EQUAL ACCESS
TO CLINICAL TRIALS

A COMPREHENSIVE APPROACH
FOR PROSTATE CANCER

UCI Health

SUMMER 2021

live well

SMARTER HEALTHCARE FOR SOUTHERN CALIFORNIA

Full Throttle

Hip replacement restores a Marine's lifestyle

ON THE FRONT LINE OF HEALTHCARE

I am often asked how COVID-19 has affected UCI Health. My response is always, "We were built for this." As an academic health system, our mission is broad: Discover. Teach. Heal.

From the earliest days of the pandemic, our researchers began working to find treatments and sharing what they learned to benefit patients at UCI Health and beyond. This is what we do. Every day we push the boundaries of what is possible to better serve our patients and ensure that UCI Health continues to be the best place to give and get care.

In this issue of Live Well, I invite you to read about the myriad ways we are creating new therapies, advancing patient care and promoting well-being in our community.

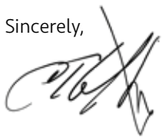
On page 8, learn how advances in hip replacement technology and techniques ensure quicker recovery and make the surgery possible for younger patients with damaged joints. On page 12, we highlight our efforts to provide state-of-the-art prostate cancer care to our region.

Research and clinical trials are also central to improving patient care. On page 3, read about a radiology scientist's breakthrough method to precisely target bone tumors, reducing the risks and side effects of conventional radiation therapy. On page 14, learn how patients like Alberta Bustamante, from under-represented populations, are gaining access to promising cancer clinical trials.

Caring for thousands of COVID-19 patients over the past year enabled us to learn more about this new virus. On page 6, read about "long COVID-19 syndrome" and our efforts to treat this perplexing condition, which leaves many patients with baffling and debilitating symptoms long after the infection subsides. On page 18, a compassionate medical student describes the daunting experiences our caregivers faced tending to the sickest COVID-19 patients during the winter surge. We take pride in training the next generation of healthcare providers. This group of future caregivers will graduate with unique skills forged in a worldwide healthcare crisis.

As the pandemic begins to wane, I hope you will turn to us for any healthcare needs you have delayed or postponed. To make it easier for you and your loved ones to access the exceptional expertise of UCI Health, we continue to expand our presence in the community with offices throughout Orange County, including our newest center (page 4) opening in June in Laguna Hills.

Sincerely,



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

A BETTER WAY TO TARGET METASTATIC SPINE TUMORS

WRITTEN BY MELANIE ANDERSON

Each year, hundreds of thousands of Americans are diagnosed with a cancer that has spread to the spine — a condition that can be painful and debilitating. UC Irvine radiology researchers have developed a new therapy with the potential to more precisely target a patient's tumors and improve their quality of life by sparing them the risks and side effects of conventional radiation therapy.

To relieve pain, patients today receive injections of bone-strengthening cement before conventional radiation therapy to shrink spinal tumors. "These patients are often bedridden from the pain. After a bone cement injection, many can actually walk," says Joyce Keyak, PhD, a professor of radiological sciences and biomedical engineering at the UCI School of Medicine. "That's an improvement in quality of life, but then they get radiation, and that takes its toll."

Keyak and her collaborators have devised a way to reduce that two-step process to a single outpatient procedure by mixing a radioactive isotope into bone cement. The new therapy, called brachytherapy bone cement, irradiates the bone tumor from the inside without harming other tissue.

"There are many potential advantages because this therapy uses a different type of radiation," says Keyak. "Conventional radiation passes through bone and hits everything in its path, causing side effects such as nausea, vomiting and diarrhea. For spine tumors, we also have to limit the radiation dose that can get to the tumor because the spinal cord is there."

Brachytherapy bone cement can be injected directly into the vertebra. It contains beta-emitting radioisotopes with a range of only 3 to 6 millimeters, which means the radiation doesn't affect anything else.

"It won't hit the gastrointestinal tract, so people won't get nausea, vomiting and diarrhea," Keyak explains. "The dosage reaching the spinal cord is much lower, and the radiation is focused where it needs to be, which is in the bone."

This also means that brachytherapy bone cement could be used earlier than conventional radiation, she says. Moreover, conventional radiation still would be an option later if spine tumors recur.

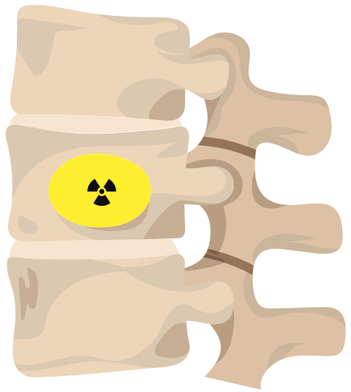
After more than a decade of research and persistence, Keyak tested the procedure in a pilot study of six sheep last year. The research was funded by a seed grant from the radiology department and donations.

"We put the radioactive cement into three sheep and regular cement into three other sheep," says Keyak. "The goal was to show that there are no adverse effects — mainly that it doesn't hurt their spinal cord, and they can still walk around."

In fact, the sheep with the radioactive cement were on their feet and eating within a few hours. "We ran tests and found no radioactivity in the blood, urine or feces," she says. "That shows the radioactivity stays localized in the cement and the vertebral body."

The study would not have been possible without the support and cooperation of UCI's Division of Radiation Safety and University Laboratory Animal Resources, Keyak says. "They went out of their way to make sure we could do this study and do it safely."

She is now seeking funding or an industry partner for additional animal studies — the next step before applying to conduct a clinical trial in humans. "I hope we can help patients because the current treatment for these tumors really takes away from their quality of life," Keyak says. ■



BRACHYTHERAPY BONE CEMENT

- **A radioisotope is mixed into bone cement.**
- **The cement is injected directly into the vertebrae.**
- **The result is a more precise treatment.**

Learn more at ucihealth.org/ir

MAJOR GIFT BENEFITS CARDIOLOGY PROGRAM AT SAMUELI INSTITUTE

A $5 million gift to the University of California, Irvine, from Linda and Mike Mussallem will support integrative cardiology training and research in the Susan Samueli Integrative Health Institute and initiate an integrative health coaching program.

The Mussallems' donation will be used to create an innovative integrative cardiology program, including a fellowship and a research platform to assess how integrating lifestyle, complementary therapies and digital health tools can improve cardiometabolic health. It will also support the launch of an integrative health coaching certificate program to address the shortage of professionals trained in whole-person care.

Linda Mussallem is an integrative health advocate and serves on the institute's advisory board, and Mike Mussallem is chairman and CEO of Irvine-based Edwards Lifesciences. He is also a trustee of the UCI Foundation, which supports UCI's core missions of teaching, research and public service.

"We recognize the importance of whole-person health for patients who are undergoing cardiovascular treatment journeys and, more importantly, the need for a science-based approach to this aspect of their care," Linda and Mike said in a statement. "We are proud to support the Susan Samueli Integrative Health Institute as their team pursues patient education, innovative studies and data collection for whole-person health."

The gift will create a world-class integrative cardiology program to train future leaders. Fellows in the program will receive the same training and inpatient exposure as general cardiology fellows, but they'll also focus on preventive and integrative approaches, such as nutrition, acupuncture, meditation and mindfulness.

Linda and Mike Mussallem

ADVANCED HEALTHCARE COMING TO LAGUNA HILLS

UCI Health is bringing primary care and specialty services to south Orange County this summer with the opening a new medical complex in Laguna Hills.

Outpatient services will include the full range of specialty care offered by Orange County's only academic health system — from cardiology, digestive diseases, dermatology and neurology to pain management, integrative health and all surgery services.

The medical complex — slated to open June 28 at 23961 Calle de la Magdalena, Laguna Hills — also will offer cancer care, including infusion services.

For more information, call 949-979-7307 or visit ucihealth.org/lagunahills

COMPOUNDS IN TEA IMPACT BLOOD PRESSURE

UCI Health researchers have found properties in both green and black tea that relax blood vessels by activating ion channels in the blood vessel wall, helping to lower blood pressure. The findings could lead to the design of new blood pressure-lowering medications.

The research, published in the journal *Cellular Physiology and Biochemistry,* was led by Geoffrey Abbott, PhD, vice-dean for basic science research and senior associate dean for academic personnel in the UCI School of Medicine. Abbott and his team identified two flavonoid compounds in tea that activate a specific type of ion channel protein, called KCNQ5, to relax blood vessels.

As many as one-third of the world's adult population have high blood pressure, or hypertension. While previous research showed that consumption of black or green tea can reduce blood pressure, the identification of KCNQ5 provides a new target for potential drug development. But, Abbott notes, "Simply by drinking tea, we activate its beneficial, antihypertensive properties."

NEW DEVICE EASES KIDNEY STONE REMOVAL

UCI Health researchers have developed a device that enhances the safe removal of kidney stones in the ureter. The handheld device combines a catheter with a sensor to monitor and control the force applied as instruments are placed to remove the kidney stone, thus eliminating the potential for ureteral injuries, according to Dr. Ralph V. Clayman, co-author of a recent study on the device and professor of urology at the UCI School of Medicine.

About 1 in 10 Americans will develop kidney stones in their lifetime. The new device helps ensure that stones can be removed safely and more effectively, minimizing the risk that smaller stones are left behind. Traditionally, placing a sheath in the ureter for stone extraction results in injury in 13% to 23% of all cases, which can require several weeks of healing. Use of the force sensor reduced injuries to zero, the study shows.

"The ureteroscope, which is only one-eighth of an inch in diameter, allows the surgeon to move across the urethra, bladder and ureter and enter the kidney — all through normal passageways," Clayman says.

A study accepted for publication in the *Journal of Endourology* details the amount of force that can be tolerated without incurring injury. The urology-dedicated force sensor system was developed at the UCI Department of Urology's Curiosity and Innovation Laboratory in collaboration with Michael Klopfer, PhD, technical director for the California Plug Load Research Center at UCI.

UCI HEALTH EARNS "A" GRADE IN PATIENT SAFETY FROM THE LEAPFROG GROUP

UCI Health has received a 14th consecutive "A" grade in The Leapfrog Group's biannual Hospital Safety Grade, which rates how well hospitals protect patients from errors, injuries and infections. The spring 2021 Hospital Safety Grade is compiled by The Leapfrog Group, a nonprofit patient safety watchdog organization, that assesses patient safety among more than 2,700 hospitals in the United States.

The safety scores consider factors such as how often a hospital gives patients recommended treatment for a given medical condition or procedure; assesses the environment in which patients receive care, such as whether a hospital uses a computerized physician order entry system to prevent medication errors; and what happens to a patient while receiving care, such as whether care teams left foreign objects in patients while undergoing surgery.

"The safety of our patients is the highest priority for everyone at UCI Health, and this grade from The Leapfrog Group reflects our team's laser-like focus even during the height of the COVID-19 pandemic," says UCI Health CEO Chad T. Lefteris. "The skill, commitment and innovation among thousands of physicians and coworkers in Orange County's only academic health system equals access to the most advanced level of complex healthcare."

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 free to the public and designed to give consumers information they can use to protect themselves and their families when facing a hospital stay.

HELP FOR COVID-19 LONG-HAULERS


At least 10% of COVID-19 patients continue to have symptoms that linger for months.

UCI Health is offering support and treatment for people still suffering adverse effects long after they have recovered from an acute episode of COVID-19. Researchers are struggling to understand the condition, commonly known as long COVID-19 or post-acute COVID-19 syndrome. The people who suffer from it are often referred to as "long-haulers," and they are estimated to number at least 10% of all COVID-19 cases.

"If 100 million people get COVID-19, that would be 10 million cases. That's a staggering number and a pressing public health concern," says Dr. Long-Co Nguyen, a primary care physician who oversees the new UCI Health COVID-19 Recovery Services program.

Long COVID-19 symptoms can include shortness of breath, fatigue, brain fog, depression, difficulty sleeping, and long-term loss of taste and smell. Some patients experience chronic lung or heart problems. Studies are underway to identify how common these symptoms are, who is most likely to get them and whether these symptoms eventually resolve.

UCI Health has created a multidisciplinary team to develop treatment strategies that will vary for each person depending on their symptoms, Nguyen says. For example, to treat fatigue the COVID-19 Recovery Services team is adapting exercises for managing chronic fatigue syndrome. Special diets also may be recommended to reduce inflammation. Neurologists can help patients with brain fog and memory loss, while rehabilitation experts can address shortness of breath and fatigue.

Treatment starts with a comprehensive evaluation of each patient to determine whether other conditions may be an underlying cause of the symptoms, Nguyen says. Next, physicians work with each patient to develop a treatment plan. Long COVID-19 symptoms can fluctuate, making it important to track patients carefully and respond with appropriate care, she says.

COVID-19 Recovery Services consultations are offered in Costa Mesa and Tustin. To schedule an appointment, call 949-386-5101.

GRANT FUNDS PROJECT TO COMPILE COVID-19 DATA

Researchers from UCI have received a $500,000 federal government grant to lead a project to transfer COVID-19 information from UC campuses to a federal data resource center. The compilation of data will help researchers nationwide better analyze the novel virus, its variants and transmission.

Dr. Dan M. Cooper, associate vice chancellor for clinical and translational science at UCI, will manage the transfer of UC information on COVID-19 cases into the National COVID Cohort Collaborative's centralized data resource.

Researchers who are pursuing COVID-19-related studies can apply for quick access to detailed case data, including demographics (age, gender, weight) symptoms, medications, lab test results and outcomes. Though most personal information is not included, patient zip codes and dates of service are.

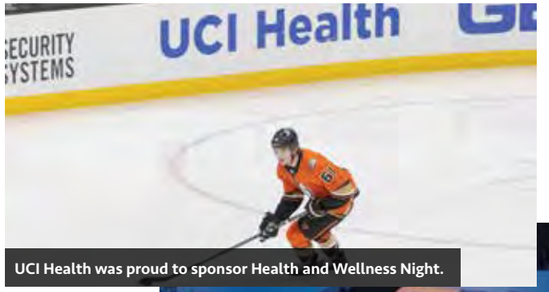
"The huge value of this large database is identifying the risk factors," says Cooper, chair of UC Biomedical Research Acceleration, Integration and Development, a coalition of all five UC health centers. "There may be medications that are being given out that actually improve the condition."

The database will help researchers and healthcare providers answer a range of highly specific questions about COVID-19 that have eluded healthcare professionals so far, such as which patients are most vulnerable to kidney failure or might require a ventilator. Research emerging from the data collection could also help determine whether there are different patient responses to coronavirus infection that require distinct therapies.

A COVID-19 VACCINE MILESTONE

UCI Health has administered more than 121,000 COVID-19 vaccinations to employees and patients as of May 31. During World Immunization Week in late April, UCI Health celebrated its contribution to the greater good of the community. "I am still amazed at all the work that has been done, and I want to take a moment to thank all the departments across our system for taking on this tremendous task," says UCI Health Chief Executive Officer Chad T. Lefteris.

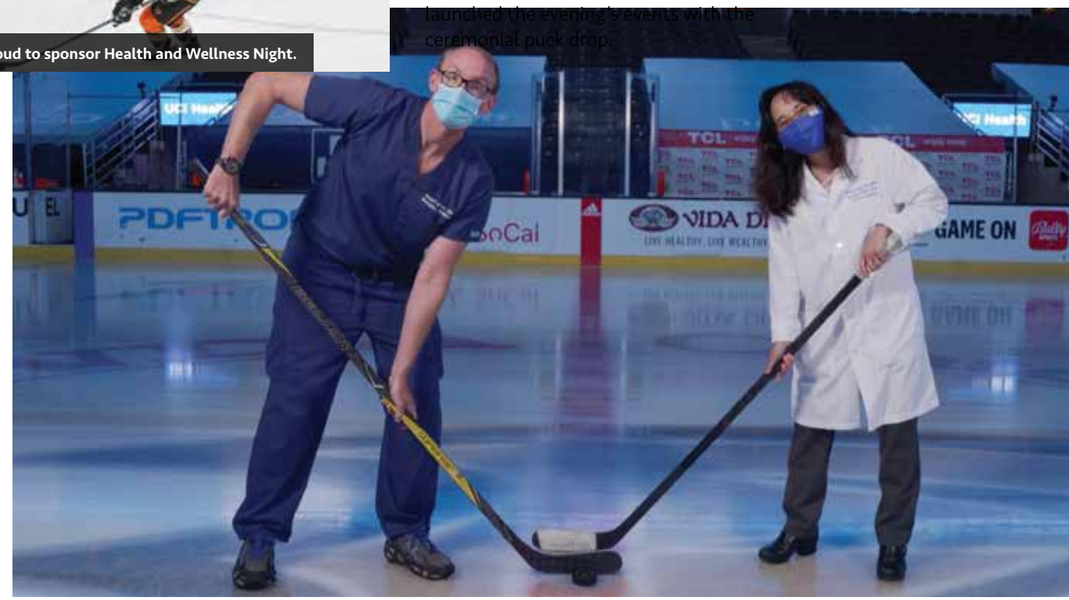
Celebrating progress in COVID-19 vaccination



UCI Health was proud to sponsor Health and Wellness Night.

DUCKS HEALTH AND WELLNESS NIGHT

UCI Health sponsored a Health and Wellness Night on April 30 at the Anaheim Ducks game. Emergency medicine expert Dr. Robert J. Katzer and Dr. Susan S. Huang, medical director of Epidemiology and Infection Prevention, launched the evening's events with the ceremonial puck drop.



Dr. Robert Katzer and Dr. Susan Huang face off at Wellness Night.

When the Time Is Right

Hip replacement is no longer just for older adults, thanks to better implants and advanced surgical techniques.

WRITTEN BY SHARI ROAN | PHOTOGRAPHED BY MICHAEL NEVEUX

With his left hip and knee aching and all his recreational activities curtailed, Scott Shuster made one of the best choices in his life. He sought a second opinion for possible medical treatment. That decision led the retired Marine Corps officer to reject a questionable knee surgery for a hip replacement that has turned his life around.

"I wasn't happy with my consultation with the first orthopedic surgeon, so I went back to my primary care doctor and asked for an alternative," says Shuster, 55. "That's how we came up with the idea to get a second opinion at UCI Medical Center. It's been a very positive experience."

Corinne Shuster says her husband is no longer hunched over and shuffling when he walks. "He's like a different person. He can climb the stairs. He can get down on the floor to play with his grandkids. And he can sleep without pain."

Patients seeking help for joint pain from UCI Health experts can expect a thorough, unbiased evaluation and recommendations that include state-of-the-art technologies and treatments, says Dr. Steven Yang, the UCI Health surgeon who fixed Shuster's painful left hip in December.

Patients with serious, highly painful or complex medical conditions are wise to seek second opinions at academic medical centers, where the latest technologies and treatments are tested and taught, says Yang, an assistant professor of hip and knee arthroplasty at the UCI School of Medicine.

"Sometimes the answer isn't joint replacement," he says. "We do what is best for the patient. We have the resources to offer the best, most comprehensive care. Our team-based approach, with specialists who can address the full range of surgical issues, is what truly sets us apart."

During his consultation with Yang, Shuster said the first surgeon told him that he was too young for a hip replacement. Yang diplomatically explained that hip replacement technology and surgical techniques have evolved significantly in recent years. No longer is it limited to people over age 60.

Shuster retired from the military in 2008 as a decorated lieutenant colonel. Two decades spent in combat armor and carrying heavy loads took a toll on his joints. Even after taking an office job as a sales director, he relished an adventurous, active life — riding his

Last Thanksgiving, Scott Shuster could barely climb stairs or walk upright. Riding his motorcycle was a distant memory.

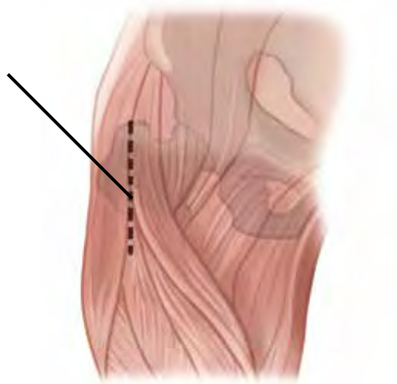
What is the anterior approach?

- **Incision is made in the front-side part of the hip**
- **Major muscles are not severed**
- **Patient typically recovers faster**

A hip replacement can:

- **Relieve pain**
- **Help the hip joint work better**
- **Improve walking and other movement**

Source: National Institute of Arthritis and Musculoskeletal and Skin Diseases



Dr. Steven Yang

motorcycle, working out and running.

About six years ago, he began to experience stiffness and pain in both hips and knees. He finally sought medical help about two years ago, trying nonsurgical remedies such as physical therapy and medication. But the pain in his left hip, caused by severe osteoarthritis, worsened. He developed a limp, gradually gave up physical activities and saw an orthopedic surgeon near his Chino Hills home.

"The first surgeon said I was too young to be a candidate for hip replacement because the hardware would only last 15 or so years before it would have to be replaced," Shuster recalls. "He suggested I wait five or six years. He wanted to do knee surgery instead. Dr. Yang said, 'Your knees aren't the problem. Your knee pain is probably due to your hip.'"

Yang says it's a common misconception that hip replacement surgery should be delayed until later in life so the implant doesn't wear out and need replacement. "Implants have gotten much better. The idea that your joint replacement will last 15 years is largely not true anymore with modern implants. An average 50-year-old with a new implant — barring some catastrophic injury — should expect it to last a lifetime."

Shuster got more good news from Yang. Hip replacement surgery no longer requires months of recovery time. Instead of the traditional method of replacing the hip joint by making an incision in the side or back of the body (known as the posterior approach), Yang uses a surgical technique known as anterior hip replacement.

The incision is made in the front of the hip, allowing the surgeon to avoid splitting the major muscle surrounding the hip joint. Evidence from clinical trials also suggests that anterior hip replacement surgery lowers the risk of hip dislocation — a potential complication of surgery, Yang says.

"We know these muscle-sparing surgical techniques are important for faster recovery. Patients nowadays are able to be more active earlier."

Shuster was impressed by how fast he bounced back after his surgery. "Dr. Yang told me I would heal faster and there would be fewer restrictions in my movement. I think I've healed even faster than he thought I would."

The doctor credits his patient. "A lot of the success of hip replacement surgery has to do with patient motivation," Yang says. "Scott is a motivated guy who wants to do what it takes to get better."

Other advances make the surgery more tolerable for patients of any age by controlling pain even before surgery, he adds. "Before, we used to do the surgery and we'd catch up on pain control afterward. We know now that treating the pain before it happens is helpful."

Medications to reduce pain are also applied directly to the tissues during surgery, and the postsurgical pain protocol includes minimizing the use of opioid pain relievers. Opioids are associated with an increased risk of drug dependence and should be used cautiously, Yang says.

"We attack postoperative pain in a number of different ways. We are more sensitive to using opioids. We use nonsteroidal anti-inflammatory drugs (NSAIDs) and medications that target nerve pain and muscle spasms," he says.

Hip replacement patients are often discharged after one or two days. After rehabilitation and a recovery period of about three months, they usually can resume their lives in full, Yang says. Years ago, patients were told their range of motion would be limited after hip replacement surgery and that the implant wouldn't last forever.

"All the improvements have made it more palatable for a younger person who is more active to have a joint replacement," he says. "We can now tell patients that you can do whatever you want after joint replacement."

Shuster was discharged on Dec. 11, 2020, two days after surgery. He returned to work two weeks later, elevating his leg to allow his incision to heal. By mid-March, he was working out on a treadmill. His knee pain has disappeared.

He also has resumed his woodworking hobby and has taken his Triumph cruiser out for a spin, grateful that he pushed for a second opinion.

"Everyone at UCI Health was so kind," he says. "I felt like my time was important to them. They listened to me and communicated with me. I knew exactly what my treatment would be. Now my pain is gone. I'm so happy." ■

Learn more at ucihealth.org/hip-knee

Shuster is thrilled to be able to tumble with grandkids Melody, 3 1/2, and Evan, 11 months.

Leading U.S. urologic oncologist Dr. David I. Lee has joined UCI Health as director of the Comprehensive Prostate Cancer Program.

BUILDING ON EXCELLENCE

Top prostate surgeon joins UCI Health to take its prostate cancer program to new heights.

WRITTEN BY NANCY BRANDS WARD | PHOTOGRAPHED BY MICHAEL DER

Prostate cancer is the second-leading cause of U.S. cancer deaths in men, just after lung cancer. According to the American Cancer Society, about one in eight men will be diagnosed with prostate cancer in their lifetime. Because it is a slow-growing cancer that occurs in men as they age, about one in 41 men will die of the disease.

But as advances in diagnosis and treatment have improved in recent years, so too have survival rates, especially at academic medical systems, including UCI Health, which is ranked No. 24 in the nation for urology by *U.S. News & World Report*.

David I. Lee, MD, one of the nation's foremost prostate cancer surgeons, recently joined UCI Health to direct its new Comprehensive Prostate Cancer Program. He is charged with building on the UCI Health Center for Urologic Care's legacy as a powerhouse of leading-edge prostate cancer care and innovative research.

Live Well asked Lee, who specializes in robot-assisted prostatectomies, to discuss his vision for the program and what patients need to know about advances in prostate cancer diagnosis, monitoring and treatment.

What are your plans for the Comprehensive Prostate Cancer Program?

My initial focus is to ensure that our multidisciplinary team of urologists, radiation oncologists, medical oncologists and other highly skilled professionals are working together like a fine-tuned machine. Prostate cancer is a disease that requires teamwork. We have one of the most highly skilled, talented teams in the country. That's not something a lot of other places have.

I also see a lot of opportunities for innovative research and clinical trials that will advance treatment options even further for patients at UCI Health and the nation.

What is new in prostate cancer care?

Imaging and biopsy techniques have improved significantly in recent years. We were among the first to use Artemis, a revolutionary technology that combines 3D imaging, a robot arm and a needle-guidance system to precisely locate and biopsy prostate cancer cells.

We have long been leaders in performing safe and effective robot-assisted prostate surgeries that dramatically improve survival and preserve urinary continence and sexual function.

We also are pioneers in ablative prostate cancer treatments, including cryotherapy to destroy tumor cells by freezing affected tissue with ultracold gas. And we were the first in the nation to use high-intensity focused ultrasound to target and destroy only cancerous tissue, sparing the rest of the prostate gland.

Advances in radiation therapy more accurately target prostate tumors. And new cancer medications that target cancer cells in different ways offer more options to patients with advanced prostate disease.

We're also smarter about determining who needs definitive therapy and stepping back from overtreating this condition when it's unnecessary. Instead, we are able to safely monitor many men with active surveillance for a number of years.

What are the advantages of robot-assisted surgery for prostate cancer?

Open prostatectomy has been associated with a long recovery. Reattachment of the bladder and urethra required using a catheter for up to three weeks after open surgery. Robot-assisted surgery allows us to remove the catheter within six days after surgery. Because the procedure is minimally invasive, there is less blood loss and less pain. In experienced hands, it can also lessen side effects such as loss of urinary control and sexual function.

Over the last few years, about 80% of the patients I treated have gone home the same day. We are now offering the procedure on an outpatient basis to our UCI Health patients.

What areas of research will your team focus on?

For men with high-risk prostate cancer that can recur after surgery, I'm interested in exploring new combinations of therapies to improve survival outcomes. We're also looking at genomic markers and using that data to better stratify patients by low, medium and high risk. This helps us refine treatment regimens even further for each patient.

What do patients need to know about UCI Health prostate cancer services?

We realize that a diagnosis of prostate cancer is a very scary thing. Most men have not yet experienced any symptoms when they are diagnosed with this disease. They often become even more frightened when they hear that side effects of prostate surgery can include urine leakage and problems with sexual function.

At UCI Health, we meld education about the disease with our depth of experience to help men understand their options. We want them to know that we will give them the best possible care designed to meet their individual needs, and that we will see them through each and every step. ■

Learn more at ucihealth.org/prostatecancer

At left, Lee demonstrates the da Vinci Surgical System®. Above, he consults with fellow UCI Health urologist Dr. Roshan M. Patel.

EQUAL ACCESS

UCI Health strives to expand cancer clinical trial enrollment in underserved communities.

WRITTEN BY NANCY BRANDS WARD | PHOTOGRAPHED BY MONICA OROZCO

When Alberta Bustamante found herself at UCI Medical Center with a broken shoulder after a car crash in 2016, doctors told her that scans suggested her years-old breast cancer had metastasized to her bones. She wasn't able to locate her primary care doctor, who had practiced in Garden Grove where she lived, and didn't seek out follow-up care. Three years later, when she started having trouble walking, she reconnected with physicians at UCI Health and began treatment with medical oncologist Dr. Ritesh Parajuli.

She'd already undergone a double mastectomy in 2008, as well as radiation and eight years of tamoxifen hormone therapy. With the cancer spreading to her bones, Bustamante needed something more.

Parajuli offered her the opportunity to try a new treatment: a three-drug combination therapy being evaluated through an early-stage clinical trial. She accepted. "I'd already been through the worst in 2008," she says. "I had a chance to feel a lot better. Why wouldn't I?"

Bustamante was able to enter the promising treatment due in part to a National Cancer Institute grant recently awarded to the UCI Health Chao Family Comprehensive Cancer Center to increase the number of minority and other underserved patients in clinical trials. Called Create Access to Targeted Cancer Therapy for Underserved Populations (CATCH-UP), the grant supports the enrollment of 24 patients — with 50% from underserved Orange County communities — in early-stage cancer clinical trials.

The Chao Family Comprehensive Cancer Center is one of only 10 U.S. centers to receive a CATCH-UP grant. Increasing clinical trial participation is of vital importance in majority-minority Orange County, where Latino, Asian and Pacific Islander residents combined constitute more than 55% of the county's population.

So far, about 40% of the patients enrolled in clinical trials under the CATCH-UP grant are from underserved Orange County communities, with more enrollments expected over the next year.

Minorities nationwide are typically underrepresented in clinical trials, according to government statistics. But it's vitally important to have these minority and underrepresented groups included in clinical trials — both for their benefit and that of science. Researchers need to know if experimental treatments work in a range of racial and ethnic groups, says Dr. Susan M. O'Brien, the cancer center's associate director for clinical science and medical director of its Sue and Ralph Stern Center for Cancer Clinical Trials and Research.

"A great deal of attention is paid to patients who participate in clinical trials," O'Brien explains. "Data suggests that patients actually get better care in clinical trials than otherwise."

There are a lot of reasons why minority populations are often underrepresented in clinical trials. One is that they are more skeptical, fearing they might be used as guinea pigs or get a placebo rather than a treatment, she says.

"Placebos are very, very rare in cancer treatment clinical trials," O'Brien says. "And in most cases — as in Bustamante's — participants receive the standard of care plus an additional drug or treatment. There's a possibility that three drugs might be better than two. The worst-case scenario is that the third drug doesn't add anything helpful to the standard of care treatment she's already receiving."

Bustamante, 58, recognizes the value of enrolling in the trial. "It's good to try something. People don't lose anything by trying, and there could be a lot of gain if everything works out."

> "IF YOU HAVE THE CHANCE, JOIN A CLINICAL TRIAL. I FEEL SO MUCH BETTER."

Language barriers also can prevent patients from enrolling in clinical trials. In some Orange County neighborhoods, Spanish, Vietnamese, Mandarin Chinese, Korean and Farsi are more common than English. CATCH-UP grant funds support translation of informational documents as well as a translator for in-person visits.

Lower socioeconomic status and geography are additional reasons some patients don't participate in clinical trials, O'Brien says. For example, an eligible patient may not be able to get away from work to come into the medical center for the frequent treatments and monitoring required for trials. Or they may lack easy access to transportation, childcare or elder care, or live far from a clinical trials site.

Bustamante arrived at UCI in a wheelchair in fall 2019 with help from her son, Iker. Today, she's walking with greatly diminished pain. "If you have the chance, join a clinical trial," she says. "I feel so much better." ■

Learn more about clinical trials at ucihealth.org/clinicaltrials

HEALTH CLASSES

Improve your well-being and prevent disease with our health classes. Most are free, but some have fees. Due to COVID-19, all classes are being held online via Zoom until further notice. Registration is required. All classes are one session unless otherwise noted. Visit ucihealth.org/events or call 657-282-6357 for more information.

ADVANCE DIRECTIVES
July 8, Nov. 4 | Noon–1:30 p.m.

ADVANCED HEART FAILURE/ VAD SUPPORT GROUP
Second Thursday of the month except holidays | 3:30–4:30 p.m.

BREASTFEEDING
July 1, Aug. 5, Sept. 2, Oct. 7 | 6–9 p.m.

LIVING WELL WITH HEART FAILURE
Aug. 16, Nov. 9 | 4–5 p.m.

HEALTHY LIVING GROUP SERIES
English: June 22, July 6, July 20, Aug. 3, Aug. 17, Aug. 31, Sept. 14, Sept. 28, Oct. 12 | 3–4 p.m.
Spanish: June 22, July 6, July 20, Aug. 3, Aug. 17, Aug. 31, Sept. 14, Sept. 28, Oct. 12 | 2–3 p.m.

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

MEDITATION FOR HEALTH SERIES (four classes)
June 7, 14, 21, 28; Sept.13, 29, 27, Oct. 4 | 6:30–7:30 p.m.

MEDITATION: BREATHING
Oct. 18 | 6:30–7:30 p.m.

MEDITATION: BODY SCAN RELAXATION
Dec. 6 | 6:30–7:30 p.m.

NEWBORN CARE
July 14, Aug. 11, Sept. 8, Oct. 13 | 6–8 p.m.

PREPARED CHILDBIRTH (five classes)
Tuesdays | 6–9 p.m.
June 15, 22, 29, July 6, 13
July 20, 27, Aug. 3, 10, 17
Aug. 24, 31, Sept. 7, 14, 21
Thursdays | 6–9 p.m.
July 1, 8, 15, 22, 23
Aug. 5, 12, 19, 26, Sept. 2
Sept. 9, 16, 23, Oct. 7, 14
Mondays | 6–9 p.m.
Oct. 4, 11, 18, Nov. 1, 8

PREPARING FOR SURGERY — MIND, BODY AND SPIRIT
July 5, Aug. 2, Sept. 7, Oct. 4 | Noon–1:30 p.m.

STROKE PREVENTION
July 28, Sept. 29, Nov. 17 | 4–5 p.m.
To register, call 866-STROKE-3 (866-787-6533).

STROKE SUPPORT
July 7, Sept. 1, Oct. 6, Nov. 3 | 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 |10–11:30 a.m.
June 12, July 24, Aug. 14
Wednesdays | 5:30–7 p.m.
June 30, Aug. 18, Sept. 22

To register, call 714-456-2210 or visit ucihealth.org/medicare

EVENTS

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

SUE & BILL GROSS STEM CENTER COMMUNITY SEMINAR

Sept. 7 | Lab-grown Brains: New Models to Study Neurological Disorders — Momoko Watanabe, PhD, Department of Anatomy and Biology; Claire Henchcliffe, MD, DPhil, Department of Neurology, UCI School of Medicine.

This online community lecture presentation begins at 7 p.m. For more information or to register, email stemcell@uci.edu or call 949-824-3990.

32ND ANNUAL SOCAL ALZHEIMER'S DISEASE RESEARCH CONFERENCE

Sept. 10 | Alzheimer's From All Angles, 8 a.m. to noon.
Learn about the latest in Alzheimer's disease research, treatments, diagnostics, risk factors and genetic resilience at this free, half-day virtual event sponsored by UCI Mind and Alzheimer's of Orange County. Register at conference.mind.uci.edu

GAVIN HERBERT EYE INSTITUTE COMMUNITY LECTURE SERIES
Learn the causes, symptoms and treatments for eye-related conditions.

Sept. 14 | Aging Eyes: How Your Eyes Age, Kavita K. Rao, MD
How Your Eyes Relate to Illnesses of the Body, Sanjay R. Kedhar, MD

Nov. 16 | Vision Therapies for Keratoconus: Crosslinking and Corneal Transplantation, Marjan Farid, MD
The Latest in Contact Lens Technology, Thanh Mai, OD, FSLS

Presentations begin at 7 p.m. To register, visit 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.

SUPPORT GROUPS

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

ADVANCED HEART FAILURE & VAD SUPPORT GROUP
714-456-7514

ART FOR THE SOUL
714-456-2846

BARIATRIC SURGERY SUPPORT GROUP
888-717-4463

BRAIN INJURY SUPPORT GROUP
714-509-2524

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

LOW VISION
949-824-9771

MULTIPLE MYELOMA SUPPORT GROUP
800-452-2873, ext. 233

NORMAL PRESSURE HYDROCEPHALUS (NPH)
714-456-6966

PANCREATIC CANCER SUPPORT GROUP
714-456-7057

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

Medical student Violeta Osegueda at UCI Douglas Hospital's medical intensive care unit, where the most seriously ill COVID-19 patients get care.

PHOTOGRAPHED BY MICHAEL NEVEUX

LEARNING MEDICINE ON THE FRONT LINES OF COVID-19

Growing up in the San Fernando Valley with parents who immigrated from Mexico and El Salvador, Violeta Osegueda dreamed of becoming a doctor. When her father died suddenly at age 50 from complications of diabetes, she questioned her career choice and put her education on hold. Today, Osegueda is poised to begin her final year at the UCI School of Medicine. She's also a medical advocate for the Spanish-speaking community, conducting language outreach through a website she launched, writing opinion pieces and joining in educational programs. During the winter coronavirus surge, she worked with severely ill COVID-19 patients in UCI Medical Center's intensive care unit (ICU). The experience took a heavy emotional toll, but it deepened her resolve to get accurate medical information to Southern California's Latino community.

"I spent January 2021 in a four-week rotation in the medical ICU. We were swamped with patients, placing great stress on the staff even with residents volunteering. Our patient count doubled, nearly all of them COVID-19 patients in severe respiratory distress. Most were Latinos.

I'd only had my first dose of the vaccine, so I entered every COVID-19 room wearing my N95 mask, face shield, gown and gloves. I got to know my patients when they could still speak. I updated their families every evening by phone because they weren't allowed to visit unless the patient was nearing death.

It was a roller-coaster ride with every patient. I would obsess over chest X-rays, hoping my readings of even the smallest improvements were accurate. They rarely were. I had a lot of hope for one patient in particular. He was able to flip himself onto his stomach without help, a position that makes breathing easier for our COVID-19 patients. He was working so hard to stay alive. One morning, he was struggling to breathe and needed to be intubated right away. The resident and I held his hand during the procedure. I told him I would see him soon, in Spanish. Later he began suffering multi-organ failure and was placed on comfort care. I cried in the workroom when I heard the news. The next day, he passed away. I saw one of my attending physicians break down after another patient got sicker. As Latinas, she and I felt these losses deeply, and it was validating to see that at her professional level, expressing grief was normal.

Fortunately, I'm able to share these experiences with my roommates, fellow medical students and advocates for the Latino community. Last May, I started medicalspanish.org, to make free, online Spanish-language resources and current COVID-19 information from the Centers for Disease Control and Prevention available. Now I want to address vaccine hesitancy and unequal vaccine distribution. I'm grateful to be a part of these efforts because I have a lifetime of experiences that I'm finally able to share."

— Violeta Osegueda

Learn more about medical education at meded.uci.edu

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The UCI Anti-Cancer Challenge honors the late Vincent Kong and UCI Health gastroenterologist Dr. Kenneth Chang for their commitment to defeat cancer.

Together, the courageous patient and dedicated physician pursued innovative treatments for a rare form of pancreatic cancer — ultimately extending Vincent Kong's survival prognosis from six months to nearly seven years.

Time to build memories traveling the world with family, celebrating birthdays, weddings and anniversaries. Time his family treasures today.

You can make more life-changing partnerships like this possible. Join the Anti-Cancer Challenge movement and support the UCI Health Chao Family Comprehensive Cancer Center researchers who stop at nothing to end cancer. **Register today.**

anti-cancerchallenge.org

UCI Anti-Cancer Challenge