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HEALTHCARE

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Help for Chronic Pancreatitis

Most people never think about their pancreas—until something goes wrong.

Hidden deep within the abdomen, this organ not only makes insulin to control blood sugar, but also manufactures digestive enzymes to help process the food we eat.

Although many diseases including diabetes can impact the pancreas, severe chronic pancreatitis can be among the most painful. The condition occurs when digestive enzymes attack the pancreas itself. This results in ongoing destruction of the organ—and for some patients, unrelenting agony.

Islet cells. “Removal of the pancreas is a last-resort strategy to free patients from the pain of severe chronic pancreatitis,” says **Dr. David Imagawa**, director of UC Irvine Healthcare’s hepatobiliary and pancreatic surgery program. “But without a pancreas, there are no islet cells to make insulin—a hormone that lowers blood sugar. This results in a severe form of diabetes that can be so debilitating it may outweigh the benefits of the operation.”

UC Irvine Medical Center is one of only a few hospitals worldwide to offer autologous islet cell transplants in conjunction with pancreas removal. Islet cell transplantation, expected to begin soon, helps patients avoid the difficult-to-manage diabetes that would normally develop when the organ is absent.

After the patient’s pancreas is removed, it is sent to an islet cell laboratory steps away from the operating room. Here, a team of experts isolates an average of 250,000 islets from the patient’s own pancreas. Then the cells are collected, returned to the operating room and infused into the patient’s liver. “This turns the liver into a substitute pancreas that independently produces insulin,” says Imagawa. “No anti-rejection drugs are necessary because the patient’s own islet cells are used.”



Banishing pain. The effect of the two-step operation is liberating. Most patients are freed from their pain and about 40 percent don’t have to take insulin because the transplanted islet cells produce enough of the hormone. “The remainder must take some insulin,” says Imagawa, who is joined in the program by surgeons **Dr. Hirohito Ichii** and **Dr. Aram Demirjian**. “But without the operation, up to 80 percent of patients with severe chronic pancreatitis develop insulin-dependent diabetes on their own, while continuing to suffer intractable pain.”

“Expanding our knowledge of islet cell transplantation is an ongoing quest,” says **Jonathan Lakey, Ph.D.** He is director of research for UC Irvine’s Department of Surgery islet cell program. While at the University of Alberta, Lakey was part of the team that developed the “Edmonton protocol.” This new way of isolating and preparing islet cells significantly improved the outcomes of patients undergoing allogeneic transplants to cure dangerously unstable type 1 diabetes. “Unlike autologous transplants in which the islet cells come

from the patients themselves, allogeneic transplants involve cells from the pancreas of a deceased donor,” explains Lakey. The Edmonton protocol also included a unique combination of non-steroidal drugs to prevent islet cell rejection. “Anti-rejection drugs are necessary when the cells come from a deceased donor.”

Lakey and Imagawa lead a team working to continually improve the Edmonton

protocol by investigating new ways to extend the life of donor islet cells and reduce the side effects of anti-rejection drugs. “We’ve made significant strides in islet cell transplantation over the past 10 years,” says Lakey. “Our goal is to build on the success of the medical center’s autologous islet cell program and to someday develop an allogeneic islet cell transplantation program to cure patients with difficult-to-control diabetes.”

For a referral to an islet cell transplantation specialist, call 877.UCI.DOCS.

Toll-free 877.UCI.DOCS

Abdominal Aortic Aneurysms

The aorta is the body's largest artery. Originating in the heart, it courses through the chest and abdomen, branching out into the legs to supply blood to the lower portion of the body.

A lot can happen along this circulatory

superhighway, including the development of abdominal aortic aneurysms (AAAs). These weakened, bulging areas in the wall of the blood vessel are the third leading cause of sudden death in men over 60 and diagnosed in 200,000 people nationwide every year.



“Many aneurysms are small and asymptomatic in the beginning, but may grow over time,” says endovascular surgeon **Dr. Roy Fujitani**, a specialist in minimally invasive procedures to repair diseased blood vessels. “In advanced cases, the aneurysm can rupture and leak, causing massive internal bleeding.”

A few years ago, the only treatment option for advanced AAAs was open surgery through an incision that usually ran the full length of the

abdomen. Today, this approach may be necessary in about 10 to 15 percent of cases. But the majority of patients are candidates for a minimally invasive procedure called endovascular aneurysm repair (EVAR). By utilizing stent grafts—small fabric tubes supported by a metal framework—doctors can prevent the aneurysm from rupturing. “Because EVAR is less invasive than open surgery, hospital stays are much shorter,” says Fujitani.

Here's how it works: Two small incisions are made in the groin as entry points for the stent graft. Using X-ray imaging, doctors guide the graft through an artery to the affected portion of the aorta. Once the device is positioned inside the aneurysm, the stent graft expands like a spring to fit the space.

Advances in the detection and treatment of abdominal aortic aneurysms have saved thousands of lives every year.

“The device acts like a protective lining for the bulging blood vessel,” explains **Dr. John Lane**, an endovascular surgeon.

“Blood flows through the stent instead of the aneurysm, taking pressure off the weakened blood vessel.” No longer subjected to the physical force of blood flowing through it each day, the aneurysm shrinks over the next few months. “Patients with stent grafts require lifelong follow-up by a vascular specialist to ensure that the device is functioning as it should,” says Lane. “But EVAR reduces the risk of an abdominal aortic rupture to less than 1 percent.”

There are several improvements in stent grafts that account for this amazing success rate. “New coatings on the stent graft's delivery system make it easier to guide through blood vessels,” explains Lane. “And new deployment systems help ensure perfect placement by making it possible to readjust the position of the graft once it's inside the aneurysm.”

Computer technology also plays a role in EVAR's stellar outcomes. Before the actual operation, endovascular surgeons use an advanced computerized tomography interactive planning program to ensure a perfect fit for the graft.

Faster and safer surgery. “The introduction of the hybrid cardiovascular operating room has also had a positive impact on the care of vascular patients,” says Fujitani. Among the most advanced in the region, UC Irvine Douglas Hospital's two new hybrid ORs are equipped with state-of-the-art imaging and visualization systems that are a vast improvement over past generations. “The hybrid ORs are designed to accommodate both catheter-based procedures and open cardiovascular surgery without moving the patient to a new location,” explains Fujitani. “The result is faster and safer treatment in both elective and emergency situations.”

Both Fujitani and Lane emphasize the importance of ultrasound screening for abdominal aortic aneurysms. “AAAs are silent killers,” says Fujitani. “It's estimated that 1 million people in the United States are living with an undiagnosed abdominal aortic aneurysm. Fortunately, most can be detected with an ultrasound screening. This simple, painless test could save many lives every year.”

For referral to a UC Irvine Healthcare endovascular surgeon, call 877.UCI.DOCS.

Want to learn more about AAAs? Attend an educational seminar led by Dr. Fujitani or Dr. Lane. See page 6 for details.

A New Weapon to Fight Cancer

For years, cancer patients had only three standard treatment options—surgery, radiation and chemotherapy.

But today a new generation of therapies is changing how the disease is treated. Among them is tumor ablation.



Often performed in a radiology suite rather than an operating room, ablation therapy uses a thin needle instead of a scalpel to gain access to a tumor—and extreme heat or cold to destroy it. Furthermore, this emerging treatment is frequently performed through an incision the size of a pinprick rather than a large opening.

Minimally invasive benefits. Although surgery is still considered the gold standard for most types of cancer, the minimally invasive nature of ablation therapy is a godsend for patients who have exhausted all other treatment options. It's also beneficial for people whose tumors are deemed inoperable because they're too close to vital structures such as blood vessels. "Ablation redefines what minimally invasive means," says

Dr. Jaime Landman, director of the UC Irvine Ablative Oncology Center. The center brings together UC Irvine Healthcare physicians from multiple specialties to work collaboratively and use ablation therapy to treat cancer.

Team effort. Less invasive than robotic surgery or laparoscopy, ablation is a team effort

that involves an interventional radiologist and surgeon.

"Interventional radiologists are specialists in minimally invasive, image-guided procedures to treat cancer," says interventional radiologist **Dr. Laura Findeiss**, co-director of the Ablative Oncology Center. "During tumor ablation, these two

specialists work side by side, each contributing his or her own special expertise to the procedure."

Here's how it works: During an ablative procedure, the patient receives only light sedation in the majority of cases. The ablation team numbs the area where the needle will be placed and uses ultrasound, computerized tomography or magnetic resonance imaging (MRI) to position the needle inside the tumor. As hot or cold energy passes through the needle and into the cancerous tissue, malignant cells are destroyed with pinpoint accuracy. The energy also seals off small blood vessels, making ablation-related bleeding a rare occurrence.

Ablation can be repeated for recurrent tumors, if needed. The treatment can also be used in conjunction with surgery, chemo and radiation

therapy, enhancing the effects of these treatments. "The therapy is so highly targeted that it spares healthy tissue surrounding the tumor and is free of significant side effects," says Findeiss. "Patients usually go home the day of the procedure."

One of the most promising applications of ablation is in the treatment of small kidney tumors. In these cases, the tip of the needle is cooled to minus 100 degrees Celsius. Called cryoablation, the method destroys growths by focusing supercold energy on them. "This precisely targeted approach is very effective for small cancerous kidney masses if the disease hasn't begun to spread," says Landman. "It's also a low-risk procedure." He has used ablation therapy to remove growths from kidneys that otherwise would have required partial or complete removal of the organ.

Excellent safety profile. Ablation also is used to treat cancers of the liver, prostate, bones and lungs. "Ablation technology has an excellent safety profile and is a good tool for relieving pain caused by tumors pressing against nerves and vital organs," says Findeiss. "It has the potential of becoming as mainstream as ablation procedures used for noncancerous conditions such as heart arrhythmias and uterine fibroid tumors."

For more information about UC Irvine's Ablative Oncology Center, call 877.UCI.DOCS or visit www.ablativeoncology.uci.edu.

UC Irvine Healthcare physicians who treat patients with ablation therapy include:

Cardiothoracic Surgery Dr. Amir Abolhoda, Dr. Jeffrey Milliken

Hepatobiliary Surgery Dr. David K. Imagawa

Interventional Radiology Dr. Dayantha Fernando, Dr. Laura K. Findeiss, Dr. Scott C. Goodwin, Dr. Thong (Tom) Nguyen, Dr. Duane J. Vajgrt

Orthopaedic Surgery Dr. Bang H. Hoang

Urology Dr. Ralph V. Clayman, Dr. Atreya Dash, Dr. Jaime Landman

For a complete list of UC Irvine physicians who use ablative techniques to treat a wide variety of cancerous and noncancerous conditions, visit www.ablativeoncology.uci.edu.

Toll-free 877.UCI.DOCS

Targeting Brain Cancer

No two brain tumors are alike. But until recently, all brain cancers were treated with essentially the same combination of therapies.

Now a new era of individualized medicine is emerging—and it has the potential of adding precious time to the lives of people with glioblastoma multiforme (GBM), the most common and aggressive type of malignant brain tumor.

A stage 3 multicenter clinical trial involving a vaccine that's custom-made for each participating patient is currently under way at the Chao Family Comprehensive Cancer Center. The goal: to prevent the recurrence of GBM and improve survival rates. Three UC Irvine Healthcare physicians are collaborating in the trial—neurosurgeon **Dr. Mark Linskey**, neuro-oncologist **Dr. Daniela Bota** and neuro-oncologist **Dr. Jose Carrillo**.

“The body may ignore the presence of GBM because the immune system doesn't recognize the malignant cells as foreign invaders,” says Bota. “The vaccine aims to overcome this deficiency. It's made from the patient's own brain tumor tissue, combined with his or her dendritic cells, which are part of the immune system.” Bota is medical co-director of the UC Irvine Comprehensive Brain Tumor Program and UC Irvine's primary investigator for the clinical trial.

Custom-made vaccine. The personalized vaccine is made for each patient in the research laboratories of the company sponsoring the clinical trial. “The brain cancer tissue is collected from the patient's tumor immediately after surgery, along with a blood sample from which the dendritic cells are derived,” Bota explains. “Over a period of several days, the cells are ‘trained’ in the laboratory

to recognize biomarkers from the patient's own tumor. When the vaccine is injected into patients, it's expected that the dendritic cells will ‘remember’ their target and jump-start the immune system to wage a war on any remaining brain cancer cells.”

Patients receive the vaccine after they undergo surgery to remove the tumor, followed by chemo and radiation therapy. “The vaccine is important because a few malignant cells inevitably survive after the visible tumor is removed and the patient undergoes



postoperative therapy,” explains Carrillo. “There are also situations when the entire tumor can't be removed because the growth is too close to vital structures. We're hoping the vaccine will be effective in these cases as well.”

Results of the vaccine's stage 1 and 2 clinical trials have been favorable. “Tailoring the body's own defense system to target malignant brain tumors holds great potential,” says Carrillo. “Radiation and chemotherapy target tumors in a nonspecific way, and ultimately are not a cure for GBM. The advantage of the dendritic vaccine is that it's selective to a patient's own brain tumor. At the same time, there seem to be very few, if any, side effects from this type of treatment.”

Tailoring the body's own defense system to target malignant brain tumors holds great promise.

Combating cancer with an integrated approach is the cornerstone of the Comprehensive Brain Tumor Program, a leader in the advanced treatment of brain, spinal cord and peripheral nerve tumors. “The neurosurgeons who comprise the brain tumor team perform more than 150 brain tumor operations yearly, making the medical center a high-volume site for this type of surgery,” says Linskey, who is surgical director of the program. A multidisciplinary team of subspecialists—including neurosurgeons, neuro-oncologists, neuroradiologists and neuropathologists—cares for each patient.

On the leading edge. Leading-edge technology complements physician expertise. This includes tools such as the intraoperative MR scanner, a system that creates real-time, three-dimensional views of the brain during surgery. “We offer one of the most comprehensive brain cancer programs in the region, including sophisticated diagnostic tools, state-of-the-art preoperative surgical planning and microsurgical technology,” says Linskey.

The Chao Family Comprehensive Cancer Center is one of only 40 National Cancer Institute-designated comprehensive centers in the United States. For information on the UC Irvine Comprehensive Brain Tumor Program or clinical trials, call 877.UCI.DOCS.

New Medications for Hepatitis C

There's long-awaited news for people struggling with chronic hepatitis C.

Two new oral medications—boceprevir (Victrelis™) and telaprevir (Incivek™)—have had a near-miraculous effect in people infected with genotype 1 of the hepatitis C virus. “A genotype refers to the particular genetic makeup of the virus,” explains **Dr. Ke-Qin Hu**, a liver specialist and director of hepatology services at UC Irvine Medical Center. “In the United States, genotype 1 is the most prevalent of six different viruses that can cause hepatitis C, affecting 70 to 80 percent of people who have the disease. In some cases, the long-term complications of hepatitis C can include severe scarring of the liver known as cirrhosis, as well as liver cancer.”

Overcoming the virus. Until now, the standard treatment for the disease has been a combination of long-acting interferon—a drug that ramps up the patient's immune system—and ribavirin, an antiviral agent. By adding either boceprevir or telaprevir to this time-tested regimen, the cure rate—also known as the sustained virologic response—has increased from about 42 percent with the interferon-ribavirin combination alone, to 65 to 80 percent. This is true for patients who had not responded to previous treatment, as well as those who had never been treated before. “Sustained virologic response means that the virus is no longer detectable in the blood six months after treatment is discontinued,” says Hu. “When this occurs, the chance of patients experiencing a relapse is nearly zero.”

Boceprevir and telaprevir are the first drugs to block the growth of the hepatitis C virus by directly disrupting its essential functions. As effective as the

new medications are, however, they can cause side effects—most notably anemia and rashes.

“Treatment can be complicated, but most specialists believe the benefits of the drugs outway the risks,” says Hu. “Patients taking these medications require the care of an experienced liver specialist and dedicated support team, including pharmacists, nurses and others.” This team is already in place at UC Irvine Medical Center. “We participated in some of the related clinical trials and are among the first liver programs nationwide to offer these new drugs to patients,” Hu says.



Two new medications hold great promise for patients with chronic hepatitis C.

Hepatitis C is a blood-borne disease that affects almost 4 million people in the United States. Shared drug needles, unprotected sex with infected partners, tattoos, body piercing, and shared personal items such as nail clippers or razors

can expose a person to the disease. The babies of mothers infected with hepatitis C can also be born with the condition although the risk is low. Many people, however, contracted hepatitis C from infected transfusions prior to 1992, before blood was screened for the virus.

A significant difference. “About 85 percent of people who contract hepatitis C become chronically infected, often without symptoms,” explains Hu. “Over a period of 20 years or more, the disease develops slowly

and silently as the hepatitis C virus progressively damages the liver.” One out of five chronically infected people eventually develop cirrhosis. Of those with cirrhosis, about 2 to 5 percent a year develop liver cancer. An estimated 8,000 to 10,000 people die from

hepatitis C-related complications every year.

But the new medications and others currently in the pipeline hold promise to help turn the tide for chronic hepatitis C patients. “These new medications represent the first major advance in the treatment of the disease over the past decade,” says Hu. “They're expected to make a positive and significant difference in the lives of thousands of patients.” For a referral to a UC Irvine Healthcare liver specialist, call 888.717.GIMD.



Senior Seminars

For the latest information about senior seminars, call toll-free 877.456.3770 or visit www.ucihealth.com. All seminars are free.

Your Veins, Your Health: A Look at Varicose Veins

Dr. Laura K. Findeiss, UC Irvine vascular and interventional radiologist

- Thursday, Feb 9, 1 p.m., Norman P. Murray Senior Center, 24932 Veterans Way, Mission Viejo

The Aging Eye

Dr. Marjan Farid, UC Irvine ophthalmologist

- Tuesday, Feb 14, noon, University Club at UC Irvine, 801 E. Peltason Dr., Irvine. To reserve a seat for this date, call 714.456.5933

Movement Disorders

Dr. Neal Hermanowicz, UC Irvine neurologist

- Friday, Feb 17, 1 p.m., OASIS Senior Center, 801 Narcissus Ave., Corona del Mar

Brain Attack: What Everyone Should Know About Stroke

Dr. Lama Al-Khoury, UC Irvine neurologist

- Tuesday, Feb 21, noon, University Club at UC Irvine, 801 E. Peltason Dr., Irvine. To reserve a seat for this date, call 714.456.5933

The Effects of Aging on Voice and Swallowing

Dr. Sunil Verma, UC Irvine laryngologist

- Tuesday, Feb 28, noon, University Club at UC Irvine, 801 E. Peltason Dr., Irvine. To reserve a seat for this date, call 714.456.5933

Abdominal Aortic Aneurysm

Dr. Roy Fujitani, UC Irvine vascular surgeon

- Tuesday, Mar 6, 1 p.m., Florence Sylvester Senior Center, 23721 Moulton Parkway, Laguna Hills
- Friday, Apr 13, 2 p.m., OASIS Senior Center, 801 Narcissus Ave., Corona del Mar

Chronic Sinusitis

Dr. Naveen Bhandarkar, UC Irvine rhinologist

- Tuesday, Apr 24, 1 p.m., Norman P. Murray Senior Center, 24932 Veterans Way, Mission Viejo

Abdominal Aortic Aneurysm

Dr. John Lane, UC Irvine vascular surgeon

- Thursday, May 24, 11 a.m., Brea Senior Center, 500 S. Sievers Ave., Brea

www.ucihealth.com

Seniors: Ask the Doctor

Understanding Dementia

Nearly 5 percent of people in their 70s and almost 38 percent of those 90 and older have Alzheimer's disease or another form of dementia. Join us as Dr. Aimee Pierce, a UC Irvine Healthcare neurologist and dementia specialist, discusses this important topic.

Q What is dementia?

A Dementia is an umbrella term used to describe various conditions that result from progressive damage to brain cells or the connections between them. Alzheimer's disease accounts for 60 to 80 percent of dementia cases. It involves abnormal clumps and tangles of protein in the brain. Second most common is vascular dementia, which is caused by strokes, both large and small.

Q What are the early signs of dementia?

A One of the first is short-term memory loss, signaled by the repetition of questions. Other symptoms include forgetting words, having trouble with simple math problems, confusion about how to do everyday tasks, and disorientation—difficulty knowing the time or remembering the current date. There's an overall decline in the person's ability to plan, reason and exercise good judgment. Personality changes are also part of the picture.

Q How soon should a symptomatic person be evaluated?

A As soon as possible. An early assessment can determine if the symptoms are caused by Alzheimer's, a series of undetected ministrokes, or a reversible condition such as depression, medication side effects, thyroid problems or low vitamin B12 levels.

Q How is Alzheimer's diagnosed?

A There's no proof-positive test to diagnose Alzheimer's, but a comprehensive evaluation can identify the disease with 90 percent certainty.



Memory Loss

Dr. Aimee Pierce, UC Irvine Healthcare neurologist, will discuss memory loss on Thursday, March 8, 11 a.m., at the Brea Senior Center, 500 S. Sievers Ave., Brea; Tuesday, Mar 13, 1 p.m., at the Florence Sylvester Senior Center, 23721 Moulton Parkway, Laguna Hills; and Tuesday, Feb 21, 12:30 p.m., at the Garden Grove Community Meeting Center, 11300 Stanford Ave., Garden Grove

The assessment includes tests to check the person's memory and other mental functions. It also includes a screening for depression. Laboratory tests are used to rule out reversible conditions that can mimic dementia. The exam is then supplemented by MRI, PET scans and sometimes an EEG to distinguish between Alzheimer's, seizures and strokes.

Q Are there treatments for Alzheimer's?

A Yes—several medications such as donepezil (Aricept®) and rivastigmine (Exelon®) can temporarily reduce or stabilize the symptoms of Alzheimer's in some patients. These same drugs may also produce modest effects in those suffering from vascular dementia. Memory classes and other cognitive exercises can help some people, particularly those with minimal memory deficits that don't have a significant impact on daily functioning.

Q What about clinical trials?

A At the UC Irvine Institute for Memory Impairments & Neurological Disorders (UCI MIND), clinical trials related to dementia are currently under way. They involve new medications that may reduce or remove the abnormal protein that develops in the brains of people with Alzheimer's. For more information, call 949.824.2382.

To make an appointment with a neurologist specializing in memory disorders, call 714.456.7002.

Patient Safety Through Electronic Medical Records

Paper charts have long been a staple of the medical industry.

But now UC Irvine Healthcare physicians are putting down their pens and using a keyboard instead to update their patients' electronic medical records (EMRs). The benefits of computerizing healthcare information include increased patient safety, better communication and efficiency.



EMRs make it possible for UC Irvine Healthcare patients to access portions of their own medical records through a myHealthcare account (www.ucihealth.com/myhealthcare). They can also request and view appointments electronically, renew prescriptions, and communicate with their physicians on this secure website—all with the click of a mouse.

“As a university medical center, we pride ourselves on being innovative. Using technology to improve each patient encounter, whether at a physician’s office or at home, is the right thing to do,” says CEO **Terry Belmont**. “We’re proud of what we’ve accomplished and excited about the future.”

Numerous benefits. EMRs assist in the integration of healthcare services because a patient’s medical information—both current and historical—can be seen quickly by multiple care providers. This helps to avoid duplicate tests and other procedures.

The new system also makes many everyday health transactions easier. For example, most prescriptions can be sent electronically to the patient’s pharmacy of choice, reducing wait time and increasing accuracy. For refills, a patient simply phones the pharmacist, who electronically requests physician approval. An added safety feature is a pop-up alert that notifies physicians about possible drug interactions.

EMRs also make it easier to share personal health information such as allergies or current medications with physicians—a particularly important feature in an emergency. Additionally, caregivers can have access to a patient’s EMR, facilitating interactions with doctors. And in the event of a natural disaster, patient data is protected from loss because of sophisticated backup protocols.

Investing in the future. UC Irvine Healthcare began rolling out its patient-centered EMR system in phases starting in 2009. The last module is scheduled for implementation in early 2013. The process represents a significant investment. Thousands of employees and physicians at multiple patient care locations across Orange County have been trained on the new tools.

“The benefits of an enterprisewide EMR system are undeniable,” says **Jim Murry**, chief information officer. “When the system was first introduced, physicians, nurses, registration staff and other team members immediately recognized its value. Our communication and documentation tools are better than ever before, and our interaction with patients is greatly improved.”

CONNECT WITH US

Like us on Facebook, follow us on Twitter and watch us on YouTube!

UC Irvine Healthcare has launched official profiles on three social media channels—Facebook, Twitter and YouTube—to help you stay in

touch with the latest happenings in our healthcare community.

When you connect with UC Irvine Healthcare through social media, you’ll find stories, photos and videos about our patients, physicians and staff. You’ll also discover health and wellness tips, the latest news in healthcare,

advances in technology and therapies, employment information, volunteer opportunities and much more.

Become an active participant and join the conversation by leaving comments in support of UC Irvine Healthcare. You can also share our posts with friends, family and

colleagues. We invite you to connect with us.

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www.twitter.com/UCIrvineHealth
www.youtube.com/UCIrvineHealthcare



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Gifts That Keep on Giving

When you're struggling to save lives in a remote corner of Taiwan, you make the most of every resource.

That's how Dr. Kenneth Chang discovered he could use fish hooks and lines for intravenous therapy. He also learned to persevere in matters of patient health.

"Working in a missionary clinic, we had to improvise, figure out how to treat the very sickest of patients," said Chang. "We had to think out of the box, come up with makeshift solutions. I couldn't take no for an answer."

This determination served Chang well in 1993, when he accepted a position as head of gastrointestinal oncology at UC Irvine Medical Center. At the time, there were two small procedure rooms for performing high-end procedures. Chang envisioned something more for his patients. He wanted to build an integrated, multispecialty center where patients would receive all of their gastrointestinal care.

A dream fulfilled. The plan was approved and a generous community supported his vision. A \$1 million gift from the Chao family proved pivotal in making the center a reality.

Today, the H.H. Chao Comprehensive Digestive Disease Center (CDDC) is home to some of the



Thanks to the vision of Dr. Kenneth Chang and the generosity of donors, the H. H. Chao Comprehensive Digestive Disease Center became a reality.

nation's top digestive disease specialists, with physicians routinely appearing on the list of Best Doctors in America®. Twenty-three physicians and more than 100 staff members deliver a full spectrum of care for disorders of the esophagus, stomach, liver, pancreas, colon and rectum. Treatment teams are organized around diseases rather than departments. Patients can consult with one or more specialists in the same visit.

"All along the way, philanthropic gifts have helped us jump-start our work to help patients," says

Chang, who serves as medical director of the CDDC. "These gifts make a difference between creating new solutions and hitting a wall."

Looking for angels. Chang and his team are showing positive results with a new treatment for Barrett's esophagus, a condition in which precancerous cells appear in the esophageal lining. The CDDC was the first center on the West Coast to obtain a photodynamic laser for treating this condition. Now, they are using radiofrequency waves to eliminate the abnormal cells with heat energy, allowing healthy cells to grow. In both cases, CDDC patients have benefitted from Chang's determination to find a better way for patients.

Chang envisions a day at the CDDC when pancreatic cancer will be treatable, Barrett's esophagus and early esophageal cancer will be curable, and colon cancer will be virtually eliminated in Orange County. UC Irvine is in the midst of a \$110 million cancer campaign to raise funds for visionary ideas such as these. Chang knows he can reach that goal only with grants and philanthropic investment from passionate donors.

"I look at donors as my angels in this work," said Chang. "In front of me is a patient with a serious illness and no way out—but behind me are my angels giving me the thumbs up to find the answer."

How a Community Contributes to Healing

UC Irvine Medical Center is fortunate to be part of a generous community. Following are just a few of the cancer-related groups and activities supported by donors to the H.H. Chao Comprehensive Digestive Disease Center and the Chao Family Comprehensive Cancer Center. **If you would like to learn how you can help shape the future of healthcare and make Orange County a "no cancer zone," visit www.cancer.uci.edu or contact Rhonda Halverson at 714.456.6178.**

Testing a New View of Chemotherapy

A new imaging technique may offer a noninvasive means of gauging how individual breast cancer patients respond to chemotherapy. Now in human clinical trials, diffuse optical spectroscopic imaging (DOSI) measures the amount of water, lipid and hemoglobin in the scanned breast tissue to form images that distinguish between a tumor and normal tissue. It is designed to predict tumor response to a specific drug therapy early in the course of treatment, giving the physician important information to determine whether to continue the chemotherapy or try another agent. Private philanthropy contributed to the early evaluation of this diagnostic technique.

Too Much to Stomach

Since 1993, Didier Bloch has produced gastronomic delights that have drawn people to his Palm Desert restaurant, **Cafe des Beaux-Arts**.

His own gastrointestinal system, however, has not fared as well.

Bloch began taking medication in the 1980s for stomach pain caused by gastroesophageal reflux disease (GERD). A few years ago, his family doctor suggested that he have an endoscopy, given how long he had been on medication.

The gastroenterologist who performed the procedure gave Bloch a clean bill of health, but cautioned him that the GERD put him at risk for developing Barrett's esophagus, a condition in which the tissue lining of the esophagus is replaced by tissue that is similar to the lining of the intestine. About 1 percent of patients with Barrett's go on to develop esophageal adenocarcinoma, a serious and potentially fatal cancer of the esophagus.

Good news, bad news. By the time Bloch got around to scheduling his next exam, four years had passed. His doctor performed an endoscopy, then referred him to world-renowned gastroenterologist **Dr. Kenneth Chang**, medical director of the H.H. Chao Comprehensive Digestive

Disease Center (CDDC) at UC Irvine Medical Center for additional studies.

"After doing an endoscopy, Dr. Chang told me he had good news and bad news," recalls Bloch. "The bad news, he said, was that there were signs that the Barrett's had already turned into early cancer. The good news was that the cancer had not spread to the lymph nodes, and that he was able to do 'microsurgery' through the endoscope and completely remove the cancer."

Just in time. To make sure Bloch's cancer doesn't return, Chang performed a second outpatient procedure. This time his goal was to get rid of all the precancerous Barrett's cells.

Using a technology he helped develop, Chang performed radiofrequency ablation. This procedure relies on radiofrequency waves to eliminate the abnormal cells with heat energy. The cells are then replaced with healthy cells. The procedure is still relatively new and only available in a limited number of referral sites across the nation.

Bloch credits the CDDC with a positive outcome, curing him of cancer and eliminating all the Barrett's cells.

"I didn't have any symptoms. Two years later, and it might have been too late," he says. "I'm very thankful that my doctor referred me to Dr. Chang and the CDDC. They saved my life."



Didier Bloch had gastroesophageal reflux disease, which led to esophageal cancer. Thanks to the expert care provided by UC Irvine Healthcare gastroenterologist Dr. Kenneth Chang, Bloch is now cancer-free and enjoying life with his wife Christy and sons Roman (left) and Julien.

Community Education

Digestive health and cancer can be influenced by cultural practices. Philanthropic gifts support education and outreach targeted at the unique cultural needs of local communities. One example is the annual Chao Family Healthcare Conference for Chinese Americans. This full-day conference offers the Chinese community an educational forum in their native language. Topics are geared to the audience. The goal is to address the barriers to healthcare and needs of the community. The most recent conference addressed topics such as Alzheimer's disease and cholesterol control.

Art for the Soul Support Program

Art for the Soul teaches creative techniques for personal expression, which can foster better health among cancer patients, their caregivers and family members. Completed artworks decorate the walls of the Chao Family Comprehensive Cancer Center Patient and Family Resource Center. They also appear in *Plexus*, the University of California, Irvine School of Medicine's journal of arts and humanities, and are displayed on the medical center campus. Some group members have art training; others are learning how to transfer their feelings to canvas. Volunteer artists provide instruction. The program is partially funded through private philanthropy.

the Education Connection

Most classes are free of charge to UC Irvine Healthcare patients, employees, volunteers and their families. Exceptions are the Joslin Diabetes Center, Mind Over Mood and Meditation for Health. Certain programs are also available in Spanish. All classes are located at UC Irvine Medical Center above the Grunigen Medical Library in the 2nd floor classrooms, unless otherwise indicated. Parking in the Visitor Structure will be validated at your health class. Registration is required. Call toll free 877.UCI.DOCS or 877.824.3627 for registration and information.

FAMILY HEALTH

Asthma and Adults (1 Session)

Learn how to control asthma and not have it control you by learning what it is and how to manage it.
Cost: \$20/non-UC Irvine patients. Free peak flow meter.
Friday, Feb 3, Jun 8 5-7 p.m.

Breastfeeding (1 Session)

Includes process of milk production, how to breastfeed, avoiding potential problems and returning to work.
Cost: \$20/non-UC Irvine patients.
Thursday, Feb 9, Mar 8, Apr 12, May 10, Jun 14 6-8:30 p.m.

Spanish Breastfeeding (1 Session)

Tuesday, Feb 14, Mar 13, Apr 17, May 22, Jun 19 9-11:15 a.m.
Location: UC Irvine Family Health Center Santa Ana

Children and Adults With ADHD (CHADD)

Free seminar for parents/professionals/teachers interested in learning about ADHD in children. Guest speaker at every meeting. Information: 949.824.8736 or visit www.cdc.uci.edu. RSVP is necessary to egerner@uci.edu.
Second Wednesday every month 7-9 p.m.
Location: UC Irvine Child Development Center, 19722 MacArthur Blvd., Irvine

Diabetes Management Overview (1 Session)

Methods to control blood-sugar levels through diet, exercise, medication and lifestyle changes. Cost: \$20/non-UC Irvine patients. Free glucometer.
Wednesday, Feb 8, Apr 11, May 9 4-6 p.m.

Spanish Diabetes Management Overview (1 Session)

First Wednesday every month, Feb 1, Mar 7, Apr 4, May 2, Jun 6 5:30-7:30 p.m.
Location: UC Irvine Family Health Center Anaheim
Third Wednesday every month, Feb 15, Mar 21, Apr 18, May 16, Jun 20 5:30-7:30 p.m.
Location: UC Irvine Medical Center Library, 2nd floor
Fourth Wednesday every month, Jan 25, Feb 22, Mar 28, Apr 25, May 23, Jun 27 4-6 p.m.
Location: UC Irvine Family Health Center Santa Ana

Diabetes Management Series (3-Session Series)

To help you avoid complications, information about the disease process and lifestyle changes, including food, exercise, medications and monitoring your blood sugar is discussed. Cost: \$60/non-UC Irvine patients. Free glucometer.
Wednesdays, Mar 14, 21, 28 or June 13, 20, 27 4-6 p.m.

Diabetic Diet (1 Session)

Food choices, portions and how they affect diabetes. Learn how to keep your blood-sugar levels at the healthiest range.
Cost: \$20/non-UC Irvine patients.
Monday, Feb 6, Apr 2, Jun 4 4-6 p.m.

Early Pregnancy (1 Session)

For expectant mothers and their birth partners in the first four months of pregnancy. Includes nutrition, exercise, prenatal care, warning signs and car safety. Cost: \$20/non-UC Irvine patients.
Wednesday, Jan 25, Mar 28, May 23 6-8 p.m.

Heart-Healthy Diet (Cholesterol Awareness) (1 Session)

Learn the American Heart Association guidelines about low-fat, low-sodium and low-cholesterol diets.
Cost: \$20/non-UC Irvine patients.
Monday, Mar 19, May 21 4-5:30 p.m.

Hepatitis C Pre-Treatment Education (1 Session)

For the person who is considering or about to begin hepatitis C treatment. Includes information about hepatitis C, transmission, treatment, management of side effects and injection training. Family members invited. Pre-registration required: 714.456.7642
Friday, Feb 3, Apr 6, Jun 1 9-10:30 a.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Hypertension (High Blood Pressure) Management (1 Session)

How to control blood pressure and prevent complications through diet, exercise, medication and lifestyle changes.
Cost: \$20/non-UC Irvine patients.
Tuesday, Feb 14, Apr 10, Jun 12 5:30-7 p.m.

Living Well With Heart Failure (1 Session)

Overview of heart failure, symptoms and basic lifestyle changes to manage the condition, including diet, exercise and medications. Cost: \$20/non-UC Irvine patients.
Monday, Mar 19, May 21 9-3:30 p.m.

Maternity Tea & Tour

Learn about maternity services and tour the UC Irvine Medical Center Maternity Unit. Cost: Free to all.
Thursday, Jan 26, Feb 23, Mar 22, Apr 26, May 24, Jun 28 1:30-3:30 p.m.
Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Meditation for Health (4-Session Series)

This program will help participants learn how meditation can help to promote good health and a better quality of life. An introduction to the art of meditation, including a discussion of the various types and styles. Cost: \$40 to all.
Mondays, Mar 5, 12, 19 & 26, Jun 4, 11, 18 & 25 6:30-7:30 p.m.
Location: UC Irvine Douglas Hospital, conference room 3005

Meditation for Health Special Topic NEW: Breathing Exercises (1 Session)

Introducing basic, easy-to-learn breathing techniques you can do at home to relax and reduce stress. This class may increase your awareness of your mind-body connection and can enhance a deeper level of meditation and spirituality. Cost: \$20 to all.
Monday, Apr 16 6:30-7:30 p.m.
Location: UC Irvine Douglas Hospital, conference room 3005

Meditation for Health Special Topic: Body Scan (1 Session)

Teaches awareness of each part of the body to relieve pain, promote relaxation and help relieve stress. Cost: \$20 to all.
Monday, May 7 6:30-7:30 p.m.
Location: UC Irvine Douglas Hospital, conference room 3005

Newborn Care (1 Session)

Infant feeding, dressing, bathing, diapering, normal newborn appearance, and signs and symptoms of illness.
Cost: \$20/non-UC Irvine patients.
Friday, Feb 3, Mar 2, Apr 20, May 4, Jun 15 6-8:30 p.m.

Spanish Newborn Care (1 Session)

Tuesday, Feb 21 9-11:30 a.m.
Tuesday, May 29 9-11:30 a.m.
Location: UC Irvine Family Health Center Santa Ana

Nutrition Counseling

Individual nutrition counseling with a registered dietitian. Includes nutrition assessment, personalized meal plan and nutrition education. Call 877.UCI.DOCS to make an appointment. Cost: Call 877.824.3627 to check current nutrition counseling charges. Call your insurance company to check for coverage.

Prepared Childbirth – Lamaze (5-Session Series)

Offered in conjunction with Santiago Canyon College Continuing Education. For expectant mothers and their birth partners beginning the sixth month of pregnancy. Topics include relaxation, Lamaze techniques, labor and birth, cesarean delivery, medication and anesthesia. Cost: Free to all.

- Tuesdays, Feb 21–Mar 20, Apr 17–May 15 7-9:30 p.m.
Tuesday Location: Santiago Canyon College, Orange Education Center. Register through SCC Continuing Education, 714.628.5900
- Wednesdays, Feb 22–Mar 21, Apr 18–May 16 7-9:30 p.m.
- Thursdays, Feb 23–Mar 22, Apr 19–May 17 7-9:30 p.m.

Spanish Prepared Childbirth (4-Session Series)

Wed & Thurs Location: UC Irvine Medical Center, Bldg 56, room 113
Wednesdays, Apr 24–May 15 9-11:30 a.m.
Location: UC Irvine Family Health Center Santa Ana

Preparing for Surgery – Mind, Body, Spirit (Twice Monthly)

Learn how to prepare before surgery. Includes anesthesia choices, pain management strategies, relaxation techniques, and what to expect at the hospital before, during and after surgery. Cost: Free to all.
Monday, Feb 6, Mar 5, Mar 19, Apr 2, Apr 16, May 7, May 21, Jun 4, Jun 18 3-4:30 p.m.
Location: UC Irvine Douglas Hospital, 3rd floor, room 3001

Prevent Stroke NEW Class (1 Session)

Learn what stroke is, what your risk factors are for stroke and how to reduce them.
Tuesday, Feb 14, Apr 10, Jun 12 4-5 p.m.

Siblings (1 Session)

Learn how to be a great big brother or big sister to your new sibling. For preschool through elementary school-aged kids.
Thursday, Feb 16, May 10 4-5 p.m.



Joslin Diabetes Center Education Classes

Joslin Diabetes Center at University of California, Irvine offers classes to help people learn how to successfully manage their diabetes. "Diabetes Today" offers single-topic sessions that address specific issues of diabetes management. Classes are held at the center, located at Gottschalk Medical Plaza on the UC Irvine campus. There is a fee and insurance pre-authorization is recommended. For a full description or to schedule an appointment, please call Joslin Diabetes Center at UC Irvine at 949.824.8656 or visit www.ucihealth.com/joslin.



Joslin Diabetes Center

at UNIVERSITY of CALIFORNIA • IRVINE

Weight Management – Intuitive Eating (4-Session Series)

Intuitive Eating will teach you how to create a healthy relationship with your food, mind and body.

Cost: \$80/non-UC Irvine patients.

Thursdays, Mar 1, 8, 15, 22 6:30-8 p.m.

WOW – Wise Old(er) Women (12-Session Series)

Therapy group for women 65 and older experiencing depression, anxiety or difficulty adjusting to situational challenges and stressors. Medicare or supplemental insurance plans. Information: 714.480.2421

Fridays 10-11:30 a.m.

Location: UC Irvine Medical Center, SeniorHealth Center, Pavilion IV

SUPPORT GROUPS

All support groups are free and held at UC Irvine Medical Center, 101 The City Drive South, Orange, CA, unless otherwise noted. For a complete list, please visit www.ucihealth.com/events.

Art for the Soul

Creative techniques to foster better health while coping with cancer. No art experience required. Information: 714.456.5235

First, third and fifth Thursday every month 10 a.m.-noon

Location: Chao Family Comprehensive Cancer Center, 1st floor, Patient and Family Resource Center

Bariatric Surgery Support Group

Offers support for patients before and after laparoscopic weight-loss surgery. Information: 888.717.4463 or 714.456.6185

Third Tuesday every month 6:30-8:30 p.m.

Location: UC Irvine Manchester Pavilion, 200 S. Manchester Ave., 2nd floor, rooms 210 and 211, Orange

Brain Tumor Education/Support Group

For individuals diagnosed with brain tumors and those who support them. Meetings are led by a social worker. Some meetings will include a speaker. Information: 714.456.8609

Second Monday every month 6-7:30 p.m.

Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Burn Survivors Support Group

Information: 714.456.7437

Thursdays, Feb 16, Mar 15, Apr 19, May 17,

Jun 21 Noon -1:30 p.m.

Location: UC Irvine Douglas Hospital, 5th floor conference room 5843

Epilepsy Educational Support Group

Social and educational support group for adults with epilepsy, offered in collaboration with the Epilepsy Alliance of Orange County. Guest speaker at most meetings. Information: 714.557.0202

Fridays, Feb 17, Mar 16, Apr 20, Jun 15

(No May meeting) 7-8:30 p.m.

Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

Inflammatory Bowel Disease Support Group

An ongoing support group for individuals with the diagnosis of Crohn's disease or ulcerative colitis. Topics may include stress management, coping strategies, alternative medicine, dating/relationships and more. Information: 714.456.7057

First Wednesday every month 6:30-8:30 p.m.

Location: Chao Family Comprehensive Cancer Center, 2nd floor

Kidney and Pancreas Transplant Support Group

Education and support for those with renal disease, for dialysis patients, and family and friends. Information: 714.456.8342

English: First Friday every month 2:30-3:30 p.m.

Spanish: First Friday every month 1:30-2:30 p.m.

Location: UC Irvine Manchester Pavilion, 200 S. Manchester Ave., 8th floor, classroom C, Orange

Korean Women's Share and Care Group

Help and support for Korean-speaking women with cancer.

Information: 714.456.5057

Second Thursday every month 3-4:30 p.m.

Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Look Good, Feel Better

Help with appearance changes during cancer treatments.

Information: 800.227.2345

Mondays, Mar 26, May 28 10 a.m.-noon

Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Multiple Myeloma Support Group

Information: 800.452.2873, ext. 233

First Thursday every month 6:30-8:30 p.m.

Location: UC Irvine Medical Center, Neuropsychiatric Center, conference room 101

NAMI (National Alliance on Mental Illness) Support Group

Support and resources for family and friends of individuals with mental illness, to provide help in coping with their loved one's illness. Information: 714.456.5801

First and third Tuesday every month 6-7:30 p.m.

Location: UC Irvine Medical Center, Neuropsychiatric Center, check in at lobby reception desk

Spinal Cord Injury Support Group

For those recovering from spinal cord injuries. Families, friends and caregivers are also welcome. Lunch box is available.

Information: 714.456.6628

Third Tuesday every month (except holidays) 1-2 p.m.

Location: UC Irvine Medical Center, Neuropsychiatric Center, Acute Rehabilitation Unit, common area

Spanish Super Sibs Klub

Quarterly fun-filled recreational workshop for children ages 8-12 with siblings who have special needs, including chronic illness, developmental delay, medical needs or cognitive issues.

Information & registration: 714.456.8391

Call for meeting dates and location 9:30 a.m.-noon

Support for People With Oral, Head & Neck Cancers (SPOHNC-UCI-Orange)

Information: 714.456.5235

Mondays, Feb 6, Mar 5, Apr 2, May 7 6:30-8 p.m.

Location: Chao Family Comprehensive Cancer Center, 3rd floor, Breast Health Center

Trigeminal Neuralgia Association Support Group

Information, education and support for patients and their families living with TN and related facial pain conditions.

Guest speaker at every meeting. Information: 714.730.1600

Saturdays, Jan 28, Mar 24, May 26 1-3 p.m.

Location: 2nd floor above medical library, rooms 2105, 2106

Women's Share and Care Group

Support and education for women with cancer.

Information: 714.456.8609

Second and fourth Tuesday every month 10-11:30 a.m.

Speaker on fourth Tuesday

Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Spanish Women With Gynecological Cancer

Information: 714.456.5235

Third Tuesday every month 6-7:30 p.m.

Location: Chao Family Comprehensive Cancer Center, 1st floor, Patient and Family Resource Center

Young Women's Thriving and Surviving Support Group

Started by two young women who have overcome breast cancer, this educational group is for women 18 to 45 surviving any type of cancer. Information: 714.456.7057

Third Wednesday every month

Feb 15, Mar 21, Apr 18, May 16 6:30-8:30 p.m.

Location: Chao Family Comprehensive Cancer Center, 4th floor conference room