Experts Advise Flu Shots for Nearly Everyone

Yearly flu vaccines were once urged only for high-risk groups, but experts today say the preventative shot is now advisable for nearly everyone 6 months and older at the beginning of each flu season.

“We recommend near-universal vaccination against influenza for two reasons,” says Todd Spector, M.D., a family physician at UCLA-Santa Monica Bay Physicians. “The first is to create ‘herd immunity’ and stop the spread of influenza throughout the community. The second is to prevent the serious illness, hospitalizations and even deaths associated with influenza.”

Continued on page 7
Jules Stein Opens Santa Monica Center

The Jules Stein Eye Institute has opened offices in Santa Monica. In addition to eye-care consultations, the Jules Stein Eye Center will provide diagnostic tests and procedures. To better serve patients with care in one convenient community location, the new center offers the services of optometrists as well as general and subspecialty ophthalmology care.

Jules Stein Eye Center
1807 Wilshire Boulevard, Suite 203
Santa Monica, CA 90403
Phone: (310) 829-0160
Email: jsec_sm@jsei.ucla.edu

Do the Right Thing

In Never Be Afraid to Do the Right Thing, Gerald S. Levey, M.D., writes about the challenges he faced as vice chancellor of UCLA medical sciences and dean of the David Geffen School of Medicine at UCLA to build Ronald Reagan UCLA Medical Center. The need to build the new medical center following the 1994 Northridge earthquake became evident shortly after Dr. Levey arrived at UCLA. “In one fell swoop, the job I thought I was going to have completely changed,” he writes.

Never Be Afraid to Do the Right Thing is available from:
www.amazon.com and
www.SecondRiverHealthcare.com

Time to Enroll in Senior Health Plans

The time to enroll in Medicare Advantage (senior HMO) plans is approaching. The window of time to enroll or to transfer your coverage to another plan is from October 15 until December 7, 2011. Medicare only allows changes to be made during this time, and only once a year. The changes become effective January 1, 2012.

For more information, call toll-free (877) UCLA-212 (877-825-2212).
Finding a Place to Call a “Medical Home”

Sixty million people — about one-in-five — say they do not have a regular doctor or clinic to receive medical care, according to a recent report from the Agency for Healthcare Research and Quality. This number may decrease as more people gain access to health insurance under healthcare-reform legislation, but finding the right doctor could prove challenging, experts say.

“Nationally, the primary care infrastructure is stretched to the limit,” explains Mark Grossman, M.D., chief medical officer of the UCLA Community Physicians Network (CPN). “Our focus has been on expanding our network of community-based, primary care physicians for many years because we know that when patients have a true medical home, they are more satisfied and experience better health outcomes.”

A patient-centered “medical” or “health home,” according to joint principles outlined by key physician groups in the U.S., is an approach to providing comprehensive primary care in which a physician or team of physicians and support staff partner with patients and their families to coordinate care across the healthcare continuum and within the patients’ communities. They use tools that may include registries, information technology and health-information exchanges, with the goal of facilitating access to culturally and linguistically appropriate healthcare.

To address increased demand for primary care as healthcare reform is fully implemented, UCLA has continued to add community-based primary care offices to expand primary care access — including family and internal medicine specialists and pediatrics — for Westside and Santa Monica residents. Additional primary-care services also are being added through the UCLA Department of Medicine and UCLA-Santa Monica Bay Physicians.

In addition, 45 percent of the 2011 graduating class of David Geffen School of Medicine at UCLA chose residencies in primary-care specialties, a 5 percent increase from the previous year. Nationally, however, the trend is the opposite. The number of U.S. medical school graduates selecting a career in family medicine, for example, dropped nearly 30 percent from 2002 to 2007. National trends notwithstanding, primary care continues to emerge as a complex and increasingly important profession, according to Janet Pregler, M.D., director of the Iris Cantor-UCLA Women’s Health Center.

“Fifty years ago, people died of their first major illness because we didn’t know as much,” Dr. Pregler says. “Today, people often live a long time with several medical problems and need coordinated care by one physician with general knowledge about many health conditions. That’s what primary care doctors do.”
One in eight babies in the U.S. is born prematurely and may face weeks or even months in a Neonatal Intensive Care Unit (NICU) to address serious medical complications resulting from underdeveloped organs. While the latest “high-tech” strategies continue to improve long-term survival for premature infants at the highest risk for neonatal death, a “high touch” approach is recommended to ensure quality of life and alleviate the anxieties of parents preparing to take their babies home, experts say.

“Parents of premature and other high-risk infants watch their babies face difficulties with breathing, feeding, tolerating breast milk or formula, jaundice and a myriad of other problems that require constant medical attention,” says Sherin Devaskar, M.D., physician-in-chief of Mattel Children’s Hospital UCLA and chair of the Department of Pediatrics at the David Geffen School of Medicine at UCLA. “Their concern is natural and to be expected.”

According to Dr. Devaskar, premature and other high-risk infants are admitted to the NICU and monitored constantly until they are able to suck, swallow and breathe without help from a ventilator and maintain their body temperature. Treatments that support their development include surfactant replacement and gentle ventilation to reduce inflammation to premature lungs resulting from mechanical ventilation, total parenteral nutrition to prevent malnourishment, photo therapy to reduce jaundice, cooling to prevent long-term neurological injury caused by low oxygen or low blood flow before or during delivery, or the extracorporeal membrane oxygenator to assist some babies with breathing during transition from the womb to the outside world.

“These specialized techniques used at the beginning of life influence the entire trajectory of the child’s life,” says Dr. Devaskar. “Neonatal health spells adult health.”

When it’s time to transition the infants from the NICU to home, Dr. Devaskar says the neonatal team involves the parents in providing the day-to-day care to babies in order to help parents reach a level of comfort that causes their fear and apprehension to diminish. A key strategy in facilitating this transition is a family-centered intermediate care unit, sometimes called a “step-down” NICU, located away from the main NICU.

“The best thing about the step-down unit is that babies are housed in single cubicles that personalize the environment to meet their individual needs...It’s important to have a calm and controlled environment as parents learn to care for their babies,” says Uday Devaskar, director of neonatology at UCLA. “It’s important to have a calm and controlled environment as parents learn to care for their babies. Once the door of a cubicle is closed, parents find themselves alone with their baby yet have professional help just a call away. They can choose to stay with their babies for longer periods of time without interruptions or unwanted noise.”

The step-down unit is also important to promoting infant development, according to Dr. Devaskar.

“A normal baby sleeps 22 hours per day,” he says. “Most of the secretion of hormones necessary for growth happens at night. That process is hard to replicate in an environment that is not congenial for normal sleep.”

To watch a video about UCLA’s Neonatal Intensive Care Unit, go to: http://streaming.uclahealth.org/Stepdown-NICU
Polycystic ovary syndrome (PCOS), a hormone abnormality that affects as many as one in eight reproductive-aged women, is best known for its cosmetic effects — male-pattern hair growth and acne — but also is recognized for its gynecologic effects such as irregular menstruation and infertility. It is associated with both serious reproductive consequences and serious medical consequences, says Daniel Dumesic, M.D., UCLA obstetrician/gynecologist who specializes in reproductive endocrinology. The long-term health impact of PCOS and the fact that symptoms usually can be controlled with lifestyle changes and medications are strong reasons not to ignore early signs of the condition, Dr. Dumesic adds.

In its most severe form, PCOS is characterized by overproduction of the male hormone testosterone, which can cause male-pattern hair growth, acne or hair loss; and menstrual abnormalities related to the failure to ovulate. But Susan Davis, M.D., a UCLA endocrinologist, notes that 60-80 percent of women with PCOS — and 95 percent of obese PCOS women — also have resistance to the action of insulin, putting them at increased risk for abnormal glucose utilization, type 2 diabetes and premature cardiovascular disease. “PCOS can adversely affect the health of a woman by increasing her risk for numerous problems, including infertility, obstetrical complications, diabetes, cardiovascular disease, and mood disorders,” Dr. Davis says.

Some women with PCOS will go many months or even years without having their period, or menstruating only sporadically; by the time these patients bring the matter up with their physician, they may have developed abnormal build-up of the uterine lining, a precursor to uterine cancer. “Unfortunately, many women aren’t aware of the long-term consequences of PCOS,” Dr. Dumesic says. “They might be concerned about fertility problems or they will see a dermatologist about their skin or hair, but there are other issues to think about as well.” While missing an occasional period is nothing to worry about, menstruating fewer than eight times a year is cause for consulting a physician, Dr. Dumesic says.

Although genetic factors are believed to make certain women more susceptible to PCOS, Dr. Davis notes that lifestyle, including diet and exercise, plays an important role in its severity. In particular, excess weight
exacerbates both the reproductive problems and the insulin resistance that is linked to diabetes. Thus, weight loss through diet and exercise is one of the most important strategies to combat the effects of PCOS.

Beyond that, treatment is individualized, depending on whether the focus is to correct the irregular uterine bleeding; restore fertility; correct excessive hair growth, acne and hair loss from excess male hormone production; or prevent diabetes and cardiovascular disease. For irregular uterine bleeding — typically from lack of ovulation — women with PCOS who aren’t looking to become pregnant are often prescribed oral contraceptives. Similarly, oral contraceptives, often in combination with an androgen blocker, spironolactone, can successfully address the effects of excessive hair growth and acne by inhibiting new hair growth. Electrolysis or laser therapy can be used to remove existing facial hair.

For women with PCOS who do not ovulate but want to become pregnant, several medications are available to restore ovulation. Oral clomiphene citrate increases release of a hormone from the head called follicle-stimulating hormone (FSH), which stimulates ovarian follicles to grow. Oral metformin lessens insulin resistance and is often used to induce ovulation in women with PCOS with impaired glucose metabolism. Synthetic FSH also can be given as an injection under the skin to substitute for the woman’s own FSH as needed. These medications can be used alone or in combination, depending on the conditions of the woman. In rare cases, surgery or other procedures are necessary.

“Women with symptoms of PCOS can become quite depressed, and the message they need to hear is that much can be done for their quality of life as well as their overall health,” says Dr. Davis. “The earlier these issues are addressed, the greater the likelihood that we can improve cosmetic appearance as well as preventing serious medical complications.”

**Experts Advise Flu Shots for Broader Spectrum of Population**

Flu season generally begins in September or October, and an average of 25,000 people die in the United States each year of flu-related complications and more than 200,000 are hospitalized, according to the U.S. Centers for Disease Control and Prevention. Countless others suffer at home, missing days of work or school. Moreover, notes Dr. Spector, the benefits of the vaccine — prevention of influenza’s most common strains — are accrued with no downside. The flu shot contains a “killed” virus, so unlike certain other types of vaccines, it doesn’t confer immunity by making the recipient sick. “You don’t get influenza from the vaccine,” Dr. Spector says.

“You can still get other viral syndromes, like a cold, or you could get a type of influenza not covered by the vaccine, but you won’t get any of these symptoms from the flu shot itself.” In fact, Dr. Spector says, there are typically no side effects.

While the vaccine is now recommended for everyone, Dr. Spector notes that it is especially important for those at highest risk for serious flu-related complications: the elderly, children under 5, pregnant women and people of any age with chronic medical conditions that contribute to immune or respiratory dysfunction (including diabetes, HIV and chronic obstructive pulmonary disease), as well as anyone in close contact with these individuals, such as family members and healthcare workers.

Each year, the vaccine is developed based on what research predicts will be the most common strains of influenza in the coming season. This year’s vaccine will be the same as last year’s, says Zachary Rubin, M.D., an infectious-disease specialist at the David Geffen School of Medicine at UCLA. However, Dr. Rubin notes, “Even if you got last year’s shot, you need to get it again.” That’s because the effects of the influenza vaccine wane with time. In fact, for some individuals the immunity lasts only a few months. For that reason, Dr. Rubin recommends that when feasible, patients wait to get their shot until just before the onset of the flu season. The vaccine becomes available in August or September.

In recent years, the nasal-spray vaccine, which is inhaled, has become available as an alternative to the needle vaccine for healthy persons ages 2-49 years of age who are not pregnant. Dr. Rubin notes that studies have found the nasal vaccine to be somewhat more effective than shots in producing protective antibodies for children, but slightly less effective than shots for adults.
UCLA strives to meet the medical and emotional needs of all its patients and their families. Alongside the efforts to heal, spiritual support is provided by chaplains who serve as integral members of the hospital healthcare team. UCLA Health System’s Department of Spiritual Care includes professionally certified staff chaplains as well as supervised chaplain interns and residents enrolled in clinical pastoral education as part of the department’s highly regarded training program.

Spiritual care is offered for patients and families of all faiths who desire it, with special Holy Day celebrations and ecumenical services at Santa Monica-UCLA Medical Center and Orthopaedic Hospital and Ronald Reagan UCLA Medical Center, as well as regularly scheduled weekly services at Ronald Reagan UCLA Medical Center that include Roman Catholic Mass and interfaith services on Sundays, a Jewish Shabbat service and a Jummah Islamic prayer service on Fridays, and a Buddhist Dharma talk and meditation on Tuesdays. Rev. Karen Schnell, director of the Spiritual Care Department, spoke on the importance of spiritual care in the hospital setting.

What is the role of the hospital chaplain at UCLA?
Being hospitalized is more than just physically challenging; it can be emotionally and spiritually challenging as well. Chaplains are there to provide support for the emotional and spiritual challenges that accompany illness and hospitalization. Throughout the healthcare profession there is a growing understanding of the chaplain’s importance as a healthcare professional who does spiritual assessment for the patient and family, then determines what resources they can draw on and where they need support. Our chaplains are there to listen to patient concerns, share with them in their faith struggles if they’re having any, and assist them in processing their experience of illness and hospitalization as well as seeking peace, strength or meaning in what’s happening.

Are there common misconceptions about what hospital chaplains do?
There are two major stereotypes. The first is that we come in from the community to try to recruit or proselytize, which is not at all true. In fact, our chaplains are professionally certified, and any proselytizing activity would be against our code of ethics. The second misconception is that chaplains come along only when someone is dying. While it’s true that we are available at that important time, there is much more to our role.

What are some of the requests your department receives from patients and families?
It varies. We get requests for baptisms and other traditional Catholic or Christian sacraments such as communion. We have...
people who request the Catholic sacrament for the sick. We also have requests for Jewish prayers, sacred texts from various traditions, or requests to speak with a faith-specific religious leader such as an Imam or Buddhist monk. At times the request is for something less concrete, such as prayer support or simply to speak with a chaplain.

**What are some of the issues commonly discussed?**

Typically this is a time that invites deeper reflection for people, and may be experienced as a crisis for some. Patients may be asking questions about what’s happening to them, why it’s happening and what it means. It can be a time for reflection on relationships, or a revisiting of what’s important for them in their lives. For some patients, it’s a time when they question their faith, while others are drawing upon the resources of their faith.

**What types of religious services are provided in the hospital?**

Spiritual aspects of many patient’s lives are disrupted when they are in the hospital, and we do what we can to help them feel more connected to familiar traditions and religious/spiritual practices. Patients who are ambulatory can come to any of our services held on the hospital premises. For patients who are not ambulatory, we can bring spiritual practices to the bedside. An example is our “Shabbat in a Box” program for Jewish patients and families who want to observe the Sabbath. We will bring freshly baked challah bread, grape juice, wine glasses and two battery-operated candles as a way of creating some normalcy and continuance of a religious practice while the patient is confined to the hospital bed.

**How are chaplains made available to patients and families?**

Nurses will ask within 24 hours of patients’ admission if they would like to indicate a faith preference and if they would like a visit from a hospital chaplain. In addition, the chaplains are assigned to units as members of the healthcare team, and they attend the multidisciplinary rounds, making them more aware of who would like their support. Having chaplains as a consistent presence on the unit also helps to keep other members of the healthcare team aware of our services and availability in case they encounter patients whom they think could benefit.

**Is anything else done to ensure that the healthcare team is sensitive to patients’ spiritual needs?**

The Department of Spiritual Care collaborates with nursing and other departments. We offer in-services on spiritual care for the interdisciplinary healthcare staff. We also collaborate with the David Geffen School of Medicine at UCLA on a unique program in which first-year medical students shadow a chaplain, and it’s often one of the first times these students are at the bedside. It’s been a great opportunity for medical students to not only see the role of the chaplain, but also to better understand the role of faith or spiritual practice in the illness and healing process of many patients.

“Patients may be asking questions about what’s happening to them, why it’s happening and what it means. It can be a time for reflection on relationships, or a revisiting of what’s important for them in their lives.”

Rev. Karen Schnell
Each year, the U.S. government invests billions of dollars in basic research — laboratory-based studies designed to advance the frontiers of knowledge. It’s an investment that has yielded substantial returns: Biomedical advances invariably can be traced to discoveries made in the lab.

But laboratory discoveries provide no tangible benefit until they are seized upon and used to develop a new treatment or to inform a new approach to promoting health or preventing disease. And even then, if the new treatment or health strategy isn’t widely known or used, it does little good. That’s why translational research, the process whereby studies conducted in the lab are turned into new therapies that are effectively integrated into medical practice, has become a major point of emphasis for the National Institutes of Health (NIH), the largest funder of biomedical research in the United States.

In June, the NIH awarded UCLA, in partnership with Cedars-Sinai Medical Center, Charles R. Drew University of Medicine and Science, and the Los Angeles Biomedical Research Institute at Harbor-UCLA Medical Center, a five-year, $81.3 million award to establish the UCLA Clinical and Translational Science Institute (CTSI). UCLA is one of 60 institutions across the country to receive funding aimed at accelerating the translation of laboratory discoveries into effective treatments for patients, more actively engaging communities in clinical research, and training future generations of researchers to think and work in this “bench-to-bedside” continuum.

UCLA’s CTSI is focusing on conditions that account for the greatest proportion of disability and early death in Los Angeles County. Rates of premature death and disability related to heart disease, diabetes, stroke, HIV/AIDS, depression, violence and other preventable conditions in the county far exceed the national average.

“We are taking on a great challenge, but we have a considerable opportunity to make a significant impact on the population,” says Steven M. Dubinett, M.D., director of the CTSI and UCLA associate vice chancellor for translational science. “In a county of more than 10 million people who speak 90 different languages there are wide health disparities. We need to think creatively about how our discovery science, along with the unique resources of UCLA and our partner institutions, can be used to address these problems.”

In many ways, translational research requires a new approach — one involving teams of scientists from different types of expertise working together and thinking broadly about problems. “The major health issues cut across disciplinary lines, and there is now a recognition that being able to bring laboratory studies to clinical fruition and engage communities in research requires a team effort with a broad spectrum of expertise,” says Dr. Dubinett.

While establishing an infrastructure that will encourage such an approach, he adds, UCLA’s CTSI will also help to train a new generation of scientists capable of working across the spectrum of disciplines, and of discovering the clinical implications of laboratory findings. The new institute will also emphasize the final step in the translational process — establishing community partnerships to ensure that the benefits of a new treatment or other health strategy coming out of the laboratory reach the entire population. Notes Dr. Dubinett: “Translational science doesn’t end with a successful clinical trial.”
Endoscopy Emerging as Major
Nonsurgical Intervention

At major medical centers such as UCLA, an increasing number of gastrointestinal illnesses are being diagnosed and treated through the nonsurgical approach known as interventional endoscopy.

“Many procedures that were once the domain of the surgeon can now be done in a more minimally invasive way,” says V. Raman Muthusamy, M.D., associate clinical professor of medicine at the David Geffen School of Medicine at UCLA and director of interventional endoscopy, a newly created position within UCLA Health System that reflects the field’s emergence.

An endoscope is a long fiber-optic tube with a camera and a light at its tip, along with a small channel through which gastroenterologists pass instruments into the gut to perform a variety of treatments while viewing images on a monitor. “Through the endoscope, we can now perform biopsies, cut things, cauterize and even seal up small holes,” explains Dr. Muthusamy.

Some early-stage cancers and polyps that would have previously required surgical removal can now be treated endoscopically, he notes. In some advanced cancers stents can relieve obstructions for patients with tumors blocking the gastrointestinal tract. Interventional endoscopists are accessing the bile duct and pancreas to remove gallstones or overcome obstructions that might otherwise require surgical exploration. For patients with Barrett’s esophagus with dysplasia — early changes in cells that can signal cancer — the first-line therapy now involves use of endoscopic techniques to burn away the affected cells and prevent the development of cancer and the need for surgery.

Endoscopy is also being used to treat other gastrointestinal disorders. With endoscopic ultrasound — a procedure that combines endoscopy with ultrasound imaging to create more detailed pictures — a patient suspected of having a pancreatic tumor, for example, can be diagnosed and biopsied, the tumor can be staged, and the nerves can be injected through the endoscope to relieve pain.

UCLA has also begun to use endoscopy to improve the results of bariatric weight-loss surgery. Many patients who have gastric bypass operations begin to regain weight over time, often because the pouch created to restrict food intake stretches. Interventional endoscopist Rabindra Watson, M.D., has been involved in the development of techniques that improve the surgical outcome by reducing the volume of the pouch endoscopically. Dr. Watson is also conducting research toward the goal of using endoscopy to perform the weight-loss surgery itself.

He is the first of several additional interventional endoscopists who will join the program. “Endoscopy represents the continuation of a natural progression from open surgery to minimally invasive laparoscopic techniques, to something even less invasive that has also been shown to be safe and effective, as well as reversible,” Dr. Watson says. “This is the future for many procedures, and it’s going to be an increasing focus at UCLA.”

To watch a video about interventional endoscopy, go to: http://streaming.uclahealth.org/endoscopy
### Community Health Programs

UCLA Health System offers community programs and events to help our neighbors lead healthier lives through wellness education and the prevention of illness and injury.

#### Adolescent Health

**Adolescent Health Update**

**TUESDAY, DECEMBER 13 / 1:30 to 3:00 pm**

Milica Simpson, M.D., UCLA internist and pediatrician, will discuss health issues impacting adolescents specifically addressing tobacco use, drug and alcohol use and sexually transmitted infections.

**WHERE:** Palisades/Malibu Family YMCA, 821 Via De La Paz, Pacific Palisades

**TO RSVP:** (800) 516-5323

#### Aging

**Brain Boot Camp**

**TUESDAYS, OCTOBER 18 AND NOVEMBER 15 / 9:00 am to Noon**

This three-hour intensive course is designed for people with age-related memory concerns who wish to improve their memory function. Not intended for people with Alzheimer’s disease or other forms of dementia. Cost $300.

**WHERE:** Ueberroth Building, 10945 Le Conte Avenue, Los Angeles

**TO RSVP:** (310) 267-1234

#### Alzheimer’s Disease

**Alzheimer’s Disease Update**

**THURSDAY, OCTOBER 20 / 1:30 to 3:00 pm**

Verna Porter, M.D., UCLA neurologist, will give an overview of the diagnosis, management and treatment of Alzheimer’s disease, as well as a review of the normal aging brain.

**WHERE:** Santa Monica Family YMCA, 1332 6th Street, Santa Monica

**TO RSVP:** (800) 516-5323

#### Bipolar Disorder

**Bipolar Disorder Update**

**THURSDAY, DECEMBER 1 / 3:30 to 5:00 pm**

Bipolar disorder, also called manic-depressive illness, is a complex and often difficult psychiatric disorder. Michael Gitlin, M.D., UCLA psychiatrist, will review what we know about bipolar disorder, what it looks like, who is at risk to have it, and how it is treated.

**WHERE:** Brentwood Youth House, 731 S. Bundy Drive, Los Angeles

**TO RSVP:** (800) 516-5323

#### Breast Cancer and Prevention

**FRIDAY, OCTOBER 28 / 2:30 to 4:00 pm**

Olga Olevsky, M.D., UCLA oncologist, will speak on the etiology and biology of breast cancer, as well as the role of lifestyle, diet and exercise in breast cancer prevention.

**WHERE:** Cancer Support Community – Benjamin Center, 1990 S. Bundy Drive, Suite 100, West Los Angeles

**TO RSVP:** (800) 516-5323

#### Cancer

**Spiritual Talk About Cancer**

**TUESDAY, OCTOBER 11 / 7:00 to 9:00 pm**

Michael Eselun, Chaplain, Simms/Mann Center, will discuss how cancer not only invades the physical body but can also invade our spirit, our soul, our very identities, and the relationships that keep us connected to life, even to our sense of higher power or God. He will discuss religious and secular qualities that help patients and families meet the challenge of cancer.

**WHERE:** Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130

**INFO:** (310) 794-9966

**Lung Cancer Progress**

**TUESDAY, NOVEMBER 15 / 7:00 to 9:00 pm**

Edward Garon, M.D., director of Medical Oncology Program in Thoracic Malignancies, will discuss treatments for lung cancer, focusing on the role of chemotherapy and targeted therapy. In addition to the traditional, “cytotoxic” chemotherapy will be discussed.

**WHERE:** Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130

**INFO:** (310) 794-9966

#### Look Good, Feel Better

**MONDAY, DECEMBER 5 / 10:00 am to Noon**

This specially designed American Cancer Society program teaches how to use scarves, wigs and makeup to address the side effects of cancer treatments and regain confidence. (For cancer patients only.)

**WHERE:** 1821 Wilshire Blvd., Suite 200, Santa Monica

**TO RSVP:** (800) 227-2345

#### Prostate Cancer Update

**WEDNESDAY, NOVEMBER 30 / 7:00 to 8:30 pm**

Mitchell Kamrava, M.D., UCLA radiation oncologist, will compare and contrast various treatment options for prostate cancer treatment including active surveillance, surgery and radiation therapy.

**WHERE:** Cancer Support Community – Benjamin Center, 1990 S. Bundy Drive, Suite 100, Los Angeles

**TO RSVP:** (800) 516-5323

#### Prostate Cancer: What Happens Next?

**TUESDAY, DECEMBER 6 / 7:00 to 9:00 pm**

Steven G. Wong, M.D., UCLA oncologist, will provide an understanding of prostate cancer treatment from diagnosis to monitoring, and addressing roles of various modalities at all stages of disease.

**WHERE:** Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130

**INFO:** (310) 794-9966

FIND MORE ONLINE

www.uclahealth.org/calendar
Diabetes

**Head and Neck Cancer Therapy**
Friday, December 9 / Noon to 1:30 pm
UCLA radiation oncologist Steve Lee, M.D., will discuss the basic therapeutic principles as well as modern technologic advances in precision-oriented radiation therapy for treating these challenging malignancies.
WHERE: Cancer Support Community—Benjamin Center, 1990 S. Bundy Drive, Suite 100, West Los Angeles.
TO RSVP: (800) 516-5323

**Diabetes Self-Management**
Tuesdays, October 4, 11, 18, 25 and November 1 / 9:00 to 11:00 am
This five-week, ADA-certified program for people with Type 2 diabetes will cover diet and exercise, medications, staying healthy with diabetes and managing blood sugar patterns. Physician referral, preregistration and fees required.
WHERE: In Santa Monica—call for location
TO RSVP: (310) 825-7922 or www.uclahealth.org/gondadiabetescenter

**Diabetic Foot Care**
Wednesday, October 26 / Noon to 1:30 pm
Terry Boykoff, D.P.M., and Abbasheh Towfigh, D.P.M., will give an in-depth review of what is an easy-to-manage routine for “at home” foot care, when to call the doctor, and when a problem becomes serious enough to seek emergency treatment.
WHERE: Santa Monica-UCLA Medical Center and Orthopaedic Hospital, Room 723, 1225 15th Street, Santa Monica
TO RSVP: (800) 516-5323

**Facial Rejuvenation**

**Facial Rejuvenation and Skin Care**
Thursday, October 13 / 6:00 to 7:00 pm
Reza Jarrahy, M.D., board-certified plastic surgeon and assistant professor in the Division of Plastic Surgery, will host a seminar on facial rejuvenation and skin care, highlighting minimally invasive and open surgical techniques.
WHERE: 200 UCLA Medical Plaza, Suite 465
TO RSVP: (310) 825-0065

**Facial Cosmetic Procedures**
Thursday, October 27 / 6:00 to 7:00 pm
This educational seminar is aimed at dispelling rumors and false claims about aesthetic procedures and skin care. James Bradley, M.D., board-certified UCLA plastic surgeon, will help guide you in the safest direction for your future self.
WHERE: 200 UCLA Medical Plaza, Suite 465
TO RSVP: (800) 825-2752

**Facial Rejuvenation**
Thursday, December 1 / 6:00 to 7:00 pm
James Bradley, M.D., board-certified UCLA plastic surgeon, will educate you on the latest facial procedures to maintain good skin care, refine and rejuvenate your face by eliminating wrinkles and sagging lines and achieve a vibrant appearance.
WHERE: 200 UCLA Medical Plaza, Suite 465
TO RSVP: (800) 825-2752

**Lymphoma**

**Lymphoma Survivorship**
Sunday, October 9 / 11:00 am to 2:00 pm
The UCLA Lymphoma Program presents “A Celebration of Survivorship, On Track for a Cure.” Tax-deductible donations will support UCLA’s Jonsson Cancer Center’s research to find a cure for Lymphoma cancer. Events for the day will include live music, food, children’s activities, track walk, raffle and more. Cost: $20 for admission and a free T-shirt.
WHERE: UCLA’s Drake Field
TO RSVP AND FOR MORE INFO: www.ontrackforacure.org

**Urinary Incontinence**

**Management of Overactive Bladder**
Thursday, November 17 / Noon to 1:30 pm
Ja-Hong Kim, M.D., UCLA urologist, will give a complete overview of the pathology, diagnosis and treatment options for overactive bladder and urinary incontinence.
WHERE: Santa Monica Family YMCA, 1332 6th Street, Santa Monica
TO RSVP: (800) 516-5323

**Vision**

**Advanced Laser Vision Correction**
Thursday, October 27, and November 17 / 6:30 to 7:30 pm
UCLA ophthalmologists will discuss Expanded Custom LASIK, advanced cataract surgery and other new technologies to improve nearsightedness, farsightedness, presbyopia and astigmatism.
WHERE: RPB Auditorium, Jules Stein Eye Institute
TO RSVP: (310) 825.2737 or www.uclaser.com

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**Mini Med School**

**OCTOBER 13, 20 AND 27 / 6:30 to 8:00 pm**
Celebrating its 60th anniversary, the David Geffen School of Medicine at UCLA is a leader in patient care, medical research and teaching. Mini Med School is a three-evening series of lectures, which features distinguished UCLA professors who will discuss basic science as it relates to medicine, disease, health and aging. Although you will not receive a medical degree or be able to practice medicine, you will get a better understanding of the human brain and body. Cost: $35.
WHERE: Ronald Reagan UCLA Medical Center, Tamkin Auditorium, Room B130
INFO: For more information and to sign up, search for “Mini Med School” at: www.uclaextension.edu
Weight Management

Weight Loss Surgery

**ONGOING / CALL FOR DATES AND TIMES**

Is weight loss surgery right for you? Learn about the types of surgeries available as well as outcomes and complications. Attendance is mandatory prior to the initial bariatric surgical consultation.

**INFO:** (310) 825-7163 or www.bariatrics.ucla.edu

Wellness

Freedom from Smoking Program

**TUESDAYS, BEGINNING OCTOBER 4**

4:00 to 6:00 pm

UCLA Health System offers an eight-week group support smoking cessation program to help employees, family members and people in the community finally kick the habit. First session is free so participants can determine if the program is right for them. Cost is $150.

**WHERE:** 200 UCLA Medical Plaza, Suite 206, Los Angeles

**INFO:** (310) 825-0014 or lharning@mednet.ucla.edu

Community Programs

Cinema Connections

**SATURDAYS / 2:00 to 4:30 pm**

A free film series designed to generate discussions between young and old, co-sponsored by UCLA Health 50 Plus.

**OCTOBER 1** — *Up* — a 78-year-old homebody goes on an adventure with an eight-year-old boy.

**OCTOBER 22** — *Freedom Writers* — based on a real-life educator’s methods of working with at-risk students.

**NOVEMBER 5** — *Young @ Heart* — heartwarming documentary about a vocal ensemble of elders as they prepare for their public performances.

**WHERE:** Multipurpose Room, Santa Monica Public Library, 601 Santa Monica Blvd., Santa Monica

**INFO:** (800) 516-5323

Volunteer for UCLA Health System

**VOLUNTEER OPEN HOUSE**

**FRIDAY, OCTOBER 7 / 10:00 to 11:00 am**

Check out our new volunteer opportunities at Ronald Reagan UCLA Medical Center and learn about the volunteer program. Valet parking and refreshments provided.

**WHERE:** Ronald Reagan UCLA Medical Center, Room 33-102

**TO RSVP:** (310) 267-8180

Opportunities for Santa Monica

Volunteer Services at Santa Monica-UCLA Medical Center and Orthopaedic Hospital is recruiting “Welcome Ambassadors” to work at the Information Desk in the new hospital.

**CALL FOR RECRUITMENT DATES AND TIMES**

**WHERE:** 1260 15th Street, Santa Monica

**INFO:** Elaine Eastwood at (310) 319-3580

Emergency Preparedness

The Office of Emergency Preparedness is launching a year-long series of seminars for staff and local community partners on such topics as fire prevention and safety, earthquakes, caring for special needs populations, home hazard mitigation strategies, FEMA’s role after disasters, and citizen awareness.

**OCTOBER 19 / Noon to 1:00 pm** — When the Earth Shakes

**NOVEMBER 16 / Noon to 1:00 pm** — Japan, the Untold Stories

**DECEMBER 19 / Noon to 1:00 pm** — The First 72 Hours

**TO RSVP:** oep@mednet.ucla.edu or (310) 267-7107

Trends in Exploitation:

**Labor and Organ Trafficking**

**THURSDAY, OCTOBER 20 / 8:30 to 11:00 am**

The Iris Cantor-UCLA Women’s Health Education & Resource Center is hosting this free conference to discuss these forms of modern day slavery. The program will be moderated by Janet Pregler M.D., professor and director, Iris Cantor-UCLA Women’s Health Center.

**WHERE:** UCLA Covel Commons

**INFO:** Contact Daphney Alexander at dtalexander@mednet.ucla.edu or at (310) 794-8063

UCLA Family Commons Services

**CALL FOR DATES AND TIMES**

The UCLA Family Commons offers Family Coaching, Mindfulness, Mommy and Me Yoga, Mommy and Me Music, Yoga for Kids, Martial Arts for Kids and Adults and Parenting classes and seminars. Please call for availability, time and costs.

**MONDAYS & WEDNESDAYS** / 10:30 to 11:15 am — Mommy and Me Music Classes (ages 0-5 years)

**TUESDAYS & THURSDAYS** / 11:00 to 11:45 am — Mommy and Me Yoga Classes (ages 0-4 years)

**WEDNESDAYS** / 4:15 to 5:45 pm — Yoga for Kids (ages 4-10 years)

**SATURDAYS & SUNDAYS** / 1:00 to 7:00 pm — Drop-off Commons Kids Club

**WHERE:** 1221 2nd Street, Santa Monica

**INFO:** (310) 395-5650 or www.uclacommons.com

Research and Trials

**UCLA CONDUCTS RESEARCH** for a wide range of medical disorders.

For more information about opportunities to participate in research and clinical trials regarding dental screening, depression, irritable bowel syndrome, knee arthritis, multiple sclerosis, obsessive compulsive disorder and social anxiety disorder, please refer to our website.

**FEATURED EVENT**

**Flu Shot Clinic**

**MONDAY, OCTOBER 24 / 4:00 to 7:00 pm**

Anyone 18 years and older who is not allergic to eggs or suffering from a cold, fever or flu is eligible for a flu shot (combination vaccine). Free for UCLA Health 50-Plus members presenting membership card and $20 for nonmembers.

**WHERE:** Multipurpose Room, second floor, Santa Monica Public Library, 601 Santa Monica Blvd., Santa Monica

**INFO:** (800) 516-5323

**FIND MORE ONLINE**

www.uclahealth.org/calendar
UCLA HEALTH SYSTEM 50-PLUS IS A FREE PROGRAM offering educational lectures, a walking program, information on community and health resources, membership amenities, free community flu shot clinic, and special events. To sign up as a member, call (800) 516-5323.

Diabetes Update
TUESDAY, OCTOBER 18 / 2:30 to 4:00 pm
Learn about the current recommendations and treatments for diabetes and how to manage and control it.
WHERE: Sunrise Senior Living of Santa Monica, 1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

Dementia
TUESDAY, NOVEMBER 15 / 2:30 to 4:00 pm
Learn the difference between normal age-related memory loss and cognitive impairments and losses due to dementia and Alzheimer’s disease.
WHERE: Sunrise Senior Living, 1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

What is a Geriatric Assessment and Do I Need One?
WEDNESDAY, NOVEMBER 16 / 6:00 to 7:30 pm
As we age, there are growing concerns about our own cognitive and physical health, or that of a spouse or parent. This presentation will review different aspects of a geriatric assessment along with other specialists and how to be an advocate for yourself or your loved one with your doctors.
WHERE: Circle of Care Leeza’s Place, 5000 Van Nuys Blvd., Suite 110, Sherman Oaks
TO RSVP: (800) 516-5323

Osteoporosis Update
TUESDAY, NOVEMBER 29 / 2:00 to 3:30 pm
Deborah Kado, M.D., M.S., internist and geriatrician at the UCLA-Santa Monica Osteoporosis and Metabolic Bone Disease Center, will discuss the latest scientific breakthroughs in the prevention and treatment of osteoporosis.
WHERE: Westside Family YMCA, 11311 La Grange Avenue, West Los Angeles
TO RSVP: (800) 516 5323

Senior Scholars Winter Quarter
CALL FOR DATES AND TIMES
The Senior Scholars Program allows persons 50 years and older to attend regular-session undergraduate courses as auditors. Choose from hundreds of classes each quarter and learn from UCLA’s most distinguished professors while enjoying an intergenerational experience with bright undergraduate students. Enrollment deadline is Friday, December 17, at 5 pm. Cost: $150 per course.
WHERE: Locations vary on UCLA Campus
INFO: (310) 794-0679 or www.longevity.ucla.edu

Hearing and Hearing Loss
MONDAY, NOVEMBER 14
11:00 am to 12:30 pm
UCLA audiologists will discuss the diagnosis and treatment of age-related hearing loss.
WHERE: Vintage Westwood Horizons, 947 Tiveron Avenue, Westwood
TO RSVP: (800) 516-5323

Stay Active Through Life
WEDNESDAY, DECEMBER 7 / 5:30 to 7:00 pm
Joanne Cook, P.T., UCLA physical therapist, will give an overview of how to maintain an active lifestyle at any age. Recommendations to maximize health benefits and minimize medical problems will be discussed.
WHERE: Santa Monica Synagogue, 1448 18th Street, Santa Monica
TO RSVP: (800) 516-5323

Ups and Downs of Blood Pressure
THURSDAY, DECEMBER 8 / Noon to 1:30 pm
Diane Rhee, M.D., UCLA family medicine physician, will discuss what is high blood pressure, what are the symptoms, why it’s important to control high blood pressure and current treatments.
WHERE: Santa Monica Family YMCA, 1332 6th Street, Santa Monica
TO RSVP: (800) 516-5323

Fall Prevention
TUESDAY, DECEMBER 20 / 2:30 to 4:00 pm
Learn about risk factors that cause falls and how to prevent them.
WHERE: Sunrise Senior Living of Santa Monica, 1312 15th Street, Santa Monica
TO RSVP: (800) 516-5323

“Received the package you sent from UCLA Health 50-Plus. Read every bit of it. Wonderful and very useful information. Thank you very, very much.”
— C.T., Los Angeles
UCLA Health System Unveils New Santa Monica Campus

UCLA Health System unveiled its new Santa Monica Campus at a series of celebratory events, including a formal dedication ceremony and community sneak preview, in September. Plans call for the new medical center to open for patient care in January 2012. The new buildings will replace all but the Merle Norman Pavilion on the existing campus. Key features of the new campus include:

- The Orthopaedic Institute providing both adult and pediatric services
- A 22-bed adult and pediatric Intensive Care Unit
- A 26-bed inpatient Pediatrics Unit
- Six state-of-the-art operating rooms, bringing the total to 16
- 266 beds, most in private rooms

Several key services opened in a previous phase, including the Nethercutt Emergency Center, The BirthPlace maternity center, Neonatal ICU and dedicated Oncology Unit.

The hospital has remained open throughout construction of these new facilities.