



live well

SMARTER HEALTHCARE FOR SOUTHERN CALIFORNIA

TAKING THE LEAD

Advances in women's
cancers provide
healing and hope



YOUR NEIGHBORHOOD DOCTORS




Everyone enjoys having choices. That’s why we’ve worked hard in recent years to open many new primary care and specialty offices around Orange County. You don’t have to travel far to find highly trained primary care doctors who can keep you and your loved ones healthy. Our community offices can also link you to the kind of specialty care that only an academic medical center can provide.

So what does academic medical center mean? It means access to a hospital that delivers and helps to develop leading-edge treatments and adheres to the highest standards of care in cancer, cardiology, obstetrics and gynecology, neurology, gastroenterology and other medical disciplines. If you have cancer, it means having access to the county’s only National Cancer Institute-designated comprehensive cancer center and clinical trials that may provide a better chance of long-term survival.

Fall is open enrollment time. That means it’s time to think about whom you entrust with your healthcare for the coming year. In this issue of *Live Well*, you can read about patients who have regained their health and their lives after treatment for debilitating and life-threatening diseases. UC Irvine Health patients with gynecologic cancers, such as cervical and ovarian cancer (page 6), are treated by physicians who have made game-changing discoveries in the field. Patients with gastrointestinal reflux disease (page 12) find safe and effective treatment options that may not be available anywhere else in the county.

We have lots to offer — from dedicated community-based physicians (page 10) to compassionate specialists who know how to support their patients through difficult times. When you choose us, you can be sure that the best possible care is well within your reach. ■


Sincerely,



Dr. Howard Federoff
UC Irvine Health Vice Chancellor, Health Affairs
CEO, UC Irvine Health

MAKE A DIFFERENCE

A clinical trial can represent the last hope for improving or extending life for someone with a complex medical condition like cancer. Thanks to a generous community — people like the Chao family and Sue and Ralph Stern — UC Irvine Health has the infrastructure to offer early-phase trials for cancer, and a host of other conditions, long before they can be accessed elsewhere.



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The information contained in this magazine is not meant to replace the advice of your physician.

YOUR PHILANTHROPIC SUPPORT CAN CHANGE A LIFE.

When you donate to Orange County’s only academic medical center, your gift drives clinical innovations like the ones you’ll read about on the following pages, improving health for the community and the world. If you would like to make a gift to thank a provider, honor the memory of a loved one or establish a lasting legacy, visit ucirvinehealth.org/give or call 714-456-7350. Learn how you can help transform healthcare.

CLINICAL TRIALS POINT THE WAY FORWARD

WRITTEN BY NANCY BRANDS WARD


CLINICAL TRIALS: A PATH OF PROGRESS

Clinical trials evolve from small studies that test an idea to increasingly larger studies that answer more detailed questions about the safety and effectiveness of a test or treatment.

PHASE 1


**20-100 PARTICIPANTS**


**SEVERAL MONTHS**

**SAFETY, DOSAGE & SIDE EFFECTS**

PHASE 2

**100 + PARTICIPANTS**


**4 MONTHS - 2 YEARS**

**SAFETY, SIDE EFFECTS & EFFICACY**


PHASE 3

**100-3,000+ PARTICIPANTS**


**1 - 4 YEARS**

**EFFECTIVENESS, MONITOR SIDE EFFECTS & SAFETY, COLLECT INFORMATION ON HOW THE TEST OR TREATMENT CAN BE USED**

PHASE 4

**PATIENT POPULATION**

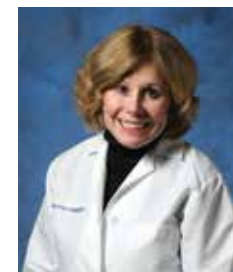
**4 + YEARS**

**EFFECTS IN VARIOUS POPULATIONS & AFTER LONG-TERM USE**

Source: ClinicalTrials.gov

Doctors at UC Irvine Health are investigating an exciting new medication that uses a patient’s own immune system to attack leukemia cells. Led by Dr. Susan O’Brien, one of the nation’s foremost leukemia experts and medical director of The Sue and Ralph Stern Center for Cancer Clinical Trials and Research, the study is being conducted at only six centers. UC Irvine Medical Center is the only site in Southern California to test this novel agent for chronic lymphocytic leukemia (CLL).

“As a National Cancer Institute-designated comprehensive cancer center, it’s one of our missions to conduct research,” says O’Brien, who was involved in developing four new CLL drugs approved by the Food and Drug Administration in the past three years. “It’s also our duty to foster improvements in the excellent care we deliver today by discovering even more effective treatments.”



Dr. Susan O’Brien

The medication to treat CLL is one of many investigations underway at UC Irvine Health. It’s a Phase 1 clinical trial — the first of a three-part series of studies required for new drugs to be approved for treatment of cancer or other conditions. These early studies can often be described as “translational medicine.” That means promising studies in research laboratories are used or “translated” to enhance human health. This bench-to-bedside approach accelerates the pace of new cancer treatments, O’Brien says.

Participating in a clinical trial may offer hope for patients with cancers that haven’t responded to the standard of care. If an investigational drug turns out to be effective, participants in the trial will have benefited from it long before it’s available to patients everywhere.

The FDA requires that clinical trials assess the risk of side effects. Patients enrolled in clinical trials receive close monitoring for side effects, as well as an assessment of their response by experts in their particular cancer.

“There have been a number of publications that report patients in clinical trials get excellent care because of the close monitoring,” O’Brien says.

Still, some patients fear they might be given a placebo if they participate in a clinical

“IT’S OUR DUTY TO FOSTER IMPROVEMENTS IN THE EXCELLENT CARE WE DELIVER TODAY BY DISCOVERING EVEN MORE EFFECTIVE TREATMENTS.”

trial. It’s a common misconception, O’Brien says, noting that in cancer trials placebos are almost never used. In early trial phases, patients often receive an investigational drug along with the standard of care. Even in Phase 3 trials, where patients are randomly assigned to treatments, many designs give all patients the standard of care while some patients receive that care plus the new drug.

For example, a large randomized trial led by UC Irvine Health Chao Family Comprehensive Cancer Center investigated the effectiveness of chemotherapy alone or chemotherapy plus bevacizumab for treatment of advanced cervical cancer. The results of the Phase 3 clinical trial, published in 2014 in *The New England Journal of Medicine*, showed significantly longer survival for those patients who received chemotherapy combined with the new drug and led to approval of the drug.

“It was a very important study that changed the practice of how we treat advanced cervical cancer,” O’Brien says.

UC Irvine Health physicians often lead national clinical trials or initiate their own research projects. They conduct research into many types of cancers and lead clinical trials in Phases 1 through 3. O’Brien expects to launch a program next year to expand the scope of Phase 1 trials. The goal is to provide earlier access to new drugs for patients who’ve failed to respond to the standard therapies.

“We want to increase our clinical trials to provide our patients with the most promising options right here in Southern California,” she says. ■

Learn more about clinical trials at ucirvinehealth.org/clinicaltrial

A FIGHT AGAINST BLINDNESS

When Elaine Cain and her husband Al moved to Orange County from Michigan five years ago, their goal was to be close to family. They had no idea the move would also bring them hope for Elaine’s vision for the first time.

Cain has been losing vision since age 32, when she was diagnosed with Usher syndrome, a congenital condition that causes both hearing loss and retinitis pigmentosa (RP), the degeneration of retinal cells in the eye.

Cain, now 70, first began losing peripheral vision as the rods — the cells responsible for vision in dim light — were affected, a common pattern in retinitis pigmentosa patients. Then she lost some of her color perception as the cones degenerated, until her vision became limited to a tunnel of less vibrant images.

Dr. Baruch Kuppermann, chief of retina services at UC Irvine Health Gavin Herbert Eye Institute and one of the top-ranked retinal specialists in his field, enrolled Cain in a clinical trial that uses progenitor retinal cells injected into the eye. This first-of-its-kind stem cell-based treatment for retinitis pigmentosa, developed by UC Irvine Health ophthalmologists Dr. Henry Klassen, Dr. Jing Yang and colleagues, was approved by the Food and Drug Administration for clinical trial last year.

“This new approach to treatment offers the chance of really improving the quality of vision and life for people with RP, and it is exciting to be involved in this innovative project, especially since so many of the patients are noticing a difference,” Kuppermann said.

The Phase 1 and 2 clinical trial has undergone four FDA reviews, and researchers with the UCI Sue & Bill Gross Stem Cell Research Center have reported that the treatment is safe and well-tolerated by the first group of patients.

Within weeks after treatment in her left eye, Cain began regaining peripheral vision, which has continued to improve.

“When I leave my daughter’s house at dusk, now I can find my own way to the car,” Cain said, still a little amazed. It’s not known exactly how much of her vision will return, but she’s eager for the clinical trial to end so that she can get an injection in her other eye, to gain a bigger perspective on her new world.



Elaine Cain is experiencing improved vision as a participant in a novel clinical trial using stem cells to treat an eye condition called retinitis pigmentosa.

Learn more about UC Irvine Health’s innovative eye care services at ucirvinehealth.org/eyecare

PHYSICIAN’S RESEARCH LEADS TO A NEW LUNG CANCER TREATMENT

More than five years ago, Dr. Ignatius Ou, a UC Irvine Health oncologist, began wondering if a drug approved to treat non-small cell lung cancer with a mutation called ALK might also work for patients with a different type of genetic mutation. That curiosity and dedication has led to profound results.

Earlier this year the Food and Drug Administration approved the drug crizotinib (Xalkori™) for treatment of non-small cell lung cancer patients who have the ROS1 mutation. It is the first treatment for patients with this rare form of the disease. Ou is first co-author of a study published in 2014 in the *New England Journal of Medicine* that was instrumental in the drug gaining FDA approval.

“Crizotinib is now a standard of care for ROS1 non-small cell lung cancer patients, giving them a new option for this difficult-to-treat cancer that does not respond to traditional therapies,” Ou says. Moreover, since the ROS1 mutation is also found in other types of cancers — such as colon and stomach cancer — the therapy may be appropriate for those patients too. Studies are also underway to see if crizotinib works in lung cancer patients with other types of genetic mutations.

Ou and his UC Irvine Health colleagues conduct research and seek treatments for the most challenging cancer cases and have studied how genetic mutations drive cancer growth. Non-small cell lung cancer, which often occurs among patients who have never smoked, is the most common type of lung cancer. Researchers estimate that non-small cell lung cancer will account for about 83 percent of new lung cancer cases this year.



Dr. Ignatius Ou

UC IRVINE MEDICAL CENTER NAMED ONE OF “AMERICA’S BEST HOSPITALS”

For the 16th consecutive year, *U.S. News & World Report* has recognized UC Irvine Medical Center as one of “America’s Best Hospitals.” The annual rankings recognize hospitals that excel in treating the most challenging patients and this year include two UC Irvine Health specialties among the top 50 nationally: 40th for orthopaedics and 41st for ear, nose and throat.

UC Irvine Medical Center also is ranked highest in Orange County. It was fifth in the Los Angeles region and 10th in the state. UC Irvine Medical Center is the only Orange County hospital consistently ranked among America’s best by *U.S. News*.

“Each day, our medical faculty, nurses and staff provide Orange County residents with accessible world-class treatment of serious and complex cases,” says Dr. Howard J. Federoff, vice chancellor, Health Affairs, and CEO of UC Irvine Health. “Inclusion among America’s Best Hospitals for 16 consecutive years reflects our continued commitment to improving quality care and to the UC Irvine Health mission: Discover. Teach. Heal.”

Since 2001 the magazine has listed UC Irvine Health programs in urology, gynecology, geriatrics, cancer, digestive disorders, nephrology, orthopaedics



and ear, nose and throat among the top 50 nationwide. The Best Hospitals methodologies include objective measures such as patient survival, the number of times a given procedure is performed, infection rates, adequacy of nurse staffing and more.

UC Irvine Health has received other recent recognitions for high-quality care:

- April 2016 – UC Irvine Health earned a third consecutive “A” rating in **The Leapfrog Group’s spring Hospital Safety Score**, which rates how well hospitals protect patients from errors, injuries and infections.
- December 2015 – UC Irvine Health was one of fewer than 100 U.S. hospitals nationwide to earn **The Leapfrog Group’s “Top Hospital.”**
- November 2015 – UC Irvine Health was recognized for the second time as a **Top Performer on Key Quality measures by The Joint Commission.**
- November 2015 – UC Irvine Medical Center ranked 22nd among the nation’s leading academic medical centers in the **University HealthSystem Consortium 2015 Quality and Accountability Scorecard.**
- The UC Irvine Health medical faculty also includes upwards of **100 “Best Doctors in America,”** more than any other hospital serving Orange County.

AVOID FLU THIS WINTER

Health experts recommend that almost everyone age 6 months or older receive a flu vaccine, preferably in the fall before the start of the season. However, for kids that may mean a few more tears this season.

In recent years as many as one-third of kids ages 2 through 17 received a nasal spray vaccine. But a panel of the Centers for Disease Control and Prevention recently warned that the nasal spray vaccine should not be used this flu season. Studies show that the vaccine was not as effective last season in preventing flu compared to the traditional shot.

No one knows why the nasal vaccine was not as effective last year, says Dr. Shruti K. Gohil, a UC Irvine Health infectious disease specialist. It could be that the nasal vaccine was less effective against the predominant flu strain last season, H1N1.

So this year kids will need to roll up their sleeves, too. But the benefits of vaccination far outweigh the risks. Flu shots significantly reduce the risk of getting the flu and also lessen the severity of the illness.

There are other important ways to curb your risk of getting sick, according to the Centers for Disease Control and Prevention, including:

- Avoid close contact with people who are sick.
- Wash your hands often. If soap and water are not available, use an alcohol-based hand rub.
- Avoid touching your eyes, nose or mouth.
- Clean and disinfect frequently touched surfaces at home, work or school, especially when someone is ill.
- Make sure your workplace has an adequate supply of tissues, soap, paper towels and alcohol-based hand rubs.
- Get plenty of sleep, be physically active, manage your stress, drink plenty of fluids and eat nutritious food.

Free flu shots will be available at the UC Irvine Health Super Saturday health fair on October 22 in Orange (see page 16).

SAVE THE DATE: CYCLE FOR CURES

JUNE 10–11, 2017

Join us on June 10 and 11, 2017, at Angel Stadium for an exciting weekend-long cycling event to create a cancer-free world. Riders can choose routes ranging from 10 miles to 100 miles or participate in a stationary bike event. There also will be a children’s ride. Every dollar raised will go directly to lifesaving cancer research at the UC Irvine Health Chao Family Comprehensive Cancer Center. The Cycle for Cures weekend will be fun for the whole family.



Visit cycleforcures.org for more information.





All In

Ovarian cancer survivor Meg Newton found doctors who vowed to try everything.

WRITTEN BY SHARI ROAN | PHOTOGRAPHY BY LAUREN PRESSEY

Meg Newton, 62, was on an evening stroll one day last November with her husband, Skip, when she turned to him with words that now seem prescient. For weeks she had been fighting weight gain and a feeling of abdominal bloating.

"I had cut back on food portions and was exercising more," says Newton, who lives in Canyon Lake near Temecula. "But around my abdomen I kept gaining weight. We were taking the dogs for a walk, and I told my husband, 'I feel like I just ate Thanksgiving dinner.' But I had just had a salad."

Soon she felt pain in her abdomen and sought the advice of doctors. After being misdiagnosed with liver disease at a community hospital, Newton learned on Nov. 20, 2015, that she had late-stage ovarian cancer. She called the UC Irvine Health gynecologic oncology specialists and was booked to see Dr. Leslie Randall four days later.

"When I met Dr. Randall I had a great feeling," Newton says. "She said the cancer was very serious but she was going to do everything she could to give me both quantity and quality of life."

Randall was able to be reassuring because significant progress has been made in recent years for all types of gynecologic cancers, which include cancers of the ovaries, uterus, cervix, fallopian tubes, vulva and vagina. UC Irvine Health patients are treated at the Chao Family Comprehensive Cancer Center — Orange County's only National Cancer Institute-designated comprehensive cancer center — by a gynecological oncology team that includes nationally recognized experts.

Ovarian cancer is a challenging disease because there is no screening test, the symptoms are often ambiguous and cancer is usually discovered at a late stage. Patients benefit by seeking care at a medical center that offers the best proven treatments as well as promising investigational treatments.

"We don't know everything we need to know about ovarian cancer yet," says Dr. Robert E. Bristow, a UC Irvine Health gynecological oncologist and international expert in ovarian cancer. "But improvements in ovarian cancer have been incremental over time. And the calculations for survival start with whether a woman receives state-of-the-art treatment or not. If she receives state-of-the-art treatment, the odds for survival are a lot better."

OFFERING THE MOST INNOVATIVE THERAPIES

Perhaps the most significant advance in ovarian cancer treatment has been intraperitoneal chemotherapy (IP), in which chemotherapy is pumped directly into the patient's abdominal cavity via a catheter. The abdomen is massaged to circulate the solution and reach hidden cancer cells. Then the solution is drained and the abdomen rinsed.

IP therapy has been shown to improve the chances for long-term survival

"I CALLED UC IRVINE MEDICAL CENTER BECAUSE I KNEW IT WAS A TEACHING HOSPITAL. THEY HAVE STATE-OF-THE-ART EQUIPMENT, AND THEY'RE ALWAYS LOOKING FOR SOMETHING NEW."

and is now considered the standard of care for ovarian cancer patients. In recent years, some physicians have heated the chemicals to increase their effectiveness — a treatment known as hyperthermic intraoperative peritoneal chemotherapy (HIPEC), performed at the conclusion of surgery to remove the cancer — and used it in patients whose cancers have returned. UC Irvine Health is taking it one step further by using HIPEC as a frontline treatment for newly diagnosed patients and studying its effectiveness.

"Theoretically, HIPEC disables the cancer to make the cells more susceptible to the chemotherapy," Randall says. "It also may improve delivery into the cancer cell."

Newton underwent surgery and HIPEC on March 2 after nine weeks of chemotherapy to shrink the tumors in her abdomen. "I had no qualms about HIPEC," she says. "It made sense to me that it would get in all the nooks and crannies and kill the cancer. When the doctors said I was a good candidate for HIPEC, I said, 'I want in.'"

By Memorial Day, Newton felt so good she rode her horse in a parade, inviting Randall to join her to celebrate her recovery. She continues to receive cancer treatment.

"I can't speak more highly of the care I got there," Newton says. "I called UC Irvine Medical Center because I knew it was a teaching hospital. They have state-of-the-art equipment, and they're always looking for something new."

NEW THERAPIES FOR OVARIAN CANCER

HIPEC is not the only new tool aimed at curing ovarian cancer. Some patients receive a medication called Avastin, which works by blocking the growth of new blood vessels and substances that promote cancer growth. The drug is now prescribed to patients whose cancer has become resistant to chemotherapy. But UC Irvine Health researchers are studying whether

WHERE YOU'RE TREATED MATTERS

Dr. Robert E. Bristow has made it his life's work to empower women with ovarian cancer to obtain the best possible care. In a study published last year, Bristow and his colleagues demonstrated how patient survival is largely influenced by where a woman is treated.

For five tips on how to advocate for your health after a diagnosis of ovarian cancer, see this article by Bristow at: ucirvinehealth.org/ovariancare

TYPE OF CENTER

- National Cancer Institute-designated Comprehensive Cancer Center
- Non-NCI center that treats a high volume of ovarian cancer patients
- Non-NCI center that treats a low volume of ovarian cancer patients

MEDIAN SURVIVAL TIME

- 77.9 months
- 51.9 months
- 43.4 months

Source: Journal of the American College of Surgeons, 2015

TRENDS IN GYNECOLOGIC CANCERS

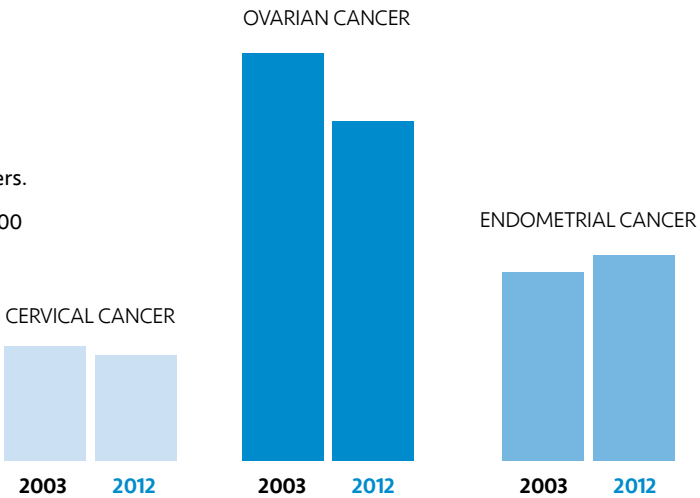
The good news is that U.S. death rates have fallen steadily for two types of women’s cancers.

Cervical cancer: fell 0.9% per year (2.5 per 100,000 in 2003 to 2.3 per 100,000 in 2012)

Ovarian cancer: fell 2.1% per year (8.9 per 100,000 to 7.4)

Endometrial cancer: rose by 1.1% per year (4.1 per 100,000 to 4.5)

Source: SEER data, National Cancer Institute



Watch a video of our patients’ stories at ucirvinehealth.org/survivegyncancer



Avastin may also be useful for any patients with stage IV ovarian cancer and are using Avastin in combination with other drugs to treat a number of gynecologic cancers.

Moreover, UC Irvine Health researchers will soon launch two new Phase 3 clinical trials to study the effectiveness of an immunotherapy drug, nivolumab, in fighting ovarian cancer. Immunotherapy drugs are aimed at prompting the body’s own immune system to recognize and destroy cancer, in the same way that the immune system fights off a cold or flu virus. The therapy constitutes one of the most promising areas in cancer treatment today and has already proven effective for several types of cancers, including melanoma and lung cancer.

Another ongoing study takes a much different approach. UC Irvine Health cancer researcher Lari Wenzel studies treatment decision-making and quality of life during ovarian cancer treatment and into survivorship. She is

also the co-leader of an international study looking at long-term ovarian cancer survivors to try to identify psychosocial and lifestyle factors that might differ between short-term and long-term survivors.

“With ovarian cancer, it’s so important to have the correct operation and access to clinical trials,” says Dr. Krishnansu S. Tewari, a UC Irvine Health gynecological oncologist and director of research in gynecologic oncology. “At centers like UC Irvine Health, we have surgical teams, multidisciplinary teams that include liver and thoracic surgeons, who do whatever we can to remove all of the cancer. UC Irvine Health physicians really have dedicated a lot of our time to the science of surgery and these diseases.”

LEADING-EDGE TREATMENT FOR CERVICAL CANCER

These doctors have a history of excellence to live up to, established by the Division of Gynecologic Oncology’s founding director Dr. Philip J. Di Saia, a nationally respected expert. Others in the division include Dr. Ramez N. Eskander, Dr. Kristine R. Penner and Dr. Michael Krychman. Of 35 large, national clinical trials that inform the body of evidence on treatment gynecological cancers, 31 of them involved contributions from UC Irvine Health investigators.

Eskander recently became the third member of the UC Irvine gynecologic oncology faculty to receive the Society of Gynecologic Oncology’s Presidential Award in the past four years. The honor recognizes the most outstanding oral plenary presentation at the society’s annual meeting.

In 2012 Bristow was recognized for his research on racial and economic disparities in access to ovarian cancer care and survival. Tewari was recognized in 2013 for his findings that Avastin combined with chemotherapy prolongs survival in advanced cervical cancer.

Lorena Medina, 39, benefited from the very treatment Tewari helped pioneer. The Corona woman was diagnosed with



Only weeks after surgery, Meg Newton was able to ride her horse in a parade near her home. Dr. Leslie Randall, left, joined Newton for the festivities.

advanced cervical cancer in 2012 and has had several relapses despite surgery, radiation therapy and chemotherapy. She consulted with Tewari, who recommended Avastin therapy after she relapsed a second time and the cancer spread to her lungs.

But the doctor Medina was seeing at another hospital recommended only chemotherapy. After Medina’s cancer returned a third time she was able to switch her insurance so she could receive care from Tewari, who put her on chemotherapy and Avastin.

“Dr. Tewari was so positive,” says Medina, who has two young children and is now in remission. “He told me, ‘You’re going to get through this.’ He believed in the clinical trial, and I believed in him.”

CARING FOR THE WHOLE PATIENT

Treatment of early-stage cervical cancers also has seen progress. Women with early-stage cancers can undergo a robot-assisted surgery to remove the cervix and uterus. This minimally invasive operation carries fewer risks of complications and speeds recovery time. “Many patients get treated too aggressively even for small cancers,” Tewari notes.

UC Irvine Health surgeons are also among only a handful of specialists nationwide who offer a procedure for cervical cancer treatment, called a trachelectomy, that preserves a woman’s fertility. Only the cervix and a small part of the uterus are removed. Although infertility is sometimes an inevitable result of cancer treatment, patients can be referred to oncofertility specialists to discuss their options prior to treatment.

“We want to offer fertility preservation whenever possible,” Tewari says. “Trachelectomy is such a complicated operation that only a few centers offer it.”

UC Irvine Health also offers robot-assisted surgery for uterine cancer. This approach limits surgical complications and pain, and patients can proceed to chemotherapy with no delays.

UC Irvine Health physicians and nurses focus on the patient’s well-being, not just the cancer, Bristow says. Patients have access to Ann’s Clinic, funded by the Queen of Hearts Foundation, which offers genetic testing and support for ovarian cancer patients to improve their quality of life.

“That is the essence of that holistic approach,” Bristow says. “When patients come to see us, we’re not just looking up lab values and plugging in medication dosages. We’re asking how they are coping, is their support network functioning or not functioning? What is their exercise regimen, their dietary habits? We talk about overall wellness and management of complications, about menopausal symptoms and sexual health. We’re treating the whole person.” ■

Learn more about gynecologic oncology treatments and research at ucirvinehealth.org/gyncancer



SEEKING THE BEST CARE FOR ALL WOMEN

On an average day in the UC Irvine Health gynecologic oncology exam rooms, Dr. Robert E. Bristow sees almost two dozen patients, making sure each patient’s individual needs were addressed. But when Bristow returns to his office, his thoughts often turn to cancer patients who do not receive the best possible care.

Bristow is an internationally recognized gynecologic oncologist and is also an authority on disparities in the treatment of women with ovarian cancer — one of the most dangerous forms of cancer and one that requires the highest levels of care for survival. His research has shown that as many as two-thirds of U.S. women diagnosed with the disease do not receive adequate care. For example:

- Patients at hospitals that treat a high volume of ovarian cancer cases (20 or more ovarian cancer cases a year) have higher rates of long-term survival compared to patients treated at low-volume hospitals.
- African-American women are more than 30 percent more likely to die from the disease compared to white women, even when all other factors that may influence survival rates are taken into account.
- Women with annual household incomes under \$35,000 are also 30 percent more likely to die from the disease compared to women from higher-income households.

They are statistics Bristow cannot ignore. “This is not right,” he says. “Here in Orange County, a patient from Santa Ana who has safety-net insurance should have the same opportunity for survival as a patient from Newport Coast. That is a basic truism.”

He encourages patients to seek the best possible care and urges providers to refer patients to hospitals that are able to provide the most innovative treatments and access to clinical trials. He also founded and co-hosts an annual international conference on ovarian cancer treatment to inform doctors worldwide of the latest treatments. The conference is held at UC Irvine and at the medical center every other year.

“We’re trying to figure out why those disparities exist and how we go about trying to fix them,” he says. “It’s a complicated problem. There is not just one answer.”

Want to support research by Dr. Robert Bristow and other UC Irvine Health physicians to fight gynecologic cancers? Visit ucirvinehealth.org/supportgyncancer



MAKING THE SMART CHOICE DURING OPEN ENROLLMENT

Cost is only one factor to consider. Who will deliver your care?

Fall is the time of year when everyone needs to go shopping—for their healthcare. Open enrollment is the period when people can make changes to their health plans for the coming year. For Medicare, open enrollment is Oct. 15 to Dec. 7. For health plans through the Affordable Care



Dr. Manuel Porto

Act's HealthCare.gov marketplace exchange, it runs from Nov. 1, 2016, to Jan. 31, 2017. Open enrollment periods for work-based plans are set by employers and often occur in the fall.

But before you choose your coverage, shop around. *Live Well* spoke with Dr. Manuel Porto, president and CEO of UC Irvine Health Physicians & Surgeons and a specialist in maternal-fetal medicine, about what to consider when selecting health insurance.

WHY SHOULD PEOPLE SPEND TIME DOING SOME HOMEWORK DURING OPEN ENROLLMENT AND BEFORE SELECTING A PLAN?

Healthcare options are changing, especially in recent years with the Affordable Care Act. The health plan you previously had may have gone through some significant modifications, your preferred providers may have changed networks, or your health risks may be different. It's important to consider these factors in choosing to continue coverage or start new coverage.

HOW DO I KNOW WHAT KIND OF COVERAGE I NEED?

No one has a crystal ball, but if you've been seeing your primary care doctor annually, you should have an idea of the care you'll need going forward. Make sure you opt for a plan that provides that coverage, such as maternity care, prescription drugs or an elective surgery you're considering.

WHAT ABOUT DEDUCTIBLES OR FEES FOR SERVICES?

If your family is very healthy, you might choose a plan with a very high annual deductible and co-pays. But if a family member requires ongoing therapy, surgery or an inpatient admission, you may want to choose a plan where your out-of-pocket costs are not as high.

WHAT ABOUT PROVIDER NETWORKS?

If you choose an HMO or PPO plan, make sure that your preferred providers, specialists and care centers are part of the covered network. If they're not, your out-of-pocket expense may increase dramatically.

WILL I BE ABLE TO RECEIVE CARE FROM UC IRVINE HEALTH PHYSICIANS?

UC Irvine Health contracts with most major medical plans and you're likely to find your current provider or select a new, highly qualified provider in our large network of primary care physicians and specialists. Plus we're expanding our

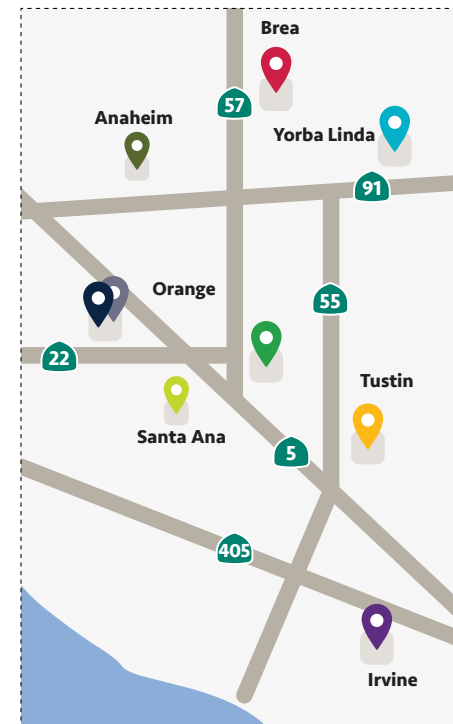
network throughout Orange County, including in the cities of Orange, Irvine, Tustin, Yorba Linda, Brea, Costa Mesa/Newport Beach, Anaheim and Santa Ana. We have more than 100 physicians recognized as the "Best Doctors in America" and nationally recognized programs in nursing, as well as cancer, high-risk obstetrics, neonatal, digestive disease, stroke and trauma care. Our SeniorHealth Center has some of the few board-certified geriatric specialist physicians in Orange County. And our hospital, UC Irvine Medical Center, has been on the *U.S. News & World Report* list of America's Best Hospitals for 16 consecutive years, recognized this year for orthopaedics and ear, nose and throat specialties, and is ranked highest in Orange County.

WHAT FACTORS DO PEOPLE TEND TO OVERLOOK WHEN CHOOSING A HEALTH PLAN?

The tendency is to look only at whether their primary care provider is in the covered network. It's also important that top-tier specialists and facilities are in the network. It's something to discuss with your primary care physician. UC Irvine Health's grouping of primary care and specialty physicians together in convenient locations across the county allows for seamless referrals, sometimes even within the same suite of offices.

WHAT SPECIAL CONCERNS SHOULD MEDICARE PATIENTS THINK ABOUT?

There are several parts to Medicare. Basic Medicare — parts A and B — covers hospitalization and physician services. Part D covers pharmacy. You can also purchase Medicare Supplemental Insurance to help pay for some of the costs that Medicare doesn't cover. Many insurers offer Medicare Advantage plans, known as part C, that combine parts A, B and D — often for one monthly price. Many Medicare Advantage plans function like HMOs. If you're approaching Medicare eligibility age, you should investigate all options to see which plan is best for you. ■



FIND A PHYSICIAN NEAR YOU
UC Irvine Health primary care physicians can now be found in neighborhoods throughout Orange County. For more information, go to ucirvinehealth.org/findourdocs

TIPS ON CHOOSING A PRIMARY CARE PROVIDER

- Choose someone you can talk to and whose personality meshes with yours.
- Look for convenient and available office hours.
- Find a provider who practices in a group of physicians who have similar styles and are familiar with your case. Electronic medical records — like those in place for UC Irvine Health patients — help doctors know a great deal about a patient they've never seen.
- Judge quality based on board certification, physician referral, national and regional accolades (such as Best Doctors in America), word-of-mouth recommendation, liaison with specialists you may need and association with top-tier institutions.

SIGNING UP FOR MEDICARE

Medicare beneficiaries can make changes to their coverage during open enrollment, from Oct. 15 through Dec. 7. For information on free Medicare seminars, see page 17.

For more information about choosing UC Irvine Health during open enrollment, visit ucirvinehealth.org/openenrollment or call 844-227-3824.



HELP FOR HEARTBURN

Endoscopic surgery may eliminate the need for risky drugs.

WRITTEN BY VICTORIA CLAYTON | PHOTOGRAPHY BY REMY HAYNES



About five years ago Kathy Halsey, a school administrator, decided she had to do something about the nagging chronic heartburn and reflux that had plagued her for years. “The burning and pain would happen all day, making it hard to work. I had to eat right before any meeting and take drugs every day just to get my job done, and I would still have unbearable burning, and then headaches associated with acid reflux. At night, I had to sleep sitting up. My quality of life was severely reduced.”

Officially Halsey had gastroesophageal reflux disease, or GERD, a painful condition whereby stomach acid or stomach content flows back into the esophagus. GERD, which is more common as we age, is usually due to a faulty sphincter valve between the stomach and esophagus.

But doing something about her case of GERD proved more challenging than Halsey expected. Over the years, the most common medications to treat the condition, proton pump inhibitors (PPIs), have been linked to a growing list of serious side effects, such as pneumonia, kidney disease, bone fractures and dementia. And recently several studies have found that people taking PPIs are at increased risk for heart attack, stroke and renal failure, possibly because the lining of cardiovascular blood vessels is impaired by the drugs.



Dr. Kenneth Chang

Those side effects make it more important than ever for patients to consider alternative treatments for GERD, including a number of options offered by UC Irvine Health experts, using endoscopy, a nonsurgical technique that accesses the digestive tract through the mouth.

“Because we’re learning so much about the possible negative side effects of long-term use of PPIs, I see a dramatic shift away from people taking those drugs and toward getting these sorts of endoscopic treatments,” says Dr.

Kenneth Chang, director of the UC Irvine Health H.H. Chao Comprehensive Digestive Disease Center (CDDC) and a leading specialist in GERD, Barrett’s esophagus and endoscopic surgery to treat digestive disease.

But many patients, like Halsey, try over-the-counter PPIs first. She didn’t smoke, didn’t drink excessively, changed her diet and controlled her weight — all first-line lifestyle treatments for GERD. But absolutely nothing stopped the reflux. Then tests revealed she had Barrett’s esophagus, a precancerous condition often associated with chronic GERD.

“That’s when it all got very serious,” Halsey says. She was advised by her gastroenterologist to take various prescription PPIs, such as Dexilant™, Nexium™, Prevacid™ and Prilosec™. Prescription PPIs are more potent than the over-the-counter versions. The medications have become so common that nearly 16 percent of adults ages 55 to 64 take them; only cardiac and cholesterol drugs are more common. For some patients, the medication benefits still outweigh the risks. For Halsey, however, PPIs weren’t a good solution.

“For three years I worked with my first gastroenterologist, taking different prescription medications to stop the acid, I also started breaking bones,” says Halsey, who fractured both her foot and arm. “I’d never broken a bone in my entire life, so of course I was really concerned.”

The next step for her would’ve been an invasive surgery to treat the esophagus and the faulty valve. Her gastroenterologist told her that the only doctor in Southern California who could help her with other options was Dr. Chang.

“Kathy was the perfect candidate for an EsophyX TIF™ procedure, which is something that we offer here but isn’t available yet in many places,” says Chang. An EsophyX TIF™ — which stands for transoral incisionless fundoplication — is a surgery performed using a special scope and camera



Kathy Halsey suffered foot and arm bone fractures while taking GERD medications. However, after a nonsurgical procedure, she was able to go off the drugs.

inserted through the mouth. First, in a separate procedure, Chang removed Halsey’s precancerous cells. After restoring the cells to normal, he treated the underlying GERD with the EsophyX TIF™ procedure, restoring proper function by elongating the esophagus and tightening the sphincter valve to keep stomach acid from splashing up.

An EsophyX TIF™ is done under anesthesia and takes only about an hour. Patients spend one night in the hospital and resume work and other activities in a couple of days. About 75 percent of these patients no longer need PPIs.

CDDC physicians also offer other techniques to treat various types of GERD. The LINX procedure involves endoscopically implanting a special magnetic ring around the esophagus, just above the stomach. The magnetic ring strengthens the function of the sphincter. Swallowing breaks the magnetic bond so food and liquid pass normally into the stomach. After swallowing, magnetic attraction brings the beads back together to prevent stomach acid and contents from splashing back into the esophagus.

A procedure called Stretta™ involves endoscopically administering radiofrequency energy to a patient’s sphincter to bulk it up and increase its effectiveness. “Stretta is ideal for people with a rather mild form of GERD, usually those who only have reflux during the day,” says Chang. These procedures, like the EsophyX TIF™, allow patients to drastically reduce or, more often, totally eliminate medications.

Another new minimally invasive GERD treatment to reinforce the sphincter is called MUSE™, which stands for the Medigus Ultrasonic Surgical Endostapler. The system utilizes a single instrument that’s inserted through the mouth to allow surgeons to repair the sphincter. The procedure, performed under general anesthesia, takes about 60 to 90 minutes and provides relief from GERD.

“To me, the EsophyX™ procedure was a miracle,” says Halsey, who now has no battles with reflux and instead enjoys traveling, Pilates classes and meditation. “Here was a condition I suffered with for so many years and I had taken all those medications. Dr. Chang basically fixed it with this minimally invasive procedure. Dr. Chang gave me back my quality of life and, more importantly, saved my life.” ■

Learn more about treatments for gastroesophageal reflux disease at ucirvinehealth.org/aboutgerd



PEDIATRIC EXERCISE RESEARCH

Six-time Olympic medalist Jackie Joyner-Kersey (right) delivered keynote remarks at a celebration of the American College of Sports Medicine's Exercise is Medicine month, hosted by the UC Irvine Health Pediatric Exercise and Genomics Research Center (PERC). Dr. Reuben Chen, Sunrider International vice president and UC Irvine School of Medicine alumnus, was honored for supporting a curriculum initiative designed to train physicians and other health professionals to integrate prescriptive exercise into primary care. Pictured (from left): Dr. Dan Cooper, associate vice chancellor for Clinical & Translation Research; Chen; Shlomit Radom-Aizik, PhD, PERC executive director; Dr. Michael Stamos, interim School of Medicine dean; Joyner-Kersey.



MARCH OF DIMES WALK



Fashion Island, Newport Beach, April 24

EPILEPSY WALK



TeWinkle Park, Costa Mesa, April 23

LIVER WALK

UC Irvine Health physician Dr. Carlos Saad chaired the American Liver Foundation's Liver Walk, June 18, at William Mason Regional Park in Irvine. UC Irvine Health representatives also participated in several other awareness walks in recent months.



From left, Gary Dudley, chairman, board of directors, American Liver Foundation, Greater Los Angeles; Farrah Douglas, executive director, American Liver Foundation, Greater Los Angeles; Dr. Carlos Saad, walk chairman, UC Irvine Health H.H. Chao Comprehensive Digestive Disease Center.

KIDNEY WALK



Mason Regional Park, Irvine, June 5

MOMMY AND ME CANCER FOUNDATION

UC Irvine Health sponsored a team of walkers for the third annual Mommy & Me Cancer Foundation 5K, held on June 25 at Angel Stadium of Anaheim. The walk raises awareness and funds for young families facing cancer, particularly people who are parents of young children.



UC Irvine Health Cancer Center Newport Team



BURN SURVIVORS PICNIC

The UC Irvine Health Regional Burn Center welcomed former patients and their families to the center on Aug. 18 for the annual summer picnic and celebration. The center treats the county's most serious burn injuries and is the only American College of Surgeons-verified burn center in Orange County.



HEALTH CLASSES

Most classes are free. Exceptions are listed. Classes may cost \$20 for people who are not UC Irvine Health patients. Some classes are available in Spanish. Registration is required. Class dates and times can change. If you are registered, we will notify you of any changes. All classes are one session unless otherwise noted.

LOCATIONS:

- **UC Irvine Medical Center**, 101 The City Drive South, Orange, above the Grunigen Medical Library in the second-floor classrooms. Parking in the medical center visitor structure will be validated.
- **UC Irvine Douglas Hospital**, 101 The City Drive South, Orange
- **UC Irvine Health-Tustin**, 1451 Irvine Blvd., Tustin
- **UC Irvine Health Family Health Center Santa Ana**, 800 Main St., Santa Ana
- **UC Irvine Health Family Health Center Anaheim**, 300 Carl Karcher Way, Anaheim

Visit ucirvinehealth.org/ourevents or call toll-free 877-UCI-DOCS or 877-824-3627 for registration and information.



ADVANCE DIRECTIVE

Sept. 15, Nov. 17 | 11 a.m.-12:30 p.m.
UC Irvine Medical Center

BREASTFEEDING

Oct. 6, Nov. 3, Dec. 1 | 6-9 p.m.
UC Irvine Medical Center

DIABETIC DIET

Oct. 3, Dec. 5 | 4-6 p.m.
UC Irvine Medical Center

DIABETES OVERVIEW

Nov. 9, Dec. 14 | 4-6 p.m.
UC Irvine Medical Center

DIABETES OVERVIEW, SPANISH

Sept. 21, Dec. 21 | 5-7 p.m.
UC Irvine Health Family Health Center Santa Ana
Oct. 19 | 5-7 p.m.
UC Irvine Medical Center
Nov. 16 | 4-6 p.m.
UC Irvine Health Family Health Center Anaheim

DIABETES MANAGEMENT SERIES
(THREE-CLASS SERIES)

Oct. 12, 19, 26 | 4-6 p.m.
UC Irvine Medical Center

HEART FAILURE

Nov. 14 | 2-3:30 p.m.
UC Irvine Douglas Hospital, Room 3005

HEART HEALTHY DIET (CHOLESTEROL)

Nov. 14 | 4-5:30 p.m.
UC Irvine Health-Tustin

HIGH BLOOD PRESSURE

Oct. 11, Dec. 13 | 6-7:30 p.m.
UC Irvine Medical Center

JOINT REPLACEMENT, HIP OR KNEE

Sept. 19, 26 | 2-3 p.m.
Oct. 3, 10, 17, 24, 31
Nov. 7, 14, 21, 28
Dec. 5, 12, 19
UC Irvine Douglas Hospital, Family Room 3001

MATERNITY RECEPTION

Oct. 3, Nov. 14 | 6:30-7:30 p.m.
UC Irvine Medical Center
Building 53 auditorium

MEDITATION FOR HEALTH SERIES
(FOUR-CLASS SERIES)

Cost: \$40 unless you are being treated at UC Irvine Health or can't afford to pay
Sept. 12, 19, 26, Oct. 3 | 6:30-7:30 p.m.
Nov. 7, 14, 21, 28 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, Room 3005

MEDITATION FOR HEALTH SPECIAL TOPIC:

BREATHING
Cost: \$20 unless you are being treated at UC Irvine Health or can't afford to pay
Oct. 17 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, Room 3005

MEDITATION FOR HEALTH SPECIAL TOPIC:

BODY SCAN RELAXATION
Cost: \$20 unless you are being treated at UC Irvine Health or can't afford to pay
Dec. 5 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, Room 3005

NEWBORN CARE

Oct. 7, Nov. 18, Dec. 2 | 6-9 p.m.
UC Irvine Medical Center Building 56, Room 113

PREPARED CHILDBIRTH (FIVE-CLASS SERIES)

Sept. 7, 14, 21, 28, Oct. 5 | 7-9:30 p.m.
Sept. 8, 15, 22, 29, Oct. 6 | 7-9:30 p.m.
Oct. 19, 26, Nov. 2, 9, 16 | 7-9:30 p.m.
Oct. 20, 27, Nov. 3, 10, 17 | 7-9:30 p.m.
UC Irvine Medical Center Building 56, Room 113

PREPARING FOR SURGERY:

MIND, BODY AND SPIRIT
Sept. 19, Oct. 3, 17, Nov. 7, 21,
Dec. 5, 19 | 3-4:30 p.m.
UC Irvine Douglas Hospital, Family Room 3001

PREVENT STROKE

Oct. 11, Dec. 13 | 4-5 p.m.
UC Irvine Medical Center

SIBLINGS

Nov. 9 | 4-5 p.m.
UC Irvine Medical Center Neuropsychiatric
Center, Building 3, Room 101

STOP SMOKING (FIVE-CLASS SERIES)

Oct. 19, 26, Nov. 2, 9, 16 | 5:30-6:30 p.m.
UC Irvine Medical Center

WELL WEDNESDAYS

Oct. 26, Dec. 21 | 5-6:30 p.m.
UC Irvine Medical Center Neuropsychiatric
Center, Building 3, Room 101



The Super Saturday Community Health Fair, held annually at the UC Irvine Health Manchester Pavilion, features free flu shots and screenings.



HEALTH FAIR

6TH ANNUAL SUPER SATURDAY
COMMUNITY HEALTH FAIR

Free flu shots for people 9 years and older, diabetes and blood pressure screening, free healthy snacks and health information.
Oct. 22 | 10 a.m.-1 p.m.
Manchester Pavilion parking lot
200 S. Manchester Ave., Orange
Free to all



SUPPORT GROUPS

ART FOR THE SOUL
714-456-5812

BARIATRIC SURGERY SUPPORT GROUP
888-717-4463 or 714-456-7800, ext.1967
Brain Tumor Education/Support Group
714-456-5812

BURN SURVIVORS SUPPORT GROUP
714-456-7437

GRIEF SUPPORT GROUP FOR CHILDREN
714-456-2295

**INFLAMMATORY BOWEL DISEASE
SUPPORT GROUP**
714-456-7057

**KOREAN WOMEN'S SHARE
AND CARE GROUP**
714-456-5057

LOOK GOOD, FEEL BETTER
800-227-2345

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

**SUPPORT FOR PEOPLE WITH ORAL
AND HEAD AND NECK CANCERS
(SPOHNC-UCI-ORANGE)**
714-456-2846

**TRIGEMINAL NEURALGIA
ASSOCIATION SUPPORT GROUP**
714-730-1600

**YOUNG ADULT CANCER
SUPPORT GROUP**
714-456-7057

Learn more about our support groups online at ucirvinehealth.org/ourevents or call the numbers listed.



EVENTS

UC Irvine Health is proud to sponsor community events that support a variety of health conditions and challenges. Join a walk, attend a conference or listen to a lecture to learn more about these worthy causes.

BRAIN TUMOR WALK

Sept. 17 | 8-9 a.m. registration,
9:30 a.m. walk begins
Angel Stadium of Anaheim,
2000 Gene Autry Way, Anaheim
braintumor.org

CONGENITAL HEART WALK

Sept. 18 | 8 a.m. registration, 9 a.m. walk begins
Irvine Regional Park, Group Area 4,
1 Irvine Park Road, Orange
events.congenitalheartwalk.org

LIGHT THE NIGHT

Sept. 24 | 4 p.m. – Angel Stadium,
2000 Gene Autry Way, Anaheim
Oct. 29 | 2 p.m. – Auto Club Speedway,
9300 Cherry Ave., Fontana
lightthenight.org/ocie

GET YOUR REAR IN GEAR
(COLON CANCER COALITION)

Nov. 5 | 7 a.m. registration, 8 a.m. runs begin
Mile Square Regional Park, Fountain Valley
getyourraringear.com

INFLAMMATORY BOWEL DISEASE
CONFERENCE

Oct. 29 | 8:30 a.m.-1 p.m.
Patients, family and caregivers are invited to hear a panel of experts discuss the latest advances in medical treatments, endoscopic imaging and surgery for Crohn's disease and ulcerative colitis.
Newkirk Alumni Center, 450 Alumni Court
UC Irvine campus, Irvine
Cost: \$10 fee includes parking, breakfast and refreshments
To register: ucirvinehealth.org/ibdevent

PARKINSON'S DISEASE SYMPOSIUM 2016:
CURRENT AND FUTURE DEVELOPMENTS

Join UC Irvine Health doctors for a special symposium about Parkinson's disease, including a discussion about non-motor symptoms, current and future treatments and optimal lifestyle recommendations.



LEARN MORE
ABOUT MEDICARE

Medicare's annual open enrollment period starts Oct. 15 and ends Dec. 7. During this time, Medicare beneficiaries can make changes to their coverage. To learn more about the basics of Medicare and what UC Irvine Health can provide, please attend one of our free seminars entitled Medicare 101.

Multiple dates each month at our locations throughout Orange County.

Attend one of our seminars to learn more, call 844-227-3824 or visit ucirvinehealth.org/medicare





Dr. Erik D. Barton

EMERGENCY

PHOTOGRAPHED BY KREMER JOHNSON

THE RIGHT CARE AT THE RIGHT TIME

As a young medical student, Dr. Erik D. Barton was intrigued by emergency room rotations and the challenge of determining patients' diagnoses when they arrived with various symptoms. Today Barton is a UC Irvine Health emergency medical specialist and chair of the Department of Emergency Medicine. He completed his medical degree at UC San Diego and has master's degrees in both physiology and business administration.

He is the co-editor of the textbook *Emergency Medicine: Clinical Essentials* and has published dozens of peer-reviewed articles, monographs and book chapters. Listed among "America's Top Emergency Physicians," Barton has presented at numerous medical conferences worldwide. In recent years, he has tackled the challenge of emergency room overcrowding, ensuring that all members of the community receive the highest level of service.

Should you head to the emergency room, urgent care clinic or walk-in medical office? Learn the difference at ucirvinehealth.org/urgenttoemergency



I'm all about making sure the right patient receives the right level of care at the right time. We're Orange County's only designated comprehensive emergency department, with a Level I trauma center, regional burn center, comprehensive stroke center and cardiac receiving center. That means we have to be ready at a moment's notice for victims of burns, car accidents, stabbings and shootings, as well as heart attacks and strokes.

But many healthy people with non-emergent issues, like sprains and colds, will visit our emergency department rather than their primary care physician or urgent care facility. Often these are Medi-Cal patients who cannot get a timely appointment because their doctors' schedules are overloaded. Unfortunately, if we are overcrowded we may have to go 'on diversion' and temporarily turn away ambulances until beds become available. Patients who desperately need lifesaving care will be diverted to another hospital.

To avoid this situation, I began putting a doctor at the front door, in triage, where he or she could do rapid screening exams on patients. For example, suppose a 22-year-old patient comes in with a fever and possible ear infection — not an emergency. If it's still early and we're not crowded, the patient could see the intake doctor and be out the door, prescription in hand, very quickly.

These rapid screening exams comprise 25 percent of our daily patient visits and free us up for more serious cases — like the 10 to 15 trauma patients we see every day. We're also using our existing clinic space at UC Irvine Medical Center as an evening walk-in clinic for patients with simple, non-emergent problems, where they can go instead of waiting in line in the emergency department.

And for people with serious issues who need to be admitted but should be well enough to go home in 12 to 24 hours, we've established a special Emergency Department Observation Unit. This has been a huge success for us, with the average length of patient stay being only 13 hours.

We're also planning to expand our emergency department and will be adding eight beds next year. We definitely have the resources to provide the highest level of lifesaving care in Orange County and want to be the 'go-to' place for patients with urgent or emergent issues. We feel a huge responsibility to provide our patients with high quality care, and hopefully — with community awareness — it will be the right level of care at the right time.

— Dr. Erik D. Barton



when & where
you need care



With a growing network of primary care physicians and more than 500 specialists throughout Orange County, UC Irvine Health provides smarter healthcare for you and your family — where you need it, when you need it.

For more information about how to choose UC Irvine Health during open enrollment:

844-227-3824
ucirvinehealth.org/whenwhere

Choose UC Irvine Health during Open Enrollment for:

- Exceptional care for all family members
- Convenient locations
- Same-day appointments at select locations
- Urgent care and walk-in care
- Access to UC Irvine Medical Center, the highest-ranked hospital in Orange County by *U.S. News & World Report*



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WIN A FREE iPad!

We'd like to know what you think of our magazine. Please take this short online survey and enter for a chance to win a free iPad! Go to ucirvinehealth.org/readersurvey to take the survey.



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IN THIS ISSUE



12 | SEVERAL NEW MINIMALLY INVASIVE TREATMENTS CAN HALT HEARTBURN



5 | CYCLE FOR CURES



6 | IMPROVING TREATMENT FOR WOMEN WITH GYNECOLOGIC CANCER