WINTER 2021

live well



SAFETY IN THE TIME OF COVID-19



he status quo is not an option for U.S. hospitals in the new environment brought on by the COVID-19 pandemic. The crisis has magnified the importance of delivering safe, accessible and high-quality, patient-centered care.

Throughout this pandemic, we have enhanced our already strict infection control and safety protocols to further protect our patients, our healthcare providers and our community. We are proud of those efforts, which are reflected in our recent national awards, including our 13th consecutive "A" grade from The Leapfrog Group, a patient-

safety organization dedicated to improving U.S. healthcare.

And we are expanding access to this unparalleled care to coastal and south Orange County residents with construction of a world-class hospital, cancer center and outpatient center on the UCI campus in Irvine. Learn more about the medical complex plans on page 4.

Also in this issue of *Live Well*, you will see how UCI Health, Orange County's only academic health system, provides the region's most innovative, leading-edge treatments while adhering to the highest level of patient safety.

On page 12, we highlight a new way to treat blood clots in the brain as the first medical center in the nation to use the IRRAflow catheter. On page 14, we show how our rapidly expanding kidney transplant and living donor programs are helping as many people as possible obtain the organs they desperately need. On page 7, our frontline heroes get their first COVID-19 vaccinations, a turning point that will help them care for patients and raises hope that an end to the pandemic is coming.

Finally, don't miss the cover story on page 8 about a determined woman who turned her life around with the help of the experts at the UCI Health Digestive Health Institute. When a liver function test invented at the institute revealed she had a deadly condition, she underwent a bariatric procedure and lost about 100 pounds, reversing the course of her disease and changing her life.

It's an inspirational story as we embark on a new year, a time when many of us consider making a commitment to healthier lifestyles as we contemplate the physical, emotional and spiritual hardships of 2020. Know that we are dedicated to your well-being, to helping you reach your health goals with the highest quality, compassionate care.

Sincerely,

Chad T. Lefteris, FACHE Chief Executive Officer UCI Health

UCI Health

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SUPPORT UCI HEALTH

As Orange County's only academic medical system, UCI Health is uniquely positioned to define a new healthcare reality. Our unmatched expertise, zeal to innovate, ability to train future world-class providers and our relentless pursuit to improve health make us a vital part of the community.

We are dedicated to a research-driven approach to providing the most technologically advanced and compassionate care to patients, especially when they need it most.

With you, our dynamic and passionate supporters, by our side, we not only practice medicine, we create it.

To make a gift to support UCI Health, thank a provider or honor the memory of a loved one, visit ucihealth.org/giving or call 714-456-7350. Gifts to UCI Health support UCI's Brilliant Future campaign.

BRILLIANT FUTURE
THE CAMPAIGN FOR UCI

EXPLORING THE LINK BETWEEN ALZHEIMER'S DISEASE AND DOWN SYNDROME

WRITTEN BY MELANIE ANDERSON

y the time they're 40, most people with Down syndrome develop betaamyloid plagues in the brain — a key characteristic of Alzheimer's disease. Scientists believe this is because they have an extra copy of chromosome 21, which has an amyloid-producing gene.

Many people with Down syndrome do develop Alzheimer's disease, but some manage to avoid the devastating neurodegenerative consequences despite having plaques in their brains.

To learn more about the Down syndrome and Alzheimer's disease connection, UCI School of Medicine researchers are co-leading a major international research effort that will follow hundreds of adults with the syndrome (ages 25+) and their siblings over the next five years.

"We want to understand who's at risk for developing the dementia of Alzheimer's disease and at what age they might start developing this problem," says Elizabeth Head, PhD, professor and vice chair for research in the Department of Pathology & Laboratory Medicine. "Can we also make some predictions about how quickly the disease might progress in that person?"

Funded by a \$109 million grant from the National Institutes of Health, the multisite Alzheimer's Biomarkers Consortium -Down Syndrome (ABC-DS) will focus on identifying biomarkers of Alzheimer's disease. The project will build on the groundbreaking work of Ira T. Lott, MD, and Eric Doran of UCI's Alzheimer's Disease Research Center, one of the only centers that historically included people with Down syndrome in its studies.

Although ABC-DS focuses on people

ALZHEIMER'S DISEASE **PREVALENCE** 30% of people with Down syndrome in their 50s 50% of people with Down syndrome in their 60s 10% of U.S. adults after age 65 Source: Alzheimer's Association and National Down Syndrome Society

with Down syndrome, Head believes the study will have broader implications.

"The goal is to come up with a set of markers to not only diagnose or help families prepare for what's going to happen potentially with their loved one, but also outcome measures that could be used in clinical trials," Head says. "When we have an idea of what drug or lifestyle modification we might want to try, we'll know what biomarker measures will tell us if that treatment is working."

This may also inform personalized treatment plans, says Mark Mapstone, PhD, chief of neuropsychology in the Department of Neurology. "We can use biomarkers to understand the genetic background, environmental, metabolic and other physiological factors and help us select the right therapy at the right time for the right person," he says.

Their research already has yielded data

to suggest that lifestyle interventions such as exercise and diet may help prevent or delay the onset of Alzheimer's disease, which currently has no cure. "What we're looking to do is extend meaningful quality of life," Mapstone says. "Prevention would be a home run, but even if we can slow it down, that would be a win."

To support the research, the UCI School of Medicine is establishing a new center for Down syndrome research that will reach out to people with the syndrome and their families, as well as train the next generation of clinicians and researchers.

"The center is going to empower us to continue this research far into the future," Head says. "It's been a while since we've had a big light-bulb moment in Alzheimer's disease research. Hopefully the combination of all this work will kick off that next leap."

Learn more about the study at mind.uci.edu/adrc/about



UCI TO BUILD WORLD-CLASS HOSPITAL ON IRVINE CAMPUS

The University of California Board of Regents has approved plans for a world-class, acute care hospital on the northern edge of the University of California, Irvine. The regents' Ian. 21 authorization allows UCI Health to proceed with fundraising and construction of a 144-bed acute care facility, ambulatory care center and cancer center.

The hospital joins the previously approved UCI Health Center for Advanced Care to create the new UCI Medical Center Irvine-Newport, a full-service academic health complex that will bring a broad spectrum of the most advanced healthcare services to coastal

and southern Orange County, including access to the hundreds of clinical trials underway at UCI Health. The medical center will connect with the UCI Health primary care network throughout Orange County, including its newest medical office in Newport Beach, creating the region's only health system supported by one of the nation's premier academic research institutions.

The new UCI Health medical campus will complement the flagship UCI Medical Center in Orange, home to Orange County's principal tertiary-quaternary care center; only combined Level I adult and Level II pediatric trauma and regional burn centers; and specialty care at the UCI Health Digestive Health Institute and the Chao Family Comprehensive Cancer Center, the county's only National Cancer Institutedesignated comprehensive cancer center.

"With today's approval by the regents, UCI takes a giant leap toward fulfilling the visionary expansion of our campus and enhancing service to the community," said Chancellor Howard Gillman. "Once this project is completed, the UCI Health system



will be unparalleled in this region, with two advanced medical centers, nationally recognized research units conducting hundreds of clinical trials, and a network of community locations stretching to all corners of Orange County."

Construction is expected to begin later this year on the first phase of the complex, the UCI Health Center for Advanced Care, a multicare facility that will house the Center for Children's Health, specialty medical offices and an urgent care facility.

The hospital is set to open in 2025. Costs for the complete project are expected to exceed \$1 billion, funded by philanthropic donations, retained earnings and revenue from UCI Health operations. The project already has received philanthropic funding and will continue to seek further investment from community partners.

Learn more at ucihealth.org/irvine-newport



UCI HEALTH GETS 13TH CONSECUTIVE "A" GRADE IN PATIENT SAFETY



The Leapfrog Group has given its 13th consecutive "A" grade to UCI Health for patient safety. The biannual safety survey measures how well hospitals protect patients from errors, injuries and infections.

The fall 2020 Hospital Safety Grade is compiled by The Leapfrog Group, a nonprofit patient safety watchdog organization that assessed patient safety among

more than 2,600 acute care hospitals in the United States. The Leapfrog Group's report is the first and only hospital safety rating to be peer-reviewed in the Journal of Patient Safety. The score is designed to give consumers information they can use to protect themselves and their families when facing a

The designation is one of many safety and quality milestones achieved by UCI Health in recent months, including The American College of Surgeons' Meritorious Hospital award in its National Surgical Quality Improvement Program, and successful completion of The Joint Commission hospital accreditation survey.

CLINICAL TRIALS LEADER NAMED "GIANT OF CANCER CARE"

Dr. Susan M. O'Brien, associate director for clinical research for the UCI Health Chao Family Comprehensive Cancer Center, has been named a Giant of Cancer Care® for her sustained contributions in the field of leukemia. O'Brien was one of 15 international pioneers in cancer research and care to be honored during a 2020 awards ceremony, which was held virtually due to the coronavirus pandemic.

O'Brien, an internationally recognized leader in the research of treatments for chronic and acute leukemias, is a pioneer of several important therapies now regarded as the standard of care for chronic lymphocytic leukemia. She has served as the principal investigator for more than 40 funded clinical protocols. And as



medical director of the cancer center's Sue and Ralph Stern Center for Cancer Clinical Trials and Research, O'Brien is a leader in the push to launch more early-phase and investigator-initiated clinical studies.

MORE THAN 170 DOCTORS NAMED PHYSICIANS OF EXCELLENCE

The Orange County Medical Association (OCMA) has released its annual Physicians of Excellence list, recognizing 174 UCI Health doctors — a number that far exceeds any other Orange County hospital. OCMA is a voluntary physician organization dedicated to protecting public health, promoting improvement of the medical profession, and furthering the art and science of medicine.

The 2021 Physicians of Excellence roster, which appeared in the January 2021 edition of *Orange*Coast magazine, includes physicians representing 65 specialties. To be eligible for recognition, the doctors must be certified by one of several medical boards, be in good standing, maintain a practice in Orange County for at least five years and have practiced within their specialty for the last five years.

OCMA also requires them to make significant achievements in physician leadership, teaching and mentoring, medical or scientific advances, or humanitarian service.

STUDY CLARIFIES CARDIOVASCULAR RISK FOR WOMEN WITH DIABETES

Women with diabetes and high levels of calcium in their coronary arteries (a score of 100 or greater) have higher rates of death from heart disease and other causes compared to men with diabetes, according to a recent study from UCI researchers.

The study, published in the journal *Diabetes Care*, sheds light on why women with diabetes typically suffer worse cardiovascular disease outcomes compared to men with diabetes, says lead author Nathan D. Wong, PhD, professor and director of the UCI School of Medicine's Heart Disease Prevention Program. The study was based on data from 4,503 adults with diabetes.

Adults with much lower coronary calcium scores had lower death rates, indicating that not all people with diabetes have the same risk of cardiovascular disease. The study suggests that women with diabetes who have significant levels of coronary calcium should receive aggressive management to lower their risk, such as tight control of blood sugar, cholesterol and blood pressure.



UCI RESEARCHERS WORK ON A UNIVERSAL CORONAVIRUS VACCINE

While many frontline U.S. caregivers and others have begun receiving COVID-19 vaccinations, important research is picking up speed that may someday make the misery of all coronaviruses a thing of the past.

Lbachir BenMohamed, PhD, director of UCI's Laboratory of Cellular and Molecular Immunology, is developing a vaccine that targets all coronaviruses, including the SARS-CoV-2 that causes the disease we know as COVID-19.

"There will be an outbreak of another coronavirus," says BenMohamed, a professor in the UCI School of Medicine's Department of Ophthalmology. "We had coronavirus outbreaks in 2002, 2008 and 2015. It just happened that those viruses were not as highly contagious and deadly as this one."

BenMohamed's coronavirus vaccine project grew out of his research to combat herpes simplex, a virus that can affect vision. After COVID-19 emerged, he began thinking about similarities between herpes and SARS-CoV-2. He concluded that both viruses might be prevented with the same vaccine approach. Recently, he received \$3.7 million from the National Institute for Allergy and Infectious Diseases to fast-track the project. His grant was among 100 selected from 4,500 applicants.

His approach is based on identifying regions of the SARS-CoV-2 virus that are recognized by T-cells and antibodies, and finding a way to trigger an immune response. The research is in preclinical stages, but BenMohamed hopes to begin early-phase clinical trials this year, using a patch as a delivery method.



FRONTLINE CAREGIVERS GET COVID-19 VACCINATIONS

UCI Health personnel rolled up a sleeve in mid-December during the first days of COVID-19 vaccinations. UCI Health was initially allotted some 3,000 units of the Pfizer vaccine. Vaccinations were offered first to frontline clinical staff members who care for patients in high-risk settings or patients with unknown COVID-19 status.

UCI Health began offering vaccinations to patients age 65 and older as supplies allowed.

Learn more at vaccine. ucihealth.org



COVID-19 MORE PREVALENT IN ORANGE COUNTY THAN PREVIOUSLY THOUGHT

Many more Orange County residents carry antibodies to COVID-19 than previously suspected, signaling a greater spread of the virus — especially in certain communities, UCI researchers have found.

The study found 11.5% of people tested had antibodies for SARS-CoV-2 — meaning they had been exposed to the virus. Before study results were released in late October 2020, health officials believed less than 2% of county residents had been exposed.

"We had this lurking suspicion that a large fraction of people had had it but didn't know," says Tim Bruckner, associate professor of public health. "Either they had symptoms and did not seek care, or they did not have symptoms and had no reason to go."

The study, led by Bernadette Boden-Albala, founding dean of the UCI Program in Public Health, was conducted with the Orange County Health Care Agency, which provided funding, testing sites and input on survey methods. UCI School of Medicine researchers analyzed the tests for the antibodies. The data was used to help healthcare leaders plan for this winter's surge in cases.

Of greatest significance, the study highlighted the impact of the virus on specific communities. Researchers found antibody rates of 17% among Latinos and 15% among low-income county residents.

The study involved considerable legwork. Researchers first contacted nearly 3,000 people through random phone calls or emails. Those who agreed to be tested visited one of 11 drive-through testing sites. Some study participants are being followed to assess how their immune response changes over time.



VIRTUAL ANTI-CANCER CHALLENGE SETS RECORD

Pivoting from a one-day festival attended by thousands to eight weeks of virtual activities, the 2020 UCI Anti-Cancer Challenge united people across the nation and Canada to raise a record \$735,000 for promising cancer research at the UCI Health Chao Family Comprehensive Cancer Center.

The fourth annual event featured weekly virtual fitness challenges leading up to Challenge Day, Saturday, Oct. 3. For the previous eight weeks, participants collectively logged 25,000 miles on individually chosen routes to raise awareness and funds for cancer research.

Challenge Day opened with an online morning ceremony hosted by Monster Energy and country musician Rick Monroe singing the national anthem. Two-time Ultimate Fighting Championship bantamweight titleholder Dominick Cruz and KTLA 5 meteorologist Henry DiCarlo served as emcees.

Thanks to the backing of corporate sponsors, 100% of the funds raised by participants will go directly to cancer-related pilot studies and early-phase clinical research. Registration for the 2021 UCI Anti-Cancer Challenge, slated for Aug. 14, opens March 1 at anti-cancerchallenge.org







A Whole New Game

Alarmed to learn she had a deadly liver disease, a Tustin woman relies on the innovation and expertise of UCI Health specialists to reverse course.

WRITTEN BY SHARI ROAN | PHOTOGRAPHED BY LAUREN PRESSEY

n mid-2018, Paula Lazarus sat in a UCI Health gastroenterologist's office and couldn't believe what she was hearing. Her previously diagnosed fatty liver disease had progressed to a life-threatening condition called nonalcoholic steatohepatitis (NASH) and severe liver cirrhosis. Dr. Carlos Saad delivered the bad news.

"He said my only hope was to lose weight," Lazarus, 57, recalls. "It was a scared-straight moment."

It also changed her life. With the aid of Saad, gastroenterologist Dr. Kenneth Chang, executive director of the UCI Health Digestive Health Institute (DHI), and her family, Lazarus began a journey that has culminated in a 100-pound weight loss and dramatically improved her liver health.

"At this stage, my next step is to share my experience and give hope to people with NASH, cirrhosis and other weight-related health issues," says Lazarus, who has led a lupus support group and helped newly diagnosed patients for more than 15 years. "If I can do it, anyone can."

She considers herself lucky to have found one of the nation's most forward-thinking gastrointestinal treatment centers. DHI, one of only a few such U.S. centers, pioneered the breakthrough device that helped diagnose her liver condition.

Technology to gauge liver disease

DHI's guiding philosophy is to address the underlying causes of gastrointestinal disorders — from GI cancers to gastrointestinal reflux disease. Obesity is often a contributing factor to many GI diseases, says Saad, an associate professor in the UCI School of Medicine's Division of Gastroenterology. That's why the institute has made prevention and treatment of obesity a central focus of its mission.

"More than 40% of Americans suffer from obesity," Saad says. "It is the No. 1 cause of fatty liver disease and NASH. And we know who is highest at risk for developing those conditions: people who are insulin resistant or prediabetic, who have a large waist circumference and high levels of triglycerides, high blood pressure or high blood sugar."

Lazarus's weight had yo-yoed for most of her adult life. In her 50s, she reached a high point in her struggle, causing her community doctors at the time to express their concern.

"They told me I had fatty liver disease, that I needed to lose weight," she says. "At the time, I was very heavy. You obviously know you need to lose weight. It's not that you don't take it seriously, but I had no idea it could lead to cirrhosis of my liver."









Lazarus, who has other chronic health problems, including lupus, tried unsuccessfully to lose weight on her own. "Exercise has been difficult for me because of my lupus-related pain. My eating habits also needed to improve. And I was on medications that cause weight gain, so it was a real battle"

But her doctors didn't tell her that nonalcoholic fatty liver disease, a silent condition estimated to affect 80 million Americans, could progress into something life-threatening. NASH is characterized by liver inflammation due to an accumulation of fat. As it did for Lazarus. NASH can cause cirrhosis. a scarring of the liver that impairs its function. In severe cases, the only treatment is a liver transplant.

When Lazarus had to change her health insurance for 2018, she decided on UCI Health, which led her to Saad. He immediately ordered a battery of tests to assess her liver. The most important one was an endoscopic ultrasound-guided portal pressure gradient — or EUS-guided PPG — which Chang developed.

The test evaluates liver blood pressure, a critical measurement to assess liver health. Before Chang developed the test, it was almost impossible to get an accurate blood pressure reading for the liver without an invasive procedure. Chang, who specializes in interventional endoscopy for esophageal and gastrointestinal disorders, is now helping to train physicians worldwide in the use of EUS-guided PPG.

"Dr. Chang is a visionary," Saad says. "He

knew early on that measuring the pressure gradient is the single best prognostic indicator of liver disease, so he helped develop this technique. UCI is the right environment for such people to make things that are of worldwide importance."

Lazarus was impressed that her UCI Health doctors could gauge her liver health in such a sophisticated manner. "The result was so much more informative than the previous biopsies I'd undergone. I am so grateful this technology is available," she says.

Finding help to lose weight

Once Lazarus was diagnosed with NASH and cirrhosis, she knew she had to shed the excess pounds. She saw Chang to discuss her options. She chose to undergo endoscopic sleeve gastroplasty, a procedure in which a flexible tube fitted with a camera and suturing device is inserted through the mouth into the stomach to reshape and reduce its size. Studies show gastroplasty makes patients feel full faster and limits food intake.

Lazarus was disheartened when her insurance carrier would not cover the procedure. But her family stepped in to pay the cost. The procedure, itself, was easy, she recalls. Changing her eating habits took grit and determination. The first stage of her post-procedure diet consisted of 30 days of protein shakes.

"I really didn't think I could do it, but I made a commitment to myself that I had to find a way," she says. "I did not want to die."

Lazarus sees June 24, 2019, as

the kickoff of a football game. Chang, whom she calls "a genius and a savior," performed the sleeve gastroplasty. Lazarus had to catch the ball and run with it. Today, she can say the result was a touchdown.

"The procedure is life-changing, but it is only a tool, not a magic bullet," she says. "I had to eliminate sugar and learn to watch other people eat things I could not. I had to deal with emotional eating and completely change my relationship with food. There were many other obstacles along the way that anyone trying to lose weight encounters."

Her mother, Sue Allie, was her "rock," keeping her daughter's spirits up and holding her accountable. And a friend who'd had the same procedure gave her a great tip: sugar-free popsicles. "They saved me many times." She has now lost 100 pounds — 20 before the surgery and 80 since.

Best of all, her liver is recovering. Tests, including another EUS-guided PPG check in March 2020, showed that her high liver blood pressure had normalized and that the fat in her liver was gone. Saad said the cirrhosis had stabilized and may begin improving over time.

Saad says just telling patients like Lazarus to diet and lose weight isn't enough. "We reinforce to our patients the health risks of continued obesity. That is when patients truly make the leap to say, 'OK, doctor, help me achieve my goal.' We have a responsibility to be more proactive with our patients."

Lazarus' overall health has improved significantly. "It has given me more confidence," she says. "I feel better about myself. At the high point of my weight gain, I was starting to isolate because I was ashamed about how heavy I was. To have that burden gone is huge."

Her joints feel better and her closet has been thinned — with bags of clothes donated to thrift shops.

By the end of 2020, she had maintained her goal weight for more than six months. "It took a team of exceptional and supportive doctors, my family and friends to help me save my life. I will be forever grateful." ■

Learn more about Digestive Health Institute services at ucihealth.org/digestivedisease



A Better Fix for **Brain Bleeds**

UCI Health is first in nation to use new device to improve blood clot removal.

WRITTEN BY ROBIN HEFFLER | PHOTOGRAPHED BY MICHAEL NEVEUX

orace Mitchell, 76, retired president of California State University, Bakersfield, was storing Christmas decorations when he fell off a ladder. While pulling on a heavy box, he tipped backward and hit his head on a refrigerator in the garage of his Huntington Beach home.

The December 2019 accident resulted in a subdural hematoma — a blood clot under the outermost layer of the brain that grows and puts pressure on the brain. The injury can lead to headaches, weakness, seizures and slurring of speech. When Mitchell began showing symptoms, his wife, Barbara, a retired educator and nurse, insisted that he seek care at UCI Medical Center, where he underwent an innovative surgical procedure with a promising new device called the IRRAflow® catheter to treat the clot in a more effective manner.

"We make an incision, as usual, to drain as much blood as we can," says UCI Health neurosurgeon Dr. Sumeet Vadera, who was the first in the nation to begin using the device. "Rather than just draining the blood, IRRAflow has a pump that gives it an irrigating component. You can actually see the blood getting washed out, which continues another day or so after the procedure."

The result, Vadera says, is a significantly reduced risk of a clot recurring and a shortened hospital stay of only a day and a half instead of six days with traditional hematoma removal. The team had used the IRRAflow catheter on just seven patients before Mitchell.

After his fall, Mitchell initially seemed OK. About a week later, he began feeling listless and fatigued and had trouble keeping his balance while walking. He didn't really connect these symptoms with hitting his head.

Barbara took him to UCI Medical Center's emergency department, where he was diagnosed with a possible infection of the lining covering the brain and spinal cord. He was given antibiotics, spent a few days in the hospital and went home.

In March, when he started feeling tired and weak again, they returned to the medical center. He began having a seizure while waiting to be seen. That's when doctors found the subdural hematoma.

"They usually result from trauma and can happen even from a mild bump to the head," Vadera says. "Subdural hematomas are one of the most common medical issues for older people. People can experience them even without trauma because as we age, the brain shrinks, which can cause the veins attached to the outer layer to bleed."

For Mitchell, having the procedure at the medical center was a reassuring experience from the outset. "First, before agreeing to the IRRAflow surgery, my wife used her nursing background to do some research on Dr. Vadera, which came back with very positive results," he says. "For me, having spent four years in the 1980s as associate dean of the medical school at UCI, my experience with the doctors at the medical center gave me confidence in them.

Dr. Vadera was really excellent and very patient, explaining everything he did."

After the surgery, Mitchell says he felt more alert right away and had no pain, even when Vadera removed staples from his head. He did have some dizziness for a couple of days, as expected, and walking normally took weeks of therapy. Now he says he's "back to normal."

He was able to complete courses and renew his psychologist's license in October. He's writing a book on leadership and management in higher education and he is active in academic executive organizations. He also takes regular walks and is practicing his swing to begin playing tennis again with friends.

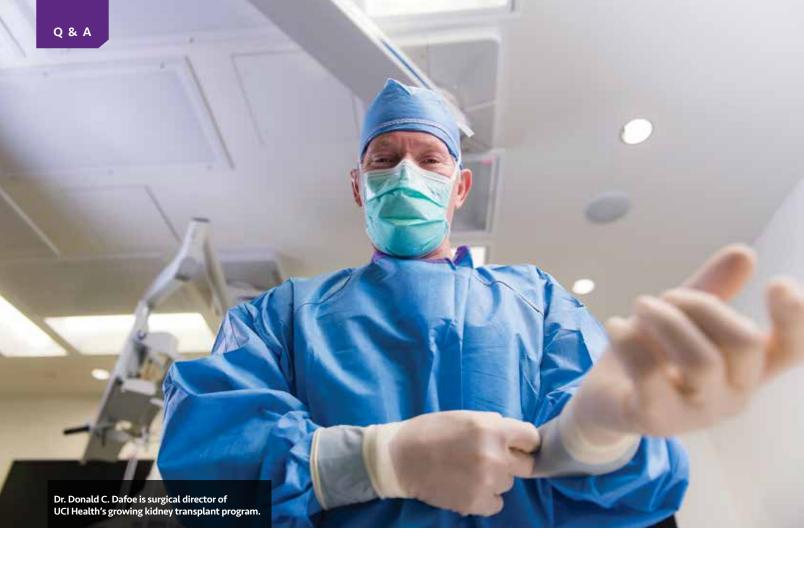
Vadera is pleased with Mitchell's progress and gratified by the hospital's commitment to trying out the IRRAflow catheter. When IRRAS, a San Diego-based company, showed the device to Vadera and his neurosurgery team in 2019, they were intrigued and began testing it. He and his team did the first procedures on patients in 2019. Now it is being used in several hospitals across the country, although no others in California.

"We thought their presentation made a lot of sense, so we got it into the hospital quickly," he says. "It has really improved patient care and is the future technology for subdural hematomas."

Learn more about neurosurgery services at ucihealth.org/ neurosurgery







STEPPING UP TO MEET THE NEED

The UCI Health kidney transplant program dramatically increases patient access.

WRITTEN BY NANCY BRANDS WARD | PHOTOGRAPHED BY MICHAEL DER

hen a person's kidneys fail and their body can't clear wastes and extra water, kidney dialysis or a kidney transplant are the only options. A record 23,401 U.S. kidney transplants were performed in 2019, but more than 90,000 people remained on a wait list. Nationally, 17 people die each day awaiting a compatible kidney.

UCI Health Kidney Transplant Services, Orange County's oldest and largest, has more than doubled the number of transplants over the last four years to meet the community's need. *Live Well* asked Donald C. Dafoe, MD, professor and chief of transplantation and surgical director of the kidney program, about the surging demand.

The program grew from about 25 to 50 transplants a year to the 125 your team performed last year. What's behind those numbers?

When I was recruited four years ago, there was a strong

foundation already in place to build upon. We had an expert nephrology team led by Dr. Uttam Reddy and skilled personnel. The group's esprit de corps is excellent, and they excel in delivering personalized care to our patients. Plus, UCI Health's reputation as an academic health system means that complex cases are referred to us.

How long do people typically wait for a kidney transplant? In California, with one of the longest wait times in the nation at up to 10 years, 19,600 people are seeking a compatible deceased donor kidney. In Orange County, the wait typically extends to eight years. We expect that recent changes in the national

Why do so many more people need a kidney transplant? People are living longer and we are seeing increasing rates of obesity, diabetes and hypertension, which leads to higher rates

sharing system will soon make organs more widely available.

of chronic kidney disease and more patients in need of dialysis. At UCI, we have more than 700 people with end-stage kidney disease on our wait list.

Are kidneys from live donors better than those from deceased donors?

Live donors are the best option. With a live donation, a patient can get a transplant done within a few months. Organs from live donors are rejected less often and are more durable, so both short-term and long-term success are better.

How many transplants do you perform using organs from live vs. deceased donors?

About 15% of transplants we do are from live donors, but that percentage is rising with the growth of our live-donor program and an increase in chain donations.

What is a chain donation?

When blood and tissue typing show that a donor and recipient aren't compatible, we can pair them with compatible patients and donors here and across the country. A national registry, which UCI Health recently joined, manages the chains, which can leapfrog across centers and long distances.

You also perform donor-recipient swaps. How do those work?

Swaps involve donor-recipient pairs. If a donor and their recipient are incompatible, we search through our living donor paired-exchange program for another pair in the same situation. We have made viable exchanges in two, three and more compatible

pairs at our center. We anticipate having more exchanges as members of the national registry.

Why should someone consider making a live donation?

There is such a critical need for donor kidneys. When patients need a transplant, we ask if they have family or friends who might consider donation. A lot of patients are hesitant to ask, but many wonderful people do step up. Remember, even if there's incompatibility, one donation can turn into a paired or chain opportunity.

Why should people indicate their organ donation preferences?

Again, there is a critical shortage of kidneys. You can join California's donor registry when you get or renew your driver's license. In the case of an unexpected death, this can take the burden off family members who may be in shock when asked to make decisions about donation. We have seen many grieving families find solace in knowing that their loved one's organs will help others.

Is the expanded transplant program saving more lives?

Definitely. But it's not just about longevity. We're also greatly improving the patient's quality of life. Transplant patients have more freedom in terms of diet and even travel now that they aren't spending hours in dialysis three or four times a week. They also have more energy and think more clearly.

Learn more about kidney transplantation and donation at ucihealth.org/transplant







HEALTH CLASSES

Improve your health and prevent disease by taking our classes. Most are free, but some do have fees. Due to COVID-19, all classes are being held online via Zoom until further notice.

Registration is required for all classes. All classes are one session unless otherwise noted.

For more information, visit ucihealth.org/events or call 657-282-6357.

ADVANCE DIRECTIVES Feb. 11, May 13, July 8, Nov. 4 | Noon-1:30 p.m.

ADVANCED HEART FAILURE/VAD SUPPORT GROUP Feb. 11, Mar. 11, Apr. 8, May 13, June 10, July 8 | 3:30-4:30 p.m.

BREASTFEEDING Feb. 4, Mar. 4, Apr. 1, May 6, June 3, July 1 | 6-9 p.m.

LIVING WELL WITH HEART FAILURE Feb. 9, May 11, Aug. 16, Nov. 9 | 4-5 p.m.

HEALTHY LIVING GROUP SERIES English: Feb. 2, 16; Mar. 2, 16, 30; Apr. 13, 27; May 11, 25; June 8 | 3-4 p.m. Spanish: Feb. 2, 16, Mar. 2, 16, 30; Apr. 13, 27; May 11, 25, June 8 | 2-3 p.m.

JOINT REPLACEMENT, HIP OR KNEE Every Thursday, except holidays | 11 a.m.-noon

MEDITATION FOR HEALTH SERIES (four classes) Mar. 1, 8, 15, 22; June 7, 14, 21, 28 | 6:30-7:30 p.m.

MEDITATION: BREATHING May 10, Oct. 18 | 6:30-7:30 p.m.



MEDITATION: BODY SCAN RELAXATION Apr. 12, Dec. 6 | 6:30-7:30 p.m.

NEWBORN CARE Feb. 10, Mar. 10, Apr. 14, May 12, June 9, July 14 | 6-8 p.m.

PREPARED CHILDBIRTH (five classes) Tuesdays | 6-9 p.m. Feb. 23, Mar. 2, 9, 16, 23 Apr. 6, 13, 20, 27, May 4 May 11, 18, 25, June 1, 8 June 15, 22, 29, July 6, 13

Thursdays | 6-9 p.m. Feb. 11, 18, 25, Mar. 4, 11 Mar. 18, 25, Apr. 1, 8, 15 Apr. 22, 29, May 6, 13, 20 May 27, June 3, 10, 17, 24

PREPARING FOR SURGERY -MIND, BODY AND SPIRIT Feb. 1, Mar. 1, Apr. 5, May 3, June 7, July 5 | Noon-1:30 p.m.

STROKE PREVENTION Jan. 27, Mar. 31, May 26, July 28 | 4-5 p.m. To register, call 866-STROKE-3 (866-787-6533).

STROKE SUPPORT Feb. 3, Mar. 3, Apr. 7, May 5, June 2, July 7 | 4-5 p.m. To register, call 866-STROKE-3 (866-787-6533).

MEDICARE BASICS & BENEFITS

Get started with one of our free online classes. Learn how to enroll in Medicare and compare available Medicare Advantage plans side-by-side.

Classes are offered:

Saturdays | 10 a.m. - 11:30 a.m. Feb. 13, Mar. 13, Apr. 10, May 15, June 12

Wednesdays | 5:30 p.m.-7 p.m. Feb. 24, Mar. 24, Apr. 28, May 19, June 30

Register at ucihealth.org/medicare or call 714-456-2210.



21ST ANNUAL ALLEN AND LEE-HWA CHAO LECTURESHIP IN **CANCER RESEARCH**

Feb. 24, 6 p.m. | Conquering COVID-19 and Cancer, Ronald A. DePinho, MD, professor and past president of the University of Texas MD Anderson Cancer Center.

Visit tinyurl.com/chaolecture to register.

NEWPORT BEACH LIBRARY 'MEDICINE IN OUR BACKYARD' LECTURE SERIES

Learn about your health from these physicians and scientists:

Feb. 22 | What You Need to Know About COVID Vaccines, Susan Huang, MD, MPH

March 22 | Sleep in the Time of COVID, Ruth Benca, MD, PhD

April 26 | Heart Health During a Pandemic, Cy Kim, MD

Presentations begin at 4 p.m., but the virtual doors open at 3:50 p.m. Email kupshaw@nbplf.foundation or call 949-717-3818 for the Zoom link. A Q&A will follow the presentation.

UCI Health is proud to sponsor community events that support a variety of health conditions. Due to COVID-19, our lectures and events are being held virtually.

GAVIN HERBERT EYE INSTITUTE COMMUNITY LECTURE SERIES

Learn the causes, symptoms and treatments of eye-related conditions.

Feb. 16 | The Effect of Diabetes on the Eyes, Mitul Mehta, MD; **Improving Diabetes Care With** Technology, Qin Yang, MD, PhD

Mar. 16 | Oculoplastics: Sags and Bags, Lilangi Ediriwickrema, MD

Apr. 13 | Why Do You Need Annual Eye Exams? Patrisha Elbeck, RDO; New Lens Technologies, Marcial Torrez-Jiminez, ABOC

May 11 | Update on Age-related Macular Degeneration, Stephanie Lu, MD; **Retinal Progenitor Cells to Treat Retinal** Degeneration, Henry Klassen, MD, PhD

June 8 | Cataract Surgery and Glaucoma, Igor Bussel, MD; New Technology in Cataract Surgery, Matthew Wade, MD

Presentations begin at 7 p.m. To register, visit www.eye.uci.edu/lectureRSVP.html or call 949-824-7243. You will receive

an email with the online link. For more information, please email ghei@uci.edu or call 949-824-7243.

SUE & BILL GROSS STEM CENTER COMMUNITY SEMINARS

Mar. 5 | Inflammatory Modulators in Adult Stem Cell Therapy, Laura Suggs, PhD, University of Texas at Austin.

Mar. 12 | SCNT and Its Applications in Reproduction, Shoukhrat Mitalipov, PhD, Oregon Health & Science University.

Apr. 2 | Human Pluripotent Stem Cells to Derive, Regenerate & Engineer Tissues, Randolph Ashton, PhD, University of Wisconsin, Madison.

May 7 | Assessing the Potential for Outer Retina Reconstruction, David Gamm, MD, PhD, University of Wisconsin School of Medicine & Public Health.

These virtual lectures are held from 11 a.m. to noon. Email aharness@uci.edu for more information.

SUPPORT GROUPS

ADVANCED HEART FAILURE-VAD SUPPORT GROUP

714-456-7514

AGE-RELATED MACULAR **DEGENERATION**

888-430-9898

ART FOR THE SOUL

714-456-2846

BARIATRIC SURGERY SUPPORT GROUP 888-717-4463

BRAIN TUMOR SUPPORT GROUP 714-456-5812

BURN SURVIVORS SUPPORT GROUP 714-456-7437

INFLAMMATORY BOWEL DISEASE SUPPORT GROUP

714-456-7057

KOREAN WOMEN'S CANCER SUPPORT GROUP

714-456-5057

MULTIPLE MYELOMA SUPPORT GROUP

800-452-2873, ext. 233

NORMAL PRESSURE HYDROCEPHALUS (NPH)

714-456-6966

PANCREATIC CANCER **SUPPORT GROUP** 714-456-7057

To learn more about our support groups, call the numbers listed or visit ucihealth.org/events



STROKE SUPPORT GROUP 866-STROKE-3 (866-787-6533)

SUPPORT FOR ORAL, HEAD AND NECK CANCERS

714-456-2846

TRIGEMINAL NEURALGIA ASSOCIATION SUPPORT GROUP

714-730-1600

UNITED OSTOMY ASSOCIATIONS OF AMERICA, ORANGE COUNTY CHAPTER 714-637-7971



STAND ON HER SHOULDERS

an Pham, a licensed vocational nurse, had been the unofficial translator when Vietnamese patients with limited English language skills needed help at the UCI Health Chao Family Comprehensive Cancer Center. As the cancer center's new nurse navigator and a certified medical interpreter, she leads outreach efforts to bridge language and cultural gaps that prevent some Vietnamese and other Asian patients from getting the care they need. With 21 years of experience at UCI Health, Pham helps guide patients through the treatment process. A cancer survivor herself, she knows their concerns. In October 2019, a cyst in her breast was diagnosed as lymphoma. Chemotherapy shrunk the mass and her recent PET scan was clear. Pham, 51, views her experience as a way to connect more deeply with her patients. She can be reached at 714-719-5612.

Many older patients in the Vietnamese community and some other Asian cultures believe their cancer is a punishment, that they did something bad either in their present or past life. They often don't want to tell their families they have cancer — at least in the beginning — and try to hide it.

I try to alleviate their fears by explaining that it's not their fault, that this isn't the way the body works. Many patients also fear chemotherapy because of hair loss and other visible side effects, preferring traditional treatment modalities that don't work.

I once worked alongside a UCI surgeon whose Asian patient refused chemo and tried Eastern remedies instead. When the patient returned about two years later, her tumor was massive. That is what we want to avoid. I explain to my patients the importance of getting proper medical treatment as soon as possible, rather than taking herbal medicines or relying on acupuncture, which doesn't work to treat the actual tumor.

My own cancer happened last year. I felt a lump in my breast, which was diagnosed as a lymphoma. I went through five rounds of chemo and was lucky because I didn't need surgery or radiation. I also didn't have any side effects from the chemo.

When I got diagnosed with cancer, I thought of it as an experience. I know many people wouldn't think of it that way, but I felt I could relate better to my patients. I could explain to them what to expect. It's my mentality. That's how I thought of it, so I didn't feel depressed or scared.

It is so hard for patients to hear the word cancer. I can tell them that I understand how they feel because I've been there; I've been through the treatment and I know what it's like. I see myself as a patient's guide and interpreter — someone they can talk to and complain to, someone who will help them get through it — to be a shoulder to lean on." – Van Pham



Learn more about the Chao Family **Comprehensive Cancer Center at** ucihealth.org/cancer



The new chapter of healthcare begins here

At UCI Health, we don't just practice medicine, we create it. Now we are writing the next chapter for healthcare in Orange County. With UCI Medical Center Irvine-Newport, UCI Health will bring our patients unparalleled expertise, leading-edge treatments and the finest evidence-based care that only an academic medical system can offer.

The 800,000-square-foot medical campus will be anchored by a state-of-the-art hospital, which will offer 24-hour emergency care and personalized cancer treatments, including hundreds of clinical trials by our NCI-designated comprehensive cancer center. Our world-renowned experts will also deliver exceptional care in other specialties, such as digestive diseases, neurosciences and orthopaedics, all powered by the University of California. We stop at nothing to build a healthier tomorrow.

Learn more at ucihealth.org/irvine-newport









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Join the 2021 UCI Anti-Cancer Challenge to defeat cancer — eight weeks of virtual fitness challenges, educational webinars and wellness classes leading up to a virtual ride, run and walk on Challenge Day, Aug. 14. Connect with others to raise funds in support of the UCI cancer researchers, who know no boundaries in their quest to redefine what it means to be diagnosed with cancer.

REGISTRATION OPENS MARCH 1, 2021. ANTI-CANCERCHALLENGE.ORG

