

Vital Signs

SUMMER 2024 | VOLUME 103

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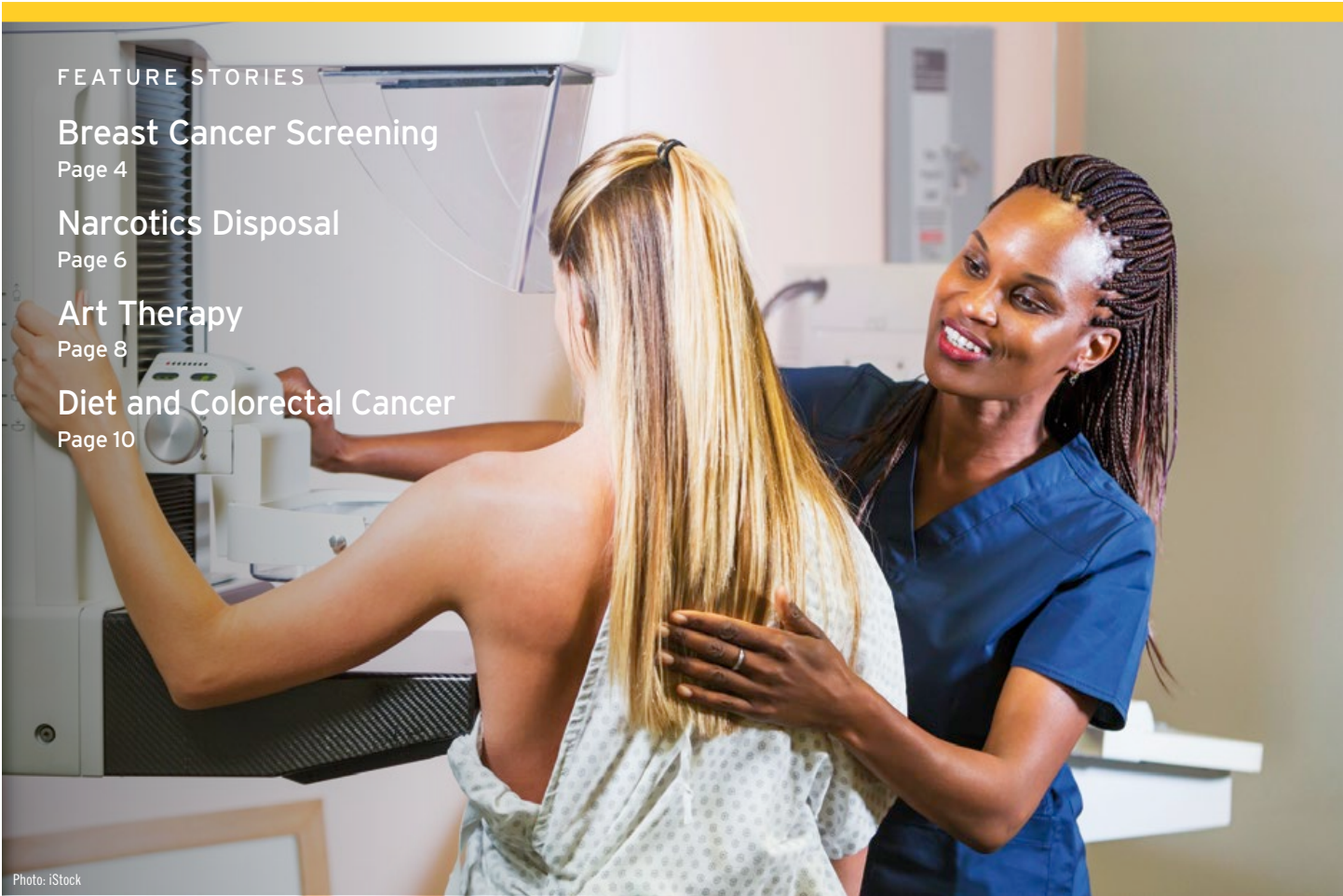


Photo: iStock

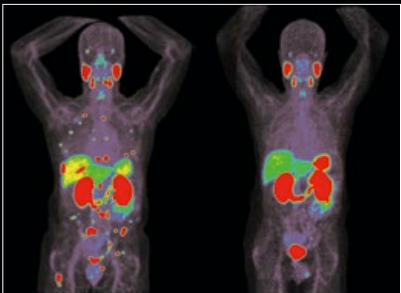


Image: Courtesy of Dr. Jeremie Calais

Theranostics treatments for advanced cancer underway at UCLA Health

A leading-edge center that uses targeted radioactive drugs to treat patients with advanced prostate, thyroid and neuroendocrine cancers has opened at UCLA Health. The 3,000-square-foot UCLA Health Outpatient Theranostics Center in Westwood is one of the largest clinics of its kind in the United States.

Part of the UCLA Health Jonsson Comprehensive Cancer Center, the new center is specifically designed to treat patients with a personalized form of radiopharmaceutical therapy known as theranostics. The opening of the center “really changes the way

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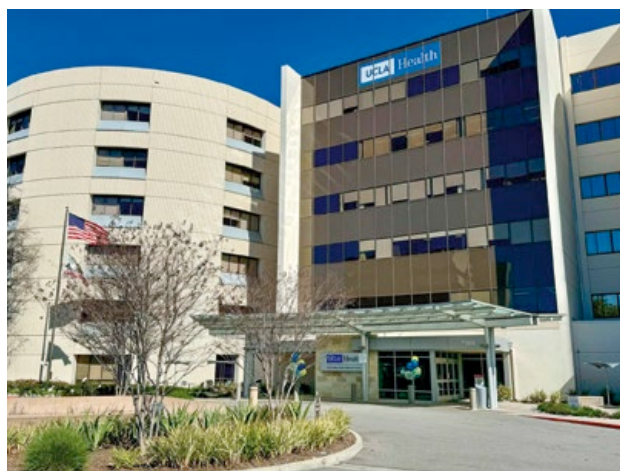


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UCLA Health acquires West Hills Hospital



San Fernando Valley residents can now access UCLA Health hospital services closer to home. The 260-bed hospital formerly known as West Hills Hospital and Medical Center has been renamed UCLA West Valley Medical Center.



For more information, scan the QR code or go to: uclahealth.org/hospitals/west-valley/welcome

New community clinic opens in Santa Barbara



UCLA Health is expanding with a new primary and specialty care location in Santa Barbara. This clinic joins the UCLA Health network of more than 280 primary and specialty clinics in convenient locations throughout Los Angeles, Orange, San Luis Obispo, Santa Barbara and Ventura counties.



For more information about clinics in your area, scan the QR code or go to: uclahealth.org/locations



Are You Covered? How to Apply Sunscreen Correctly

Skin cancer is the most common form of cancer in the United States. According to the American Academy of Dermatology, one-in-five Americans will develop skin cancer during their lifetime, and approximately 9,500 Americans are diagnosed with skin cancer each day. Besides seeking shade, one of the best ways to protect against skin cancer is by using sunscreen properly. Esther S. Yu, DO, a UCLA Health family medicine physician in downtown Los Angeles, explains how.

What's the right way to apply sunscreen?

"People generally don't apply enough sunscreen," Dr. Yu says. "For the body, we recommend using one ounce of sunscreen, which translates to roughly one shot glass or six teaspoons." For the face, the American Academy of Dermatology recommends using about two finger lengths of sunscreen, measuring from the base of the index and middle fingers all the way to the tips."

Dr. Yu reminds readers to apply sunscreen 10-to-15 minutes before sun exposure so the sunscreen gets absorbed by the skin. "Apply sunscreen to every area that's exposed to the sun. And reapply it after two hours, especially if you're out in the sun, because sunscreen wears off. If you're doing water activities or activities where you're sweating a lot, reapply it after those activities," she says.



Dr. Esther Yu.
Photo: UCLA Health

What areas do people tend to miss when they apply sunscreen?

"People tend to miss the neck area, especially the back of the neck, as well as their ears and the tops of their feet," Dr. Yu says. "The top of the head, especially if there is hair loss, is also often neglected." Other overlooked areas include the eyelids and the area between the inner corner of the eyes and the bridge of the nose. "Remember to cover the lips with sun-protective lip balm," she says.

What should people look for in a sunscreen?

Use sunscreen with an SPF (sun protection factor) of 30 or higher, Dr. Yu says. It should also be labeled as broad spectrum, which means it blocks both ultraviolet A (UVA) and ultraviolet B (UVB) sun rays. "Creams are good for dry skin and for the face. Gels are good for oily or acne-prone skin and for hairy areas such as the male chest. Sticks are great for the eye area. Sprays can be quick and easy to apply, but people often miss spots. They're also harmful to inhale. At the end of the day, however, the best sunscreen is the one you'll use," she says.

Dr. Yu reminds people to check their sunscreen's expiration date to ensure effectiveness. She adds that by using the correct amount daily, people should use up their sunscreen within two months.

Is there a safe way to tan?

"No," says Dr. Yu. "Tanning means damage to the skin." She notes that when the sun's ultraviolet rays hit the skin, they can cause mutations within the skin cells. Those mutations



Photo: iStock

accumulate over time and can eventually result in skin cancer.

What else should people know about sun exposure?

"Wear sunscreen daily, even in cloudy or rainy weather because you can still burn on a cloudy day. And if you're in the snow or near the water, you can burn easily because those surfaces reflect the sun," Dr. Yu says.

She notes that in addition to applying sunscreen, sun-protective measures include wearing a hat (a wide-brim hat is best), sun-protective clothing and sunglasses.



To find a UCLA Health location near you, scan the QR code or go to:
maps.uclahealth.org





Panel urges women to begin screening for breast cancer at younger age

Breast cancer is one of the most common cancers among women — second only to skin cancer — and early detection is critical to improve survival rates. In response to a troubling increase in diagnoses among younger women, the U.S. Preventive Services Task Force (USPSTF), an independent panel of national experts in prevention and evidence-based medicine, has updated its breast cancer screening guidelines to recommend biannual mammograms for all women beginning at age 40.

“We’re recommending that all women of average risk start screening at age 40, and that they get screened every other year until age 74,” says Carol M. Mangione, MD, chief of the

UCLA Health Division of General Internal Medicine and Health Services Research, co-author of the USPSTF guidelines and former chair of the panel. “By doing so, we can save 20% more lives of women with breast cancer.”

“We’re recommending that all women of average risk start screening at age 40, and that they get screened every other year until age 74.”

The latest recommendation marks a slight change from the USPSTF’s 2016 stance — the last time the recommendations were revised — which advised women at average risk to start biannual screenings at age 50, while considering screenings beginning at 40 based on individual risk factors.

The new recommendation is grounded in a worrying trend: a steady annual increase of nearly 2% per year in breast cancer incidence since 2015 among women in their 40s. The reasons for this rise are not fully understood, Dr. Mangione says, prompting the USPSTF to call for rigorous research to elucidate this pattern.

The new guidelines also aim to confront

health disparities, particularly among Black women, who face a 40% higher mortality rate from breast cancer compared to white women. “Ensuring that Black women, in particular, start screening at age 40 is a really important first step for starting to address that inequity,” Dr. Mangione says.

Another focal point of the USPSTF’s update is women with dense breasts, who account for nearly half the female population in the U.S., and who are at an increased risk of breast cancer. Mammograms are less effective for these women, prompting the suggestion of more meticulous testing. “Supplemental testing with ultrasound or an MRI may help us find more treatable cancers earlier in women with dense breasts,” Dr. Mangione says. Although definitive conclusions are pending ongoing research, the current recommendation encourages women with dense breasts to engage in discussions with their clinicians about additional testing options.

Though some women, for reasons of comfort, might prefer a breast ultrasound to a mammogram, experts recommend screening mammograms because they are proven to find “silent” cancers — those cancers that don’t have noticeable early symptoms or only have very mild symptoms, making them difficult to detect.

“All women should talk to their clinicians about their options for follow-up testing so that they can get the care that’s right for them.”

While recommending biannual screenings may raise concerns about missing malignancies at the earliest stages, the USPSTF’s guideline is designed to balance the benefits of early detection with the 50% higher risk of false positives associated with annual screenings. The biannual schedule is not set in stone, Dr. Mangione says. She emphasizes the importance of personalized care. “While we call for more research on benefits of annual vs. biannual testing, all women should talk to their clinicians about their options for follow-up testing so that they can get the care that’s right for them,” she says.

The USPSTF’s recommendations do not, however, definitively settle the issue of when to begin and how often to undergo regular screening mammography. Other organizations

have set differing standards. The American Cancer Society (ACS), for example, recommends that women with an average risk of breast cancer should start annual screenings at age 45 and transition to biannual screenings at 55 or have the opportunity to continue annual screenings. The ACS also recommends that women should have the option of beginning screening at age 40 and should continue screening as long as their health is good and their life expectancy is at least 10 years.

Another organization, the American College of Obstetrics and Gynecology, recommends offering screening to women at average risk starting at age 40, and if they have not started at age 40 to consult with their health care provider to begin screening mammography no later than age 50, with screening continuing every one-to-two years until age 75. Beyond age 75 years, the decision to discontinue screening should be based on a shared decision informed by the woman’s health status and longevity.

“Most everyone seems to be in agreement that starting at age 40 is important,” Dr. Mangione says. “Then there is split about the annual/biannual question. While there is some variability, having a consensus that women need to begin screening in their 40s is a very good thing.”



Photo: iStock



To learn more about screening mammography at UCLA Health, scan the QR code or go to: ucla.in/screening-mammogram



Safe disposal of narcotics is key to reducing children's opioid deaths

Most opioid-related hospitalizations and deaths among children are associated with legally obtained narcotics, such as medications prescribed by a physician. While many of these opioids go unused after being prescribed for pain control following surgery, it will take more than simply educating parents to compel them to get rid of these leftover medications, argue two UCLA Health orthopaedic surgeons who have studied the issue.

"About 50%-to-90% of narcotic doses go unused in the United States," says Rachel M. Thompson, MD, assistant clinical professor-in-residence of orthopaedic surgery and the William and Patricia Oppenheim Presidential Chair in Pediatric Orthopaedics. Parents often undertreat their child's pain because they are

fearful to use too much, leading to a glut of leftover opioids.

A very specific example is the most common elbow fracture in children, a supracondylar fracture, notes Mauricio Silva, MD, clinical

"Most of it ends up just being kept in the cupboard and not locked away. Either the child who was prescribed the narcotics or a sibling then may start using them."

professor of orthopaedic surgery and medical director of the Luskin Orthopaedic Institute for Children. "Typically, most surgeons will prescribe five-to-10 doses of opioids for breakthrough pain. But in many studies, most of these patients are not taking any opioids, or are only taking a couple of doses. And so that leftover medication is going to stay at home," he says.

"Most of it ends up just being kept in the cupboard and not locked away," Dr. Thompson adds. "Either the child who was prescribed the narcotics or a sibling then may start using them."

That is often how use of illicit drugs begins. "The biggest predictor of deaths from opioids is abusing prescription drugs, which can commonly lead to the use of illicit drugs and ultimately overdosing," Dr. Thompson says.

Too often, parents believe that their only option to dispose of such medications is to bring them back to the physician on a future visit, Dr. Silva says. "As a parent, though, I'm probably going to forget to bring the medication to the appointment." What is needed is greater availability of disposal bins, where parents can drop off the medications. "If disposal bins were available at every pharmacy and in neighborhood locations like the library, it would make it easier for parents to dispose of these leftovers," he says.



Photo: iStock



Photo: Alamy

Dr. Thompson says that a broad-based approach is necessary. “We need a multi-pronged approach, with more resources from the health care system,” she says. “Preoperative education plus text messages, e-mails and phone calls to remind parents.”

She notes that UCLA Health created a video for parents about appropriate pain-control measures and narcotic retrieval. “Families who are scheduled for surgery at UCLA Mattel Children’s Hospital will get that video before they leave the hospital in the future,” she says.

“If your child is prescribed opioid medications as part of multimodal pain control, it’s safe to use if it’s used as directed,” Dr. Thompson says. “We shouldn’t undertreat pain because we’re scared that our children are going to have an addiction. The corollary is that when you have leftover narcotics, bring them to each clinic appointment or to another location that accepts leftover medications for disposal.”



To find locations that accept leftover medications for disposal, scan the QR codes or go to:
tinyurl.com/medication-takeback or
tinyurl.com/dont-rush-to-flush



Continued from cover

Theranostics treatments for advanced cancer underway at UCLA Health

patients with prostate and other cancers are managed,” says Johannes Czernin, MD, vice chair of the Department of Molecular and Medical Pharmacology.

While the center will primarily treat patients with advanced prostate cancer, it also will deliver therapy to those with thyroid cancer and neuroendocrine tumors. In coming years, the center is expected to expand to also treat kidney, breast, lung, pancreatic and liver cancers, among others, says Jeremie Calais, MD, PhD, director of the Ahmanson Translational Theranostics Division’s clinical research program. “It is an expanding field,” he says. “There are multiple new agents and new targets in various cancers being investigated in clinical trials. There will be others.”

The term theranostics is a combination of “therapeutics” and “diagnostics.” Proteins present on the tumor cells can serve as an anchor for radioactive drugs. “It’s the combined use of a therapeutic agent and diagnostic agent that both have the same molecular target,” Dr. Calais says.

For example, an injected radiotracer that can be detected with a PET scanner enables doctors to visualize the cancer and then deliver radioactive medicine to kill it. “You see what you treat and you treat what you see. That’s the concept of theranostics,” Dr. Calais says.

“It’s really a new kind of precision medicine,” Dr. Czernin says, noting that the most novel theranostics treatment available is for metastatic prostate cancer, with a response rate of 40% to 50%. “It prolongs life and really improves the quality of life,” he says.

Currently, to be eligible for theranostics treatment, patients with prostate cancer must have completed or attempted two or three cycles of chemotherapy without responding.

Dr. Czernin says that no stage is too late for treatment, but it’s ideal to start as soon as possible. “Once the disease gets too far advanced, treatment gets much more difficult. Patients and referring physicians should know that this treatment is safe. The agent we’re giving is safe. It doesn’t expose their environment to unmanageable amounts of radiation,” he says. It is expected that the treatment will be approved in coming years for patients at an earlier disease stage, before they go on chemotherapy.

In addition to patients with prostate cancer, patients with advanced metastatic neuroendocrine tumors and those patients with thyroid cancer who are at risk for residual disease after thyroidectomy also are eligible for theranostic interventions.

Physicians specifically trained in nuclear medicine treat patients with prostate cancer, neuroendocrine tumors and thyroid cancer in the new UCLA Health center. During treatment, patients will be managed both by the UCLA Health theranostics team and the patient’s referring oncologist. “After the treatment is done, patients fully return to the referring medical oncologist’s team,” Dr. Calais says.

While the primary agent for treatment of prostate cancer is Pluvicto, the center also offers Xofigo for patients with disease that has spread to the bones. For patients with neuroendocrine cancer, Lutathera can often achieve stable disease for many years, Dr. Czernin says, while those with thyroid cancer with intermediate or high risk of recurrence after surgery can be treated with radioiodine.



For more information about the UCLA Health Outpatient Theranostics Center, scan the QR code or go to:
www.uclahealth.org/cancer/cancer-services/theranostics



Self expression, healing and camaraderie through art



Artwork created by Jill Bonilla.
Image: Courtesy of Jill Bonilla



Hibiscus flower sketched by Katy Kearny.
Image: Courtesy of Katy Kearny

The Healing Through Art therapy program offered through the Simms/Mann UCLA Center for Integrative Oncology is not an art class. No instruction in artistic methods or techniques is provided. Instead, the art here “provides a medium to communicate some of the most difficult emotions and experiences in the cancer-treatment journey,” says Paige Asawa, PhD, the art therapist who leads the group.

The 90-minute weekly online sessions begin with a check-in drawing, where participants take 10 minutes to draw or paint whatever’s on their mind. That’s followed by what Dr. Asawa calls “gallery time,” when each member of the group shows what they’ve created and shares a bit behind the work — perhaps what inspired it or what feelings it evokes.

This inevitably leads to vibrant exchanges, during which participants share their thoughts about whatever challenge or joy they’re facing. They connect over common themes, either in the cancer journey or in life in general. They listen to and support each other, the artwork serving as a catalyst for the conversation.

“I’m just sort of amazed at the stuff that comes out of you,” says Katy Kearny, who has participated in the group for almost a year. “You have this freedom to open up. This group broke down my walls. It was like somebody stuck an old, rusty key in an old, rusty lock and opened up the door.”

One of Kearny’s drawings, of a hibiscus flower, reminded her of a happy exchange between her daughter and her sister, from whom she’d been estranged for 20 years.

It’s not about the quality of the artwork, says

participant Marlene Hajdu, but the emotions of the artist. “It’s a place to open up and say whatever you need to say,” she says.

Art therapy “engages the mind, body and spirit in ways that are distinct from verbal articulation alone,” according to the American Art Therapy Association. It’s used to cultivate emotional insight, foster self-awareness and enhance social skills.

Processing emotions through art is different than talking things through in traditional therapy, says participant Jill Bonilla. “When you draw and do art, you’re going into a calmer state, and so your intuition has to guide your pen,” she says. “Your subconscious really does talk to you through the art. Your brain is processing it differently. I think that’s a huge difference between art therapy and regular therapy.”

Bonding through art also builds intimacy among group members. “I’ve never seen these ladies (in person),” Bonilla says. “But I know if I ever saw one of them, I would give them a big hug.”



Using torn paper and staples, Katy Kearny depicted putting the pieces of her broken self back together.
Image: Courtesy of Katy Kearny



For more information about the Healing Through Art program, scan the QR code or go to:
uclahealth.org/simms-mann-center/events/healing-through-art



For information about the Simms/Mann UCLA Center for Integrative Oncology, scan the QR code or go to:
uclahealth.org/simms-mann-center



Healthy diet crucial to reduce colorectal cancer risk and improve results after diagnosis



Photo: iStock

Although rates overall have been declining thanks to increased awareness and screening, colorectal cancer remains the fourth-most-common cause of cancer among U.S. adults. Paying attention to lifestyle and diet can help reduce risk and is critical for those who have been diagnosed with colorectal cancer.

“Patients are obviously interested in

this when they’ve had their first screening colonoscopy and they’re finding out they have polyps and want to reduce their risk for colon cancer down the road,” says UCLA Health gastroenterologist Carl Nordstrom, MD. “Or, they’re paying attention to the news and seeing that there’s an increased incidence of colon cancer in younger individuals.”

In addition to encouraging regular screening, especially for those who have a family history of colorectal cancer or have a history of polyps, Dr. Nordstrom recommends that people focus on ongoing lifestyle factors, making healthy food choices and increasing their physical activity to help guard against becoming overweight or obese.

Limiting consumption of red meat — “For the average individual, I don’t say they should

never enjoy a steak or hamburger, but it’s not something they should have more than a few times a month,” Dr. Nordstrom says — while increasing intake of fiber through consumption of whole grains and fresh fruits and vegetables (especially cruciferous vegetables like broccoli, cauliflower and kale) conveys positive benefits. Increased fiber intake helps guard against constipation, which is being scrutinized as a risk factor for colorectal cancer as well as other diseases, as well as reduces the likelihood of developing adenomatous polyps, which are benign growths that can become cancerous over time, he says.

Other positive factors include obtaining sufficient vitamin D, which can inhibit progression of colorectal cancer and development of other cancers; limiting alcohol consumption, which has been shown to correlate with a higher risk for colorectal cancer; and avoiding nicotine products. “Smoking is a risk factor for more advanced types of adenomas and really should be avoided completely,” Dr. Nordstrom says. “There’s no safe amount.”

For patients who are diagnosed with colorectal cancer, the same principles apply but are modified and personalized based on the patient’s situation. “Once you have cancer, a lot will depend on what stage you have and what the treatment course is going to look like, as well as what symptoms you have,” says Nancee Jaffe, RDN, lead dietitian for the UCLA Vatche and Tamar Manoukian Division of Digestive Diseases.

“We’ve seen that when patients have a dietitian as part of their care team, they tend to do better post-surgery, and they tend to do better during their adjunct treatments,” Jaffe says. “The dietitian is going to look for things like malnutrition or inadequate intake and can make a huge difference in terms of these patients having good outcomes.”

Jaffe adds: “Every patient deserves to be looked at as an individual. That is why having their whole care team — their gastroenterologist, their surgeon, their dietitian — communicate with each other and with the patient is paramount.”

“Limiting consumption of red meat while increasing intake of fiber through consumption of whole grains and fresh fruits and vegetables conveys positive benefits.”



For more information about colorectal cancer screening at UCLA Health, scan the QR code or go to: uclahealth.org/medical-services/gastro/colon-cancer-screening



ASK THE DOCTORS

Proper Technique Is Essential to Accurately Measure Blood Pressure at Home

“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. Elizabeth Ko and Eve Glazier.
Photo: Julianne Backman

DEAR DOCTORS: I want to start checking my blood pressure to see if the high readings my doctor gets are accurate. I read you should always sit still before getting a reading. Is that true? That never happens at my doctor's office.

DEAR READER: Blood pressure is a very important metric when it comes to general health, measuring the force that circulating blood exerts on the walls of the arteries. The two numbers, expressed as a fraction, show the degree and the range of the force. The top number is systolic pressure. That's blood pressure as the heart contracts. The bottom

number, known as diastolic pressure, reflects blood pressure while the heart is at rest.

Blood pressure varies throughout the day. Readings are affected by activity, physical fitness, illness, stress, emotion, salt intake and even time of day. Getting an accurate picture of your blood pressure profile requires both proper technique and multiple readings. To aid in that, you need a good monitor. A list of at-home monitors that meet the American Heart Association's criteria is available at validateBP.org. Your doctor can also advise you on a choice.

When taking blood pressure, make sure it has been at least 30 minutes since you used tobacco or caffeine or engaged in exercise. Empty your bladder, as that can affect readings. Sit upright, your back supported, with both feet flat on the floor. The arm on which you place the cuff should be relaxed and supported at the level of your heart. The cuff itself should be firmly in place, but not tight. You should be able to slip a fingertip beneath the top of the cuff. The bottom of the cuff sits directly above the bend of the inner elbow, with the air tubes centered.

Begin by taking about five minutes to sit quietly. Let it be a meditative pause. Don't chat or watch TV or read your phone while you wait. Most devices are automated and digital. When you're ready, press the

start button. The cuff will inflate, pause for a moment, then gradually deflate. Be sure to stay relaxed and breathe normally as the machine goes through its cycle. The final reading is displayed on the monitor in the familiar fraction format.

As we mentioned, blood pressure is not a constant. Don't panic if you get an occasional high reading. For the most accurate blood pressure profile, you need multiple readings. It is recommended these be taken at the same time each day, perhaps twice in the morning and twice in the afternoon. Over the course of a week, with multiple readings, you'll get a fuller picture than a single reading can offer. At this time, 120/80 falls into the normal range. Blood pressure higher than 130/80 enters the realm of hypertension. If your readings prove consistently high, it's a good idea to review the results with your doctor.



Illustration: Maitreyee Kalaskar



To Ask the Doctors, e-mail:
askthedoctors@mednet.ucla.edu

Community Health Programs

AUGUST / SEPTEMBER / OCTOBER 2024 COMMUNITY CALENDAR EVENTS

UCLA Health offers community programs and events to help our neighbors lead healthier lives through wellness education. Go to uclahealth.org/events for more information.

CARE PLANNING

Advance Care Planning

Advance care planning is a gift you give your loved ones who might otherwise struggle to make choices about your care in the event you are unable to. This session provides an introduction to care planning.

When: Wednesdays, Aug. 7, Sept. 11 and Oct. 9, 6 – 7:30 pm

Where: Teleconference sessions

Register: ACP@mednet.ucla.edu

DIABETES

Living with Type 2 Diabetes (monthly)

These ADA-certified self-care classes will help you gain important skills, knowledge and confidence to successfully manage your diabetes. Sessions will cover risk reduction, nutrition, medications and being active.

When: Thursdays through Oct. 24, 10:30 am – noon

Where: Teleconference sessions

Info & registration: diabeteseducation@mednet.ucla.edu

Integrative Approaches to Diabetes

Are you interested in managing your diabetes more holistically? Integrative medicine blends conventional treatments with mind-body-spirit and lifestyle approaches to improve diabetes and blood sugar control. Dr. Rashmi Mullur, a board-certified physician in endocrinology and integrative medicine, will teach you integrative approaches and mind-body techniques to better manage your health.

When: Tuesdays through Oct. 22, 10 am – noon

Where: Teleconference sessions

Info & registration: 310-828-1050 or diabeteseducation@mednet.ucla.edu

HEALTH EMERGENCIES

Save-a-Life Workshop

Learn how to save a life! Learn the signs and symptoms of common emergencies like choking, heart attack, stroke and allergic reactions. Lifesaving skills like hands-only CPR, stopping severe bleeding and calling 9-1-1 — what to know, say and do — will all be covered.

When: Tuesday, Oct. 8, noon – 1 pm

Where: Teleconference session

RSVP: cpc.mednet.ucla.edu/save-a-life

KIDNEY DISEASE

Chat with Dr. Anjay Rastogi and CORE Kidney Team

Professor and Clinical Chief of Nephrology and Director of CORE Kidney Program, Anjay Rastogi, MD, PhD, and Circle of CORE, a patient advocacy and support group, will discuss a wide variety of topics related to kidney health, including prevention, diagnosis, management, nutrition, exercise, mental health, dialysis, transplantation and kidney-friendly life choices. Other health care providers, including dietitians and psychologists, will join the session. The sessions are interactive, with an opportunity to ask questions during the event. You can also send your questions in advance to COREKidney@mednet.ucla.edu.

When: Thursday, Aug. 1; Sunday, Sept. 1; Tuesday, Oct. 1, 5 – 6 pm

Where: Teleconference session

RSVP: tinyurl.com/rastogi-chat

Kidney Health Q and A

Dr. Ira Kurtz, Distinguished Professor and Chief of the Division of Nephrology at UCLA, hosts a monthly Q & A session on all aspects of kidney disease. Dr. Kurtz will answer questions on the various causes of acute and chronic kidney disease and medications that injure the kidneys among other kidney-related topics, including treatment options.

When: Thursdays, Aug. 15, Sept. 19, Oct. 17, 5 – 5:45 pm

Where: Teleconference sessions

RSVP: 310-206-6741 or NephrologyAdmin@mednet.ucla.edu

MOVEMENT DISORDERS

How to Shake the Shakes

UCLA movement disorders specialists will discuss treatment options to cope with tremor, including medications, surgery (deep-brain stimulation) and noninvasive therapies. Lecture followed by Q & A.

When: Saturday, Nov. 2, 9 am – noon

Where: Teleconference session

RSVP: ucla.tremor@gmail.com

PODIATRY

Bunions and Bunion Surgery

Bob Baravarian, DPM, will discuss bunions and the latest surgical and nonsurgical treatments.

When: Tuesday, Aug. 20, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive 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, Sept. 17, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

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, Oct. 15, 5:45 – 6:45 pm

Where: Teleconference session

RSVP: 310-828-0011 to receive Zoom invitation

WEIGHT MANAGEMENT

Healthy Weight Management Webinar Series

The UCLA Center for Human Nutrition's physicians and dietitians present a series of eight webinars covering both the science behind weight control and practical strategies you can apply to your own healthy weight management. Topics include how your genetic makeup can influence nutrition planning and an explanation of popular weight-loss diets.

When: Eight Tuesdays, 3 – 4 pm

Where: Teleconference sessions

Cost: \$80

Info: weight@mednet.ucla.edu or 310-825-8173



Donating blood takes just one hour of your time.

The impact of your donation
lasts a lifetime.

Find more information and schedule an
appointment: uclahealth.org/gotblood

UCLA Health

Blood & Platelet Center



World-class health care, when and where you need it.

Get lifelong care at **more than 280** UCLA Health clinics

To learn more or to book an appointment,
please visit **uclahealth.org**

UCLA Health

SUPPORT GROUPS

Health Care Support Groups

UCLA Health and its community partners offer a number of support groups, available in person and via teleconference, designed to support and inform patients, families and caregivers coping with a variety of diagnoses, including brain aneurysms, diabetes, Alzheimer's disease and others.



Photo: iStock

Brain Aneurysm Virtual Support Group

The Brain Aneurysm Virtual Support Group is for patients diagnosed with an unruptured brain aneurysm, those who survived a ruptured aneurysm, and all caregivers who have supported and taken care of these patients. The group provides an opportunity for reassurance and personal exchange between patients and caregivers and empowers patients and caregivers in the care and recovery processes.

When: quarterly on a Monday from 6 – 7 pm via Zoom

Upcoming meeting: Aug. 12

Info: dmoreland@mednet.ucla.edu

Neurosurgery Patient and Family Virtual Support Group

The Neurosurgery Patient and Family Virtual Support Group is open to all patients who have been treated for a neurosurgical condition and their family members. The meeting is designed to engender meaningful, lasting connections between survivors and caregivers, and to provide an open forum for connection, support and understanding.

When: Third Tuesday of each month from 5:30 – 7 pm via Zoom

Upcoming meetings: Aug. 20, Sept. 17, Oct. 15

Info: npfac@mednet.ucla.edu

Insulin Connection Westside

Join a support group for adults living with type 1 diabetes who use insulin. Become informed and get emotional support in a relaxed and fun atmosphere.

When: Every other month on the second Tuesday from 6 – 8 pm via Zoom and in person

Upcoming meetings: Aug. 13, Oct. 8

Info: diabeteseducation@mednet.ucla.edu

WomenHeart West Los Angeles

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

When: Every month on the second Monday, 7 – 8 pm

Upcoming meetings: Aug. 12, Sept. 9, Oct. 14

RSVP & info: womenheartwestla@gmail.com

Alzheimer's and Dementia

Free virtual support groups are for family caregivers of people with Alzheimer's disease or another form of dementia. Reservations required.

When: Every Wednesday of the month, 1 – 2:30 pm

Upcoming meetings: Aug. 7, 14, 21, 28

Info: mrmoores@mednet.ucla.edu

Stroke Education and Support Group

This group welcomes people who have had new strokes and those who have had strokes in the past. It provides hope, encouragement and education to stroke survivors, family members and caregivers.

When: Every month on the third Wednesday, 3 – 4 pm

Upcoming meetings: Aug. 21, Sept. 18, Oct. 16

Info: 424-259-8390

Pediatric Intensive Care Support Group

For parents, families and caregivers of children during their hospitalization at UCLA Mattel Children's Hospital.

When: Wednesdays, 2:30 – 3:30 pm

Upcoming meetings: Aug. 7, 14, 21, 28

Contact: Sarah Miller, LCSW at 310-267-9759

Caregivers of Brain Tumor Patients

This support group provides a safe and supportive space for caregivers of patients with brain tumors across their illness trajectory. Dinner is included.

When: Every month on the second Thursday, 6:30 – 8:30 pm

Upcoming meetings: Aug. 8, Sept. 12, Oct. 10

RSVP & info: Jacqueline Dillon, MSW at 310-267-9413



For more information, including a full list of support groups at UCLA Health, please visit: uclahealth.org/patient-resources/support-information/support-groups



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Vital Signs

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