

# Vital Signs

WINTER 2021 | VOLUME 89

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Illustration: ScienceSource

## Transition clinic helps patients adjust from ICU care to home recovery

The transition from being treated in the intensive care unit (ICU) to home recovery can be difficult for many patients. To help facilitate that adjustment, UCLA Health has established a Post-ICU Recovery Clinic for all patients who are discharged from the ICU after undergoing intubation for respiratory failure. Although it was conceived prior to the COVID-19 pandemic, the timing proved especially fortuitous in meeting the demand of a growing number of patients discharged from the ICU in a profoundly weakened state.

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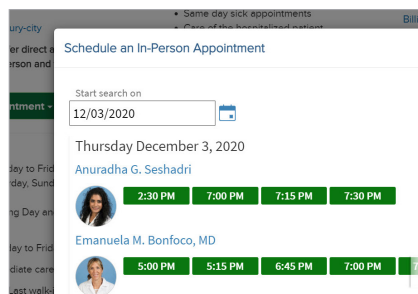
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## New UCLA Health locations

UCLA Health is expanding with a newly opened primary and specialty care location in Montecito, hematology/oncology in Santa Barbara and added services in Beverly Hills, Calabasas, Encino, Marina del Rey and Downtown L.A. This includes an all-new imaging and interventional center in Calabasas. These join the UCLA Health network of more than 200 primary and specialty clinics in convenient locations throughout Southern California and the Central Coast. To find a location near you, go to: [maps.uclahealth.org](https://maps.uclahealth.org)

COVID-19 vaccine has arrived



## Click to heal with online appointment booking

UCLA Health now offers online direct appointment booking at select primary care locations for both in-person and video visits. Select a participating location, click the green “Book an appointment” button, and select an available time with the physician of your choice. For a list of participating locations, go to: [www.uclahealth.org/here-for-you](https://www.uclahealth.org/here-for-you)

# UCLA Health cancer care brings top-tier services to local communities

Dealing with a cancer diagnosis is difficult enough without the added burden of having to travel a long distance to receive treatment. UCLA Health brings the resources and expertise of an academic medical center to local communities with cancer-care practices in offices throughout the Southland. Caspian Oliai, MD, and Kari Kubalanza, MD, UCLA oncologists in downtown Los Angeles, and UCLA surgical oncologist Jennifer Baker, MD, in Beverly Hills, talk about the value of having cancer services available nearby.

## What are the benefits of having UCLA oncology services in the community?

“Regardless of where they go to receive care, patients in the UCLA oncology system have access to all the resources of a world-class institution, including access to the most cutting-edge clinical trials,” Dr. Oliai says. “Expanding to sites such as the downtown L.A. clinic allows us to provide UCLA’s expert care to patients who might not have had access to it in the past.” Dr. Baker says “it is the same comprehensive cancer treatment delivered in a more convenient and more personalized space. That can make a big difference in how a patient experiences their cancer treatment.”

## What cancer-care services are offered in the community cancer practices?

While each office is slightly different, all are staffed by hematology/oncology specialists and feature an infusion center, so patients can receive

chemotherapy, targeted therapy and immunotherapy closer to home, Dr. Kubalanza says. They also have an on-site social worker who can counsel patients and connect them with integrative health services from the Simms/Mann UCLA Center for Integrative Oncology. These can include nutritional counseling and integrative practices, such as mindfulness and meditation. In Beverly Hills, for example, “We have started a multidisciplinary clinic for breast cancer, modeled after the highly successful clinic in Santa Monica,” Dr. Baker says. “The patient’s case is reviewed by UCLA pathology, UCLA radiology, breast surgery, radiation oncology, plastic surgery, a genetic counselor and a representative from Simms/Mann, who can all consult to make a comprehensive management plan.”

## How do local cancer-care physicians coordinate and communicate with the larger UCLA oncology program?

All community locations are part of the same system, so local oncologists can easily share medical records and consult with specialists in particular types of cancer who may be located elsewhere, Dr. Oliai explains. In addition, UCLA Health’s multidisciplinary Oncology Tumor Board and



weekly multidisciplinary cellular-therapies conference review patient cases and create personalized, evidence-based treatment plans.

## What else should people know about community cancer care?

“Our community locations include a lot of other specialists right on site,” says Dr. Oliai. “So, a patient might see me and then walk down the hall to see their primary care physician and their endocrinologist, all during the same visit.” While patients might be inclined to expect to receive better care or more access to experts by going to the large hospitals, “that’s just not the case at UCLA,” Dr. Kubalanza says. “We are all part of the same group. Community cancer care is a matter of convenience. Patients can feel confident that they’re getting the same care they’d receive at an academic medical center, but with easier accessibility and the benefit of being closer to home.”



Caspian Oliai, MD



Kari Kubalanza, MD



To find a UCLA Health location near you, go to: [maps.uclahealth.org](https://maps.uclahealth.org)

# During pandemic, a nurturing home goes far to promote normal development

As the pandemic continues and the number of COVID-19 cases is predicted to spike over the winter, pediatricians are keeping a watchful eye on the effects of social isolation on infants, toddlers and preschool-aged children. Rolanda Gott, MD, a UCLA developmental behavioral pediatrician, talks about the potential effects of isolation on young children and what parents can do to help.



**Based on studies and what you've seen in your own practice, can pandemic isolation affect the development of children preschool age and younger?**

At this point, we cannot say there is a significant impact on social development of normally developing children. We need more time to collect data. Short term, we suspect there is not going to be a significant impact, but if it's going to be long term, we don't know. The longer the isolation continues, there is a higher risk it could affect a child's development.

**Could normal milestones in infants and toddlers be delayed because of isolation?**

If parents provide a nurturing environment at home, there should be little effect on normal development or socialization, at least in the short term. During an infant's first year, if the child is being cared for by a parent, grandparent or someone else who knows the child, development will not be affected specifically by COVID-19. Between ages of 1 and 3, the child relies on parents and siblings to develop social communication and engagement. Up to the age of 3, parents can support the child's development by modeling interactive play — playing make believe and this type of engagement — and the child should be fine.

**What developmental issues might preschool-aged children experience because of isolation?**

Around the age of 3, children begin to rely on other children to develop interactive play, to gain social skills and to make friends. Without interaction with their peers, these children may experience a delay in social and emotional development. Without practice, children this age will not be able to model and learn age-appropriate social behaviors from their friends and benefit from the guidance of a teacher. They would also have a hard time regulating their behavior based on feedback they receive from their peers, and they may have a delay in developing confidence as they interact with children their own age.

**What can parents do to support their preschooler?**

Parents can encourage interactive play with siblings or set up playdates on Zoom or through other web-conferencing platforms. Parents also can model social skills with their child through role playing during interactive activities with toys and stories — for example, reading a book about sharing or how to make a friend.

**What impact might a parents' fears or stress around COVID-19 have on their child?**

Parents right now are at risk for anxiety, depression, loss of job, financial stress or being sick. Any of those factors affecting parent well-being can affect a child's development, which can lead to aggressive behavior, poor eating habits or sleep issues. Parents should make sure they take care

**"We cannot say there is a significant impact on social development of normally developing children."**

of themselves, get the support they need and do everything they can to prevent being anxious or depressed. Children are sensitive to the level of stress in the family. In order for a child to develop, parents need to talk to and play with their child and engage with physical activity. If they see aggressive behavior or a child who may appear anxious, they need to pay attention to how they engaged with that child.

**What else can parents do to promote normal development during the pandemic?**

We recommend that parents adopt a consistent, structured schedule: Make sure children have set times for meals and waking up and going to bed, and maintain the same routine. Showing their child a visual schedule with regular sleep and meal times and different structured activities would be helpful. Parents are encouraged to limit their child's exposure to news and to screen time alone and to maintain a positive atmosphere at home.



For ongoing information about developmental behavioral pediatrics at UCLA Health, go to: [uclahealth.org/mattel/general-pediatrics/developmental-behavioral-pediatrics](https://uclahealth.org/mattel/general-pediatrics/developmental-behavioral-pediatrics)



Rolanda Gott, MD

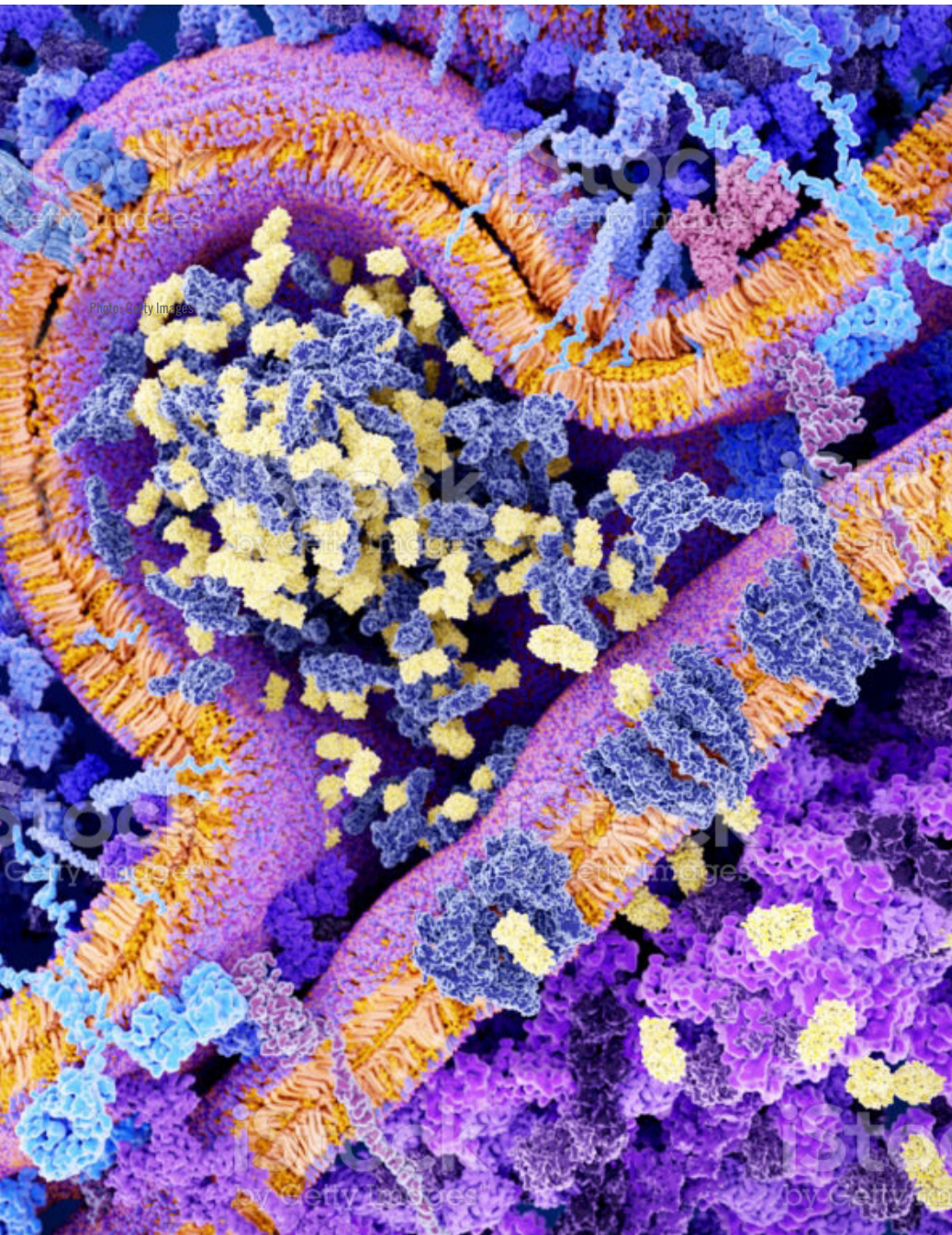
Photo: J. Backmann

# CAR T-cell therapy a game-changer for people with mantle cell lymphoma

A new chimeric antigen receptor (CAR) T-cell therapy to treat mantle cell lymphoma, a cancer in the blood, has been approved by the U.S. Food and Drug Administration as a treatment for patients with relapsed or resistant disease. This is the only approved CAR T-cell therapy for this type of lymphoma. The cell therapy brexucabtagene autoleucel is the third CAR T-cell therapy to be approved by the FDA; UCLA Health is one of the few institutions in the U.S. to provide all three therapies. The other therapies are tisagenlecleucel for the treatment of B-cell acute lymphoblastic leukemia and axicabtagene ciloleucel for the treatment of certain types of non-Hodgkin's lymphoma.

CAR T-cell therapy works by training a person's own immune system to fight cancer cells by genetically modifying the T-cells to recognize and attack the cancer. It's a "living therapy" that stays inside the body to keep killing tumor cells long after the cells are infused in the body. "CAR T-cell therapy is a game-changer for mantle cell lymphoma since just a single treatment yields an excellent response rate," says oncologist John Timmerman, MD, a member of UCLA's Jonsson Comprehensive Cancer Center. "While it is too early to know if some of these patients have been cured, it is likely that the combination of CAR T cells with other treatments will lead to even better results, with even more durable remissions."

Mantle cell lymphoma represents about 6 percent of all non-Hodgkin's lymphomas. While most cases are viewed as incurable, treatment is aimed at obtaining long remissions with each line of available therapy. Most treatments require many months of therapy



to achieve tumor shrinkage, but with just one infusion of brexucabtagene autoleucel CAR T cells, “patients go into remission and stay in remission longer when compared to the clinical trials of the other available treatments,” says Sarah M. Larson, UCLA oncologist and a Jonsson Center member.

Like most cancer treatments, the therapy is not without potential side effects, including fever, chills, malaise and potentially low blood pressure and organ toxicity, as well as neurotoxicity, which includes such symptoms as confusion, drowsi-

**“Our multipronged efforts at UCLA to improve both the efficacy and safety of CAR T-cell therapy are aimed at making a continued impact on this fast-evolving field.”**

ness and speech difficulties, with severe cases leading to seizures and coma. Dr. Timmerman says that UCLA has designed a unique therapy trial to mitigate neurotoxicity. “Overall, side effects of CAR T-cell therapies are manageable, and ongoing research is teaching us how to make this novel treatment easier to tolerate,” he says.

Since UCLA first started treating patients with CAR T cells in 2016, the field has progressed rapidly. Dr. Larson notes that UCLA has been at the forefront of progress in the field. “In addition to industry-sponsored trials and commercially available products, we also design, develop and manufacture our own CAR T cells to improve patient outcomes,” she says.

“Patients who have run out of other treatment options are often put into remission with CAR T-cell therapy,” Dr. Timmerman adds. “Unfortunately, most still eventually relapse, so there is still much work to be done.”

New strategies being explored at UCLA offer promise for even more potent therapies to benefit more patients. “Our multipronged efforts at UCLA to improve both the efficacy and safety of CAR T-cell therapy are aimed at making a continued impact on this fast-evolving field,” Dr. Timmerman says.



**For more information about CAR T-cell therapy at UCLA, go to:**  
[uclahealth.org/transplants/bmt/car-t-cell-therapy](https://uclahealth.org/transplants/bmt/car-t-cell-therapy)

Continued from cover

## Transition clinic helps patients adjust from ICU care to home recovery

Even before the pandemic, studies found that the majority of ICU patients experience significant physical, cognitive or psychiatric symptoms during their recovery, and 20-to-30% are ultimately readmitted to the hospital in the first month after discharge. “They receive intensive care during this near-death experience, then, oftentimes, they return home to fend for themselves with new pulmonary conditions, significant weakness, cognitive dysfunction and a risk of psychiatric conditions,” says pulmonary and critical-care specialist Kristin Schwab, MD, codirector of the clinic. “We envision this clinic as a way to bridge them back to their primary care doctor and normal life.”

Pulmonary/critical-care specialist and clinic codirector Nida Qadir, MD, says it is time to provide greater post-hospitalization support for patients who have been discharged from the ICU. “As a health care team, we can’t just feel good about ourselves for saving these patients’ lives in the hospital without also considering the aftermath of what they experience after they leave,” she says. “For many, their lives have changed tremendously, and they need guidance and assistance in making that transition.”

Patients in the Post-ICU Recovery Clinic receive an in-depth evaluation by a multidisciplinary team of specialists, which includes respiratory therapists, physical therapists, occupational therapists and social workers, as well as critical care physicians to identify concerns and address all facets of their recovery. The approach has dramatically reduced the hospital readmission rate. “By intervening in this highly vulnerable time period, we’re helping both the individual patients and the hospital system,” Dr. Schwab says.

In addition, seeing patients in the recovery period produces insights that can inform ICU care. “This helps us

get a better sense of our patients’ long-term outcomes, including some of the complications of what we consider to be routine care, such as how patients are positioned on the bed,” Dr. Qadir explains. “It has led to modifications in our treatment protocols. These issues may not be at the forefront of our minds when someone is close to death, but getting them to survive is not enough; we want to make sure we provide patients with the best opportunity possible at regaining as much of their former selves as they can.”

**“As a health care team, we can’t just feel good about ourselves for saving these patients’ lives in the hospital without also considering the aftermath of what they experience after they leave.”**

Fewer than 20 post-ICU recovery clinics existed nationally when UCLA Health launched its own. “This was identified as a need only recently, but now it is being adopted by more and more medical centers throughout the country,” Dr. Schwab says.

The holistic approach has been met with overwhelming positive feedback by patients. “They tell us they really appreciate that someone is keeping an eye on them even when they have returned home,” says Joseph Van Vleet, a respiratory therapist at the clinic. “It’s very comforting to know that there’s a team of experts that is both assisting in the clinic and watching from afar to enhance the rehabilitation process.”



**For more information about the UCLA Post-ICU Recovery Clinic, go to:**  
[uclahealth.org/micu/post-icu-recovery-clinic](https://uclahealth.org/micu/post-icu-recovery-clinic)

# Joe Biden's presidential run put spotlight on stuttering

Roughly 3 million people in the United States — including President Joe Biden — stutter. They are among the more than 70 million people around the world with the speech disorder, which is characterized by the repetition of sounds, syllables or words; prolongation of

and fluency. “Many people think if you tell someone who stutters to ‘just relax’ or ‘slow down’ or to ‘think about what you want to say before you say it,’ that this is somehow going to help them,” says Nicole Schussel, a UCLA Health speech-language pathologist. “But most

**“Many people think if you tell someone who stutters to ‘just relax’ or ‘slow down’ or to ‘think about what you want to say before you say it,’ that this is somehow going to help them. But most people who stutter are thinking about what they want to say.”**

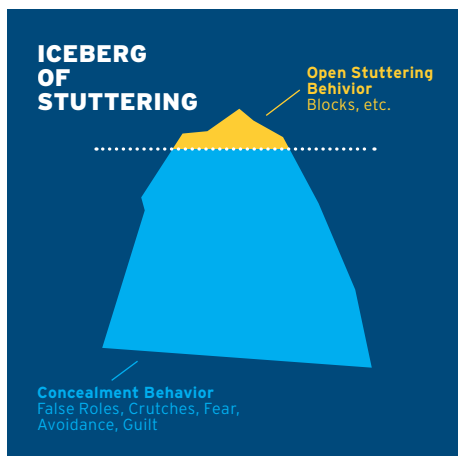
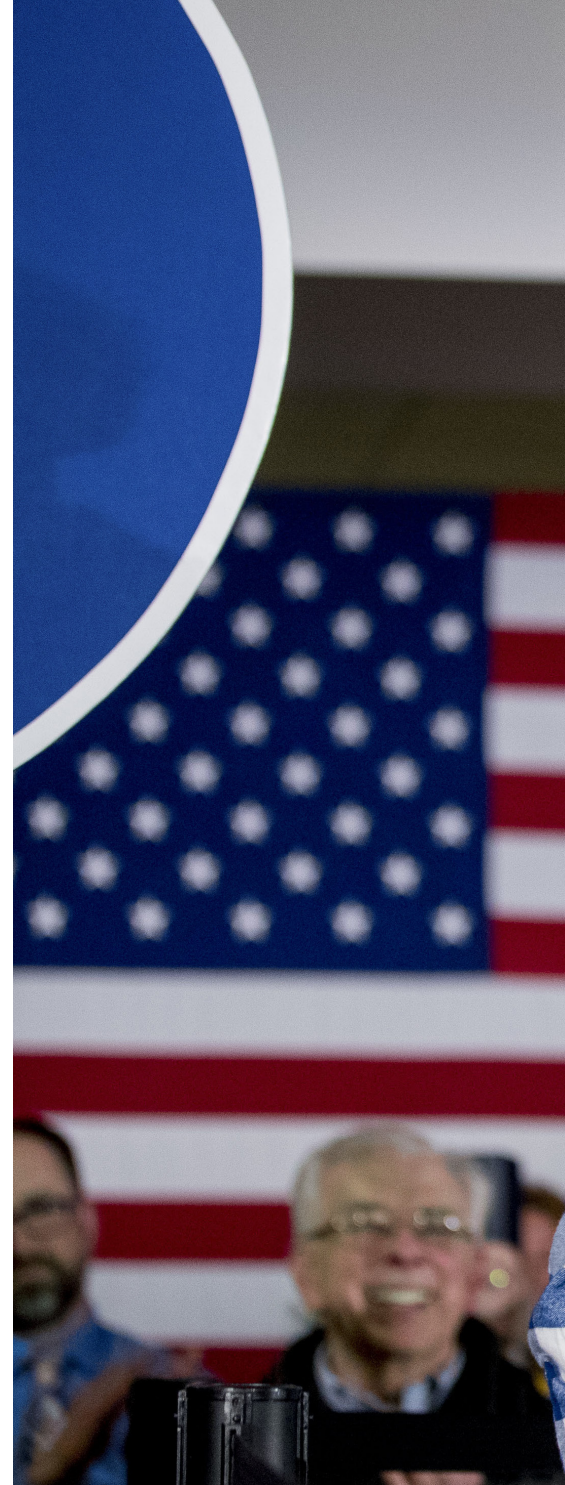
sounds; and interruptions in speech known as blocks. While on the campaign trail, Biden talked about his lifelong struggle with stuttering — “It’s a debilitation situation,” he said — and his connection with a New Hampshire teen who also stutters made national news after the Democratic National Convention.

The precise cause of stuttering is unclear, and while there is no cure, speech therapy can help many who stutter to gain greater control

people who stutter are thinking about what they want to say. It’s an issue of being able to get it out fluently or in a smooth way.”

Stuttering behaviors typically surface around age 3 or 4, Schussel says. “There’s some preschool-age stuttering that we expect. Children start to gain all of this new vocabulary, and they don’t really know what to do with it,” Schussel says. “They’re trying to figure out what order to put the words in while trying to keep their place in the conversation.”

Children who begin stuttering before the age of 3½ are most likely to outgrow it, she says, but those who start to stutter later or who stutter for six-to-12 months or longer may be at greater risk of continuing. “The indicators that suggest this may not be typical preschool-age stuttering are if a parent observes that a high percentage of a child’s syllables are stuttered, or if they notice the child avoiding certain speaking opportunities or becoming frustrated with their own speech,” Schussel says. Another tell-tale sign is what is called physical concomitants — physical behaviors that are associated with a stuttering moment, such as eye blinking or



head nodding. “Children don’t realize they’re doing it, and sometimes adults don’t realize they’re doing it, but it’s an attempt to break out of the stuttering moment,” she says.

The foundations for some of the therapies used to treat stuttering were established decades ago at UCLA by Joseph and Vivian Sheehan. Joseph Sheehan, a clinical psychologist who ran UCLA’s stuttering clinic for more than 30 years, compared stuttering to an iceberg: Its characteristic behaviors are just a small percentage of what stuttering is, like the visible part of an iceberg above the water. Below the surface often lie fear, shame, guilt, anxiety, isolation,





denial and hopelessness, which exacerbate the condition. He encouraged people who stutter to accept the condition and stutter openly — an approach now known as acceptance therapy — thus eliminating the fear and shame associated with stuttering. His wife Vivian Sheehan, a speech pathologist, continued sharing his therapeutic approach after his death in 1983.

Acceptance therapy is still effectively used with adolescents and adults who stutter. With younger children, Schussel employs an approach called the Lidcombe program, a parent-driven modality that identifies “smooth” speech and “bumpy” speech. “We’re not addressing the fear

and anxiety below the surface of their stuttering because they’re still so young,” she says.

With school-age children, treatment typically focuses on “fluency shaping” — how to create less tension in the jaw, throat and other facial muscles so that speech comes more easily. “They may still stutter,” Schussel says, “but they’re not doing it in a way that is affecting how well other people can understand them or that is impeding their willingness to raise their hand to talk in class.”

On a pre-COVID-19 stop in New Hampshire during his campaign for the Democratic presidential nomination, Joe Biden met 13-year-old Braydon Harrington, who, like Biden, stutters. During the Democratic National Convention several months later, Harrington spoke of that meeting and told a national audience how Biden told him they were members of the same club.

Photo: AP Photo/Andrew Harnik

# New robotic-assisted surgery improves outcomes for knee-replacement patients

The innovation of robotic-assisted knee-replacement surgery has improved the precision with which surgeons can perform the common procedure, contributing to greater patient satisfaction with the results of the surgery.

An estimated 2-to-4% of the U.S. population will need a knee replacement at some point in their lives — usually after the age of 50. “By the time patients come to us, they’ve usually unsuccessfully tried a multitude of options short of surgery — including anti-inflammatory medications, injections, braces and physical therapy — and their quality of life has suffered,” says Erik Zeegen, MD, chief of joint-replacement surgery at UCLA. “With a knee replacement, many of these individuals are free from pain and can resume an active lifestyle, which has both psychological and cardiovascular benefits.”

Nationally, approximately 15% of patients who undergo conventional knee-replacement surgery report being dissatisfied with the result, even when X-rays indicate that the surgery was successful, either because of residual pain or instability, Dr. Zeegen notes. “The robot helps

decrease the variability in alignment of the prosthesis and allows us to measure precisely how tight or loose the knee is on one side versus the other,” he says.

“Traditionally, we have relied on visual and bony landmarks, which are inexact,” says Alexandra Stavrakis, MD, a UCLA joint-replacement surgeon. “Using the robot minimizes the likelihood of the implants not being placed at an ideal angle.”

Although robotic-assisted knee-replacement surgery is too new for there to be studies with long-term outcomes, Dr. Zeegen says that in addition to the postsurgical X-ray results indicating improved consistency and accuracy in the alignment of the new knee, he and Dr. Stavrakis have noted improved patient satisfaction with the outcomes. “I’ve seen patients who had a conventional knee replacement and then had their other knee

**“With the improvements associated with robotic-assisted knee replacement, we have the confidence to report that we’re seeing more satisfied outcomes.”**

replaced with the robotic-assisted technique,” Dr. Zeegen says. “They report that the second knee feels better, and that their recovery was quicker.”

Robotic technology has become commonplace in many surgical settings, Dr. Stavrakis notes. It has been used for nearly a decade in partial-knee-replacement procedures and was recently approved by the U.S. Food and Drug Administration for complete knee replacement. For the procedure, surgeons create a three-dimensional model of the knee, which they then use to plan the surgery on the computer screen, with the robot executing the cuts while under the surgeon’s control.

“We see patients who have waited too long,” Dr. Zeegen says. “If left untreated, the arthritic knee can become contracted and the knee can lose significant range of motion, as well as experience deterioration of the bone. This makes the surgery and recovery much more challenging.

“In the past, many patients have been hesitant about surgery, but with the improvements associated with robotic-assisted knee replacement, we have the confidence to report that we’re seeing more satisfied outcomes,” he says.



For more information about joint-replacement at UCLA Health, go to:  
[uclahealth.org/ortho/joint-replacement](http://uclahealth.org/ortho/joint-replacement)

## ASK THE DOCTORS

# Flu shot is more important than ever this year

“Ask the Doctors” is a nationally syndicated column written by Eve Glazier, MD, president of the UCLA Health Faculty Practice Group, and Elizabeth Ko, MD, medical director of the UCLA Health Integrative Medicine Collaborative.



Drs. Eizabeth Ko and Eve Glazier  
Photo: Juliane Backman



**DEAR DOCTORS:** I'm 23 years old and hardly ever get sick, not even a cold. I usually skip getting a flu shot, but my dad keeps telling my brother and me that it's really important to get one this year. Can you explain why? Is it going to protect us against the coronavirus?

**DEAR READER:** Kudos to your dad for spreading the word about flu shots. Although the annual flu shot won't safeguard against the novel coronavirus that causes COVID-19, it will add an important measure of protection during a particularly perilous flu season. As many of you already know, there can be a great deal of overlap in symptoms of the flu and of COVID-19. Both are respiratory ill-

nesses that affect the lungs and interfere with the ability to breathe. Symptoms in each can include fever, chills, body aches, shortness of breath, sore throat, headache, cough, chest congestion, difficulty breathing and fatigue. Both the flu and COVID-19 can lead to pneumonia, hospitalization and even death. During last year's flu season, 490,600 people were hospitalized and 34,200 people died. And even when it's not life-threatening, the flu guarantees a week or two of misery.

As we said earlier, a flu shot won't protect against the novel coronavirus. However, it does reduce risk of becoming infected with the influenza virus. Some people do get the flu despite having had the vaccine. However, they often have milder symptoms and shorter illnesses than those who go unvaccinated. And this year, with the spread of COVID-19 not yet under control, it's important to do everything we can to make sure medical resources are available for those who are the most seriously ill. It's quite possible we'll see another surge of COVID-19 this winter. With health care workers and facili-

ties already overburdened, we should do everything we can to lessen the strain.

The Centers for Disease Control and Prevention recommend that everyone 6 months of age and older be vaccinated against the flu each year. Inactivated influenza vaccines are approved for children as young as 6 months. That's important, because children under the age of 5, and particularly those younger than 2, are at high risk of developing serious complications when they become ill with the flu. That includes ear infections, dehydration and pneumonia. Your child's health care provider will advise you on the appropriate vaccine for your child. Most people get a standard flu shot. Adults 65 years and older, whose immune systems have slowed down, are urged to get the high-dose vaccine formulated specifically for senior citizens. For people with an egg allergy, there is an egg-free version of the flu vaccine that may be appropriate.

The good news is that flu shots are already widely available. They're free with most types of insurance and are often available at discounted rates at flu-shot clinics. Free flu shots are also available through community organizations and public health departments. For flu-shot locations in your area, visit [vaccinefinder.org](https://vaccinefinder.org).



To Ask the Doctors, e-mail:  
[askthedoctors@mednet.ucla.edu](mailto:askthedoctors@mednet.ucla.edu)

# Community Health Programs

## JANUARY/FEBRUARY/MARCH 2021 COMMUNITY CALENDAR EVENTS

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

### BRAIN HEALTH / MENTAL HEALTH

#### Dementia (ongoing)

Memory Care is a weekly, 90-minute program for memory-challenged, middle-aged people and their loved ones. It teaches memory techniques and strategies and offers support to people with memory challenges and their caregivers.

**When:** Tuesdays or Thursdays

**Where:** Teleconference session

**Info & cost:** Email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu)

#### Stress Reduction for Dementia Caregivers

Caring for dementia sufferers is stressful and can have negative health implications on the caregiver. This presentation will discuss practical tips and tools that can reduce and better manage caregiver stress.

**When:** Thursday, April 15 / 1:30 – 2:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

### CANCER

#### Integrating Cancer Care: How to Live Well with Cancer

UCLA oncologist Deborah Villa, MD, will discuss treating the whole person by focusing on emotional and spiritual well-being in addition to disease and physical health.

**When:** Thursday, February 18 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

#### FEATURED EVENT

#### New Methods for Detecting and Managing Prostate Cancer

Jeremie Calais, MD, UCLA Department of Molecular and Medical Pharmacology, will discuss Ga-PSMA PET/CT, a new method for detecting and visualizing metastatic prostate cancer not visible with previously available imaging technology. The new technique, now offered at UCLA, aims to improve management of recurrent and high-risk cancers.

**When:** Friday, March 12 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

### Colorectal Cancer Prevention

UCLA gastroenterologist Didi Mwangela, MD, will give an overview of colorectal cancer, how and when to screen and simple steps you can take to reduce your risk of colon cancer.

**When:** Wednesday, March 17 / 5:30 – 7 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

### COVID-19

#### Heart Health and COVID-19 Update

UCLA cardiologist Boris Arbit, MD, will discuss the effects of COVID-19 on cardiovascular health.

**When:** Thursday, February 25 / 10:30 am – noon

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

#### COVID on the Brain: Implications for Dementia Diagnosis and Treatment

When is memory lapse something to be concerned about — and is it worth going to the doctor for an evaluation now or will your memory get better once COVID is over? Mirella Diaz-Santos, PhD, will discuss how diagnosing and treating dementia has been affected by COVID-19.

**When:** Thursday, March 25 / 1:30 – 2:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

### DIABETES

#### Diabetes Update

Learn how to reduce your risk of type 2 diabetes. Diagnosis, lifestyle and medication management and avoiding complications of diabetes will be discussed.

**When:** Tuesday, March 23 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

### FIBROIDS

#### Fibroids Update

Uterine fibroids? Adenomyosis? Pelvic congestion? UCLA interventional radiologist Cheryl Hoffman, MD, will discuss minimally invasive techniques — such as uterine artery embolization and ovarian vein embolization — that can address bleeding, pain and other symptoms of these disorders.

**When:** Friday, March 19 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](https://connect.uclahealth.org/calendar)  
or 800-516-5323

### INTEGRATIVE MEDICINE

#### Virtual Yoga Therapy

Yoga therapy blends gentle physical postures with breathing techniques and meditation. Practice from your home, office or outdoors; no mat needed.

**When:** Tuesdays and Thursdays / noon – 12:30 pm

**Where:** Teleconference session

**Register:** [tinyurl.com/ucla-health-virtual-yoga](https://tinyurl.com/ucla-health-virtual-yoga)

### KIDNEY DISEASE

#### Drugs and Medications: What You Should Know

UCLA CORE Kidney Program presents Anjay Rastogi, MD, PhD, clinical chief of nephrology, discussing how drugs and medications that are supposed to help you can cause harm if used inappropriately. Being better informed about the proper use of drugs and medications enables you to be a more active participant in your own care.

**When:** Thursday, Feb 4 / 5 – 7 pm

**Where:** Teleconference session

**RSVP:** 800-516-5323 or [COREKidney@mednet.ucla.edu](mailto:COREKidney@mednet.ucla.edu) to receive the Zoom invitation

#### Kidney Disease: What You Should Know

UCLA CORE Kidney Program presents Anjay Rastogi, MD, PhD, clinical chief of nephrology, discussing how early diagnosis and intervention can improve outcomes and what you can do to enhance your kidney health.

**When:** Thursday, March 4 / 5 – 7 pm

**Where:** Teleconference session

**RSVP:** 800-516-5323 or [COREKidney@mednet.ucla.edu](mailto:COREKidney@mednet.ucla.edu) to receive the Zoom invitation

FEATURED EVENT

**UCLA CORE Kidney Patient Conference**

Learn about the current state of kidney disease care — including during the COVID-19 pandemic. Presenters will discuss Advancing American Kidney Health, a recent Executive Order focused on slowing the progression of kidney disease while increasing the availability of home dialysis and kidney transplantation.

**When:** Sunday, March 21 / 11 am – noon

**Where:** Teleconference session

**RSVP:** Email COREKidney@mednet.ucla.edu for event registration link

**MULTIPLE SCLEROSIS**

**REACH to Achieve Program (ongoing)**

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

**Where:** Marilyn Hilton MS Achievement Center

**Info & application:** 310-267-4071

**CogniFitness**

A four-week program for those with MS who are experiencing mild cognitive problems. Learn strategies to improve concentration, memory, organization, problem-solving and critical-thinking skills from speech pathologists with the Marilyn Hilton MS Achievement Center.

**When:** Saturdays, Feb 6, 13, 20, 27 / 10 am – noon

**Where:** Teleconference sessions

**Info & registration:** 310-267-4071

**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.

**When:** Begins Mar 6 / 10 am – 2 pm

**Where:** Teleconference sessions

**Info & application:** 310-267-4071

**NUTRITION AND WEIGHT LOSS**

**Weight: Beyond a Number**

Is there an ideal weight for me? UCLA internist Elizabeth Ko, MD, will answer this question and will discuss body mass index, body composition and the optimal components of an exercise regimen.

**When:** Wednesday, March 3 / 1 – 2 pm

**Where:** Teleconference session

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

**PODIATRY**

**Heel and Ankle Pain**

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

**When:** Tuesday, Feb 16 / 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the Zoom invitation

**Ankle Arthritis and Ankle Replacement**

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

**When:** Tuesday, Mar 16 / 5:45 – 6:45 pm

**Where:** Teleconference session

**RSVP:** 310-828-0011 to receive the Zoom invitation

**POSTURE AND ERGONOMICS**

**It's a Pain in the Neck!**

Learn how posture — at rest and with activity — and use of computers, tablets and cellphones can cause neck pain, stiff neck and pinched nerves. Easy and effective self-treatments will be discussed.

**When:** Tuesday, March 9 / noon – 1:30 pm

**Where:** Teleconference session

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

**PRECISION MEDICINE**

FEATURED EVENT

**The Promise of Precision Health**

Your DNA could hold the key to cures for a wide range of medical conditions, such as diabetes, heart disease, cancer and COVID-19. Clara Lajonchere, PhD, deputy director, UCLA Institute for Precision Health, will present some recent advancements in precision medicine that can improve outcomes for patients.

**When:** Thursday, March 18 / 10 – 11 am

**Where:** Teleconference session

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

**SLEEP HYGIENE**

**Getting a Good Night's Sleep**

This session will focus on sleep hygiene, sleep's essential role in good health and treating sleep conditions to get a good night's sleep.

**When:** Tuesday, March 9 / 1:30 – 3 pm

**Where:** Teleconference session

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

**UCLA Health**

*Still* **#1** in California.  
Your health is our reward.

**#1 in Los Angeles, #4 in the nation, U.S. News & World Report Best Hospitals.**

**UCLA HEALTH 50 PLUS IS A FREE MEMBERSHIP PROGRAM** that offers individuals age 50 and older access to educational lectures, exercise opportunities, information on community and health resources, a free flu shot, Tech Help for U, and health insurance information. Go to [uclahelath.org/50plus](http://uclahelath.org/50plus) to become a member or call 800-516-5323.

To socially distance and stay safer at home, all of our health talks will be held virtually. Go to [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) to see a full listing of programs. To learn how to use Zoom to participate in teleconference sessions through UCLA Health, contact our office at 800-516-5323 and we'll send printed instructions.

### 50+ Stay Active and Independent for Life (SAIL)

Join the SAIL fitness and education program for healthy seniors led by UCLA physical therapy staff. First-time participants must have a physical therapy screening before participating.

**When:** Mondays and Thursdays / 10 – 11 am

**Where:** Teleconference session

**RSVP:** 424-259-7140 or visit UCLA Rehabilitation, 1131 Wilshire Blvd, Ste 200, between 8 am and 5 pm for screening

**Cost:** \$20 per month (unlimited participation)

### 50+ Your Eyes — A User's Manual

UCLA ophthalmologist Gavin Bahadur, MD, will discuss the treatment of common eye conditions, including cataracts, glaucoma, macular degeneration and dry eyes.

**When:** Monday, February 22 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

### 50+ Balance and Falls

This session will focus on common risk factors for falls and strategies to prevent falls and stay safe and steady as you age.

**When:** Tuesday, February 23 / 1:30 – 3:00 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

#### FEATURED EVENT

### 50+ My Legs Hurt! Why?

Varicose veins? Leg swelling? Cramping? Cheryl Hoffman, MD, UCLA interventional radiologist, will discuss how venous disease can be treated using minimally invasive techniques in the outpatient setting.

**When:** Friday, February 26 / noon – 1:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

### 50+ Tech Help for U

UCLA undergraduate students offer a free workshop on using computers and smartphones. Get your questions answered. Individual coaching sessions plus small group workshops on specific topics.

**When:** Saturday, February 27 / 9 am – noon

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

#### FEATURED EVENT

### 50+ Joint Replacement and Recovery

UCLA orthopaedic surgeon Adam Sassoon, MD, will discuss the indications, technical aspects and postoperative recovery for total hip replacement and partial/total knee replacement.

**When:** Wednesday, March 3 / 1:30 – 3 pm

**Where:** Teleconference session

**RSVP:** [connect.ucla.health.org/calendar](http://connect.ucla.health.org/calendar) or 800-516-5323

### 50+ Hearing Loss

UCLA audiologist Kelsey Kerkhove, AuD, will discuss hearing loss and how it can affect the quality of your life. She will explore types of hearing loss, how it occurs, how to protect your hearing and the importance of early intervention.

**When:** Thursday, March 11 / 10:30 am – noon

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

### 50+ High Blood Pressure: Addressing and Attacking the Silent Killer

High blood pressure adds to your heart's workload and damages your arteries and organs over time. It is a major risk factor for stroke and other cardiovascular events. This seminar will focus on risks, treatments and strategies to reduce this silent killer and improve your quality of life.

**When:** Thursday, Mar 18 / 2 – 3:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

### 50+ Senior Scholars

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

**When:** Spring 2021 classes begin Mar 29. Applications Jan 25 through Feb 26

**Info & cost:** [semel.ucla.edu/longevity/srscholars](http://semel.ucla.edu/longevity/srscholars) or [srscholars@mednet.ucla.edu](mailto:srscholars@mednet.ucla.edu) or 310-794-0679

### 50+ Hearing Loss

UCLA audiologist Arineh Khachatoorians, AuD, will discuss hearing loss, its causes, treatment options and updates on current hearing aid technologies.

**When:** Thursday, April 1 / 2 – 3:30 pm

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

### 50+ Finding the Funny Way to Mental Health

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

**When:** Thursday, April 8 / 10:30 am – noon

**Where:** Teleconference session

**RSVP:** [connect.uclahealth.org/calendar](http://connect.uclahealth.org/calendar) or 800-516-5323

### 50+ Memory Training Course (monthly)

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

**When:** Please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for date and time

**Where:** Online via Zoom

**5+** Brain Boosters (quarterly)

Brain Boosters provides information on healthy aging research and exercises to enhance overall cognitive function.

**When:** Please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for date and time

**Where:** Online via Zoom

**5+** Brain Boot Camp (monthly)

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

**When:** Please email [longevity@mednet.ucla.edu](mailto:longevity@mednet.ucla.edu) for date and time

**Where:** Online via Zoom

## UCLA patients need blood donations



The need for blood and plasma during the COVID-19 pandemic remains acute. Blood donation is a way for healthy people to make a significant contribution during this difficult time. The UCLA Blood & Platelet Center follows the precautions recommended by the American Association of Blood Banks to keep donors and staff safe. For more information and to schedule an appointment to donate, go to: [uclahealth.org/gotblood](http://uclahealth.org/gotblood)

# COVID-19 Clinical Trials

UCLA conducts research for a wide range of medical disorders and offers patients opportunities to participate in research and clinical trials. Below are some of our active clinical trials dedicated to the research and treatment of COVID-19.

### Study to Evaluate the Safety, Tolerability, Pharmacokinetics, and Efficacy of Remdesivir (GS-5734™) in Participants From Birth to < 18 Years of Age With Coronavirus Disease 2019 (COVID-19)

The primary objectives of this study are to evaluate the safety, tolerability and pharmacokinetics of remdesivir in participants with laboratory-confirmed COVID-19 from birth to 18 years old.

### Convalescent Plasma in Outpatients With COVID-19

The primary objective of this project is to determine the efficacy and safety of a single dose of convalescent plasma for preventing the progression from mild to severe COVID-19 illness. The secondary objective is to characterize the immunologic response to convalescent plasma administration.

### Study Assessing the Efficacy and Safety of Anti-Spike SARS CoV-2 Monoclonal Antibodies for Prevention of SARS CoV-2 Infection Asymptomatic in Healthy Adults and Adolescents Who Are Household Contacts to an Individual With a Positive SARS-CoV-2 RT-PCR Assay

The objectives of this trial are to evaluate the efficacy of REGN10933+REGN10987 compared to placebo in preventing symptomatic SARS-CoV-2 infection confirmed by RT-qPCR, to evaluate the efficacy of REGN10933+REGN10987 compared to placebo in preventing asymptomatic or symptomatic SARS-CoV-2 infection confirmed by RT-qPCR, and to evaluate the safety and tolerability of REGN10933+REGN10987 following subcutaneous administration compared to placebo.

### ACTIV-2: A Study for Outpatients With COVID-19

Drug studies often look at the effect that one or two drugs from a single company have on a medical condition. There is currently an urgent need for one study to efficiently test multiple drugs from more than one company in people who have tested positive for COVID-19 but who do not currently need hospitalization. This could help prevent disease progression to more serious symptoms and complications, and spread of COVID-19 in the community. This study looks at the safety and effectiveness of different drugs in treating COVID-19 in outpatients. Participants in the study will be treated with either a study drug or with placebo.

### NCI COVID-19 in Cancer Patients, NCCAPS Study

This study collects blood samples, medical information and medical images from patients who are being treated for cancer and have a positive test for SARS CoV-2. This may help researchers determine how COVID-19 affects the outcomes of patients undergoing cancer treatment and how having cancer affects COVID-19.

### Covid-19 Convalescent Plasma as Prevention and Treatment for Children With Underlying Medical Conditions

This study will provide access to investigational anti-SARS-CoV-2 human convalescent plasma for pediatric patients with underlying medical conditions (cardiovascular disease, lung disease, immunosuppression) who are either infected with SARS-CoV-2 or who have had a high-risk exposure. Study participants will be transfused once with compatible convalescent plasma obtained from an individual who has recovered from documented infection with SARS-CoV-2. Safety information and pharmacokinetic data will be collected.



For more information, including a full list of active COVID-19 clinical trials at UCLA Health, please visit:

[uclahealth.org/covid-19-clinical-trials](http://uclahealth.org/covid-19-clinical-trials)

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Los Angeles, CA 90095-6923



U.S. News & World Report's Best Hospital Survey ranks UCLA #1 in California and #4 in the nation.

David Geffen School of Medicine at UCLA ranks #6 in Research and #11 in Primary Care nationwide.



# Honor your care team at UCLA Health

This season, our appreciation is greater than ever for the doctors, nurses and care teams at UCLA Health. In the face of this year's challenges, they have not only delivered high-quality patient care, but they also have redefined compassion, courage, resilience and innovation. If a UCLA doctor or caregiver has made an impact on your life, please consider making a gift today.

Your tax-deductible donation to UCLA Health will not only honor the health care workers who are going the extra mile to help our friends and family in this especially difficult time, but it also will help ensure UCLA's continued excellence in patient care, research and education.

**Give online:**

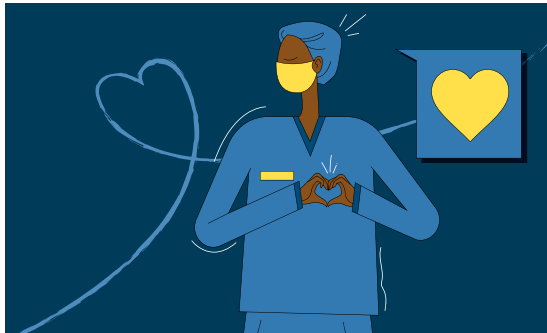
[giving.ucla.edu/thankful](http://giving.ucla.edu/thankful)

**By mail:**

The UCLA Foundation  
P.O. Box 7145  
Pasadena, CA 91109-9903

**By telephone:**

310-206-6484



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WINTER 2021 | VOL. 89

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