

Like the nation, the Jules Stein Eye Institute (JSEI) has undergone countless changes in the four decades since its birth on the campus of UCLA. Yet, under the steady leadership of just two directors in all that time — Dr. Bradley R. Straatsma and Dr. Bartly J. Mondino — the Institute’s core research, teaching and patient-care mission has remained remarkably stable: to preserve sight and prevent blindness. “We know that it’s much better to prevent a problem than to try to treat it,” says Dr. Straatsma. “That certainly is true with something as marvelously constructed as the eye.”

Dr. Straatsma was the founding director of JSEI. He headed the Institute for 28 years, and remains on the faculty as professor emeritus of ophthalmology. Dr. Mondino is the current director. He joined the Institute in 1982, and became its director in 1994. UCLA Medicine spoke with Drs. Straatsma and Mondino about JSEI’s challenges, accomplishments and future.

What was the origin of the Jules Stein Eye Institute?

Dr. Straatsma: In the 1960s, UCLA was a growing institution with quality leadership and a receptiveness to new ideas that was extraordinary and represented a great opportunity. And we had the good fortune of attracting the interest of the philanthropist Dr. Jules Stein and his wife, Doris, and through them, many of their friends and associates. Dr. Stein was a musician who was also professionally trained in ophthalmology. He founded a company that became one of the giants of the entertainment industry: MCA. He remained committed to the preservation of vision, and in 1960 started a non-profit called Research to Prevent Blindness, which continues to provide research grants to ophthalmology departments and research institutes across the United States. After launching that endeavor, he was...
receptive to spearheading a specific program to be located here at UCLA.

The faculty developed a plan [for a research, teaching and patient-care institute], the university endorsed it and provided its full support, and it was made possible by enlightened philanthropy.

What challenges did you face when you took on the role of director?

Dr. Straatsma: The challenge 40 years ago was to anticipate what the needs would be for ophthalmology and vision science in the years ahead. It was important to look ahead and to recognize that the advances in eye care were going to come from basic science, from translational science, from technology and from carefully conducted clinical studies.

Dr. Mondino: For me, the challenge when I became director was to maintain the Institute’s high levels of excellence in terms of its three missions of research, education and patient care. And, of course, I hoped to enhance those levels.

What were the most common eye problems when you assumed leadership of Jules Stein? How has treatment changed since?

Dr. Straatsma: Cataract probably was the most common problem then, as it is now. When the Institute opened in 1966, cataract patients underwent a surgical procedure, which was followed by several days in the hospital. Thereafter, they were required to wear either very thick glasses that distorted the visual field or contact lenses that required constant insertion, removal and care. Today, cataract surgery is generally an outpatient procedure, and often it is combined with insertion of an intraocular lens that is multi-focal, so that individuals recover not only distance vision but also the ability to see objects that are close without the need to wear glasses or with minimal dependence on glasses. It’s a tremendous difference.

Dr. Mondino: Many of the common conditions we see now are similar to those of the past, though some issues have risen in prominence over the decades. The first report of eye complications of AIDS, for example, came from JSEI in the 1980s.

Also, shortly after I arrived here, Dr. Barry Weissman and I published our studies showing that extended-wear soft contact lenses were associated with a dramatic increase in corneal ulcers and infections. We then participated in a very large national study, published in the New England Journal of Medicine, which confirmed our results and ended this epidemic.

Glaucoma also is a condition that remains common today. Our Glaucoma Division has been working with methods of imaging the optic nerve and the retinal nerve fiber layer that lead to earlier detection of glaucoma and enable the specialist to follow it better.

Dr. Straatsma: Another area that’s changed greatly has been the management of diabetic retinopathy. Forty years ago, diabetic retinopathy often led to blindness. Studies in which UCLA participated have made it possible to now preserve vision in more than 95 percent of the patients with proliferative diabetic retinopathy, and to offer additional assistance to people who have diabetic macular edema or macular disease.

What have been some significant research milestones accomplished at Jules Stein?

Dr. Straatsma: The scientific discovery that really brought national and international recognition to the Jules Stein Eye Institute was the work of Drs. Richard Young and Dean Bok in the 1960s. Their discovery of photoreceptor renewal led to a flurry of scientific work at literally hundreds of laboratories around the world.

Dr. Joseph Demer’s translational work with children showed how muscles and pulleys within the orbit determine how we move our eyes left, right, and up and down. If a child has esotropia (crossed eyes), for example, we can now use computer modeling to determine which muscles to move, and how much to move them. Being able to simulate the surgical procedure before we perform it is a huge advance.

Also noteworthy in translational research is the work of Dr. Gabriel Travis, which determined that a form of childhood blindness is caused by a defect in one of the critical enzymes that permits a chemical transformation. Clinical trials are beginning this year.

Dr. Mondino: Dr. Robert Goldberg, chief of Ocular Plastics, and others in his division, have developed new ways to access the orbit. Thanks to their work, we no longer require a massively invasive approach that involves sawing bones in order to reach tumors, vascular malformations and other lesions located behind the eye.
After completing medical school and a residency in ophthalmology, J.P. Dunn knew his education was not yet complete. “I’d received clinical training but not academic training,” says Dr. Dunn. “I had always wanted to be in academic medicine but I didn’t understand what it entailed.”

In 1988, Dr. Dunn entered the Jules Stein Eye Institute for a fellowship in cornea and external ocular diseases. Through the program, fellows pursue independent research while enhancing their skills in providing outpatient, inpatient and surgical care, and instructing medical school students and residents. The Institute offers fellowships in nine specialty areas: comprehensive ophthalmology, contact lens practice, cornea and external ocular diseases and refractive surgery, glaucoma, neuro-ophthalmology, ophthalmic pathology, orbital and ophthalmic plastic surgery, pediatric ophthalmology and strabismus, and vitreoretinal diseases and surgery.

(An International Fellowship Training Program provides similar opportunities for ophthalmologists from throughout the globe. Since its inception, the International Fellowship Training Program has attracted participants from 23 nations.)

Fellowship programs are an integral part of the Jules Stein Eye Institute’s education mission. “Our three main goals of research, patient care and education are synergistic,” says Dr. Bradley R. Straatsma, the Institute’s founding director and now a professor emeritus. “This institution could not function without all three.”

For Dr. Dunn, the fellowship provided invaluable training and unprecedented opportunity. “I learned so much about so many different aspects, not just about corneal disease, but about how to deal with patients and residents; how to teach; how to write papers,” he says. “I had fantastic role models who clearly enjoyed what they did, whether it was teaching, performing surgery or seeing patients. It was my first introduction to academic medicine in ophthalmology, and it was exactly what I’d hoped it would be.”

Dr. Dunn wrote his first academic paper during his fellowship, about infection associated with contact lens wear, under the guidance of Drs. Bartly J. Mondino, the current director of Jules Stein, and Dr. Barry Weissman. “It was accepted with no revisions — the first and possibly only time that’s happened for me,” he says.

Dr. Dunn also co-authored papers with Professor of Ophthalmology Dr. Gary Holland on HIV-related eye disease. Thanks to a referral from Dr. Holland, Dr. Dunn went from UCLA to a fellowship in uveitis and corneal disease at the Francis I. Proctor Foundation at UC San Francisco. He became a clinical instructor there before moving to Johns Hopkins University and the Wilmer Eye Institute, where he now is an associate professor of ophthalmology and director of Residency Education.

“There are so many aspects of the Jules Stein fellowship that have helped me in my professional life,” says Dr. Dunn. “Where I’ve gotten in academics is due to UCLA more than to any other institution.”

— Nancy Sokoler Steiner

Ocular Inflammatory Disease Center Established 1985
Jules and Doris Stein UCLA Support Group Founded 1989
Dedication of Doris Stein Eye Research Center 1990
Diabetic Eye Disease and Retinal Vascular Center Established 1991
Optic Neuropathy Center Established 1994
Orbital Disease Center Founded 1995
25th Anniversary Celebration, Jules Stein Eye Institute 1996
Macular Disease Center Established
Eye-STAR Program Initiated
Laser Refractive Center Expansion
1989 — Nancy Sokoler Steiner

Photo Courtesy of Dr. J.P. Dunn

Educating Future Leaders
**Dr. Straatsma:** In clinical research, I would also mention the collaborative ocular melanoma study, which demonstrated the efficacy of radiation treatment for intraocular melanoma. I was co-chairman of this study, which was conducted at 43 centers in this country and Canada. We showed statistically that for most patients, it was just as effective to treat with radiation as it was to remove the eye. This changed the treatment of this disease around the world.

Additional basic research at JSEI includes that of Dr. Wayne Hubbell, whose work in proteomics — the critical study of the way proteins change shape to initiate chemical reactions and control chemical reactions — is an important addition to our scientific armamentaria.

**Dr. Mondino:** I don’t think proteomics has progressed anywhere in ophthalmology to the degree that it has here at UCLA. Dr. Hubbell was just inducted into the National Academy of Sciences last year. So he really leads this effort.

**Dr. Straatsma:** Altogether, dozens of basic-science studies and more than 50 ongoing clinical trials are taking place within the Institute, so it is really a very exciting place, and it is positioned well for the future.

**What other areas show promise?**

**Dr. Straatsma:** There has been a cascade of new clinical applications, and two things seem to be driving this. One is molecular intervention. For example, we are now injecting a number of materials into the eye that are specifically designed to control molecular processes. Secondly, technology is driving advances. An example would be the changes in cataract surgery we talked about earlier. Now we can remove the opaque lens, which is what a cataract is, through a small incision, and place an intraocular lens implant through the same small incision. While 40 years ago, we might have made an incision 11 or 12 millimeters in length, now we make an incision that may be only about 2 millimeters in length.

**Dr. Mondino:** The cataract center is certainly an exciting area. Dr. Kevin Miller heads the clinical aspect. We also have a research arm, where Dr. Joseph Horwitz works on the biochemistry of cataract. He’s a leader in that field in the United States.

Ocular inflammation has always done very well here, and we’re expanding that area. Dr. Gary Holland is the director of the Ocular Inflammatory Disease Center and will continue efforts there in corneal inflammation and uveitis.

Our clinical trials for macular degeneration are ongoing in the Retina Division, directed by Dr. Steven Schwartz. That’s very exciting work, and our retina specialists are in the forefront. In addition, we just recruited Dr. Michael Gorin from the University of Pittsburgh. He has done some very important work on the genetics of macular degeneration and will continue that work here at UCLA. The Institute has been very involved in the treatment and patho-physiology of macular degeneration, but now we’ve got someone who’s doing landmark genetic work in that area, and I think this kind of a program will synergize with many of our other activities.

**We have talked about research and treatment. Let’s discuss Jules Stein’s educational mission.**

**Dr. Straatsma:** All of the UCLA medical students during the past 40 years have experienced training in ophthalmology with the Department of Ophthalmology and the Eye Institute working as a unit. We’ve had several hundred of the best and brightest come here as ophthalmology residents for their specialty training. A special part of the residency is the Eye-STAR program, which is for those residents who anticipate entering an academic career and want special training in advanced research.

**Dr. Mondino:** In addition to our own UCLA medical students and ophthalmology residents, we’re involved in the education of ophthalmology fellows who come to us for training from throughout the United States and abroad. Our international fellows then return to their home regions to become leaders in the field. We also teach community ophthalmologists who attend our grand rounds and our courses, and who depend on us for their continuing education. And our faculty teach everywhere, from senior centers to local hospitals to national and international meetings. Education is one of our primary missions, and we take it very seriously.

**How does Jules Stein connect with the community?**

**Dr. Mondino:** Our outreach is very extensive. Our Mobile Eye Clinic, for example, travels into the community to examine and screen underserved children, adults and elderly for conditions that require a referral. Physicians and
Kari Thumlert had a simple desire: to be able to maintain eye contact when conversing with other people.

Thumlert was born with amblyopia, sometimes known as “wandering eye” or “lazy eye.” As a child, her condition elicited ridicule from her peers. When she told a fellow first-grader that she “shut off” her eye when it wandered, he dubbed her “Cyclops.” The name shadowed her throughout her school years.

Even as an adult, Thumlert continued to feel plagued by her condition. When she spoke to others and her eye wandered, they would turn around, thinking she was looking at something behind them. Thumlert longed to have surgery to correct the problem, but her income as a preschool teacher prohibited such a substantial expense.

Then Thumlert read on the Internet about the Jules Stein Eye Institute. She took a shot and sent a letter asking if the Institute had any program to provide surgical treatment to low-income individuals. Soon, Thumlert received a response — and an appointment. After her initial exam, she was told that she qualified for surgery through a special program funded by the Annenberg Foundation, which has been making surgical and medical ophthalmic services possible for economically disadvantaged individuals since 2003. More than 50 patients without health coverage have received surgeries through the Annenberg program. The program pays for all hospital expenses, and Jules Stein Eye Institute physicians volunteer their services to perform the procedures. (The Annenberg Foundation is hardly the only benefactor supporting the work being done at Jules Stein. Many others, including the Karl Kirchgessner Foundation, the L and S Milken Foundation, as well as private individuals, provide support, both for research and for care of patients who could not otherwise afford treatment. Among other programs made possible by private giving are the UCLA Mobile Eye Clinic and the Pediatric Contact Lens Program.)

Thumlert underwent outpatient surgery to correct her amblyopia in April 2006. In just a few hours, her life was completely changed.

“I had terrible self-esteem before the surgery. I had no confidence at all,” she says. “Now I walk with my head held high. I’m taken seriously now. I’m treated with respect.”

Thumlert is pursuing her goal of becoming a broadcast journalist — something that would not have been possible with wandering eye. “There are no obstacles to pursuing my dreams,” she says. “Now people look me in the eye.”

— N.S.S.

What’s ahead for Jules Stein?

Dr. Straatsma: Next year we hope to begin construction of the Edie and Lew Wasserman Eye Research Center at UCLA, a 100,000-square-foot addition to our vision-science campus. The center will enable us to create new facilities for ophthalmic surgery and molecular-genetic intervention. It will permit an expansion of our basic-research areas into new fields. Some of the fields that we’re investigating today in neurobiology and molecular sciences weren’t even conceived of 10 years ago. So we need to provide programs for those areas.

Dr. Mondino: The Wasserman Center will enable us to expand our existing faculty and programs, and to create revolutionary new programs that will dramatically change the way we diagnose, treat and even cure eye diseases.

What do you think your successors will be talking about 40 years from now?

Dr. Mondino: I think they’re going to have the joy and excitement of seeing a lot of this research come to fruition in terms of specific therapies. They’re going to have the pleasure and excitement of seeing the first gene-therapy surgeries done here at UCLA.

Just as I’ve had the excitement of seeing things develop that weren’t around 30, 20 or 10 years ago, they’re going to have the pleasure and excitement of seeing the fruition of many of the areas we’re working on now.

Nancy Sokoler Steiner is a freelance writer in Los Angeles. She writes frequently on healthcare issues.

students who work with the Mobile Eye Clinic evaluate about 5,000 patients each year, free of charge.

Our volunteers provide vision screenings at local preschools and give educational presentations about the eye at community elementary schools. Our residents, fellows and physicians staff Olive View Medical Center, Harbor-UCLA Medical Center and the Wadsworth and Sepulveda Veteran’s Administration hospitals.

In addition, we have a philanthropic program, funded by the Annenberg Foundation and other donors, to help indigent adults and children obtain eye-care services here at the Jules Stein Eye Institute. These are people with difficult problems that can best be treated with the technology and expertise available at the Institute.

New Horizons

Photo by John Lichtwardt

Kari Thumlert had a simple desire: to be able to maintain eye contact when conversing with other people.

Thumlert was born with amblyopia, sometimes known as “wandering eye” or “lazy eye.” As a child, her condition elicited ridicule from her peers. When she told a fellow first-grader that she “shut off” her eye when it wandered, he dubbed her “Cyclops.” The name shadowed her throughout her school years.

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UCLA Names New Chief of Interventional Radiology

The Department of Radiological Sciences has appointed Dr. Stephen Kee chief of interventional radiology at the David Geffen School of Medicine at UCLA. His primary focus will be on enhancing the caliber and breadth of the hospital’s interventional radiology services.

“My goal is to build the No. 1 fellowship training program in the country,” says Dr. Kee, who spent 10 years at Stanford University as an associate professor of radiology and surgery before joining UCLA. “I aim to re-establish UCLA as the leading clinical enterprise in interventional radiology on the West Coast.”

“Dr. Kee is an enthusiastic, dynamic physician with an impressive range of expertise in interventional radiology,” says Dr. Dieter Enzmann, department chairman. “I am very pleased that he will be leading and growing our interventional radiology program.”

Dr. Kee’s research pursues new treatments for vascular disease using biodegradable stents and examines new technologies for more precise removal of cancerous tissue.

A native of Donegal, Ireland, Dr. Kee received his medical training in Dublin. He completed fellowships in thoracic imaging at UC San Francisco, and in interventional radiology at Stanford University.

UCLA Medical Center Earns Top Honor for Nursing Excellence

UCLA Medical Center has become one of only seven California hospitals to earn Magnet status from the American Nurses Credentialing Center, a subsidiary of the American Nurses Association. Announced Oct. 17, 2005, the designation recognizes healthcare facilities that deliver the top tier in nursing practice and patient care.

“Magnet status is nursing’s top honor, and accepted as the national gold standard in nursing excellence,” says Heidi Crooks, R.N., chief nursing executive and senior associate director of operations and patient-care services at UCLA Medical Center. “This reflects UCLA nurses’ compassion and commitment to creating an extraordinary environment of healing.”

Launched in 1994, the award singles out healthcare facilities that act as a “magnet” in attracting nurses by creating a work environment that rewards them for outstanding clinical practice and collaboration with the rest of the organization.

To earn Magnet status, healthcare organizations must undergo a vigorous and time-intensive evaluation by the American Nurses Credentialing Center. Organizations must reapply for Magnet status every four years. At present, only 169 hospitals in the nation have qualified for Magnet designation.

Pratt Earns 2006 “Champion” Award for Enhancing Physician Diversity

The California Wellness Foundation presented Patricia Pratt with a 2006 Champion of Health Professions Diversity Award, which honors leaders who have boosted minority participation in the physician workforce.

As director of academic enrichment and student outreach at the David Geffen School of Medicine at UCLA, Pratt has been repeatedly recognized for pioneering innovative programs to recruit students of all grade levels from underserved ethnic communities and to create a pipeline to higher education, UCLA and the medical profession.

During her 25-year tenure at UCLA, the number of ethnic-minority and low-income students training in medicine at UCLA has increased from a low of 12 percent to more than 40 percent per class.

“I’ve invested most of my life into medical education,” says Pratt. “What keeps me going is seeing UCLA alumni practicing medicine in disadvantaged communities where no one else wants to work.”

She received the award and an unrestricted $25,000 grant at a ceremony June 12, 2006, in San Francisco.
**Cornell’s New President Is a Bruin at Heart**

It has been 27 years since Dr. David Skorton called Westwood home, but the new president of Cornell University says that UCLA remains close to his heart.

“In never go to Los Angeles without finding an excuse to get over to the campus,” says Dr. Skorton, who completed his medical residency and a cardiology fellowship at UCLA from 1974-1979.

Dr. Skorton assumed the reins of Cornell, in Ithaca, N.Y., in July, after a career that took him from his beginning as an instructor at the University of Iowa to the presidency of the state university. During his ascent, Dr. Skorton continued his research and medical practice, and even found time to indulge his longstanding interest in jazz, playing the saxophone and flute and co-hosting a weekly program, “As Night Falls—Latin Jazz,” on the University of Iowa’s public FM radio station.

Dr. Skorton spent much of his childhood in the San Fernando Valley. He started his undergraduate education at UCLA, and then transferred to Northwestern University, where he continued through medical school. When he matched for his internship and internal medical residency at UCLA, he says, “I was overjoyed.”

Two UCLA faculty members made a particularly lasting impression on him, Dr. Skorton recalls. Dr. Kenneth Shine, who at the time was chief of cardiology and went on to become dean of the UCLA School of Medicine and, later, president of the Institute of Medicine, “set an example with the breadth of caring he always showed in education, discovery and public service,” Dr. Skorton says. “He was a triple threat.” And Dr. Joseph Perloff, Streisand/American Heart Association Professor of Medicine and Pediatrics, whose pioneering work in the care of adolescents and adults with congenital heart disease influenced Dr. Skorton to follow a similar direction.

At Iowa, Dr. Skorton co-founded the Adolescent and Adult Congenital Heart Disease Clinic, modeled after Dr. Perloff’s clinic at UCLA. “I got much good counsel from him over the years,” he says. “Both Ken Shine and Joe Perloff have been icons, heroes of mine.”

As a cardiology fellow, Dr. Skorton developed an interest in cardiac imaging and computer-imaging processing. He also became a national leader in research ethics. Dr. Skorton served as charter president of the Association for the Accreditation of Human Research Protection Programs, Inc., the first entity organized specifically to accredit human-research protection programs.

One thing that won’t be on Dr. Skorton’s plate at Cornell is clinical practice. Cornell Medical College is in New York City, 240 miles from the Ithaca campus. “I hope to teach rounds to whatever extent I can contribute, but I won’t be caring for my own patients as I did in Iowa,” Dr. Skorton says. “That was a hard part of the decision for me, leaving medical practice. I loved it, and I will still keep up with the literature.”

Days before his inauguration as Cornell’s 12th president, Dr. Skorton was sending his gratitude to the people who influenced him at UCLA, as well as conveying a message to those currently in postgraduate training: “If your experience at UCLA does even half as much for you as it did for me, you will have a very fulfilling career.”

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**Time for a CHAT**

The Ambulatory Pediatric Association awarded UCLA’s Community Health and Advocacy Training (CHAT) Program in Pediatrics its 2005 Outstanding Teaching Award. Recognized as an outstanding general-pediatric-teaching program, the CHAT Program’s educational objectives for pediatric residents focus on child-health advocacy, community-oriented practice and cultural sensitivity.

Established in 2001, the CHAT program is based on the belief that emotional, social, economic and environmental factors influence a child’s health and well-being. The program provides educational experiences in community-based settings to provide pediatric residents the competencies and skills needed to foster and promote a child’s health and development in the context of his or her community.

“By understanding how a child lives in the context of his or her family, school and community, residents can address the psychosocial, mental-health and learning problems that can prevent children from reaching their full potential,” says CHAT Program director Alice Kuo, M.D., Ph.D.

CHAT residents receive the same clinical training as their peers plus a month-long CHAT rotation, quarterly evening seminars and required resident projects. The program recruits heavily among medical students from underrepresented minorities. Future plans include opening a small pediatric clinic at an elementary school in Mar Vista, promoting a more community-based approach to pediatric residency training nationally, and linking the CHAT program to other programs across the country and internationally.

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**UCLA Medical Center Ranks Best in West for 17th Consecutive Year**

UCLA Medical Center ranks as one of the nation’s top five hospitals—and the No. 1 hospital in the western United States—for the 17th consecutive year, according to the July 17, 2006, issue of U.S. News & World Report.

UCLA is the only Southern California hospital to earn a spot on the magazine’s “honor roll,” which recognizes hospitals demonstrating excellence across 16 specialties, since U.S. News launched the survey 17 years ago. The medical center ranked among the top 20 in 15 of the 16 specialties rated.

“This is a wonderful tribute to our outstanding medical and nursing staffs, and the entire healthcare team at UCLA Medical Center,” says Dr. David L. Callender, associate vice chancellor and CEO of the UCLA Hospital System.

UCLA specialty areas ranked best in the western United States, and their national rankings, include urology (No. 4), psychiatry at the Stewart and Lynda Resnick Neuropsychiatric Hospital at UCLA (No. 5), ophthalmology at UCLA’s Jules Stein Eye Institute (No. 5), digestive disorders (No. 5), rheumatology (No. 7), kidney disease (No. 8), orthopaedics (No. 8), and heart and heart surgery (No. 9). Other specialties ranked nationally in the top 20 were neurology and neurosurgery (No. 7), cancer at UCLA’s Jonsson Comprehensive Cancer Center (No. 9), endocrinology (No. 10), ear, nose and throat (No. 11), gynecology (No. 12), respiratory disorders (No. 13), and pediatrics (No. 15).
Dr. Lori L. Altschuler, professor-in-residence at the Semel Institute for Neuroscience and Human Behavior at UCLA, received the 2005 Gerald L. Klerman Senior Investigator Award from the Depression and Bipolar Support Alliance for her lifetime contributions to understanding the causes, diagnosis and treatment of depressive and bipolar illnesses.

James W. Bisley, Ph.D., assistant professor of neurobiology, received a 2006 Sloan Research Fellowship from the Alfred P. Sloan Foundation, awarded to outstanding researchers in the early stages of their careers. Bisley studies the circuitry in the brain that helps to control what we pay attention to and what we ignore.

Dr. Gerald Buckberg, distinguished professor of cardiothoracic surgery, received two 2005 Freddie awards in the category of Basic and Clinical Science at the International Health and Medical Media Awards, as well as the Surgeon General’s award for “Best Health Professional Entry” at the event for his educational DVD on cardiac anatomy entitled, “The Helical Heart.”

Genhong Cheng, Ph.D., professor of microbiology, immunology and molecular genetics, was honored as a Stohlman Scholar from the Leukemia & Lymphoma Society for his work on understanding how the immune system balances between normal immune and abnormal inflammatory responses in order to develop novel strategies to enhance the immune system against pathogen infections and tumor challenges while preventing autoimmune and inflammatory diseases.

Dr. Paul Finn, professor of radiology and chief of diagnostic cardiovascular imaging, was elected president of the International Society for Magnetic Resonance in Medicine, a scientific association of more than 5,500 members that promotes research and continuing education in the field.

Dr. Patricia Ganz, professor of hematology/oncology and director of cancer prevention and control at the Jonsson Cancer Center, received the Jill Rose Award from the Breast Cancer Research Foundation and the Pathfinder Award from the American Society of Breast Diseases. Dr. Ganz is a pioneer in the areas of quality-of-life for cancer survivors, quality-of-care for cancer patients and cancer prevention.

Thomas Graeber, Ph.D., assistant professor of molecular and medical pharmacology and member of the Crump Institute for Molecular Imaging, received a 2006 Sloan Research Fellowship from the Alfred P. Sloan Foundation, awarded to outstanding researchers in the early stages of their careers. Graeber is measuring signaling events within cancer cells to better understand how cancer disrupts normal cell growth, which may help identify new anti-cancer drug targets.

Dr. Alan Fogelman, executive chair of the Department of Medicine and Castera Professor of Medicine, received the 2006 Sherman M. Mellinkoff Faculty Award. Considered the School of Medicine’s highest honor, the award celebrates an ongoing commitment to patients and medical education.

Dr. Edward R.B. McCabe, Mattel Executive Endowed Chair in Pediatrics, was elected president of the American Pediatric Society, the oldest and most prestigious academic pediatric organization in North America, dedicated to advancing the study of pediatric diseases, the prevention of illness, and promoting pediatric education and research.

M. Jeanne Miranda, Ph.D., professor-in-residence at the Semel Institute for Neuroscience and Human Behavior at UCLA, was elected to the Institute of Medicine of the National Academies, a national resource for scientifically informed analysis and recommendations on issues related to human health.

Michael E. Phelps, Ph.D., Norton Simon Professor and chair of molecular and medical pharmacology, received the World Nuclear Association’s Distinguished Contribution Award and the 2006 UCLA Center on Aging ICON Award, recognizing his outstanding contributions to society as inventor of positron emission tomography (PET), which allows the imaging and study of the chemical processes and metabolism in the living body.

Dr. Antoni Ribas, assistant professor-in-residence in hematology and oncology, and Jonsson Cancer Center member, received a Junior Investigator Award from the Melanoma Research Foundation to study the factors that may improve the response rate and sensitivity of aggressive skin cancer, malignant melanoma tumors to immunotherapy.

Dr. Khalil Tabsh, professor and chief of obstetrics, received a 2005 California Immigrant Achievement Award from The American Immigration Law Foundation for his rich contributions to medicine. Tabsh specializes in the care of pregnant women with maternal and/or fetal complications.
Grants

The National Cancer Institute awarded a five-year $10-million grant to the UCLA In Vivo Cellular and Molecular Imaging Center to develop non-invasive quantitative real-time imaging techniques such as positron emission tomography (PET) and optical imaging. The center applies these methods to laboratory studies to track the initiation and spread of cancer and to study new cancer therapies, which then translate to new clinical imaging techniques to help diagnose and treat patients. Dr. Harvey Herschman, Ralph and Marjorie Crump Professor of Molecular Imaging and distinguished professor of biological chemistry and molecular and medical pharmacology, is the director.

The National Institute on Aging awarded a five-year $7.1-million grant to UCLA researchers to study a new brain-chemical marker used with positron emission tomography (PET) to measure the abnormal proteins that build up in the brain due to Alzheimer's disease and other forms of dementia. Scientists also will gauge the genetic risk and neuropsychological measures of patients with Alzheimer's disease, mild cognitive impairment and people with normal memory ability. Dr. Gary Small, Parlow-Solomon Professor on Aging and a professor at the Semel Institute for Neuroscience and Human Behavior at UCLA, is the principal investigator.

The Department of Health Services awarded the UCLA-administered IMPACT (Improving Access, Counseling & Treatment for Californians with Prostate Cancer) program with a three-year state contract for $9.75 million. IMPACT is the first and only program of its kind nationwide to provide low-income uninsured patients with prostate cancer treatment. The program provides access to free, high-quality treatment through medical providers located throughout the state. Dr. Mark Litwin, professor of urology and health services and a researcher with the Jonsson Cancer Center, is the program director.

UCLA received $4 million from The National Institute of Allergy and Infectious Diseases, part of the National Institutes of Health, for work in developing microbicides, products that can be applied to vaginal or rectal mucosa in order to prevent or reduce the transmission of sexually transmitted infections like HIV. Researchers at UCLA and the University of Oxford, UK, are working with aptamers, sequences of RNA molecules known to bind with proteins to reduce a biological response such as viral infection. Dr. Ian McGowan, principal investigator and associate professor of medicine, will evaluate several aptamers for their ability to inhibit infection with the hope that this could lead to development of a microbicide.

In Memoriam

Dr. Marcel Krauthammer, a pulmonologist and adjunct professor of medicine for 23 years at UCLA and the Veterans Affairs Greater Los Angeles Healthcare System, died on Jan. 17, 2006. He served as director of the medical intensive care unit at the VA Medical Center at Sepulveda for 17 years, and received many awards for his commitment to excellence in teaching, patient care and academics.

Dr. Lonnie Zeltzer, professor of pediatrics, anesthesiology, and psychiatry and biobehavioral sciences and director of the pediatric pain program, has been selected as president-elect of the Pediatric Special Interest Group for the International Association for the Study of Pain.

Prop. 36, which gives adults arrested for nonviolent drug-related offenses the option of treatment as opposed to incarceration.

Charles H. Sawyer, distinguished emeritus professor of neurobiology and member of the National Academy of Sciences, died June 20, 2006. An influential pioneer of neurobiology, his research was among the first to pinpoint how the brain controls the secretion of hormones from the pituitary gland and link it to reproductive function. His findings laid the groundwork for the development of the birth control pill and infertility treatments.

Dr. Marvin Weiner, an associate clinical professor of radiology and a member of the radiology faculty for 27 years, died on Nov. 1, 2006. An undergraduate at UCLA, he remained a Bruin fan throughout his life, joining the UCLA faculty in 1964 after serving with the U.S. Army in Korea. He was the first section chief of gastrointestinal radiology.
Events

A No-Limit Texas Hold’em Poker Tournament at 20th Century Fox Studios on April 1, 2006, raised almost $150,000 to benefit Mattel Children’s Hospital at UCLA. Hospital Board of Directors member J.R. DeLang hosted the tournament, and Chris Rose, of Fox’s Best Damn Sports Show, was among the 100-plus players.

The dedication of the Daljit S. and Elaine Sarkaria Biomarker Laboratories took place on April 12, 2006, followed by a luncheon in their honor. Dr. Daljit S. and Elaine Sarkaria pledged $5 million to develop a biomarker program in the Department of Pathology and Laboratory Medicine.

Jules Stein Eye Institute commemorated its 40th anniversary with a festive dinner on May 19, 2006. Founding members were honored at the celebration, which was held in conjunction with the annual Clinical and Research Seminar.

The Jonsson Cancer Center Foundation celebrated A Taste of Napa on May 20, 2006, at The Regent Beverly Wilshire Hotel. Alex Wallau, president of ABC Network Operations and Administration, was honored with the 2006 Gil Nickel Humanitarian Award. Co-chairs of the Dinner Committee were Robert Iger, president and CEO of The Walt Disney Company, and his wife, Willow Bay. Barbara Fairchild, editor-in-chief of Bon Appétit magazine, served as event chair. About 500 guests helped to raise more than $830,000 for the Jonsson Cancer Center.

The 10th Annual Icon Award event at the Beverly Hilton Hotel on June 3, 2006, recognized Michael Phelps, the Norton Simon Professor of Molecular and Medical Pharmacology, director of the Crump Institute for Molecular Imaging and co-inventor of positron emission tomography (PET), and Carl Reiner, renowned entertainer, for making outstanding contributions to society throughout their lives. On behalf of the UCLA Center on Aging, Meyer “Mike” Hersch served as event chair, and Carl Gottlieb was master of ceremonies.

On June 10, 2006, nearly 600 people honored Dr. Ronald W. Busuttil, executive chairman of UCLA’s Department of Surgery, and ABC-TV’s hit show Grey’s Anatomy at the Future in Hand benefit gala at Hollywood’s Kodak Theatre. Guests enjoyed Tom Arnold’s role as master of ceremonies and Diane Keaton’s heart-warming presentation to Dr. Busuttil. Co-chairs Dr. Neil A. Martin, Dr. James B. Atkinson and Colleen L. Devaney underscored the importance of the event to support the $50-million fund-raising initiative for UCLA’s Surgical Endowment Fund. Net proceeds of $325,000 have been directed toward this goal.

Katie Johnson hosted Melodies and Memories, an evening under the stars with Michael Feinstein and Linda Eder, on July 16, 2006. Proceeds support the Deane F. Johnson Center for Neurotherapeutics at UCLA, under the direction of Dr. Jeffrey Cummings in the Department of Neurology.

The Seventh Annual Mattel Party on the Pier! took place on September 30, 2006, at Pacific Park on the Santa Monica Pier, raising essential funding for Mattel Children’s Hospital at UCLA, including equipment needs. Featured were Carnie Wilson, Patricia Heaton and Wally Kurth, along with numerous celebrity kids.

Millennium Ball a Smash Success

The 2006 Millennium Ball was held October 5, 2006, on the grounds of the new Ronald Reagan UCLA Medical Center, which will be dedicated on June 4, 2007. This major fund-raising event, hosted by the David Geffen School of Medicine at UCLA and supporting the new hospital, honored Robert Iger, president and CEO of The Walt Disney Company. Los Angeles Mayor Antonio Villaraigosa presented Iger with The Mercury Award, created by The Franklin Mint. The event raised more than $5 million to benefit hospital construction, which will be completed for the fall opening of the medical center.

A red carpet greeted the approximately 1,000 guests, who included celebrities, top executives, major donors, government officials and faculty. Guests toured the ground floor of the new medical center, with its interactive “Welcome Wall” and grand corridors, and dined with friends and colleagues in a lavish tented area in front of the hospital’s main entrance. Brad Grey, chairman and CEO of Paramount Pictures Corporation, and Jim Watt, CEO of The William Morris Agency, chaired the event. Along Came Mary Productions catered and produced the dinner gala, while Don Mischer Productions produced the program, which featured the musical talents of Grammy-winner Alicia Keys and the humor of Jimmy Kimmel as master of ceremonies.

“The Millennium Ball enables the School of Medicine and Ronald Reagan UCLA Medical Center — its teaching hospital—to maintain excellence in research, teaching, patient care and public service,” stated Dr. Gerald S. Levey, vice chancellor for medical sciences and dean of the David Geffen School of Medicine at UCLA.

PHOTO BY ALEX BERLINER
The Dr. Miriam and Sheldon G. Adelson Medical Research Foundation initiated the Adelson Program in Neural Repair and Rehabilitation (APNRR) with $7.5 million donated to collaborating researchers at 10 universities. Dr. Bruce H. Dobkin, in the Department of Neurology, which is chaired by Dr. John C. Mazziotta, serves as medical director for the APNRR and for UCLA’s Neuromuscular Research Program. Nine researchers in three UCLA departments received $2.73 million. The APNRR takes a unique approach to research funding by fostering collaborations across institutions, and the investigators will develop and transfer basic neurosciencd discoveries into clinical trials to promote neural regeneration and adaptations that lessen the disabilities of patients with brain, spinal cord and peripheral nerve injuries and diseases.

The Annenberg Foundation completed its $2-million pledge to the UCLA Center for East-West Medicine, under the direction of Dr. Ka-Kit Hui, which included the W. Alton Jones Endowed Chair in Integrative Medicine. An additional $115,790 gift was used to create a healing environment within the new Westwood office. Also, a $500,000 payment was made toward the $2-million pledge for groundbreaking research in the Gambling Studies Program at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. In addition, the Foundation directed $200,000 to the Division of Digestive Diseases, $100,000 to the Integrated Substance Abuse Programs and $100,000 to UCLA’s Tiverton House.

Before his death last year, Milton Gottlieb, with his wife, Brindell, proposed the establishment of the Brindell and Milton Gottlieb Chair in Pediatric Ophthalmology with a $1-million pledge.

The Skirball Foundation has made a $300,000 gift to the Division of Digestive Diseases. Allocated by Dr. Gary Gitnick, these funds will underwrite basic science and clinical research in ulcerative colitis, Crohn’s disease and related conditions, with a focus on the work of the new chair holder in inflammatory bowel disease (IBD).

Pursuant to the terms of a bequest from the Estate of George J. Miller, the Brain Research Institute (BRI) has established two endowed funds—the Joanne and George Miller and Family Endowed Chair Fund and the Joanne and George Miller and Family Endowed Program Fund.

In May 2006, Lynda and Stewart Resnick made a $1-million donation through the Resnick Family Foundation to honor Paul J. Vicari, a former business partner and good friend. The Paul J. Vicari Endowed Cataract Research Fund is an essential resource to underwrite investigations in cataract surgery and promote scientific breakthroughs in the field of ophthalmology at the Jules Stein Eye Institute.

Ray Irani and Occidental Petroleum Corporation contributed $600,000 to complete a pledge to the Division of Digestive Diseases, to be used at the discretion of division chief Dr. Gary Gitnick.

The Sidell-Kagan Foundation has made significant cash contributions in the past years to support the Katherine and Benjamin Kagan Alzheimer’s Disease Treatment Fund, including most recently a $400,000 gift and a $108,800 pledge payment. These resources will further the investigations of Dr. Jeffrey Cummings and his colleagues in the Department of Neurology.

Mrs. Caroline Singleton finalized a $1-million contribution to endow the Henry E. Singleton Chair in Urology in memory of her late husband. This gift will support the Department of Urology as the faculty continues to pioneer new methods of delivering care and making treatment less invasive, more effective and less costly.

Maxine and Eugene Rosenfeld have made a $1-million pledge, through the Gene and Maxine Rosenfeld Family Foundation, to support the current needs of the Simulation Center, under the direction of Dr. Randolph Steadman. This gift enhances the school’s goal of educating young physicians in the art and practice of medicine through such tools as the human-patient simulator, which has realistic organ and circulatory systems and can “talk.”

Suzanne and Michael Tennenbaum made their final payment in fulfillment of a $1-million pledge to the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. Shortly thereafter, they made an additional commitment of $800,000 in support of the Tennenbaum Family Interdisciplinary Center for Initiatives in Brain Research.

Gifts

The W. Alton Jones Endowed Chair in Integrative Medicine, which is chaired by Dr. John C. Mazziotta, serves as medical director for the APNRR and for UCLA’s Neuromuscular Research Program. Nine researchers in three UCLA departments received $2.73 million. The APNRR takes a unique approach to research funding by fostering collaborations across institutions, and the investigators will develop and transfer basic neuroscience discoveries into clinical trials to promote neural regeneration and adaptations that lessen the disabilities of patients with brain, spinal cord and peripheral nerve injuries and diseases.

The Annenberg Foundation completed its $2-million pledge to the UCLA Center for East-West Medicine, under the direction of Dr. Ka-Kit Hui, which included the W. Alton Jones Endowed Chair in Integrative Medicine. An additional $115,790 gift was used to create a healing environment within the new Westwood office. Also, a $500,000 payment was made toward the $2-million pledge for groundbreaking research in the Gambling Studies Program at the Jane and Terry Semel Institute for Neuroscience and Human Behavior at UCLA. In addition, the Foundation directed $200,000 to the Division of Digestive Diseases, $100,000 to the Integrated Substance Abuse Programs and $100,000 to UCLA’s Tiverton House.

Before his death last year, Milton Gottlieb, with his wife, Brindell, proposed the establishment of the Brindell and Milton Gottlieb Chair in Pediatric Ophthalmology with a $1-million pledge.

The Skirball Foundation has made a $300,000 gift to the Division of Digestive Diseases. Allocated by Dr. Gary Gitnick, these funds will underwrite basic science and clinical research in ulcerative colitis, Crohn’s disease and related conditions, with a focus on the work of the new chair holder in inflammatory bowel disease (IBD).

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In Memoriam

Milton Gottlieb, who died on February 15, 2006, was a retired real estate developer and had been a loyal donor to UCLA for more than 40 years. He and his wife, Brindell, who along with her husband, Kenneth, was instrumental in establishing the Jonsson Comprehensive Cancer Center (JCCC) in the early 1970s, died on April 28, 2006, at age 76. She and Kenneth Jonsson married in 1952, and they lived in Dallas before settling in Pacific Palisades in 1959. In the 1960s, they began supporting UCLA’s cancer research program, after responding to a fund-raising letter.

George A. Smith, 70, died from cancer on November 3, 2005. He was chairman and founder of George Smith Partners, Inc., which financed commercial developments, and was a widely sought speaker on industry affairs. He and his wife, Pamela, led in establishing and funding the A-T Medical Research Foundation, a major philanthropy for research on ataxia-telangiectasia, a degenerative disorder that causes premature aging. Their daughter, Rebecca Smith, valiantly fought the disease. She died from complications of leukemia on January 22, 2006, at age 27. Dr. Richard Gatti holds the Rebecca Smith Chair in A-T Research, created through Mr. and Mrs. Smith’s generosity and that of family and friends.

U.S. District Court Judge William Matthew Byrne Jr. died on January 12, 2006. He was a founding member of the JSEI Board of Trustees, appointed by Dr. Jules Stein in 1977. Judge Byrne, the youngest judge ever appointed to the federal bench, was best known for his role in ending the trial of Pentagon Papers defendant Daniel Ellsberg, after disclosing government misconduct in the case.
Class of 1976 Reunion Tremendous Success

In retrospect, the true highlight of our reunion was knowing that we are directly making a difference in the lives of those who are following us.

— Vena Ricketts, M.D. ’76

Congratulations to all! The School of Medicine Class of 1976 30th Reunion was a tremendous success, including a weekend filled with wonderful, gratifying, fun-filled activities and celebration.

More important, thanks to the generosity of our classmates, we reached our goal of raising $100,000 for the Class of ’76 Endowed Scholarship. James Harris, our first scholarship recipient, impressed us all when he spoke at the class dinner. But we’re not resting on our laurels. The bar was raised, and we are now working on our second $100,000.

— Evelyn J. Erickson, M.D., F.A.C.S. ’86

Being at UCLA for medical school shaped my early adult life. It was an important, enriching and memorable experience for me. I am proud of being a member of the Class of 1986. I have returned to these memories every five years to celebrate and remember this important time.

— Evelyn J. Erickson, M.D., F.A.C.S. ’86
Conference on Career Choices

I enjoyed the diversity of career panels, a good representation of various specialties. It was concise and to the point.

— Student quote from the 2006 event

The mission of the UCLA Medical Alumni Association (MAA) is to advance the cause of medical education, contribute to the excellence of the School of Medicine and encourage fellowship among the members of the MAA.

There are many events and activities associated with the MAA, including Reunion Weekend, the Medical Alumni & Aesculapians Awards Banquet and Senior Breakfast.

One gathering that helps foster relationships between alumni and students is the annual Conference on Career Choices in Medicine. Hosted by the MAA and the Office of Student Affairs, this half-day event is an excellent opportunity for first-, second- and third-year medical students to hear from a variety of physicians in different specialties and practice settings (e.g., private practice, HMOs and academia) who talk about their work and balancing life and career, and answer questions. There are three sessions with several panels from which to choose (three-to-five doctors per panel), as well as a roundtable lunch session where students can network with panelists and fellow classmates in a less formal setting. The 19th annual conference will be held on January 13, 2007, from 9:45 a.m.–1:30 p.m. You can participate as a panelist by contacting the MAA.

Alumni Awards

The UCLA Medical Alumni & Aesculapians Awards Banquet is held to honor distinguished faculty, alumni and friends of the David Geffen School of Medicine at UCLA. Please join the UCLA MAA in celebrating the accomplishments of the 2007 award recipients on Friday, October 19, at UCLA’s Susan G. Covel and Mitchel D. Covel, M.D., Commons. The banquet begins at 6:30 p.m., and honors will be given to Tomas Ganz, M.D., Ph.D., Medical Science Award; Stanley G. Korenman, M.D., Distinguished Service Award; Michael Zucker, M.D., Professional Achievement Award; and Vicente Honrubia, J.D., D.M.Sc., Award of Extraordinary Merit. To receive an invitation, please contact the MAA.

Happy Days Are Here Again!

Are you a member of the Class of:

Mark your calendar for the weekend of April 20–22, 2007, to reconnect and reminisce with medical school classmates. The festivities will start Friday evening with a casual all-classes reception. Activities during the weekend will include a Distinguished Speakers Series (CME credit available), an afternoon in the newly renovated Getty Villa in Malibu, a campus tour, an all-classes reception, and individual class dinners Saturday night and brunch at the beach on Sunday.

Meeting again with classmates and friends was a special pleasure. We were all rather astounded that we had not done so more often, and were very happy to see each one enjoying life.

— Bob ’61 and Jerrie Peters

Below: Class of 1961 with their spouses at Saturday night dinner during last year’s reunion weekend.

A Round of Applause for the Classes of 1961, 1975 and 1976

A nation’s treasure is in its scholars.

— Chinese Proverb

…and for reaching the $100,000 endowment goal and creating Alumni Class Scholarship Funds. Four classes have now hit this mark—1955, the first to do so, reached it during the 2005 Reunion. Alumni are providing critical scholarship support for future generations of physicians. If you would like to contribute to your class scholarship fund, contact the MAA.