

PROMISING THERAPY FOR
RETINITIS PIGMENTOSA

A COUPLE LOSES 270 POUNDS
— WITHOUT SURGERY

UCI Health

SUMMER 2019

live well

SMARTER HEALTHCARE FOR SOUTHERN CALIFORNIA



EMBRACING INNOVATION

Top-flight cancer care saved
a young mother's life

CONFRONTING THE CHALLENGE OF CANCER



Thirty years ago the University of California, Irvine, established Orange County's first university-based cancer center at UCI Medical Center. Within a year, our achievements in research and treatment earned our admission to the Association of American Cancer Institutes. Now with the only National Cancer Institute-designated Comprehensive Cancer Center in Orange County, UCI Health continues to work on driving down the incidence of cancer and death rates.

In the early months of this year, several reports emerged about the

status of cancer care in the United States. Overall much of the news is good: Cancer rates are falling, and there is evidence that disparities between racial groups — showing poorer survival rates in some minority groups — are beginning to fade. Innovations, such as the advent of cancer immunotherapies, are dramatically altering the outlook for patients with some types of cancers.

Some worrisome trends have also emerged. The nation's obesity epidemic may underlie an increase in certain types of cancers, such as pancreatic, liver and endometrial, as well as colorectal cancer in people under age 50. I'm proud to say that UCI Health and the UCI Chao Family Comprehensive Cancer Center are devoting significant human and financial resources to making cancer prevention, screening, diagnosis and top-flight treatment accessible to everyone.

In this issue of *Live Well*, we invite you to read the awe-inspiring story of a young woman named Michelle Clark-Salib who learned she was pregnant well into her treatment for advanced breast cancer, and one of our star oncologists, Dr. Rita S. Mehta, whose nationally acclaimed cancer research has saved countless lives, including Michelle's.

I also want to thank the residents of Orange County, who have emerged as strong partners in our efforts to elevate cancer prevention and treatment. On June 8, we will hold our third annual UCI Anti-Cancer Challenge — a ride, run and walk to benefit cancer research. Participants in the two previous events have raised more than \$1 million to support research that ultimately benefits patients like Michelle. The funds raised through this event spark novel — even game-changing — studies that are the foundation of what we do as a university-based medical center.

We take courage from our patients and draw strength from our supporters and the participants of the Anti-Cancer Challenge. We will continue to beat back the scourge of cancer. ■

Kind regards,

Richard J. Gannotta, DHA, FACHE
Chief Executive Officer, UCI Health System

UCI Health

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Information in this magazine is not meant to
replace the advice of your physician.

YOU MAKE THE DIFFERENCE

Few things in life matter more than your health. If you or someone close to you has experienced UCI Health's personalized, research-driven care, then you know how Orange County's only academic medical system is improving the lives of people in our community and beyond.

We couldn't do it without you. Your philanthropic support drives clinical innovations like the ones you'll read about in the following pages.

If you would like to make a gift to thank a provider, honor the memory of a loved one or establish a lasting legacy, call 714-456-7350 or visit ucihealth.org/giving

A TIME TO EAT, A TIME TO FAST

WRITTEN BY SHARI ROAN

A night owl, Paolo Sassone-Corsi likes to retire to bed well after midnight. In the morning he typically rises at 7 a.m. and goes about various tasks before taking a break to play soccer around noon. Finally, about 1 p.m., he consumes his first meal of the day. The long stretch between meals creates a 14-hour (or more) fast.

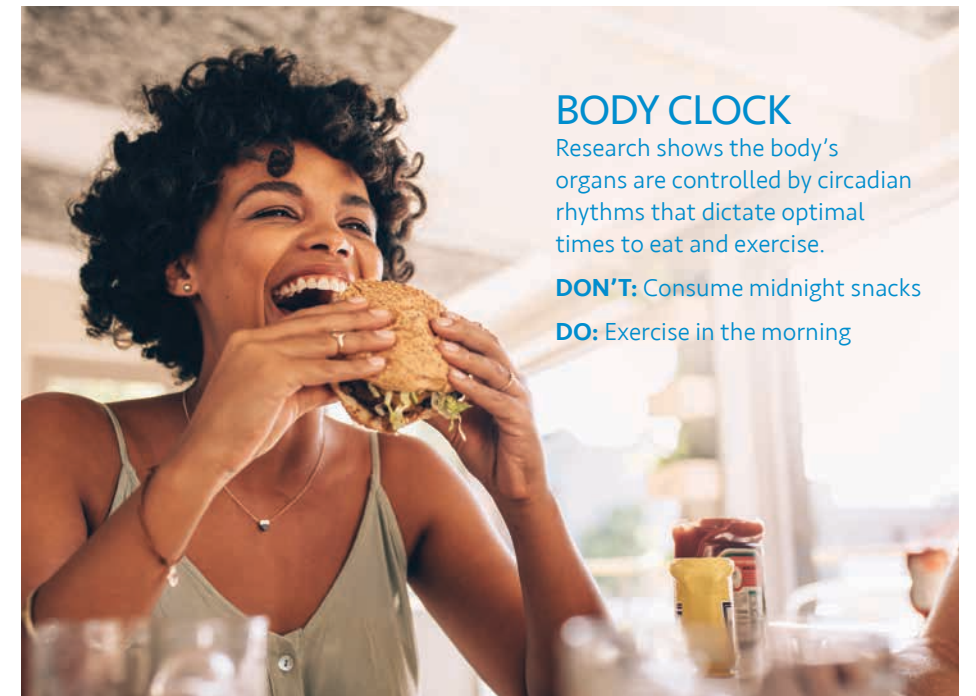
To Sassone-Corsi, it's all about giving the machinery in the cells throughout his body time to rest, recover and switch on cellular pathways that help slow the aging process. He does it because his research suggests that humans aren't meant to eat whatever, whenever.

"When to eat is as important as what to eat," says Sassone-Corsi, PhD, the Donald Bren Professor and director of the UCI Center for Epigenetics and Metabolism. "We have metabolic pathways in our bodies that peak and trough. Hit them at the wrong time, and we're not ready to process those calories."

Sassone-Corsi recently published a paper in the journal *Cell Reports* that provides more evidence to his lifelong work showing that the body's organs and tissues are controlled by circadian rhythms — biology-based clocks — that influence metabolism and control a range of bodily functions.

Because energy is metabolized within cells under precise circadian controls, when we eat — and fast — affects the functioning of many organs and tissues.

"There are clocks in every single tissue, every organ, every cell of the body. We are really a network of clocks that are all connected to each other," he says. "A large number and variety of metabolic processes are driven by circadian rhythm, and we have discovered that all these organs and clocks are communicating to each other."



BODY CLOCK

Research shows the body's organs are controlled by circadian rhythms that dictate optimal times to eat and exercise.

DON'T: Consume midnight snacks

DO: Exercise in the morning

Mice subjected to a 24-hour fast exhibited reduced oxygen intake and energy expenditure in the study. Those processes resumed when they were fed. This shows that circadian rhythms affect clocks in the liver and skeletal muscle, impacting metabolism, which can help slow age-related disease processes and improve health. Genetically identical mice were fed at different times of day and compared. The mice fed at midnight became fat, while the mice fed the same diet at midday remained lean.

"What we've done is to validate the concept of reprogramming," Sassone-Corsi says. "The clock system is able to be flexible, to cope with different types of nutritional challenges. When you have that cheeseburger at midday, that's OK because those cycles are ready to process that extra food. But if you hit the clock at the wrong time, you impose — on

many tissues — an extra effort. They have to cope with this imposition of lots of calories getting to the liver."

Fasting, he says, rebalances the body's clocks. "The cool thing with fasting is we activate a bunch of new cellular pathways that are not normally activated. Those are the ones that become extra beneficial for the whole organism."

Sassone-Corsi's latest research paper suggests morning may be the optimal time to exercise. He is a leader in "metabolomics," an emerging field that measures metabolites in blood, providing clues to how genes interact with environmental influences such as exercise, meals and sleep.

Metabolomics is a science whose time has come, he says. "I think we are ready for this type of strategy. We are perfectly positioned to be among the first worldwide leaders in this discipline." ■

Learn more about Sassone-Corsi's research at www.som.uci.edu/cem





ANTIBACTERIAL SOAP CUTS INFECTION-RELATED READMISSIONS

Hospitalized patients who are found to have an antibiotic resistant infection known as MRSA can lower their risk of rehospitalization by following a standard bathing protocol after discharge, a study led by a UCI Health researcher has found. The report was published in the *New England Journal of Medicine* in February.

Patients who harbor MRSA (methicillin-resistant *Staphylococcus aureus*) on their body have a 1 in 4 risk of developing a serious infection in the year after discharge, and 1 in 10 will develop a new MRSA infection, says Dr. Susan Huang, the study's lead author and professor in the Division of Infectious Diseases, UCI School of Medicine. The Centers for Disease Control and Prevention (CDC) estimates that at least 2 million U.S. illnesses and 23,000 U.S. deaths are caused annually

by antibiotic-resistant bacteria, including MRSA. Until now there have been no proven strategies to curb the risk of infection and rehospitalization after discharge. "Nearly all of these infections required rehospitalization," Huang says. "We have found a way to help prevent them." Huang, along with colleagues at Rush University in Chicago and Los Angeles Biomedical Research Institute at Harbor-UCLA, conducted a study of 2,121 adults who tested positive for the MRSA bacteria. Some participants received education about MRSA and information about cleaning and laundering to prevent MRSA in the home. Another group received education and were given a five-day treatment regimen to remove MRSA. The regimen included regular bathing or showering with

over-the-counter chlorhexidine soap, rinsing with prescription chlorhexidine mouthwash and treating the nose with prescription mupirocin ointment. This group also used the regimen twice a month for six months after hospital discharge. In the study, called Project CLEAR (Changing Lives by Eradicating Antibiotic Resistance), the adults with MRSA who followed the decolonization regimen had a 30% reduction in MRSA infections and hospitalizations in the year after discharge. "These results show that we can help protect thousands of patients who have MRSA from serious infections after they leave the hospital," Huang said.

 **Learn more about MRSA infection prevention at ucihealth.org/mrsa/infection**

UCI HEALTH BRINGS SPECIALTY CARE TO NORTH ORANGE COUNTY

UCI Health has expanded outpatient services for residents of north Orange County. UCI Health — Yorba Linda Multispecialty offers superior care in a wide range of specialties including:

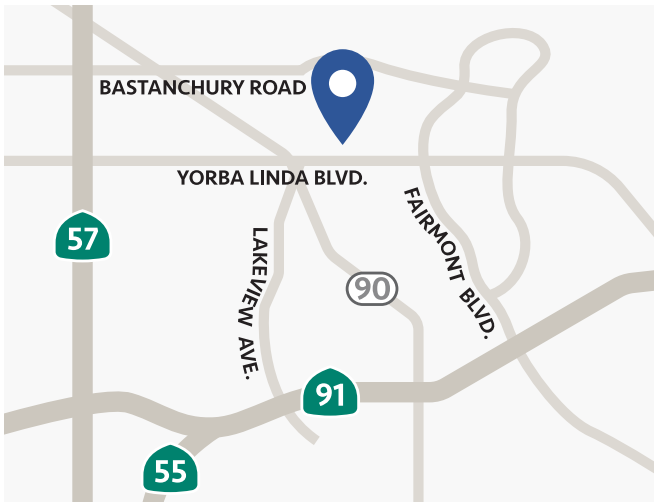
- **Breast health**
- **Cardiology**
- **Dermatology**
- **Imaging, including**
 - A 3-Tesla wide-bore MRI
 - Advanced 3D mammograms
 - Ultrasounds
 - X-rays
- **Integrative health, including acupuncture and naturopathic medicine**
- **Pain management**
- **Physical medicine and rehabilitation**
- **Primary care**
- **Urology**

The multispecialty center, which opened in February, complements an existing UCI family medicine practice in Yorba Linda. UCI Health centers are staffed by physicians who provide the kind of advanced clinical care that characterizes an academic medical center.

"UCI Health, as Orange County's only academic health system, plays a unique role in meeting the healthcare needs of our community," says Dr. Nasim Afsar, chief ambulatory officer for UCI Health. "The specialists in our Yorba Linda center provide patients convenient access to the latest groundbreaking treatment options."

UCI Health features more doctors listed among the Orange County Medical Association's Physicians of Excellence and Best Doctors in America than any health system in Orange County. Its programs in gynecology and urology are listed among the top 50 in the nation by *U.S. News & World Report*, and specialties in cardiology and neurology consistently receive The Joint Commission's Gold Seal of Approval for quality patient care.

Learn more at ucihealth.org/yorba-linda 



Spotting & Preventing Heat Stroke

SIGNS & SYMPTOMS

HEAT EXHAUSTION

- | | |
|----------------------|-------------|
| Sweating profusely | Headaches |
| A racing pulse | Nausea |
| Feeling dizzy & weak | Clammy skin |
| Cramps | Fainting |

HEAT STROKE

- | | |
|-----------|----------|
| Confusion | Delirium |
| Agitation | Coma |

PREVENTION

Protect yourself & others from the heat.

- | | |
|---|--|
| 
STAY HYDRATED | 
WEAR LIGHT-WEIGHT, LIGHT-COLORED CLOTHING |
| 
STAY INDOORS, STAY COOL, FIND AIR CONDITIONING | 
LIMIT SUN EXPOSURE, AVOID SUN FROM 10 A.M.—2 P.M. |
| 
FOLLOW WEATHER REPORTS | 
EAT A WELL-BALANCED DIET |

For more information, visit ucihealth.org/heat



The busy lives of Michelle Clark-Salib and husband Fady center around their sons, Caleb (left) and Elijah.

SCORE ONE FOR SCIENCE

A UCI Health team delivers a healthy baby to a cancer patient, then saves her life.

WRITTEN BY
VICTORIA CLAYTON

PHOTOGRAPHED BY
TARAH VAN GROUW

It wasn't news any 28-year-old woman expects. During a routine exam in May 2012, Michelle Clark-Salib's gynecologist detected a lump in her right breast.

"It was like, 'Oh, you should get this checked out, but it's probably nothing.'" An ultrasound led to a biopsy. A few weeks later, the full-time working mother of a then 2-year-old son learned the lump wasn't nothing. It was late-stage inflammatory breast cancer — a rare, aggressive form that accounts for a mere fraction of breast cancers in the United States.

Moreover, it had spread to the Fontana resident's lymph nodes and likely to her spine. "At that point, it was just full-blown chemo — ask questions later," Salib says.

Her Riverside-based oncologist prescribed an aggressive chemotherapy regimen. After four months of treatment, she was scheduled for an outpatient procedure to insert a portacath — a small chamber that sits under the skin — to facilitate the infusion of chemo drugs.

"As a formality, they do a pregnancy test, but I told them there was no way I was pregnant," says Salib, who'd been taking contraceptives until her cancer diagnosis. "I was shocked when one of the doctors said, 'Uh, this pregnancy test came back positive. Any idea how far along you might be?'"

With a confirmed second test and an ultrasound showing she was about 23 1/2 weeks pregnant, her oncologists told her and her husband, Fady Salib, that she should continue life-saving chemotherapy and end the pregnancy. "My poor, sweet

husband was sitting there. He said, 'Yes, doctor, we understand. The most important thing is saving my wife's life.' All I could think was, 'No, hold up here! I need more information!'"

For her, terminating the pregnancy was an absolute last resort. But there was more bad news: Her amniotic fluid was dangerously low — one of the known side effects of a cancer drug she was taking, a monoclonal antibody called Herceptin.

It was a Friday afternoon. The stunned couple went home to take stock and prepare for an obstetrician's appointment the next week. About 5:30 p.m., the Riverside-based general obstetrician called to say that after reviewing her case, her situation was beyond his expertise. But he told her that he had trained at "UC Irvine's high-risk pregnancy program, and that if anyone could help me, they could."

Because her amniotic fluid was so low, he directed the couple to drive to UCI Medical Center immediately. Waiting for her that evening was a team of doctors, including the high-risk pregnancy specialists and oncologists.

"We have plenty of experience with treating patients who need a multi-disciplinary approach," says Dr. Rita Mehta, a UCI Health oncologist and international expert in metastatic breast cancer who eventually took over Salib's cancer treatment.

SPECIALIZING IN COMPLEX CASES

Over the last 15 years, Mehta has led many advances in treating the most aggressive breast cancers. In a groundbreaking study published in 2012,

she showed that a combination of the drugs anastrozole and fulvestrant was superior in controlling and improving patient survival to anastrozole alone or anastrozole followed by fulvestrant to treat hormone receptor-positive metastatic breast cancer. (Her just-published study shows the combination has also improved five-year survival.)

Mehta was also one of the first to use chemotherapy combined with Herceptin on women with breast cancer before — rather than after — surgery to help shrink tumors, the treatment Salib was undergoing when her pregnancy was discovered.

Mehta, along with UCI Health obstetrician and cardiologist Dr. Afshan B. Hameed and other specialists, conferred with Salib, her husband and family. The doctors determined she'd been about seven weeks pregnant when her chemotherapy began. That meant she had only some exposure during her first trimester. It was game-changing news, the medical team told her, because chemo is far less concerning for fetal development during the second and third trimesters.

"There isn't a lot of data out there about the effects of chemotherapy on a pregnancy because not that many people have this happen, but still the team went over absolutely every known risk," says Salib. The ultrasounds were encouraging; many potential birth defects were ruled out. Mehta also determined that they could keep the cancer at bay temporarily with a scaled-back chemotherapy regimen, minus Herceptin, should Salib decide to carry the baby to term.

“I’M SO HAPPY THAT DR. MEHTA DOESN’T GET STUCK IN TUNNEL-VISION TREATMENT MENTALITY.”

With her husband’s and family’s support, Salib pressed on. The medical team monitored her carefully to determine when the baby could be delivered safely so that the mother could resume more aggressive chemotherapy. Mehta hoped for delivery at 32 weeks. Salib’s obstetricians pushed for 37 weeks, when the baby would likely be able to breathe on its own.

On Jan. 8, 2013, she delivered a son,

it, during her pregnancy, the U.S. Food and Drug Administration had approved pertuzumab, a second monoclonal antibody Mehta believed could improve the results of Salib’s regimen of Herceptin and the anti-cancer agent docetaxel. The new drug was added to the mix.

After five rounds of the chemo cocktail, Salib’s primary tumor began to shrink dramatically. In April 2013, she had a mastectomy. Before the surgery,

Caleb: 5 pounds, 6 ounces, but otherwise completely healthy at 37 weeks. Ten days later, mom resumed what she calls “hard-core chemo.” As luck would have

she had an imaging test that gave her encouragement. “I no longer lit up like a Christmas tree,” says Salib, who also underwent radiation treatment.

After a few years with no recurrence, she was cleared to have reconstructive breast surgery at UCI Medical Center. “Our aim is not just survival,” Mehta says of the breast services team, which includes highly skilled plastic surgeons. “We want the patient to have a good quality of life, and Michelle was able to do everything that a mom loves to do with her baby.”

At the time of the mastectomy, pathologists could find no sign of cancer in Salib’s breast tissue, an indication of “complete pathological response.” But it would take the cautious Mehta a few more years to use the phrase “long-term remission.”

SUPPORTING CANCER SURVIVORS

Six years on, Salib remains cancer-free. But she visits the cancer center every three

LEADING THE NATION IN BREAST CANCER RESEARCH AND CARE

The UCI Health Breast Cancer Program is part of UCI Chao Family Comprehensive Cancer Center, the only National Cancer Institute-designated comprehensive cancer center in Orange County.

Its team of top surgeons, radiologists, medical oncologists, radiation oncologists and reconstructive surgery specialists delivers everything from routine mammography to leading-edge treatment for the most complex cases. The team has had an array of “firsts,” including being:

- The first in the nation to use MarginProbe®, a device to help surgeons ensure that no cancer cells are missed during a lumpectomy.
- The first in California to pair the surgical device with intraoperative radiation therapy (IORT), a targeted alternative to traditional radiation therapy.
- Among the first to offer clinical trials of emerging breast cancer drugs, including optimized chemotherapy that can dramatically reduce or eliminate tumors before surgery (called neoadjuvant chemotherapy) and extend the lives of women who have the most common type of metastatic breast cancer.

Mehta and fellow researchers in the breast cancer program are continuing to pursue solutions to the toughest dilemmas, such as treatment of triple-negative breast cancer — one of the most aggressive types.

“We have gathered a lot evidence at our university since 2003,” Mehta says. “We were the first to publish on the role of trastuzumab (Herceptin) specifically in inflammatory breast cancer. So it’s been quite a journey.”

weeks for an infusion of monoclonal antibodies and complete hormonal blocking therapies to keep the cancer in remission. She plans to stay on the maintenance protocol for the foreseeable future. She works full-time in the office of a steel fabrication company and keeps up with school, sports and Cub Scout schedules for sons Elijah, 9, and Caleb, now 6.

“I want to make sure I’m there when my boys go off to college, when they get married. I even want to be a grandmother someday,” she says. “And I want people — especially young women — to know that you can stand up for yourself as a patient. You can ask questions. And even under the worst circumstances, you can be strong. You can have courage.”

Salib says she’s grateful for her acute care, reconstructive surgery and ongoing survivorship care at UCI Health.

“I’m so happy that Dr. Mehta doesn’t get stuck in tunnel-vision treatment mentality. She stays up-to-date on research, new trials and drug protocols. She’ll alter treatment based on new research. My treatment has been modified several times because some new data came out that pointed a certain way, and she felt it was in my best interest to give it a try.”

Mehta, who has published her groundbreaking studies on life-extending treatment protocols in journals such as *Cancer*, *The New England Journal of Medicine* and the *Journal of Clinical Oncology*, calls Salib one of the “faces of all the progress we have made in breast cancer treatment.”

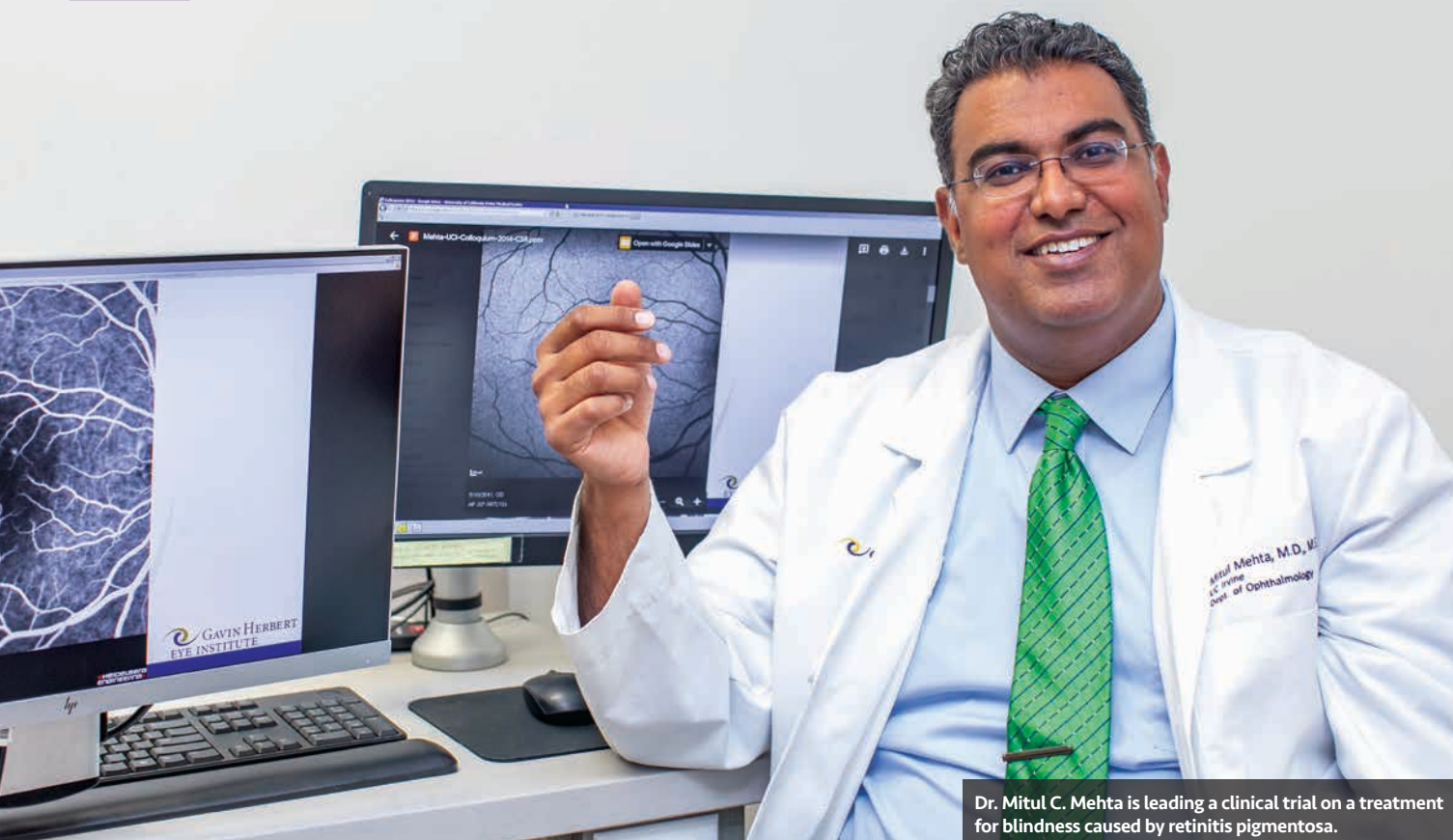
“Michelle had everything you could think of that would portend a horrible outcome for a patient,” she says. “Yet that didn’t happen. While we provided treatment and support, the final decisions Michelle made were all her own.” ■

 Learn more about cancer treatment and research at ucihealth.org/cancertreatment



BREAST CANCER IN REPRODUCTIVE-AGE WOMEN

- Although rare, breast cancer in younger women tends to be a more aggressive disease, and case numbers are increasing slightly.
- About 11,160 cases of invasive breast cancer are diagnosed each year in women under age 40 — about 4% of all breast cancer cases.
- Breast cancer incidence among women under age 50 has risen slightly (0.2% per year) since the mid-1990s.
- In women under age 45, breast cancer is diagnosed more often in African American women than in other racial or ethnic groups.



FINDING A CURE FOR BLINDNESS

A novel treatment may restore vision to people with retinitis pigmentosa.

WRITTEN BY NANCY BRANDS WARD | PHOTOGRAPHED BY KRISTIN ANDERSON

An inherited eye disease known as retinitis pigmentosa (RP) affects 1.5 million people worldwide, causing blindness in many by age 40. Researchers have labored for many years to find ways to prevent deterioration of sight or to restore vision to those patients. Now a novel type of stem cell treatment for the disease is under investigation by UCI Health researchers at the Gavin Herbert Eye Institute.

After showing promising results in a Phase 1 clinical study, the U.S. Food and Drug Administration approved a Phase 2 clinical trial to evaluate the dosages, safety and effectiveness of treatment involving a type of stem cell called progenitor cells.

Dr. Mitul C. Mehta, an ophthalmologist specializing in diseases of the retina and a UCI School of Medicine assistant professor of ophthalmology, is the lead investigator in the second phase of the clinical trial, which is just wrapping up.

Live Well spoke with Mehta about how the treatment works, the path toward potential FDA approval and the tantalizing possibility of preserving and even restoring vision in people with RP.

What is RP?

RP is actually multiple diseases that result from changes in any one of more than 50 different genes that destroy the light-sensing cells in the eye. That's one of the challenges we have faced. A device called the Argus II Retinal Prosthesis — also known as the bionic eye — produces some vision when implanted in people who had no vision or perceived only light.

Vitamin A palmitate may help RP patients prolong vision. All sorts of treatments have been tried for RP, but nothing has really worked. That's why this stem-cell approach is truly exciting.

What is the treatment you're studying?

The therapy was developed in the lab of my colleague, UCI ophthalmologist and researcher Dr. Henry Klassen, whose studies show that progenitor cells can slow damage progression and may spark the growth of new retinal cells.

The Phase 2 study evaluates the effectiveness of progenitor cells in improving the vision of people with RP.

More than 80 volunteers, whose vision ranged from 20/80 to 20/800, received injections in the vitreous of the eye. The vitreous is the gel-like substance that makes up much of the inner eye.

Participants, most of whom had severe peripheral vision loss, were randomized into three groups: One-third were injected with three million cells each; one-third received six million cells each; and one-third served as a control group and got a placebo injection.

To eliminate bias, two physicians gave the injections. We also didn't know the type of injection or the dosages people received.

What are progenitor cells?

Progenitor cells start as embryonic stem cells, then are modified in the lab to produce specific growth factors important to fostering vision.

How does the treatment work?

Participants are given a single injection in one eye. The progenitor cells come together to form a new organ-like mass in the eye that we believe helps dormant, damaged cells work better.

What are the results so far?

We haven't analyzed the results of this phase of the study yet. But the Phase 1 study of the treatment's safety was promising enough that the FDA approved Phase 2. We were also able to offer to inject the second eye of participants in the first phase, and most were delighted to accept. So far, the treatment appears to be beneficial and long-lasting, but we think people may need injections every year or two to maintain the improvement.

How have participants reacted?

For some participants, we've seen remarkable improvement. One of my patients had so much trouble seeing she couldn't find the door. After the treatment, she walked into my exam room without anyone helping her, sat down and said, "That's a very nice green tie you're wearing."

I have no way of knowing what dosage she had, but she improved so much that it was shocking. Another patient who couldn't see fingers in front of her face is now able to see her children.

What are the next steps?

Over the next six months, we'll finalize and analyze the data. There is one more clinical trial — a Phase 3 — that the FDA requires before it will approve the treatment for general use. Once the FDA approves a research protocol and progenitor cells are developed commercially, that clinical trial can get underway at multiple sites with a greater number of participants. I can't say how long before the treatment would be available outside of a clinical trial.

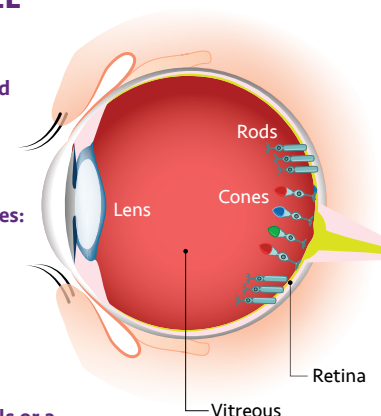
How has this research affected you?

I became a doctor to help people. This research is so

HOW RP STEM CELL THERAPY WORKS

Retinitis pigmentosa is marked by the slow decay of the photoreceptors — the rods and cones that turn light into signals sent to the brain. The investigational therapy involves:

- In the lab, embryonic stem cells called progenitor cells are modified to produce specific growth factors that facilitate vision.
- In the study, progenitor cells or a placebo are injected into the vitreous, the gel-like substance that fills the inner eye.
- The progenitor cells are designed to replace damaged rods and cones, reversing the course of RP.



game-changing for people's lives. It's impossible to imagine what your life would be like if you couldn't even see the person standing next to you. It's super-exciting to be part of this leading-edge work. ■

To learn more about research and treatment at Gavin Herbert Eye Institute, visit ucihealth.org/ghei



FROM THE COUCH TO THE PYRAMIDS

The UCI Health Weight Management Program helped a Fountain Valley couple transform their lives — one step at a time.

WRITTEN BY MELANIE ANDERSON | PHOTOGRAPHED BY KRISTIN ANDERSON

Michael Bare and his wife, Lorna Wimberley, entered a UCI Health weight loss program together and relied on each other to meet their goals, enabling him to shed 225 pounds.

Michael Bare was strolling through Paris with his wife, Lorna Wimberley, in September 2016 when reality hit: “Oh my gosh, Lorna and I are walking together along the River Seine! That still blows my mind,” says Bare, 65, a retired college bookstore manager. “I would never have thought I would be able to do that.”

It’s just one of many life-affirming milestones the couple has celebrated since enrolling in the UCI Health Weight Management Program (WMP) — a decision they made in October 2014 after another of Bare’s physicians warned that he could die if he didn’t lose weight. “I remember coming home and saying, ‘It’s time to do something,’” says Bare, who weighed more than 400 pounds and struggled to climb the stairs in their Fountain Valley home.

Bare explored his options, even attending a bariatric surgery seminar. Wimberley, 63, a retired pharmaceutical lab technician, also did some research and found the WMP website.

“What appealed to me was the description of the staff,” she says. “It was different from other weight-loss programs because they had doctors, nurse practitioners and dietitians. At UCI Health, they were leading the program and they were there day-to-day.”

The two-phase program emphasizes accountability. The first phase is a structured weight-loss regimen using meal replacements. “The second phase is lifestyle weight loss,” says Program Director Katie Rankell, RD. “They may be using some meal replacements, but

they’re also learning how to keep weight off when eating whole foods.” Patients also attend weekly weigh-ins and group classes, and they check in regularly with health coaches.

Bare enrolled in a medically supervised low-calorie plan based entirely on nutritionally sound meal replacement products. Wimberley, who weighed 169 pounds, wanted to improve her health and appearance, so she opted for a more moderate plan that combines some meal replacements with vegetables and fruit and is typically not medically monitored.

“I can’t tell you what a great support it was that the two of us were doing it together,” Bare says. “One of the first things we did was clean out our cabinets of junk food. Together we really reinforced the program.”

Encouragement from classmates and staff also kept them motivated. “The atmosphere is so positive,” Wimberley says. “It gets you into the mindset where you’re thinking positively about yourself and you really can lose weight.”

Within five months, Bare lost 75 pounds and he was able to conquer the steep staircase at Aquarium of the Pacific in Long Beach. “He took it one day at a time,” recalls Rankell. “He became that coachable patient who would reach out to us whenever he had questions or concerns.”

Bare’s efforts helped WMP achieve a milestone of its own: He became its first patient to lose 200 pounds. “We didn’t have a milestone pin high enough for him, so we had one made,” says Rankell. “On the night he hit the 200-pound milestone,

we ran out and got balloons. The class was so excited.”

That evening in November 2015 was “life-changing, life-affirming,” says Bare. “I did it with the woman I love. All the staff came into the room. I cried.”

He went on to lose a total of 225 pounds and Wimberley shed a total of 45 pounds, but their work was hardly finished. More than three years later, they still attend WMP’s Phase 2 class, which promotes lifestyle strategies for continued weight loss or weight maintenance.

“We really encourage our patients to be held accountable for at least a year to keep the weight off,” Rankell says.

Besides dramatically altering their diets, Bare and Wimberley have transformed themselves from self-described couch potatoes into fitness enthusiasts and intrepid world travelers. They take aerobics classes, long walks and bike rides — including a weekly 20-mile round trip between their home and the WMP class in Irvine. Recently, they visited the United Kingdom, Ireland and the pyramids of Egypt.

The couple had always wanted to travel, “but I was so afraid that I was going to be doing it alone — that Michael would not survive into retirement,” Wimberley says, marveling at the transformation WMP has made to their lives.

“For him to accomplish this milestone means the world to me — because I have my partner to do all the fun things we always wanted to do.” ■

Learn more about the program at ucihealth.org/weightmanagement



CULINARY MAKEOVER

UCI Health launched a new chef-based culinary program in April to enhance nutritious dining for patients, visitors and staff. Along with updated menus and improvements to the physical layout of the Tony and Daisy Fan Dining Room at UCI Medical Center, patients and visitors have healthier choices as well as ethnically diverse food options. An entirely new patient menu focuses on fresh ingredients and healthy options that are made to order and delivered by our service team.



Chef Jet Tila with the kitchen staff.



The grand opening was kicked off with a culinary teach-in by Food Network celebrity chef Jet Tila.



Opening-day visitors choose among new and healthier choices at the dining hall.

UCI SPIRIT NIGHT WITH THE ANAHEIM DUCKS

As the official hospital partner of the Anaheim Ducks, UCI Health and the team celebrated UCI Spirit Night on March 17, when the Ducks faced off against the Florida Panthers.



UCI alums gather at the UCI Health booth to play games and gather health information.



Peter the Anteater greets UCI alums and fans.

WOMEN'S WELLNESS DAY

More than 600 attendees gathered in Huntington Beach on April 26 for the 17th annual Women's Wellness Day, hosted by the Susan Samueli Integrative Health Institute, which is part of UCI Health. The day, which began with a mindful walk on the beach and tai chi exercises on the lawn, was filled with practical information on the importance of sleep to the benefits of aromatherapy and cooking for health. The agenda included keynote speakers Dr. Sara Gottfried and TV celebrity Suzanne Somers, as well as breakout sessions and a marketplace featuring integrative approaches to health and wellness. The event furthers the institute's mission to provide integrative clinical care, research and education to the community.



Dr. Shaista Malik, executive director of the institute, and its founder, Susan Samueli (right).



Bestselling author Dr. Sara Gottfried discusses "Brain Body: The Gut and Brain Axis in Health and Disease."

HEART AND STROKE WALK

UCI Health was proud to support the American Heart Association of Orange County's Heart and Stroke Walk at Angel Stadium of Anaheim on March 16.



UCI Health cardiovascular team participants Greg Mignano, George Orate and Heribert Bacareza celebrate completing the walk.



The 148 participants on the UCI Health team raised more than \$5,600.

HEALTH CLASSES

Learn how to improve your health or prevent disease by taking our classes. Most are free, but some do have fees. All classes are held at UCI Medical Center, located at 101 The City Drive South, Orange, CA 92868.

Please note: There is a small fee to park at UCI Medical Center, which is part of UCI Health. When attending classes at the 200 Building, please park in one of the numbered patient spaces and provide the number to the desk concierge.

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 DIRECTIVE

July 11 | 11 a.m.–12:30 p.m.

Building 22A, Room 2105-06
Notary available from noon to 12:30 p.m. at no charge

BREASTFEEDING

June 27, Aug. 1, Sept. 5, Oct. 3 | 6–9 p.m.

Building 53, Room 121

HEART FAILURE

Aug. 13 | 2–3:30 p.m.

UCI Douglas Hospital
Building 1, 3rd floor, Room 3005

JOINT REPLACEMENT, HIP OR KNEE

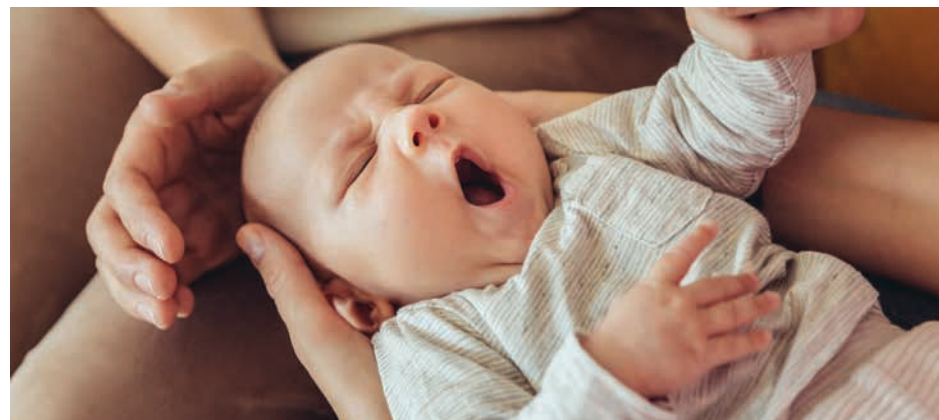
Every Thursday, except holidays

11 a.m.–noon
UCI Douglas Hospital
Building 1, 3rd floor, Room 3001

MEDITATION FOR HEALTH SERIES (four classes)

June 3, 10, 17, 24 | 6:30–7:30 p.m.
Sept. 9, 16, 23, 30 | 6:30–7:30 p.m.

UCI Douglas Hospital
Building 1, 3rd floor, Room 3005



NEWBORN CARE

June 14, July 26, Sept. 13, Oct. 4 | 6–9 p.m.

Building 200, 8th floor, Classroom B
200 Manchester Ave., Orange

July 12 | 6–9 p.m.

Building 200, Room 211
200 Manchester Ave., Orange

PREPARED CHILDBIRTH

Wednesdays | 7–9:30 p.m.

June 26, July 10, 17, 24

Sept. 11, 18, 25, Oct. 2, 9

Thursdays | 7–9:30 p.m.

June 27, July 11, 18, 25

Sept. 12, 19, 26, Oct. 3, 10

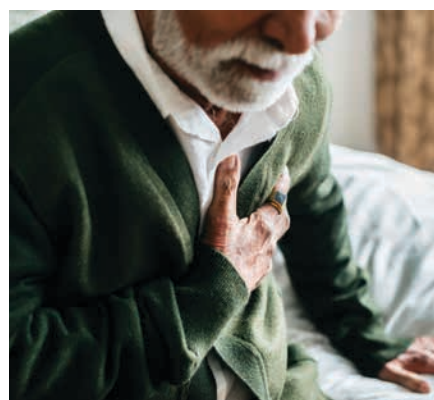
Building 200, 8th floor, Classroom B
200 Manchester Ave., Orange

PREPARING FOR SURGERY — MIND, BODY AND SPIRIT

July 1, Aug. 5, Sept. 2, Oct. 7

Noon–1:30 p.m.

UCI Douglas Hospital
Building 1, 3rd floor, Room 3005



ONLINE HEALTH EDUCATION VIDEOS

Learn how to protect your health with our free, on-demand videos. Topics include:

- Cholesterol
- Diabetes diet
- Diabetes management*
- Diabetes blood-sugar testing
- High blood pressure
- Prevent stroke
- Stop smoking

**Also available in Spanish*

 **For information on additional video topics and to request an internet access code, please call UCI Health Patient Education at 714-456-8434.**



EVENTS

UCI Health is proud to sponsor community events that support a variety of health conditions. Attend a conference, listen to a lecture or take the challenge.

GAVIN HERBERT EYE INSTITUTE COMMUNITY LECTURE SERIES

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

June 3 | 7–8 p.m.

Actor and inspirational speaker Tom Sullivan on the emotion of vision loss

Sept. 16 | 7–8 p.m.

Minimizing vision loss in diabetics—Dr. Andrew Browne

Toward personalized medicine for diabetics and other diseases—Dr. Steven Chessler

Nov. 4 | 7–8 p.m.

Uveitis, what you and your rheumatologist should know about eye inflammation—Dr. Sanjay Kedhar

Lectures are held at the eye institute, which is located at 850 Health Sciences Road, Irvine. To RSVP, contact ghei@health.uci.edu or 949-824-7243.



THE THIRD ANNUAL ANTI-CANCER CHALLENGE MOVES TO UCI CAMPUS

The 2019 UCI Anti-Cancer Challenge, which raises money for life-saving cancer research, will be held **Saturday, June 8, from 5:30 a.m. to 4 p.m., at the UCI campus.**

The ride, run and walk, which starts at Aldrich Park, is expected to break participation records this year.

The challenge has raised more than \$1 million for research at the UCI Chao Family Comprehensive Cancer Center. Participants can choose between 4-, 34-, 60- and 100-mile bicycle rides, 5K and 10K run/walk events, as well as volunteer opportunities.

To donate year-round, visit anti-cancerchallenge.org

SUPPORT GROUPS

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

AGE-RELATED MACULAR DEGENERATION
888-430-9898

ART FOR THE SOUL
714-456-2846

BARIATRIC SURGERY SUPPORT GROUP
888-717-4463

BRAIN TUMOR EDUCATION/SUPPORT GROUP
714-456-5812

BURN SURVIVORS SUPPORT GROUP
714-456-7437

HEART FAILURE SUPPORT GROUP
714-456-7514

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

PANCREATIC CANCER SUPPORT GROUP
714-456-7057

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



Photo: Shay Ryan Photography

BACK IN THE KITCHEN

Talia Ryan began suffering searing back pain at age 15. Now 22, the Foothill Ranch resident and recent college graduate eventually was diagnosed with pars defect and spondylolisthesis, which involves a displaced vertebra in the spine. After trying physical therapy, which didn't resolve the pain, she found Dr. Nitin Bhatia, chief of UCI Health orthopaedic spine services and interim chair of the UCI School of Medicine's Department of Orthopaedic Surgery. Bhatia and his team performed an eight-hour surgery to fuse part of Ryan's spine. Her pain disappeared. Subsequent bone growth and physical therapy has changed her life, enabling her to relish everyday experiences — even simply sitting at a table to eat.

“When I was 15, I bent over one day and got this shooting pain down my leg. From then on, I always had a nagging backache. In fall 2016, I started classes at UC Irvine. I lasted one day. I couldn't push through the pain anymore. It became excruciating. Finally I got an MRI, and it showed I had spondylolisthesis. I was so shocked. After the MRI, I found out my dad, grandmother, grandfather and an aunt had the same condition.

I saw a spine surgeon who told me I needed surgery. But I knew what my aunt and grandma had gone through after surgery. I chose physical therapy instead. That was pretty much the only time I left the house for a year. It was really hard. I had to drop out of school. I had to quit my job. I saw all my friends graduating, studying abroad or going off to Europe — and I could hardly leave my house.

In October 2017, I decided I needed surgery. I interviewed two local surgeons. Then I went to UCI Health and saw Dr. Bhatia. He was so warm, and I could tell he felt compassion for my situation. He was so confident about the procedure he needed to do.

The surgery went fine and after three months I was able to start physical therapy. Dr. Bhatia had told me I would feel terrible for a while, but that eventually I would turn a corner. That's exactly what happened. After about six months I began feeling so much better. I'm now working five hours a day as an education assistant at a school.

When I was in pain, physical therapists would ask me what my goals were. I told them I just want to be normal — to go to the store, do errands and cook. Cooking is something I love. When I was bedridden, I would research recipes. But I couldn't make them because I could only stand for 15 minutes at a time. Now I can shop and cook and sit down at the table and eat. Before, I had to eat lying down.

I appreciate the little things in life so much more now. The other day I was out running errands and I got caught in the rain. I thought, 'This is so amazing — just standing in the rain.'

— Talia Ryan



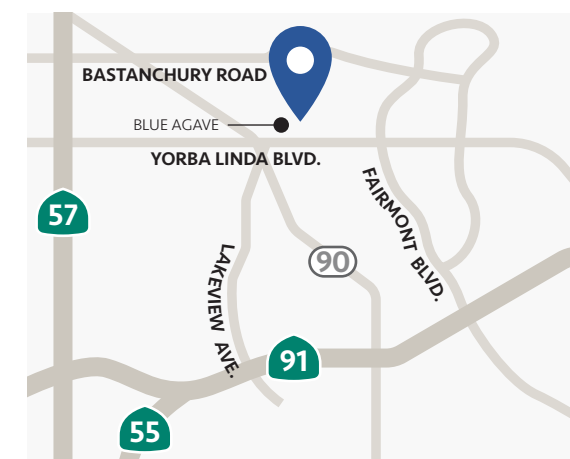
UCI Health

Smarter healthcare now in Yorba Linda

Introducing our newest state-of-the-art medical facility

Powered by breakthrough research and advanced treatments from the University of California, Irvine, our team of experienced, compassionate doctors and health professionals offers you superior care in:

- Breast health
- Cardiology
- Dermatology
- Imaging, including 3-Tesla MRIs, 3D mammograms, ultrasounds and X-rays
- Integrative health, including acupuncture and naturopathic medicine
- Pain management
- Physical medicine and rehabilitation
- Primary care
- Urology



UCI Health — Yorba Linda Multispecialty
18637 Yorba Linda Blvd.

To make an appointment, visit ucihealth.org/yorba-linda or call 714-790-8600

UCI Health

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ucihealth.org/readersurvey

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THANK YOU!

Whether you ride, run or walk for the UCI Anti-Cancer Challenge, you are raising awareness and funds for life-saving cancer research at the UCI Chao Family Comprehensive Cancer Center.

You support promising projects like those of UCI Health colorectal surgeon Dr. Alessio Pigazzi. His clinical trial on whether chemotherapy immediately after colon cancer surgery can improve and extend quality of life moves forward thanks, in part, to a 2017 Anti-Cancer Challenge grant.

Through your Anti-Cancer Challenge connection, you help investigators like Pigazzi pursue vital research that may one day lead to major advances in cancer treatment.

THANK YOU FOR MAKING A DIFFERENCE!



anti-cancerchallenge.org