Achieving the Best Possible Health after Breast Cancer

Enduring weeks or months of breast-cancer treatment leaves many women feeling exhausted and shaken. After surgery, radiation or chemotherapy are completed, it’s important for women to regroup mentally and physically. Seeing a primary-care physician with expertise in women’s health can help ensure a smooth transition from cancer patient to cancer survivor.

“See your primary-care provider right away. It’s the best time for your doctor to gather all the information about what you did for your breast-cancer treatment,” says Hyunah Poa, MD, a UCLA primary-care physician and women’s-health expert in Palos Verdes. “The more the
Vital Signs    FALL 2016 | VOLUME 72

New Rehab Hospital Opens

UCLA Health, in partnership with Cedars-Sinai Medical Center and Select Medical Rehabilitation Corporation, opened the California Rehabilitation Institute in Century City in July. The new facility has 138 inpatient beds and fills the need for a world-class inpatient rehabilitation center for the region. In addition to meeting local needs by promoting access and improving the overall health status of the community, it also will serve as a center for treating complex rehabilitation cases from around the nation.

UCLA Health Again Ranked Among Nation’s Best

UCLA’s hospitals have again been recognized on the annual Honor Roll of U.S. News & World Report’s “Best Hospitals 2016-17,” and ranked No. 1 in Los Angeles and No. 1 in California, and No. 5 in the nation. UCLA is one of just 20 hospitals from among 5,000 evaluated nationwide that were named to the Honor Roll for their expertise in treating the most challenging patients. For the 27th consecutive year, UCLA was named “Best in the West.” Twelve UCLA specialties were among the top-10 nationally: geriatrics; urology; ear, nose and throat; cancer; ophthalmology; gastroenterology and gastrointestinal surgery; rheumatology; nephrology; psychiatry; neurology and neurosurgery; pulmonology; and gynecology.

UCLA Performs 6,000th Liver Transplant

UCLA Health reached a significant milestone in June when the UCLA Liver Transplant Program performed its 6,000th liver transplant. The liver-transplant program was launched by Dr. Ronald Busuttil in 1984, when liver transplantation still was considered experimental. A decade later, the program was — and remains today — the largest and most active of its kind in the United States. In the 32 years since its inception, the program has performed roughly one liver transplant every other day.
More than 25-million Americans suffer from obstructive sleep apnea. This health condition does more than rob sleep; it also can damage the heart. “Sleep apnea occurs when the muscles in the back of your throat relax, closing off your airway,” explains Ravi Aysola, MD, director of the UCLA Pulmonary and Sleep Medicine Clinic in Santa Monica. “You wake up because you can’t breathe and your oxygen levels are dropping.”

As Dr. Aysola explains, the body goes into fight-or-flight mode, ratcheting up blood pressure, heart rate and stress-hormone levels. The extra stress on the heart increases the chances of heart attack, stroke, high blood pressure and irregular heart rhythms, called arrhythmias.

It is not always easy to self-identify sleep apnea. Symptoms include snoring, morning headaches, daytime fatigue and irritability. “I often hear from patients who say they make frequent nighttime trips to the bathroom,” says Dr. Aysola. “Really, it’s not a need to urinate that wakes them; it’s the apnea.”

A quick questionnaire called the STOP-BANG, completed in a doctor’s office, often is the first step in getting a diagnosis. STOP focuses on snoring, tiredness, observed sleep disruption and blood pressure. BANG assesses risk factors such as BMI (overweight people are more prone to sleep apnea), age (the risk is greater for those older than 50), neck circumference (a number greater than 16 inches in women and 17 inches in men increases risk) and gender (apnea affects more men than women, until menopause).

People at risk can do a sleep study either at a sleep-disorders lab or at home. “You wear sensors for a night or two that monitor your breathing, heart rate and blood-oxygen level,” Dr. Aysola says. The standard treatment for apnea involves wearing a mask at night that keeps the airways open through continuous positive airway pressure, or CPAP. If symptoms are mild-to-moderate, an oral appliance similar to a mouth guard may help. Some people with severe problems opt for surgery to remove obstructive tissue.

Sleep apnea may seem like a mere annoyance, but Dr. Aysola stresses that the cumulative effects on the heart are serious. “In order to keep the heart strong, you need to breathe steadily all night long.”
Opioid Drugs Have Their Place, but Caution and Consideration of Risk Urged
As headlines caution about an explosion of prescription-opioid drug addiction, overdose and over-prescription, experts caution that patients and their doctors should carefully consider the risks involved in opioid use for chronic non-cancer pain.

“We now know much more about the serious problems that can occur when people take opioids for conditions such as chronic back pain, arthritis, neuropathy and fibromyalgia,” says Keith Heinzerling, MD, MPH, medical director of the UCLA Center for Behavioral and Addiction Medicine. “It’s not that these drugs should never be used. They are certainly appropriate for a short period of time to treat acute pain — an injury or following surgery — as well as for cancer and pain at the end of life. But long-term use raises serious concerns.”

The deaths of celebrities from prescription-opioid overdose have cast a light on the issue nationwide. Since 1999, opioid drug prescriptions and sales have quadrupled, according to the Centers for Disease Control and Prevention (CDC), and more than 40 people die each day from prescription-opioid overdoses. In an effort to curtail the harms associated with opioid use, the CDC earlier this year issued recommendations for primary-care physicians when prescribing the drugs for chronic pain, excluding cancer, palliative and end-of-life care.

Dr. Heinzerling notes that people at heightened risk of becoming addicted to pain medicine include anyone with a personal or family history of addiction or abuse of opioids, alcohol or other substances, and those with a personal or family history of mental-health conditions such as severe depression and anxiety. “There are much more effective and safer ways of dealing with those issues,” he says.

Dosage is another significant area of concern. Fifty milligrams a day of morphine or the equivalent-strength dose of another opioid is considered relatively low-risk by the CDC. From 50-to-90 milligrams is thought to put patients at moderate risk for addiction or overdose and there should be extra discussion about the risk vs. the benefit and closer monitoring to avoid complications. For anyone taking more than 90 milligrams a day, the CDC recommends an evaluation by a pain or addiction specialist and consideration of tapering down the dose.

Even people who would never become addicted to opioids can be vulnerable to complications, the worst of which is an overdose. “Accidental overdoses can occur, whether it’s from taking too much of the drug, combining it with other medications or alcohol, or because the person’s health condition changes and suddenly the medicine has a greater effect,” Dr. Heinzerling says. Combining opioids with other medicines that are sedatives or depressants, including alcohol, is a major risk factor for accidental overdose, he notes.

Dr. Heinzerling stresses that even at-risk patients may need opioids for severe short-term pain. “We just need to treat these medicines with caution,” he says. “If your doctor is offering you pain medicine without discussing the possible risks, it’s always a good idea to ask about them.”

For patients who have chronic pain, he notes, there are effective options, including physical therapy, behavioral therapy, support groups and combinations of safer non-opioid drugs. “Often, people who get off of the opioids are surprised to find that their pain is not necessarily worse than it was on the drugs,” Dr. Heinzerling says. “It requires more effort than just taking a pill, but the easy route is not always the best one.”

“We now know much more about the serious problems that can occur when people take opioids for conditions such as chronic back pain, arthritis, neuropathy and fibromyalgia.”
A recently approved drug for patients with metastatic melanoma represents a significant shift in the way the cancer is treated and may herald a new era in which the body’s immune system is increasingly directed to attack certain cancers.

Pembrolizumab, co-developed by Antoni Ribas, MD, PhD, at the UCLA Jonsson Comprehensive Cancer Center, is a protein that works by blocking the immune system’s “brakes,” allowing it to recognize and attack cancer cells. Studies by Dr. Ribas and researchers from 16 countries in patients with metastatic melanoma found that the new drug resulted in less severe side effects, improved tumor responses, longer duration of responses and extended survival compared to the standard treatment.

“For many decades, cancer biologists have thought that if we can vaccinate for mumps or rubella, maybe we can also vaccinate for cancer,” Dr. Ribas says. “The idea of using the immune system to fight against cancer has been tested with many vaccines, but until recently, the benefits have been anecdotal, and overall the results have been disappointing.”

The problem, Dr. Ribas notes, is that the immune system evolved to fight foreign invaders and infection, not cancer cells. But in recent years, as researchers began to better understand how the immune system is activated, it became clear that an important system of checks and balances is in place to keep the healthy immune system from attacking organs. These safeguards, which were also preventing the immune system from attacking cancer cells, are known as checkpoints. “We realized that the key to successful immunotherapy was not just to turn on the immune system against cancer, but to take away the brakes that were turning it off,” Dr. Ribas explains.

More than a decade ago, Dr. Ribas and others began developing the first generation of immunotherapy. T-lymphocytes, or T cells (round), play an important role in the body’s immune system, tracking down and destroying foreign bodies and infected cells. Now, the evolving science of immunotherapy seeks to unleash the power of T cells against cancer.
“We realized that the key to successful immunotherapy was not just to turn on the immune system against cancer, but to take away the brakes that were turning it off.”

so-called checkpoint inhibitors — antibodies that remove the brakes, unleashing the immune system to fight the cancer. The first, against the CTLA-4 checkpoint, produced modest results but showed what was possible. In more recent years, antibodies against the checkpoint inhibitor PD1 have brought cancer immunotherapy into the mainstream — effective not only in melanoma, but also in lung cancer, Hodgkin’s disease and kidney cancer. Testing in clinical trials now is under way for immunotherapy treatment of more than a dozen other cancers.

“These drugs — and there will undoubtedly be more — work in a surprisingly high percentage of patients, and when they work, they tend to be effective for a long time,” says John Glaspy, MD, director of the UCLA Jonsson Comprehensive Cancer Center’s Clinical Research Unit and the Women’s Cancer Research Program. The down side, Dr. Glaspy notes, is that the immunotherapy approach increases the risk of an autoimmune response by removing the brakes designed to prevent such attacks. But he expects that ongoing research will lead to advances in predicting which patients will experience such side effects, and ultimately controlling them.

“It’s very likely that we will get better and better at using these drugs, and that we will gain additional tools in the coming years that will allow these treatments to be much more effective,” Dr. Glaspy says. “But these approaches have already been major successes, showing us that immunotherapy will be very important to the future of cancer treatment.”

“Continued from cover

Achieving the Best Possible Health after Breast Cancer

primary-care physician is involved, the better he or she is able to help with any unresolved questions or outstanding needs.”

The primary-care physician can help breast-cancer survivors address any lingering side effects from cancer treatment, including menopausal symptoms, nerve pain, fatigue, anxiety and sleep problems. “Thirty years ago, women were told: You’re just lucky to be alive. But we’re focusing more and more on quality of life and recognizing that women should be treated for these complications,” says Janet P. Pregler, MD, a professor of medicine with expertise in breast-cancer survivorship.

For example, menopausal symptoms may be aggravated by breast-cancer treatment, including use of aromatase inhibitors or tamoxifen, medications prescribed to help prevent a cancer recurrence. But there are numerous options to treat problems like hot flashes, Dr. Poa says. Sleep problems are also frequently experienced by women following breast-cancer treatment. “It’s common to have sleep disturbances after cancer treatment due to anxiety or a side effect of treatment,” she says. “The first thing we do is conduct a sleep-hygiene assessment.” For women with severe symptoms, non-hormonal prescription medications are available to help control hot flashes and sleep problems.

Women need to be monitored to prevent other diseases that may be more of a future threat than breast-cancer recurrence, such as osteoporosis and cardiovascular disease. Chemotherapy can increase the risk for heart problems, and some types of cancer treatment, such as antiestrogen medications, can weaken bones, Dr. Pregler says. It is important women continue to have cholesterol checks, and they should consult with their doctors about the need for nutritional supplements to support bone-health or osteoporosis medications. A bone-density scan, called DEFA, is typically recommended every two years during breast-cancer treatment with medications (like aromatase inhibitors) to prevent breast-cancer recurrence that can affect bone health.

The doctor and patient should also discuss a plan to minimize the risk of a cancer recurrence, Dr. Poa says. “Breast cancer often comes out of nowhere,” she says. “Women wonder why they got breast cancer. They wonder if they have been doing something wrong with their health or if they are at risk for another cancer.”

The discussion should include the possible need for genetic testing that might reveal whether the patient, and her family members, are at increased risk for breast, ovarian or other types of cancers. Finally, it’s important to schedule annual mammograms and discuss the best type of breast imaging based on each woman’s individual risk profile.

Most women today survive breast cancer, even repeat bouts with the disease.

“We’re very fortunate that we live in an era when treatment is very effective, recovery is excellent, and women can go on to live productive and near-normal lives,” Dr. Poa says.
New Law Opens Door to Conversation about End-of-Life Issues

With the End of Life Option Act, which took effect in June, California became the fifth state to legalize physician-assisted dying. The new law allows terminally ill patients to request a prescription for medication that will hasten their death, with certain restrictions. Neil Wenger, MD, director of the UCLA Health Ethics Center, discusses the new law and its implications.
What do you see as the most important points to be made about the End of Life Option Act?

That this is a new right that people have in California; that it applies only to people at the very end of their life; and that prior experience with similar laws in other states shows that very few people want to use this option, but it is important that everyone understands that it is available and what it really means.

What are common misconceptions about the law?

Some people think that it allows physicians to hasten death in the hospital, to, say, turn up morphine or give a lethal dose. That is not the case. The law permits a willing physician to dispense an oral medication to the patient, but the patient must take it all by him- or herself. It is also not available to everyone. If a person is dying of a condition in which they will lose the ability to make decisions before they are close to death, then this new law does not apply to them. For the vast majority of people, the law really has no implications.

What are the requirements?

You have to be at least 18 years of age and a California resident, with a terminal condition — six months or less to live — as identified by your attending physician and a consultant physician. You have to be able to ask for the aid-in-dying medication and be fully informed and not affected by external factors or mental illness. And you have to be able to self-ingest the medication. You need to make two oral requests 15 days apart, plus a written request on a special form.

The intent of the law is to give those patients who are eligible more control at the end of their life?

Yes, but it’s important to point out that patients already have a great deal of control at the end of life. In fact, one of the great things about this law is that it has raised awareness that all patients with a serious or terminal condition can learn about their treatment options and work with their doctors to select the appropriate ones for them, potentially including palliative and hospice care. Patients can be quite comfortable at the end of life in almost all circumstances.

The California law was modeled after Oregon’s, which was enacted in 1997. What does Oregon’s experience tell us?

For one thing, only about two-in-1,000 patient deaths in Oregon have been as a result of this right-to-die option, so it’s a very small number of patients who want this. The entire population of Oregon is smaller than the population in the county of Los Angeles, and it’s also far less heterogeneous, which means that many of the things that could be issues in California might not have been seen in Oregon. Having said that, the Oregon experience appears to demonstrate that the law can be used responsibly, and can be useful to the small number of patients who want to employ it. Many concerns people had did not appear to manifest in Oregon. Still, we need to be vigilant here to make sure the law is implemented exactly as it’s written, with an eye toward any misuse that might harm patients and the goal of using the new law as a way to stimulate more and better conversations between patients and physicians to enhance treatment toward the end of life for all.

For patients who don’t necessarily want the end-of-life option, does this help to ensure that the right end-of-life conversations are taking place?

Definitely. I think this law is going to generate conversations about prognosis and end-of-life treatment that should have been occurring far earlier and all along the way. All of us in medicine need to recognize that advance care planning conversations about what patients want at the end of life, and how they want to make choices to achieve their goals, need to occur for every seriously ill patient. A conversation about an aid-in-dying drug in a patient for whom no advance care planning has been done almost always indicates a deficit. So, to the extent that this law gets doctors to start those conversations much earlier, it’s extremely important.
For many people, it’s a familiar refrain: The days get shorter, the sun goes into hiding and as fall turns to winter, they slip into a funk. But if your depressed mood is as predictable as the changing of the seasons, it shouldn’t be ignored. “What was always just considered the wintertime blues is now understood to, in some cases, have a biological explanation,” says Saralyn Masselink, LCSW, lead therapist for UCLA Behavioral Health Associates. “Many people just assume this is something they have to accept, but it can be effectively addressed.”

Seasonal affective disorder is a type of depression related to seasonal change — most commonly beginning in the late fall and early winter, then lifting in the spring and summer. The symptoms tend to be similar to those of non-seasonal depression, but tied to reduced sunlight exposure. It is most common in the northern regions of the country, where the greater distance from the equator means shorter days during the winter months.

“In Southern California, where we get more sunshine, seasonal affective disorder is less common,” says Kelly Kang, MD, a psychiatrist with UCLA Behavioral Health Associates. “As a result, people here who experience depression symptoms at the same time every year might be less inclined to think of this as the cause.”

As with all types of depression, seasonal affective disorder can be addressed through medication and psychotherapy, Dr. Kang notes. But an additional approach that can be effective involves light therapy — the use of a special box that mimics natural outdoor light, which can provide the boost to the brain’s biochemistry that it misses from the lack of sunshine. Whether one or more of these approaches is recommended typically depends on the severity of the symptoms.

Masselink points to other strategies that can be helpful, including getting outside as much as possible during the day, opening blinds and sitting near windows emitting natural light, and engaging in regular exercise. “The bottom line is that people noticing a consistent pattern of depressed mood hitting at the same time of year should talk to their primary-care physician about seeing a mental-health professional,” she says. “It’s important to understand what’s happening and whether or not you might benefit from treatment.”
Any adult who was born with large, misshapen or prominent ears can tell you that “funny-looking” ears rarely escape the attention of others. In childhood, misshapen ears are an easy target for taunts, and it’s not unusual for older children, and even adults, to seek reconstructive surgery to put an end to the teasing.

Much of that angst could be avoided if misshapen ears are identified shortly after birth and parents are referred to an expert. Today’s procedures include a gentle device that can be fitted to a child’s ear to reshape it in only six weeks, says Justine C. Lee, MD, PhD, the Bernard G. Sarnat, MD, Endowed Chair for Craniofacial Biology in the UCLA Division of Plastic & Reconstructive Surgery. The catch is that the procedure works best if the infant is treated in the first few weeks of life, while the cartilage is malleable. “Misshapen ears are a common problem and may be under diagnosed,” Dr. Lee says. “There are several types of ear anomalies. Some defects, such as microtia, are related to congenital issues and are linked to problems with hearing. Patients with microtia are frequently deficient in the quantity of cartilage and would require ear reconstruction with cartilage grafts.” Other anomalies, she explains, are related to an abnormal shape of the cartilage; these ear anomalies are amenable to cartilage reshaping.

Misshapen ears are not a significant issue for a baby, “but when these children get older and are around peers, it may cause problems with self-esteem,” Dr. Lee says. “I’ve had patients who come to see me later in life and say, ‘I’ve been teased all my life, and I’ve wanted to have reconstructive surgery for a long time.’”

A simple, non-surgical procedure in infancy is far preferable to expensive reconstructive surgery in adulthood, she says, adding that parents should contact their insurance company about coverage. Prior to the new reshaping system, doctors used soft material to create an ear mold that was taped on an infant’s ear. Parents needed to change the tape often, and it was difficult to keep the device properly affixed to the ear. “It worked OK, but because it’s a bit of a nuisance, there is a higher chance of the parents giving up and letting it go,” Dr. Lee says.

The newer procedure, which is performed by Dr. Lee and other surgeons in the UCLA Division of Plastic & Reconstructive Surgery, consists of a silicone device that is securely affixed to the child’s ear. The device is removed and re-taped at two-week intervals so the physician can monitor progress. While the device may minimally muffle hearing, it’s not painful and it does not interfere with a baby’s learning and development. The device is highly effective in reshaping ears if used in the first three weeks of life, but it’s only about 50 percent effective in an infant who is two months of age, Dr. Lee says. “With any type of procedure, even though this is non-invasive, the best results come from surgeons who have extensive amounts of experience with external ear anomalies including misshapen ears, prominent ears and microtia,” Dr. Lee says.
ALZHEIMER’S DISEASE

Travel and Alzheimer’s Disease (webinar)
Join Linda Ercoli, PhD, UCLA psychologist, as she educates caregivers about the things they need to know when traveling with a loved one who has Alzheimer’s disease or other types of dementia.
When: Wednesday, Sept 21 / 11:30 am – 12:30 pm
Info: (310) 312-0532

Memory Care
Designed for individuals age 65 and younger diagnosed with early-onset Alzheimer’s, this program teaches techniques to boost memory, lower stress, and stimulate the mind and body. It includes a social hour with a separate support group for caregivers.
When: Thursdays / 1 – 4 pm
Where: Auditorium, UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (310) 794-0680

ANXIETY

The Age of Anxiety
SJ Motivala, PhD, will address ways to get more educated about anxiety and how to deal with it.
When: Wednesday, Oct 26 / 7 – 8:30 pm
Where: Auditorium, UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

CANCER

Insights Into Breast Cancer Treatment
Sara Hurvitz, MD, director of the UCLA Breast Cancer Clinical Research Program, will review current standards of care for breast cancer advancements.
When: Tuesday, Oct 18 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130
Info: (310) 794-6644

CANCER (CONTINUED)

LA Cancer Challenge
The LA Cancer Challenge is a fundraising run/walk event that benefits the UCLA Agi Hirschberg Center for Pancreatic Diseases and the Hirschberg Foundation for Pancreatic Cancer Research. Children ages 2 to 7 can enter the event’s Kids Can Cure Fun Run. Older children and adults can enter the event’s main 5K run.
When: Sunday, Oct 30
Where: UCLA Campus, 405 Hilgard Av
Info: (310) 473-5121 (Park in Lot 4)

Head and Neck Cancers
Allen Chen, MD, UCLA radiation oncologist, Avraham Mendelsohn, MD, UCLA surgical oncologist, Deborah Jean Lee Wong, MD, PhD, UCLA medical oncologist, and Carolyn Katzin, integrative nutrition specialist, will discuss throat, head and neck cancers, and treatments that use a combination of surgery, radiation and chemotherapy. Managing side effects will be covered as well.
When: Tuesday, Nov 15 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130
Info: (310) 794-6644

Breast Cancer Update
Afshin Safa, MD, UCLA radiation oncologist, will discuss risk factors, screening recommendations and state-the-art treatment options for breast cancer.
When: Wednesday, Nov 30 / 2 – 3 pm
Where: Atria Tarzana, 5325 Etiwanda Av
RSVP: (800) 516-5323

DEMENTIA

Como la demencia afecta a las familias
(in Spanish)
Paola Suarez, PhD, UCLA neuropsychologist, will discuss self-care for caregivers taking care of family members diagnosed with dementia.
When: Wednesday, Nov 16 / 6 – 7:30 pm
Where: Pico Branch Library, 2201 Pico Bl, Santa Monica
RSVP: (800) 516-5323

DIABETES

Basic Diabetes Nutrition
This ADA-certified class will teach you how different foods affect your blood sugar and will provide education on healthy meal planning. A physician referral is required. It is covered by most medical insurance policies.

Thousand Oaks
When: Tuesdays, Oct 18 & 25, Nov 22 & 29, Dec 13 & 20 / 7 – 9 pm
Where: 100 Moody Court, Ste 200, Thousand Oaks
(805) 418-3500

Santa Monica
When: Tuesdays, Oct 4 & 18, Nov 1 & 15, Dec 6 & 20 / 7 am – 9 pm
Where: 1245 16th St, Ste 307, Santa Monica
Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Living With Type 2 Diabetes
This self-care class is certified by the American Diabetes Association and is designed to help you gain important skills to successfully manage your diabetes. A physician referral is required. This class is covered by most medical insurance policies.

Santa Monica
When: Oct 10 & 12, Nov 14 & 28, Dec 12 / 7 am – 9 pm
Where: 1245 16th St, Ste 307, Santa Monica
(310) 899-7633

Torrance
When: Fridays, Oct 21, Nov 18, Dec 16 / 8 am – 5 pm
Where: 3445 Pacific Coast Hwy, Ste 100
(310) 542-6333

Porter Ranch
When: Mondays, Oct 17, Dec 19 / 8 am – 5 pm
Where: 19990 Rinaldi St, Ste 300, (818) 271-2400
Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

The Role of Imaging in Diabetes
Benjamin Levine, MD, UCLA diagnostic radiologist, will highlight pertinent features of imaging with regard to diabetic foot complications, and explain how those imaging diagnoses help guide clinical management.
When: Wednesday, Nov 2 / 4 – 5 pm
Where: Boardroom, UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323
DIABETES (CONTINUED)

Management of Diabetic Eye Disease
Michael S. Ip, MD, UCLA ophthalmologist, will give an overview of diabetic retinopathy and provide an update on new treatments for this condition.

When: Friday, Nov 18 / 2 – 3:30 pm
Where: The Fair Oaks, 951 S. Fair Oaks Av, Pasadena
RSVP: (800) 516-5323

ETHICS

Weinberger-Vermut Genetics Ethics Lecture
Jonathan Kimmelman, PhD, associate professor at McGill University, will discuss ethical issues in genetic therapies. Continuing education credits will be available for nurses. Lunch will be provided.

When: Tuesday, Nov 15 / Noon – 1 pm
Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130
Info: uclahealth.org/ethics-center

HEART DISEASE

WomenHeart West Los Angeles
This peer-led support group is part of WomenHeart, a national coalition for women with heart disease. Sessions include peer support, advocacy and education.

When: Mondays, Oct 10, Nov 14 & Dec 12
Where: UCLA Cardiac Rehab Ctr, 200 UCLA Medical Plaza, Ste 206C
Info: (310) 825-0014 or womenheartwestla@gmail.com

KIDNEY DISEASE

Kidney Smart Classes
This two-hour class provides information on kidney function, kidney disease and managing a diet that promotes healthy kidneys.

When: Oct 6 & 27, Nov 3 & 15, Dec 1 & 13 / 2 – 4 pm
Where: Conference Center, UCLA Medical Ctr, Santa Monica, 1250 16th St
Info & RSVP: (888) 695-4363 or kidneysmart.org

KIDNEY DISEASE (CONTINUED)

UCLA Kidney Education Enhancement Program (UKEEP)
UCLA nephrologists Anjay Rastogi, MD, PhD, Niloofar Nobakht, MD, and Mohammad Kamgar, MD, will conduct free monthly educational programs about kidney health, high blood pressure and kidney-disease management. Interactive sessions will include free blood-pressure tests and educational resources.

Kidneys and Diabetes
When: Sunday, Oct 9 / 1 – 4 pm
Polycystic Kidney Disease
When: Sunday, Nov 13 / 1 – 4 pm
Living Kidney Donation
When: Sunday, Dec 11 / 1 – 4 pm
Where: Conference Ctr, UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

LIVER DISEASE

Common Liver Problems
Rajinder Kaushal, MD, UCLA gastroenterologist, will discuss common liver problems, including fatty liver disease, alcoholic liver disease and hepatitis.

When: Tuesday, Nov 15 / 1:30 – 3 pm
Where: Santa Clarita Family YMCA, 26147 McBean Pkwy, Valencia
RSVP: (800) 516-5323

LUPUS

Lupus Patient Conference
Learn about lupus research from distinguished practitioners and researchers.

When: Saturday, Oct 15 / 8:30 am – 2 pm
Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium
RSVP: (310) 657-5667 or kmcmahon@lupusla.org

LUPUS

Lupus Patient Conference
Learn about lupus research from distinguished practitioners and researchers.

When: Saturday, Oct 15 / 8:30 am – 2 pm
Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium
RSVP: (310) 657-5667 or kmcmahon@lupusla.org

MIDWIFE SERVICES

UCLA Midwives
Come and meet UCLA midwives, discuss UCLA services and ask questions.

When: Tuesdays, Oct 4 & 18, Nov 1 & 15, Dec 6 & 20 / 1:15 – 2 pm
Where: Ronald Reagan UCLA Medical Ctr, Rm 7234
RSVP: (310) 794-7274

MULTIPLE SCLEROSIS (MS)

REACH to Achieve Program (ONGOING)
This weekly wellness program on fitness, memory, emotional well-being, recreation, nutrition and health education is for those with MS.

Where: Marilyn Hilton MS Achievement Ctr at UCLA
Info & Application: (310) 481-1113

Beyond Diagnosis
An evening program for those newly diagnosed with MS. Join MS professionals to discuss MS and wellness practices to improve life with MS.

Where: Marilyn Hilton MS Achievement Ctr at UCLA
Info & Application: (310) 481-1113

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

Where: Marilyn Hilton MS Achievement Ctr at UCLA
Info & Application: (310) 481-1113

OBSESSIVE COMPULSIVE DISORDER (OCD)

Tools to Treat OCD
Sarosh Motivala, PhD, training director at the UCLA OCD Intensive Treatment Program, will present various strategies on dealing with OCD. He will cover treatment resources and basic treatment options for dealing with OCD.

When: Thursday, October 20 / 7 – 8:30 pm
Where: Auditorium at UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

PAIN MANAGEMENT

Low Back Pain
Najmeh Sadoughi, MD, UCLA anesthesiologist, will focus on different causes and treatments of low-back pain and cases that need immediate attention.

When: Tuesday, Oct 25 / 6:30 – 8 pm
Where: Camarillo Health Care District, 3639 E Las Posas Rd, Bldg E, Ste 117
RSVP: (800) 516-5323

Events in gold are offered near our UCLA community offices.
PALLIATIVE CARE

Coping in the Face of Serious Illness
Christopher Pietras, MD, will discuss how palliative care helps patients tolerate their treatments, improve their quality of life, and treat symptoms such as pain, fatigue, nausea, depression and anxiety.
When: Tuesday, Dec 13 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, Tamkin Auditorium, Rm B130
Info: (310) 794-6644

SCAR TREATMENT

Scar Treatment
Andrew Vardanian, MD, UCLA Plastic Surgery, Director UCLA Scar Treatment Program, will discuss the latest technologies for treatment of scars.
When: Thursday, Oct 6, 2016 / 6 – 7 pm
Where: 200 UCLA Medical Plaza, Conference Rm 206
When: Thursday, Oct 13 / 6 – 7 pm
Where: UCLA Medical Ctr, Santa Monica 1250 16th St, Rm G210
RSVP: plasticsurgery@mednet.ucla.edu

SUPPORT GROUPS

Easton Center/Alzheimer’s and Dementia Care Program Support Group
A support group for family members and caregivers coping with a loved one’s Alzheimer’s disease.
When: Wednesdays, Oct 12 & 26, Nov 9 & Dec 14 / 1 – 2:30 pm
Where: Peter V. Ueberroth Building, 10945 Le Conte Av, Ste 2339, LA 90095
Info: (310) 794-6039 or bwayer@mednet.ucla.edu

Brain Aneurysm Support Group
This support group provides information on diagnosis, research, treatment options and recovery for patients diagnosed with an unruptured brain aneurysm, those who survived a ruptured aneurysm and patient caregivers.
When: Saturdays, Oct 15, Nov 19 & Dec 17 / 9:30 – 10:30 am
Where: Ronald Reagan UCLA Medical Ctr, 6th Fl, Conference Rm 6236
Info: mrdemer@mednet.ucla.edu

Brain Tumor Caregiver Support Group
This support group provides a safe space for brain tumor caregivers to express themselves, seek advice and validation, and hear different perspectives on caregiving.
When: Thursdays, Oct 13, Nov 10 & Dec 8 / 6:30 – 8:30 pm
Where: 200 UCLA Medical Plaza, Level B2
Info: (310) 267-3135

HEAD AND NECK CANCER SUPPORT GROUP

This support group provides a welcoming space for head-and-neck cancer patients and their families. Speakers share information on nutrition, complementary techniques, speech and swallowing, pain management and mental health.
When: Oct 28, Nov 22 & Dec 20 / 6 – 8 pm
Where: 200 UCLA Medical Plaza, Ste B265
Info: (310) 267-3135

UCLA Insulin Connection (IConnect) Support Group
Join one of our support groups for people with diabetes who use insulin through multiple daily injections or insulin pumps.

When: Thursdays, Nov 10 / 6 – 7:30 pm
Where: 100 Moody Ct, Ste 200, (805) 418-3500
Westwood
When: Tuesdays, Oct 11 & Dec 13 / 6 – 7:30 pm
Where: 200 UCLA Medical Plaza, Ste 520-10 (310) 825-7922
Info: (310) 794-1299 or diabeteseducation@mednet.ucla.edu

Lupus LA Adult Support Group
Join our monthly, confidential support group to learn more about lupus and how to live well with it.
When: Tuesdays, Oct 4, Nov 1 & Dec 6 / 6:30 – 8 pm
Where: Rheumatology-Rehabilitation Ctr Building, 3rd Fl Library, 1000 Veteran Av
Info: (310) 657-5667, kmcmahon@lupusla.org or lupusla.org

Trigeminal Neuralgia (TN) Support Group
This support group helps patients with facial-pain syndromes and their families learn about diagnosis, research and treatment options.
When: Saturdays, Nov 19 & Dec 17 / 10:45 – 11:45 am
Where: Ronald Reagan UCLA Medical Ctr, 6th Fl, Conference Rm 6236
RSVP: mrdemer@mednet.ucla.edu

TREMORS

Shake the Shakes Event
UCLA movement-disorders specialists will discuss treatment options to cope with tremors, including medicines, surgery (deep-brain stimulation) and noninvasive therapies.
When: Saturday, Dec 10 / 7 – 9 pm
Where: Ronald Reagan UCLA Medical Ctr, 6th Fl, Conference Rm 530
Info: (310) 825-7922

RESEARCH AND TRIALS
UCLA Health’s research program is the largest in California, and is among the top five in the nation. As one of the world’s leading biomedical research institutions, UCLA Health conducts research on a wide range of medical disorders. Go online to learn more information about opportunities to participate in research and clinical trials: uclahealth.org/calendar
UCLA HEALTH 50 PLUS IS A PROGRAM offering educational lectures, a walking program, information on community and health resources, membership amenities, a free community flu shot clinic and special events. To sign up, call (800) 516-5323.

50 Memory Training Course (Quarterly)
Learn practical memory-enhancing techniques in a course designed for those with mild memory concerns (not for those with dementia).
When: Once a week for two hours, for four weeks
Where: Locations vary
Info & Cost: (310) 794-0680 or sgoldfarb@mednet.ucla.edu or longevity.ucla.edu

50 Tremors Update
Zeba Vaneck, MD, UCLA neurologist, highlights the various forms, characteristics and causes of tremors. She will describe pharmacologic and surgical treatments like deep-brain stimulation.
When: Friday, Oct 28 / 10:30 am – Noon
Where: Auditorium at UCLA Medical Ctr, Santa Monica, 1250 16th St
RSVP: (800) 516-5323

50 Managing Cholesterol Through Diet
Elizabeth Ko, MD, UCLA internal medicine physician, will discuss various foods and supplements that have been shown to lower cholesterol levels.
When: Thursday, Nov 3 / 2 – 3:30 pm
Where: OASIS, 10730 W. Pico Bl, Macy’s 3rd Fl
RSVP: (800) 516-5323

50 Active Living
Learn what you can do to prevent and manage chronic health conditions as you age.
When: Tuesday, Nov 8 / 2 – 3:30 pm
Where: Westside Family YMCA, 11311 La Grange Av
RSVP: (800) 516-5323

50 Understanding Hearing Loss
AnnMarie Reebenacker, UCLA audiologist, will discuss the types of hearing loss, with a focus on sensorineural hearing loss. Communication strategies for the hearing impaired and their communication partners will be covered, as well as an overview of hearing aids and cochlear implants.
When: Wednesday, Nov 9 / 7 – 8:30 pm
Where: Santa Monica Bay Woman’s Club, 1210 4th St
RSVP: (800) 516-5323

50 Advance Care Planning
Nicholas Tangchavang, MD, UCLA internal medicine physician, will discuss advance care planning’s role in deciding future medical care. He will review healthcare decision-making documents (e.g., a living will, durable power of attorney for healthcare and POLST).
When: Monday, Nov 28 / 1 – 2:30 pm
Where: Torrance-South Bay Family YMCA, 2900 W. Sepulveda Bl
RSVP: (800) 516-5323

50 How to Add Vitality to Your Life
Learn ways to incorporate simple strategies to live a healthier and more active life.
When: Thursday, Dec 1 / 2 – 3:30 pm
Where: OASIS, 10730 W. Pico Bl, Macy’s 3rd Fl
RSVP: (800) 516-5323

50 Back Pain and Sciatica
Joan Vicente, UCLA physical therapist, will focus on strategies to care for your back, reduce pain and increase movement.
When: Tuesday, Dec 6 / 2 – 3:30 pm
Where: Belmont Village, 10475 Wilshire Bl
RSVP: (800) 516-5323

50 Your Eyes – A User’s Manual
Gavin Bahadur, MD, UCLA ophthalmologist, will give an interactive presentation on the treatment of common eye conditions, including cataracts, glaucoma, macular degeneration and dry eyes.
When: Thursday, Dec 8 / Noon – 1:30 pm
Where: Santa Monica Family YMCA, 1332 6th St
RSVP: (800) 516-5323

50 End of Life Planning
Learn about advance healthcare directives, palliative care and hospice care.
When: Tuesday, Dec 13 / 2 – 3:30 pm
Where: Westside Family YMCA, 11311 La Grange Av
RSVP: (800) 516-5323

50 Coping with Change
Rosana Trivino-Perez, UCLA behavioral health therapist, will identify different aspects of the change process and ways to modify your stress responses to change.
When: Wednesday, Dec 14 / 8:30 pm
Where: Santa Monica Bay Woman’s Club, 1210 4th St
RSVP: (800) 516-5323

50 Brain Boot Camp
This intensive course teaches healthy lifestyle tips to enhance memory ability for people with age-related memory concerns.
When: Please call for more information.
Where: UCLA Longevity Ctr, 10945 Le Conte Av, Ste 3119
Info: (310) 794-4055
Cost: $300

Events in gold are offered near our UCLA community offices.
Make a Difference with a Charitable Gift Annuity

A charitable gift annuity established with a donation of cash or securities provides support for UCLA Health while you receive fixed, dependable payments for life, as well as significant tax benefits. Your charitable gift annuity helps UCLA Health to continue providing the highest standard of patient care, conduct cutting-edge research and recruit top medical professionals.

For more information about charitable gift annuities, go to: uclahealth.org/giving.
Or contact Jason Gross, director of gift planning, (310) 267-1832 or jgross@support.ucla.edu.