February
2/17 President’s Day Holiday
   New Rotation Begins
2/19 Recruitment Committee Application
   Opens
2/26 Extension Request Form Deadline

March
3/1 Preferences Sign Up Opens
   Recruitment Committee Applications
   Deadline
3/7 Admissions Committee Applications
   Opens Up
3/14 Admissions Committee Application
   Deadline
3/15 Preferences Sign Up Closes
3/16 UCLA Finals Begin
3/27 Cesar Chavez Holiday
3/30 UCLA Spring Quarter Classes Begin

April
4/5 Palm Sunday
   Spring Dept. Assignments and
   Meeting Information Posted
4/12 Easter Sunday
4/27 DCA Applications Open Up
4/29 New CE Check-In Day
5/3 Training Day + Department Meetings
5/9 DCA Applications Deadline
5/10 Last Day of Winter 2020 Rotation
   Mother’s Day Holiday

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Santa Monica Hospital

"Everything checked out normally. Simply a cyst."

Lori Jordan, a marketing executive for a Silicon Valley startup, was in her mid-30s when she noticed a lump in one of her breasts for the first time. Although she had recently completed an annual physical and breast exam with her long-time primary care physician, Dr. Anna Chirra, at UCLA’s Iris Cantor Women’s Health Center, the lump was unmistakably large and smooth, and had obviously grown quickly. “I completely freaked out,” Jordan says. She called Dr. Chirra the next morning and went into the office. An ultrasound revealed that this lump wasn’t anything to worry about, but was rather a fluid-filled cyst, which was drained with fine needle aspiration before Jordan was sent on her way. But from that point on, Jordan, now 44, regularly developed additional cysts that were anywhere from 3 cm to 8 cm in size. Each time she felt a new lump or bump, she’d schedule an ultrasound right away to confirm that it was, in fact, benign, and that the fluid could be drained. At 41, she also had her first screening mammogram to look for any signs of breast cancer and get a baseline for future imaging studies. Everything checked out normal. Simply a cyst. In late-April of 2017, when she was 42 years old, Jordan felt what was probably another large cyst in her left breast. As usual, she scheduled an ultrasound to confirm that it was not anything to worry about. The mass was in fact a cyst, which was drained that day. Then Jordan also asked her physician to check out a smaller cyst on her right breast that had appeared many months prior. She figured that since she was already in the office, she should have it aspirated as well, but the ultrasound detected a suspicious mass deep in the dense breast tissue behind the cyst. Jordan opted to have a biopsy, in which cells are collected from that mass for testing, on the same day. Her biopsy was on a Friday, Jordan says, and on Tuesday, Dr. Chirra told her the news—that the lab results confirmed the lump behind her cyst was actually cancer. Because she was so diligent about having lumps imaged and examined every time they cropped up, Jordan says her doctors were able to catch her breast cancer early. Immediately after her diagnosis, Jordan says she wanted to get as much information as she could and determine her best course of action. Dr. Chirra explained possible next steps and treatment options, including UCLA’s multidisciplinary breast health program in Santa Monica, in which patients can meet with the full team, including a breast surgeon, plastic surgeon, medical oncologist and radiation oncologist in the same day. This team approach and getting all of this information in one appointment appealed to Jordan, who scheduled her intake meeting for the following week. The multidisciplinary UCLA Breast Center in Santa Monica, which started accepting patients in 2012, was designed to personalize breast cancer care and eliminate delays between a patient’s diagnosis and the start of treatment.
Santa Monica Hospital

It has expanded over the years, and now welcomes a new cohort of five to seven breast cancer patients every Wednesday. “We know that patients with newly diagnosed breast cancer typically require multi-modality care given from a team of specialists, but this can be difficult and cumbersome to navigate on their own,” says radiation oncologist, Dr. Susan McCloskey. “This program gives them a specific place to start their journey, and get all of the information that they need in a timely fashion.” On intake mornings, the physician team along with a radiologist and pathologist, reviews each patient’s imaging studies, pathology results and details of their medical history before they collectively decide how to proceed. “It’s incredibly valuable to all sit down together, look at each case from different perspectives, and then see each patient knowing we are all on the same page,” Dr. McCloskey says. As the clinical discussion wraps up, new patients are checked in and are escorted to individual exam rooms. The physicians then come into the exam room one at a time to meet the patient and review their role in the treatment process. The first physician to meet the patient also introduces the big picture, holistic treatment plan, which in many cases means surgery followed by chemotherapy followed by radiation. “When new patients come into the program, they may feel afraid or worried or confused,” says medical oncologist, Dr. Parvin Peddi. “Our goal is for each patient to understand the different elements of breast cancer treatment, as well as their individual recommended treatment approach, before they leave.”

In Jordan’s case, breast surgeon Dr. Amy Kusske, the co-director of the Santa Monica Breast Center, met with her first. “When she entered the room, the first thing she said was, ‘OK, let’s get you healthy,’” Jordan remembers. “She has such a great bedside manner and really set the tone for the day.” Dr. Kusske says this is by design. “Psychologically, it’s beneficial for our patients to feel like they have a team that’s all on the same page working with them,” she says. “We want them to know that in most cases, breast cancer is very curable, but treatment involves multiple specialists, and we’re going to handle that coordination from the start.” When she spoke with Jordan that day, Dr. Kusske explained the surgery and the additional genetic testing and imaging studies Jordan would need before she underwent this procedure. She also explained that the team didn’t know yet if she would need chemotherapy. They’d have to wait to see how surgery went, and do some follow-up testing on the tumor. Jordan finally met Dr. Charles Tseng, one of five plastic surgeons who is part of the program, to discuss her breast reconstruction options. While Jordan ultimately decided to have a double mastectomy and forego reconstruction, she says she found this one-hour consultation incredibly helpful, and the entire day empowering. “I went from feeling directionless and not knowing what to do, to feeling really educated, and like I had this entire group of people ready to help,” Jordan says. In fact, at one point in the day, she says, she remembers turning to her husband and saying something like, "Oh my gosh, we found our team." They just knew this was the right approach, and the right place to be.
Two hematology and oncology nurses from Ronald Reagan UCLA Medical Center traveled to Capitol Hill this summer to advocate for several bills intended to improve health care services for people with cancer. Michelle Santizo, RN, PHN, MSN, and Samara Lucas, BSN, RN, met with staff members at the offices of California senators Kamala Harris and Dianne Feinstein on July 22. By the time Santizo and Lucas boarded their plane to return to Los Angeles, Feinstein had already signed on as a co-sponsor for one of the bills.

“I worked for a couple of years at a Washington, D.C., hospital where I became actively involved with the Oncology Nursing Society (ONS),” says Santizo. “I was able to attend meetings with legislators to see firsthand how advocacy efforts shape policies, and I’ve been advocating for patient rights ever since.”

As representatives of ONS, Santizo and Lucas shared stories with legislators and their aides that highlighted the importance of the bills they were backing. “Most people in Congress don’t have strong health care backgrounds,” says Lucas. “By sharing stories from the bedside, we helped personalize the issues facing our patients and their families. It helped drive home the importance of passing these bills.”

At Feinstein’s office, the duo advocated for the Palliative Care and Hospice Education and Training Act (PCHETA). “When this bill was introduced a few years ago, most legislators didn’t understand the difference between hospice and palliative care,” says Santizo. “Thanks to educational outreach and advocacy efforts, the bill now has more than 300 bipartisan co-sponsors, including Feinstein, who signed on after our meeting.” PCHETA would help fund palliative care and hospice training for health care professionals, as well as palliative care research.

Santizo and Lucas also spoke on behalf of:

The Cancer Drug Parity Act: This bill would require Medicare and health insurers to provide the same coverage for orally administered cancer treatments that they currently offer for IV treatments.

The Lymphedema Treatment Act: This bill would require Medicare and health insurers to cover the costs of doctor-prescribed supplies — such as compression stockings — for people with lymphedema. Painful swelling can occur following surgery to remove lymph nodes.

Back at UCLA Health, Santizo and Lucas continue to advocate for their patients and their profession. “As nurses with direct bedside experience, we are in a key position to educate government leaders about what our patients need and deserve in order to get better,” says Santizo. “It takes a long time for a bill to pass. I encourage more nurses to get involved and make a difference—they can write or call their state legislators, get active in an organization like ONS, or work with their UCLA Health leaders.”
Lungs in Los Angeles: What you can do to improve your air quality in Los Angeles!

**BREATHE EASIER:** Improving Indoor Air Quality in Your Bedroom

**POOR INDOOR AIR QUALITY CAN WORSEN ASTHMA AND ALLERGIES**

- Keep pets out of your room.
- Wash sheets and bedding weekly in 130°F water.
- Vacuum floors and mattresses weekly.
- Shampoo your hair before bed to remove pollen.
- Air out new furniture in another room.
- Remove scented candles and potpourri.
- Use a Certified asthma & allergy friendly® air cleaner.

**IF YOU HAVE A CONNECTED BATHROOM**

- Run a fan at least 15-20 minutes after showering.
- Fix leaks.
- Clean showers, tubs and sinks often to prevent mold.

To learn more, visit [aaafa.org/iaq](http://aaafa.org/iaq)
Did you know?

Any estimated 9 million Americans are eligible for lung cancer screening, and if only half of those at high risk were screened, more than 15,000 lives could be saved. 41% of high-risk current and former smokers do not plan on getting screened for lung cancer. 84% of the high risk population is unfamiliar with the only recommended lung cancer screening available - the low-dose CT scan. Only 15% are aware that the screening for lung cancer is recommend and covered by both Medicare and most healthcare plans at no cost. Every 5 minutes, a woman in the United States of America is told she has lung cancer, and yet only 3% of women from the survey cited lung cancer as a top health concern. 62% of the general population believe that not enough is being done to raise awareness of lung cancer. Do you part, and help spread awareness for lung cancer and keeping lung health a priority! Love your lungs!

What is the #1 Cancer Killer of Women?

**PERCEPTIONS**

- Breast?
- Ovarian?
- Uterine?

**FACTS**

- Lung Cancer kills almost 2X as many women as any other cancer with more than 71,000 estimated to die this year alone.

Only 1% of women cited lung cancer as a top of mind cancer affecting women.

**ONLY 1 IN 5**

- Only women knew less than half of women diagnosed with lung cancer will be alive a year later.

TO SAVE MORE LIVES, research, education and advocacy are needed.

The truth is ANYONE CAN GET LUNG CANCER. The 5-year survival rate is ONLY 18%, among the lowest of all cancer types. Although smoking is a leading cause of lung cancer, it’s not the only cause. The following factors also play a role.

- Air Pollution
- Family History
- Radon

Once educated about lung cancer, 84% of women are ready to take action to address the disease.

**TOGETHER, WE CAN SAVE MORE LIVES**

Learn your risk and #ShareYourVoice to defeat lung cancer at LUNGFORCE.ORG
As we approach the peak of the flu season, many of you may be experiencing flu-like symptoms or the common cold. In addition, you may have come across news reports about a similar respiratory illness from Wuhan, China, called the 2019 novel coronavirus, or 2019-nCoV.

While incidences of the common cold or the flu may be on the rise, we want to reassure the UCLA community that at this time, there are no known exposures to 2019-nCoV on campus. Additionally, according to the Centers for Disease Control and Prevention, the immediate health risk from 2019-nCoV to people in North America is considered low.

We would also like to remind the community that there are simple precautions one can take to minimize the risk of contracting or spreading any respiratory viral illnesses. Those include regular hand-washing, coughing and sneezing into one’s sleeves, and staying up-to-date on immunizations and flu shots.

More information about the coronavirus may be found at the CDC site. Information is also available at Bruin Safe Online, and from the World Health Organization. We also want everyone to understand that the Los Angeles County Department of Public Health reported there is no immediate threat to the general public. No special precautions are required, and people should not be excluded from activities based on their race, country of origin or recent travel history.

Coronaviruses, named for their crownlike shape, are a large family of viruses that are common in many species of animals. Several coronaviruses can infect people, according to the Centers for Disease Control and Prevention (CDC). These strains mostly cause cold-like symptoms but can sometimes progress to more complicated lower respiratory tract illnesses, such as pneumonia or bronchitis. On rare occasion, animal coronaviruses can evolve and spread among humans, as seen with Middle Eastern respiratory syndrome coronavirus (MERS-CoV) and severe acute respiratory syndrome coronavirus (SARS-CoV). The virus at the center of the latest outbreak is being referred to as a novel (new) coronavirus, since it’s something that health officials have not seen before.

The cause of the latest outbreak is still under investigation. Health experts suspect that the virus originated from an animal source in Wuhan and is now spreading from person to person in China and in other countries.
### Congratulations

**Care Extenders of the Rotation!**

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<tr>
<th>Department</th>
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<tr>
<td>RRH Greeters B:</td>
<td>Emerson Fisher</td>
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<td>RRH Pediatrics B:</td>
<td>Carissa Young &amp; Andrew Awadallah</td>
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<td>RRH Emergency Room:</td>
<td>Paola Ruiz &amp; Christianne Smith</td>
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<td>SMH Oncology:</td>
<td>Audrey Harris</td>
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<td>SMH Orthopaedics:</td>
<td>Crystal Kim &amp; Timothy Foster</td>
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<td>SMH Critical Care Unit:</td>
<td>Margareta Lupan</td>
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<td>SMH Medical Surgical 4MNP &amp; 5MNP:</td>
<td>Nancy Plascencia</td>
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<td>SMH Geriatrics:</td>
<td>Sandra Kechichian</td>
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<td>SMH Post Partum:</td>
<td>Katie Yueh</td>
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Any questions, comments, or concerns? Contact Giselle Kim at GiselleKim@mednet.ucla.edu for more information