

PROVIDING SUPPORT FOR
GENDER QUESTIONING KIDS

AN INGENIOUS TREATMENT
FOR LIVER CANCER

UCI Health

FALL 2018

live well

SMARTER HEALTHCARE FOR SOUTHERN CALIFORNIA

A young man with short brown hair, wearing a grey t-shirt with a blue anchor logo, blue shorts, and a backpack, is hiking on a dirt path. He is smiling and looking towards the camera. The background is a lush, green forest with sunlight filtering through the trees.

BACK ON TRACK

Neuroscientists help
a young man with
uncontrollable tremors

A HIGHER LEVEL OF CARE FOR ORANGE COUNTY



In June, I was honored to be named chief executive officer of UCI Health. It is a privilege to lead this vibrant and exciting institution, which is Orange County's only academic health system. The care we give is rooted in discovery and innovation, provided by physicians who practice and teach the latest in medical diagnosis and treatment. Many are also pioneering researchers whose discoveries set standards of care.

This issue of *Live Well* highlights multiple examples of our state-of-the-art services. On page 4, learn

about *U.S. News & World Report* ranking UCI Health programs in gynecology and urology at No. 20 and No. 33, respectively, among similar programs nationally. For the 18th consecutive year, UC Irvine Medical Center is also listed among "America's Best Hospitals."

In urologist Dr. Ralph Clayman, UCI Health has one of the world's leading authorities on minimally invasive kidney surgery. On page 10, Clayman explains how his team improves the lives of people with kidney stones. It's not enough to offer the latest in treatments, though. He and his colleagues also are developing novel ways to improve stone removal and help patients prevent them from forming.

We're also the place residents from Orange County and surrounding communities turn to for complex medical problems. A story on page 6 describes how our neurosciences team applied a sophisticated therapy called deep brain stimulation to help a young man stricken with severe dystonia. His parents were willing to travel anywhere in the world to get him help. We had what he needed.

UCI Health physicians bring that kind of clinical excellence to our offices across Orange County, and we are continuing to grow — most recently with the August opening of a premier, state-of-the-science facility in Newport Beach. UCI Health Newport — Birch Street, located near John Wayne Airport, offers urology care, executive health assessments, behavioral health services and evaluations and treatments for sleep disorders.

We aim to give you the care you need with the excellence that only an academic health system can provide. ■

Kind regards,

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

UCI Health

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

YOU MAKE THE DIFFERENCE

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

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

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

BLENDING OLD AND NEW TO BETTER TREAT LIVER CANCER

WRITTEN BY TRAVIS MARSHALL

Mortality rates for most cancers are declining, but liver cancer deaths are rising due to the number of people with hepatitis B and C. These viral infections increase the risk for developing liver cancer, known as hepatocellular carcinoma (HCC). Liver cancer, which can be difficult to treat, is the fifth-leading cause of cancer deaths worldwide.

However, researchers at UC Irvine Chao Family Comprehensive Cancer Center are testing an innovative treatment that combines a standard procedure with a new drug. UCI is the lead research site for a nationwide phase II clinical trial called TATE to study the effects of the experimental anti-cancer drug tirapazamine (TPZ) when combined with a procedure called embolization, which cuts off blood to the tumor.

TPZ was initially studied in cancers such as non-small cell lung cancer in the 1990s without significant success, says Dr. Nadine Abi-Jaoudeh, a UCI Health interventional radiologist and the trial's lead investigator. The drug's unique nature — it is activated in low-oxygen environments, creating cancer-killing free radicals — made it an intriguing subject for liver cancer. That's because liver cancer cells depend on the body's network of blood vessels to grow, with tumors usually developing around the artery that feeds oxygen-rich blood to the liver.

Liver cancer patients typically are treated with a procedure called transarterial chemoembolization, or TACE. It works by delivering chemotherapy at the same time it cuts off the tumor's blood supply. At least 30 percent of the tumor cells die in half the people who undergo TACE.

Complete tumor death occurs in only 26 percent of TACE patients. Overall, TACE still extends survival an average of two years.

But Abi-Jaoudeh recognized the potential for a synergistic effect by adding the TPZ to TACE. The drug may kill more tumor cells than with TACE alone by taking advantage of the oxygen-starved environment created when the blood supply is cut off by embolism.

"TACE is currently one of the best treatment options for intermediate hepatocellular carcinoma, but it presents a major challenge," says Abi-Jaoudeh. "Embolization kills some of the tumor cells, extending life for a short amount of time. But that process ends up naturally selecting tumor cells that can survive without oxygen, so when the cancer reoccurs it is less responsive to TACE."

In the TATE procedure, Abi-Jaoudeh combined tirapazamine and embolization, showing in a phase I trial that the combination produced a higher response rate than TACE alone. Moreover, the treatment was well tolerated by patients. Based on the earlier data, the U.S. Food and Drug Administration recently agreed to consider the results of the current phase II trial for accelerated approval, which would make a phase III trial unnecessary.

"So far, our results have shown it to be safe, with a very positive index in terms of response. We've seen complete response in 65 percent of patients and an overall response of 90 percent," she says. "In phase II, we hope to further confirm the responses to this approach that we saw in phase I." ■

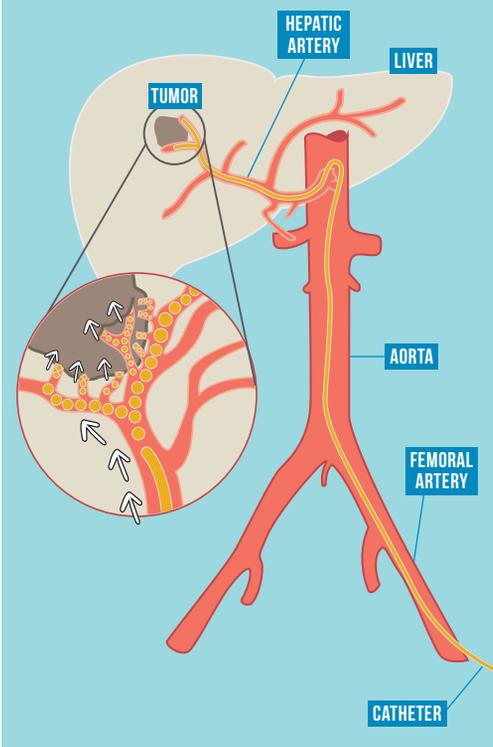
HOW TATE WORKS

Step 1: A catheter is inserted through the groin into the artery inside the liver that feeds the tumor with oxygenated blood.

Step 2: The tumor is injected with tirapazamine.

Step 3: After delivering the tirapazamine, substances are injected into the artery to block the blood flow to the tumor.

Step 4: Once the tumor is starved of oxygen, the tirapazamine activates into free radicals that attack the remaining embolism-resistant tumor cells.



To learn more about liver cancer treatments, visit ucihealth.org/livercancer 



UCI HEALTH RECEIVES BEST HOSPITALS HONORS – AND MORE

UC Irvine Medical Center has been recognized as one of “America’s Best Hospitals” by *U.S. News & World Report* for the 18th consecutive year. The annual rankings, which acknowledge hospitals that excel in treating patients with the most challenging conditions, highlight the excellence of UCI Health programs in gynecology, ranked 20th, and urology, ranked 33rd, among similar programs nationwide.

The rankings are designed to help patients and their doctors make informed decisions about where to receive care for serious health conditions or for common elective procedures. In addition to its nationally ranked specialties, UCI Health programs in cancer, gastroenterology and GI surgery, geriatrics, nephrology, neurology and neurosurgery, orthopedics and pulmonology were rated as high performing.

UC Irvine Medical Center, which is part of UCI Health, recently garnered other recognitions, including:

- The medical center has again been designated a Level I adult and Level II pediatric trauma center – the only one in Orange County – by the Committee on Trauma of the American College of Surgeons for providing optimal care for the most seriously injured patients. This achievement recognizes the trauma center’s provision of optimal care for the most injured patients. Last year, the medical center treated more than 52,000 patients in the emergency department, including more than 4,300 trauma cases – nearly half of all Orange County traumas.
- The medical center’s surgical intensive care unit (SICU) earned a second consecutive gold-level Beacon Award for Excellence from the American Association of Critical-Care Nurses in recognition of its exceptional patient care and healthy work environment. The SICU first received a gold-level Beacon Award in 2015. It’s the only such ICU in California and one of only 11 in the United States to achieve the gold-level award.

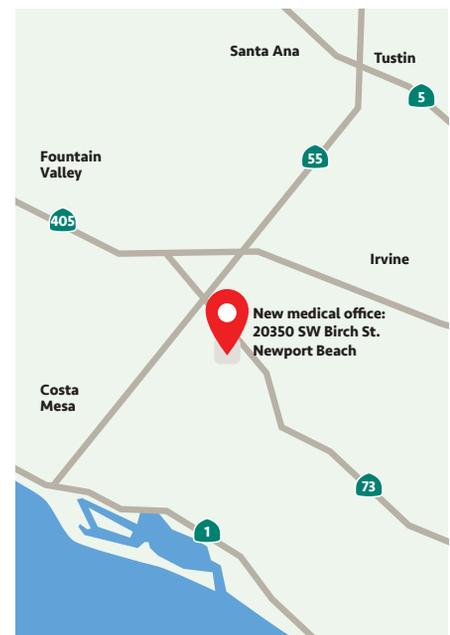
NEW LOCATION OPENS IN NEWPORT BEACH

UCI Health recently opened a modern, state-of-the-art complex in Newport Beach, expanding a network of community-based specialty offices. UCI Health Newport – Birch Street offers urology care, executive health assessments, behavioral health services and evaluations and treatment for sleep disorders.

Urology services address kidney stones and sexual dysfunction, men’s and women’s urologic health, urologic oncology and general urology. The Executive Health Program provides personalized health evaluations by highly trained physicians for business executives and health-conscious people who seek concierge-style care.

The behavioral health team offers group and private sessions for depression, anxiety, stress, ADHD, postpartum depression and other conditions. The sleep medicine team diagnoses and treats sleep apnea, circadian rhythm disorders and a variety of sleep issues, including shift work and jet lag.

 For more information, visit [ucihealth.org/newportbirchstreet](https://www.ucihealth.org/newportbirchstreet)



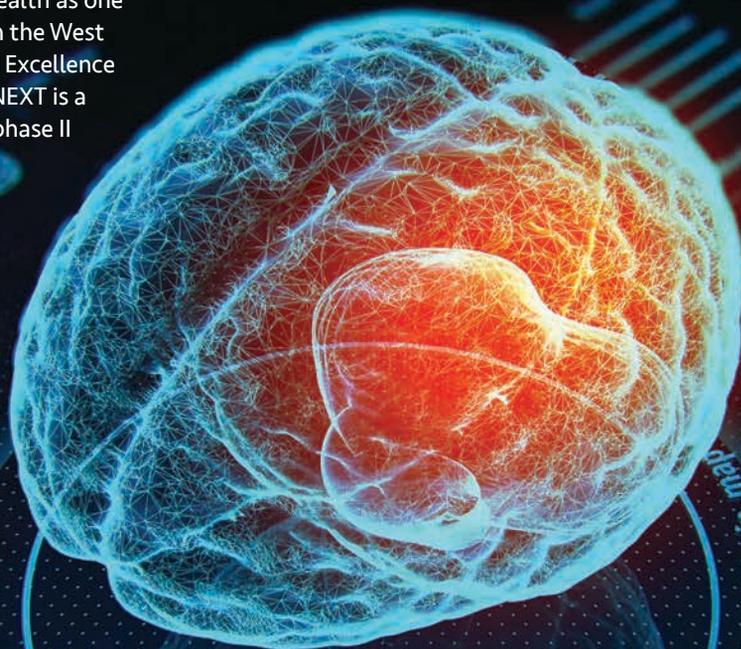
NEUROSCIENCE CLINICAL TRIALS TO EXPAND

The National Institute of Neurological Disorders and Stroke (NINDS) has chosen UCI Health as one of 25 U.S. sites, and one of just four on the West Coast, for its NeuroNEXT Network for Excellence in Neuroscience Clinical Trials. NeuroNEXT is a research program to help streamline phase II clinical trials for brain disorders.

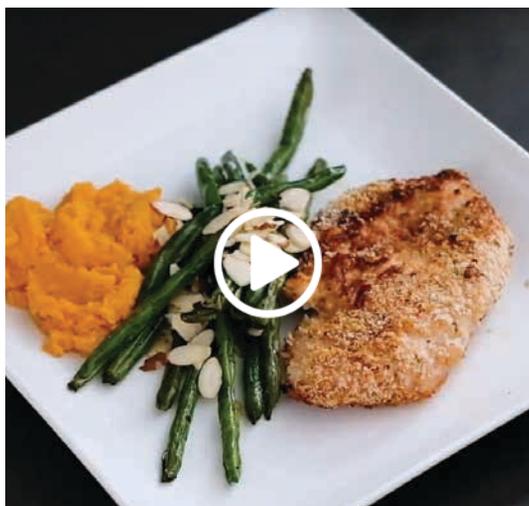
Dubbed UCI-NEXT, the program combines the university's excellence in neurosciences, stem cell biology and device development with the vast collective experiences of the lead investigative team in human clinical trials at all stages.

The network makes it possible to mobilize a group of specialists in particular areas of brain disorders when opportunities arise, according to NINDS. It also offers local patients greater access to national clinical trials.

The partnership continues UCI's tradition of bringing high-quality clinical trials for neurological disorders to Southern California. UCI-NEXT "will extend the reach of neurological disease-specific clinical trials by training new generation of neuroscience physician investigators in Orange and neighboring counties," said Tahseen Mozaffar, MD, interim chair of the UCI Department of Neurology and lead UCI investigator for NeuroNEXT.



Clinical trials on brain disorders will be expanded as part of a national research network.



OVEN-BAKED CRISPY CHICKEN

Baking breaded chicken in the oven instead of frying it in oil drastically reduces calories and fat without sacrificing flavor and juiciness.



View this video and more healthy recipes at ucihealth.org/eatwell

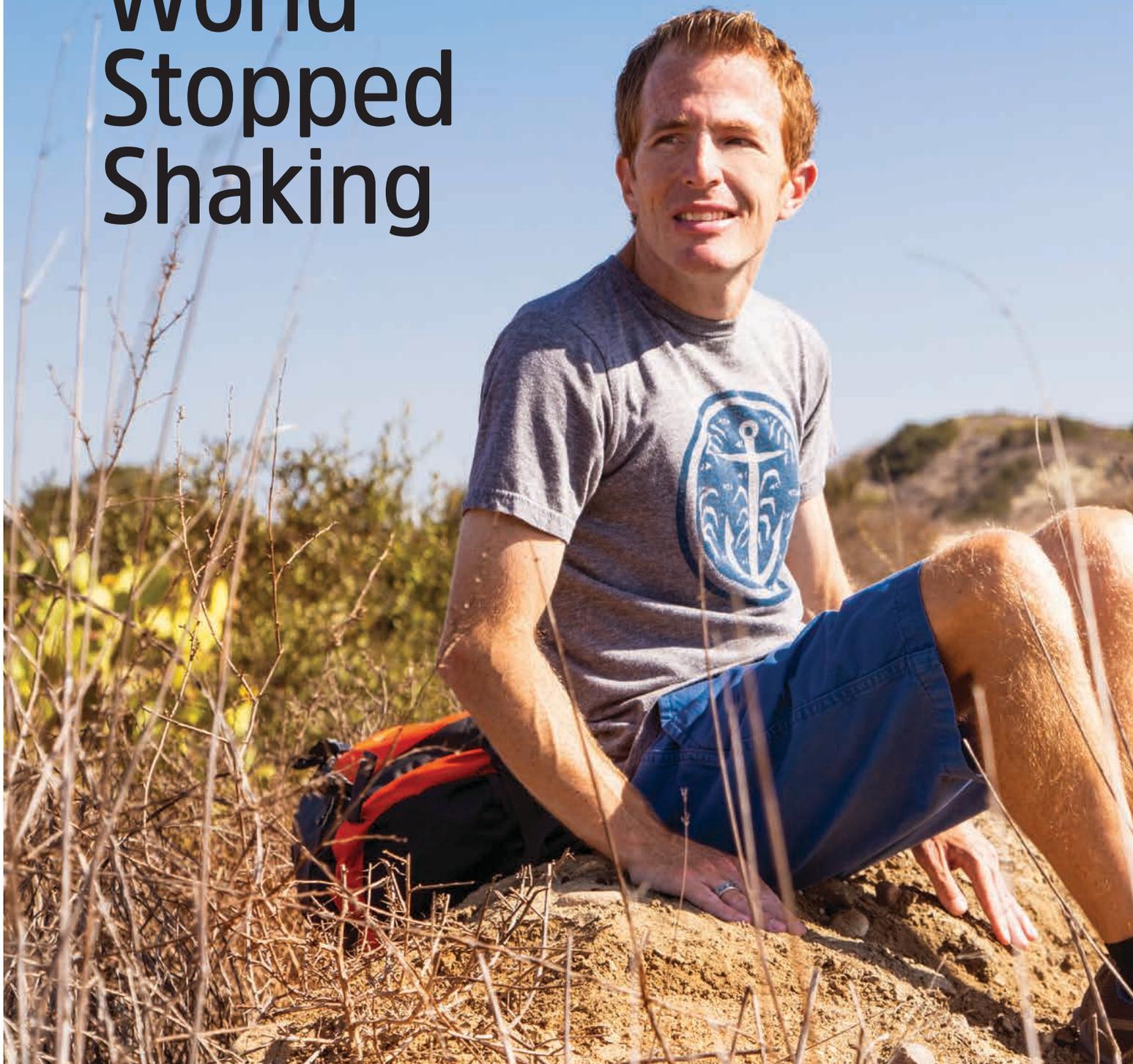
CORRECTION

The summer 2018 issue of *Live Well* misstated statistics on kidney transplants. In 2016 there were 19,060 kidney transplants in the U.S. — 13,431 deceased donor transplants and 5,629 living donor transplants.

When His World Stopped Shaking

Dystonia caused Carson Creer's constant jerking head movements until his UCI Health doctors tried a novel solution.

WRITTEN BY SHARI ROAN
PHOTOGRAPHED BY SHANE O'DONNELL





It was an otherwise uneventful day in May of 2013. Carson Creer, then 29, was standing in the garage with his parents at their Mission Viejo home. Suddenly his head began to move in a jerky motion. His chin dropped to his chest and then his head rolled to the side and back.

"We asked him if he was doing it voluntarily," says Carson's mother, Darci. "He said he couldn't control it."

His uncontrollable muscle contractions were soon diagnosed as dystonia. That was the start of a harrowing, two-year ordeal for Carson and his family until a UCI Health team of movement disorder specialists came up with a plan that, Darci notes, "sounds like science fiction." They implanted thin wires deep into Carson's brain and ran the wires under the skin, attaching them to a neuromodulator, a small pacemaker-like device implanted in his chest.

The neuromodulator is programmed to transmit electronic signals to the area of the brain that controls movement. Called deep brain stimulation (DBS), the treatment worked so well to quell Carson's tremors that the Creers consider it lifesaving.

"Although not technically a cure, it was everything we'd hoped for," says Jeff Creer, Carson's father. "The degree of suffering people with dystonia have to endure is heartbreaking! Yet there is hope, and the hope lies in science-based medical research and the efforts of these fabulous physicians and nursing staff."

EMBRACING DEEP BRAIN STIMULATION

The UCI Health Movement Disorders Program has a long history of using DBS to treat neurodegenerative diseases such as Parkinson's disease and essential tremors. It's used less often for dystonia — a somewhat mysterious movement disorder that causes uncontrollable, repetitive muscle movements.

"It has been shown to be effective but never to the degree as it is with Parkinson's disease," says Dr. Frank P.K. Hsu, professor and chair of the UCI School of Medicine's Department of Neurological Surgery.

It was Carson's UCI Health neurologist, Dr. Nicolás M. Phielipp, who suggested the DBS treatment after almost 18 months of unsuccessful efforts to reduce Carson's symptoms using medications and Botox injections. The violent head shaking had brought the young man's life to a halt. "It was a living hell," Carson says.

The Creer family isn't sure why the condition began. Carson was born prematurely and was diagnosed with learning disabilities as a child. In late adolescence he developed occasional severe leg pain and a speech disability that worsened.

But the head-and-neck dystonia came on suddenly, and some of life's simplest pleasures were abruptly taken away. He had great difficulty watching television because of the violent head movements. When the Creer family attended a theatrical show, Carson struggled. "We had to take turns holding his head just so he could watch what was going on onstage," Jeff recalls.

When Phielipp suggested DBS, the Creer family gathered around their kitchen table to discuss the risks and benefits. Jeff and Darci told Carson the decision was up to him. "Let's go for it," he responded.

AN INNOVATIVE APPROACH TO DBS

The procedure took place on July 30, 2015. The Creers arrived at UC Irvine Medical Center at 5 a.m.

"We were doubting ourselves; wondering if we'd made the right decision," Darci says. "But then we got there and saw this giant team of over a dozen people who are experts, and we relaxed. That is what we love about teaching hospitals. There are so many people who are so smart, who have their eyeballs on the patient. It's not one person with a huge responsibility — it's this big team."

Experience matters in a surgery like DBS implantation, and UCI has plenty of it, says Hsu, who earned a PhD in mechanical engineering before becoming a neurosurgeon. Over the years, the team has devised its own unique protocol to improve outcomes and ease patient discomfort. Unlike other centers, UCI Health patients are asleep for the procedure instead of being kept awake to communicate as the surgeon stimulates parts of the brain — a situation that can cause patients anxiety.

In the operating room, intra-operative CT scanning — called the BodyTom® — provides brain images. The CT images are merged with MRI images taken the day before



"It was so fun to watch him do the things he wanted to do again."

Carson Creer enjoyed a rock-climbing adventure in November in St. George, Utah.

surgery to pinpoint the placement of the wire leads in the exact part of the brain that controls movement. The ROSA (robotic stereotactic assistance) robot system is used with a microelectrode recording device, which involves placing tiny electrodes in the brain to confirm the placement of the leads.

"It's a very special, unique program," Hsu says. "We were the first program in the U.S. to do DBS this way."

Carson's operation proceeded as planned, and he spent the night in the neurosciences ICU. Darci and Jeff remained at his bedside. Exhausted, they found comfort — and maybe something of an omen — when fireworks from Disneyland lit up the night sky outside Carson's window.

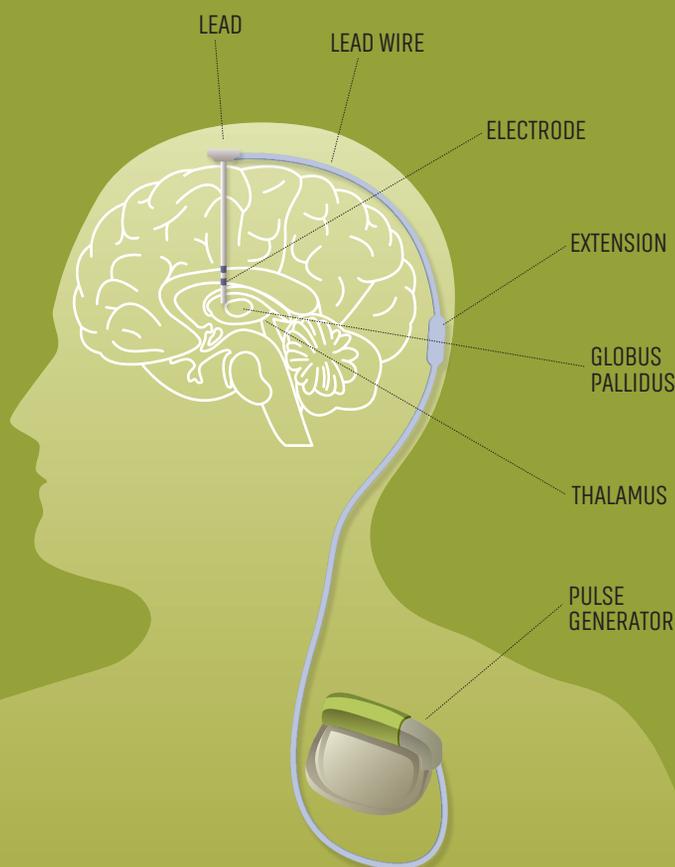
The following week Carson underwent a second procedure to pull the wires to the chest and attach them to the neuromodulator in his chest. Six weeks later Carson, Jeff and Darci gathered with Phielipp to turn on the device. The neurologist adjusted the settings of the neuromodulator and asked his patient to take a few steps. Carson stood and strolled down a hallway — his posture perfect, his head still.

"It was life-changing," says Carson, who can now ride his mountain bike, snow and water ski, hike and play tennis.

"It was so fun to watch him do the things he wanted to

DEEP BRAIN STIMULATION FOR DYSTONIA

1. Holes are drilled in the skull and electrodes are inserted into the exact part of the brain that controls movement: the globus pallidus.
2. Extension wires are pulled under the skin down the neck to the chest.
3. A tiny pacemaker-like device is implanted under the skin near the collarbone and connected to the wires leading to the brain. This transmitter sends signals to the electrodes in the brain to control movement.



do again," Jeff says. "With the success of DBS, the shackles were taken off."

TOP-NOTCH MEDICINE CLOSE TO HOME

Deep brain stimulation may eventually be used for other types of brain disorders, Hsu says. Researchers around the world are investigating its use for epilepsy, Tourette's syndrome and some mental illnesses, such as obsessive-compulsive disorder and depression.

"I think people are recognizing this is a good form of therapy, using electrical stimulation of certain parts of the brain to accomplish what you want to do," he says.

Although Carson's case was unusual, Phielipp says he expected his patient to benefit. "I'm very happy with the results. Carson was not a typical candidate for DBS, but we have a lot of experience here."

A long history of treating movement disorders, multidisciplinary teamwork and innovation distinguish the program, Hsu says. "We have the most experienced team in the region, and we use the latest technology. This type of work could not have been done in a community hospital without all the neurologists, specially certified nurses, rehab people, neurosurgery team and the tools we have here."

The movement disorders team works closely with patients and their families to find solutions to challenging conditions, Phielipp adds. The program emphasizes education, offering an annual Parkinson's disease symposium for the community. Some UCI Health patients can also opt to enter clinical trials that seek to advance treatments for movement disorders. UCI Health researchers are conducting studies looking for biomarkers to diagnose Parkinson's disease at early stages and are working to develop treatments that slow or halt the disease process.

"We are patient-oriented here," Phielipp says. "Patients feel involved and know they are receiving leading-edge developments."

The Creer family did not expect to find such a depth of experience and resources so close to home, Darci says.

"When we learned there was this procedure available to treat dystonia, we were willing to travel wherever we had to — New York, Chicago, Miami — to make it happen," she says. "When Dr. Phielipp told us Carson would be a great candidate for this, and that UCI had one of the best neurosurgeons in the world and who also had a PhD in mechanical engineering, we thought, 'Wow, that is perfect.'" ■



Learn more about our Movement Disorders Program at ucihealth.org/movementdisorders



Dr. Ralph Clayman recommends counseling on kidney stone prevention for high-risk patients.

INNOVATIVE METHODS TO ELIMINATE KIDNEY STONES

Kidney stones take a toll, but UCI Health experts seek better ways to prevent and treat this common problem.

WRITTEN BY NANCY BRANDS WARD | PHOTOGRAPHED BY KRISTIN ANDERSON

Kidney stones are a painful yet highly treatable condition suffered by more than 10 percent of men and about 8 percent of women in the United States. UCI Health has a highly skilled team of specially trained urologists who use the latest technology to break up kidney stones without surgery, using a sophisticated imaging and stone-fragmenting system called a Gemini unit, one of only three in the nation. UCI Health urologist Dr. Ralph Clayman is world-renowned for his expertise in minimally invasive surgery for kidney stones, kidney cancer and ureter strictures. *Live Well* asked him about the causes, treatments and prevention of kidney stones.

What are kidney stones, and where are they found within the kidneys?

Kidney stones are hard deposits made of minerals and salts. They can be found anywhere in the kidneys — in the areas responsible

for forming or draining urine — or in the ureter or bladder.

Who is most likely to get kidney stones?

They are more common in males, in adults generally in their 40s to 60s, and among people who live in warm climates. Family history, obesity and metabolic syndrome — a cluster of symptoms that can include hypertension, high blood sugar, excess body fat around the waist and abnormal cholesterol or triglyceride levels — are added risk factors.

What treatments are available for kidney stones?

Most small stones can be passed through the urinary tract by drinking lots of water and the help of pain relievers and medication to relax the ureters, which carry the urine from the kidneys to the bladder.

We have an array of techniques to deal with larger, more

problematic stones. We offer completely noninvasive shock wave lithotripsy, using electromagnetic waves to break up small stones. We can also use an ureteroscope, a thin, lighted tube that is inserted through the urethra and bladder into the ureter and even up to the kidney. Through it, we pass a laser fiber smaller than a human hair to break a stone into tiny fragments. Another technique, percutaneous nephrolithotomy, involves a one-inch incision in the back. This lets us remove stones up to several inches in size.

Is open surgery sometimes required to remove kidney stones?

With the Gemini technology, ureteroscopy and percutaneous stone removal, we have eliminated open surgery in 99 percent of cases. If someone recommends open surgery to remove a kidney stone, it is a good idea to get a second opinion.

What can be done to prevent kidney stones?

Nothing is more important than drinking three quarts of fluid a day. All fluid is good except for dark colas. People who are prone to forming kidney stones should drink 16 ounces of water when they arise in the morning, 16 ounces before going to bed and another two quarts throughout the day. I also recommend a low-salt, Mediterranean-type diet. If you follow these guidelines, chances are extremely low that you'll develop a kidney stone — and if you've had one, this regimen may prevent a recurrence.

Once a person has a kidney stone, are they likely to develop more?

Yes, half the patients who have a kidney stone generally develop another one in five to seven years if they don't change their fluid intake and diet.

What should people who have already had stones do to prevent recurrence?

People need to know that this is a preventable disease. Simply increasing fluid intake eliminates stone development in 50 percent of patients. Dietary changes also are helpful. In general, vegetables are better than fish, fish is better than chicken and chicken is better than red meat.

If you have had more than one kidney stone in less than five years, have multiple kidney stones when you are first diagnosed, or have a strong family history of kidney stones, it is important to have a full metabolic evaluation by a urologist or nephrologist who specializes in kidney stones. This involves collecting your urine over two 24-hour periods and assessing the amount of specific salts and minerals. This lets us discern the cause of your kidney stone and enables us to develop a personalized dietary and medical regimen to prevent a recurrence. ■

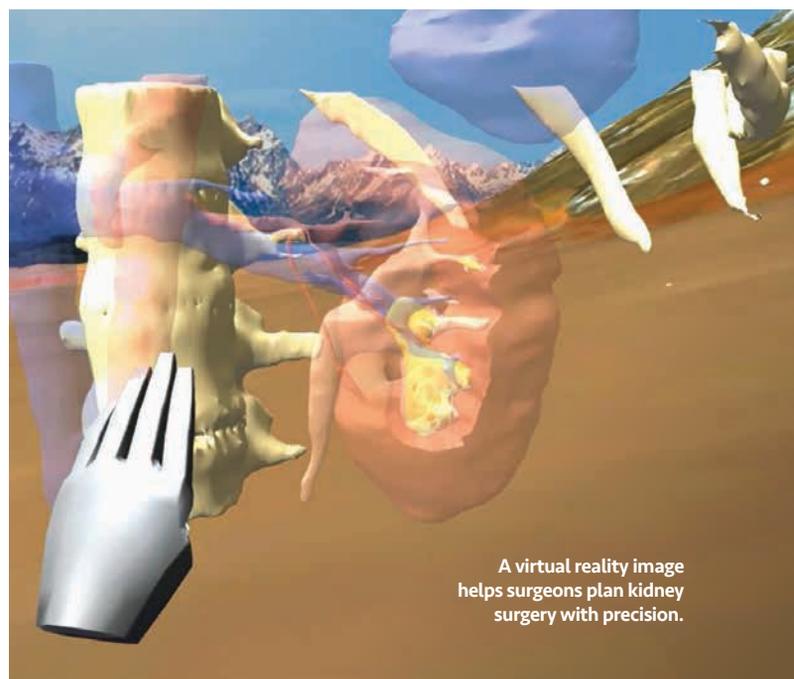
 Learn more about UCI Health kidney stone services at ucihealth.org/kidneystones

RESEARCH TO ENHANCE CARE HERE AND ABROAD

Dr. Ralph Clayman and his UCI Health colleagues are looking for better ways to treat kidney and ureteral stones both surgically and medically. They are conducting clinical trials using specific foods or vitamins to alter a person's tendency to form kidney stones. They're also testing new ways to relax the ureter medically to make it easier to pass stones.

Some research is aimed for international use. Clayman recently co-authored a paper showing how an affordable mobile imaging system, combining a mobile phone and a solar-powered light source, could be used by doctors in resource-challenged countries to see inside the bladder and improve the treatment of urinary tract problems.

Another ongoing study allows surgeons to use immersive virtual reality to better understand the patient's anatomy before operating. In the initial studies, this method of preoperative preparation resulted in less blood loss and less X-ray exposure at the time of surgery and tended to lead to better outcomes, especially in complicated cases," Clayman says. "I like to say that at UCI, tomorrow's medicine happens today."



A virtual reality image helps surgeons plan kidney surgery with precision.

SUPPORTING KIDS AS THEY ARE

The Pediatric Gender Diversity Program guides transgender children and their families with expert care.

WRITTEN BY SANDI DRAPER | PHOTOGRAPHED BY SHANE O'DONNELL



Brit Cervantes and his mother, Yvette, enjoy a close relationship after working through issues related to Brit's gender identity.

Yvette Cervantes remembers Brit as a little rebel from age 3. Brit's wardrobe consisted of T-shirts, jeans and purple-and-black suede boots. Changing into pajamas at bedtime caused such a ruckus that officers from the police station next door would do a welfare check. "Brit would yell, scream and fight. After some time, it became accepted that it was just changing time at the Cervantes home," Yvette recalls.

Brit remembers childhood as a time of confusion and awkwardness. "Growing up I felt there was something different about me. Others seemed to feel there was something different about me, too. I was in a weird space of not knowing where I quite fit in."

Today, as a transmasculine person and coordinator for the UCI Health Pediatric Gender Diversity Program, Brit Cervantes has a deep, compassionate understanding of the children, teens and young adults the program helps. It is the first program in Orange County dedicated to providing specialized and coordinated care for transgender youth and children who are gender-expansive, defined as those who don't identify with traditional gender roles.

"We are open to anybody who feels that we might be able to help them whether they are gender expansive or gender creative, or butting heads with what others expect of them," he says of the Pediatric Gender Diversity Program. "We offer support and information — accurate and helpful information. People don't need to move forward with medical intervention. We try to meet people where they're at and encourage loved ones to support who they are. We encourage people to not focus on the end game — to just focus on where they are now."

The Cervantes family didn't have professional guidance on gender issues during Brit's childhood. "It didn't go over well," Brit says about coming out as gay as a teenager. "My parents thought I couldn't possibly know who I was at that age."

At 18 and in college, Brit broached the subject again. "I still wasn't ready for this conversation, and we fought," says Yvette, who was concerned that having a gay child might mean she had to give up her job working for a church elder. Brit was asked to leave the house.

"At the time, my mother was worried about what 'being gay' meant for my future and potential happiness," Brit says. Brit lived with a very supportive uncle before returning home at 19 as the family worked to reunite.

A year later, Brit had something new to share. Brit had met a woman who was majoring in behavioral sciences. "I was telling her how I felt about my body and myself. She said, 'I think you might be transgender.' She gave me a bunch of books she had on gender studies. The more I read, the more I found out who I really was. My family is finally accepting of me as a transgender person. Now they say they wish they would have known how to support me from a younger age."

Professional guidance would have made the family's journey somewhat easier, Yvette says. "I truly believe our lives would have been different had we had programs like the Gender Diversity Program and more open conversations about our transgender community."

The program began in January 2017 at UC Irvine Medical

Center in Orange. It is open to patients age 3 to 26 and offers a range of services to support patients and their families. An estimated 0.6 percent of the adult population is transgender, according to a report by the Williams Institute at UCLA School of Law.

"Certainly not all young children with gender-expansive traits become transgender adolescents or adults," says Dr. Lynn Hunt, the program's director. "Each child, each family is unique. The families need support, and the kids need to be affirmed. It's important to have this behavioral health component. Families can sometimes be very hesitant and anxious. We can reduce that and normalize their experience."



"I TRULY BELIEVE OUR LIVES WOULD HAVE BEEN DIFFERENT HAD WE HAD PROGRAMS LIKE THE GENDER DIVERSITY PROGRAM."

Through the program, young adolescents can be treated with fully reversible medical therapies to delay puberty, which gives them more time to mature and consider their gender identity. For teenagers and young adults who seek to transition, hormone therapy is available. Referrals come from the LGBT Center OC, schools, pediatricians and mental health providers.

After counseling and other support, Brit began hormone therapy and has had surgical interventions. At 27, he is now affirmed in his gender. He has been married for five years to Sheryl Tedrow-Cervantes, the behavioral studies major who introduced him to the transgender concept when he was 20. He is a communications and gender studies major at Saddleback College and plans to transfer to UCI.

"Any parent or loved one of a transgender person needs to really acknowledge — or at least not underestimate — the impact they can have on their child's transition," he says. "The eventual support of my family has meant everything to me. I no longer experience as much anxiety, depression or dysphoria. Having the support of loved ones makes the biggest difference." ■

To learn more about the Pediatric Gender Diversity Program, visit ucihealth.org/genderdiversity 

UCI ANTI-CANCER CHALLENGE IS A WIN FOR THE COMMUNITY

May 19 was a banner day for cancer research in Orange County. More than 3,000 people turned out to raise awareness and funds for lifesaving research at the 2018 UCI Anti-Cancer Challenge. Adults, children and even pets joined in a 5K run/walk, bike ride and a lively festival at the Orange County Great Park. By day's end, a generous community had donated \$460,000 – enough to fund at least 12 grants for researchers at the UC Irvine Chao Family Comprehensive Cancer Center to explore innovations in cancer care. Enthusiastic participants are already training for next year's event. Learn more at anticancerchallenge.org





STANLEY VAN DEN NOORT LECTURE

Sandhya Rao, June van den Noort and Dolores Grunigen attended the eighth annual Stanley van den Noort Lecture in June where featured speaker Dr. Robert Griggs, a neurologist and professor at the University of Rochester School of Medicine and Dentistry, spoke on "Experimental Therapeutics and New Treatments for Neuromuscular Disease."



HEALTH CLASSES

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

Please note: There is a small fee to park at UC Irvine Medical Center, which is part of UCI Health.

Registration is required.
All classes are one session unless otherwise noted.

For more information, visit ucihealth.org/events or call 657-282-6357.

BREASTFEEDING

Oct. 4, Nov. 1, Dec. 6 | 6–9 p.m.
UCI Health Grunigen Medical Library
Building 22A, 2nd floor, Room 2105

HEART FAILURE

Nov. 5 | 2–3:30 p.m.
UCI Health Douglas Hospital
Building 1, 3rd floor, Room 3005

JOINT REPLACEMENT, HIP OR KNEE

Every Thursday, except holidays
11 a.m.–noon
UCI Health Douglas Hospital
Building 1, 3rd floor, Room 3001



MEDITATION FOR HEALTH SERIES (four classes)

Nov. 5, 19, 26, Dec. 3 | 6:30–7:30 p.m.
UCI Health Douglas Hospital
Building 1, 3rd floor, Room 3005

MEDITATION SPECIAL

TOPIC: BREATHING
Oct. 15 | 6:30–7:30 p.m.
UCI Health Douglas Hospital
Building 1, 3rd floor, Room 3005

MEDITATION SPECIAL TOPIC:

BODY SCAN RELAXATION
Dec. 10 | 6:30–7:30 p.m.
UCI Health Douglas Hospital
Building 1, 3rd floor, Room 3005



NEWBORN CARE

Oct. 5 | 6–9 p.m.
Jan. 11 (2019) | 6–9 p.m.
Building 56, Room 113

PREPARED CHILDBIRTH (five classes)

Wednesdays:
Oct. 17, 24, 31, Nov. 7, 14 | 7–9:30 p.m.
Jan. 2, 9, 16, 23, 30 (2019) | 7–9:30 p.m.
Thursdays:
Oct. 18, 25, Nov. 1, 8, 15 | 7–9:30 p.m.
Jan. 3, 10, 17, 24, 31 (2019) | 7–9:30 p.m.
UC Irvine Medical Center
Building 56, Room 113

PREPARING FOR SURGERY — MIND, BODY AND SPIRIT

Nov. 5, Dec. 3 | Noon–1:30 p.m.
Jan. 7, Feb. 4 (2019) | Noon–1:30 p.m.
UCI Health Douglas Hospital
Building 1, 3rd floor, Room 3005

ONLINE HEALTH EDUCATION VIDEOS

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

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

* Also available in Spanish

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



EVENTS

UCI Health is proud to sponsor community events that support a variety of health conditions and challenges. Attend a conference or listen to a lecture.

PARKINSON'S DISEASE SYMPOSIUM

Oct. 13 | 8 a.m.–1 p.m.

UCI Student Center
311 W. Peltason Drive, Irvine
For more information call 949-824-0190.

STEM CELL AWARENESS DAY OPEN HOUSE

Oct. 30 | 5–8 p.m.

Meet scientists and tour labs at Sue & Bill Gross Hall, followed by 7 p.m. lecture, "Science and the Ballot Box." Email andreao@uci.edu for more information.

NEWPORT BEACH LIBRARY LECTURE SERIES

Oct. 22 – Frailty and Healthy Aging,
Dr. Lisa Gibbs

Nov. 26 – Integrative Health,
Dr. Shaista Malik

Jan. 28, 2019 – Alzheimer's Disease,
Dr. Howard Federoff

Learn more about your health from these UCI Health physicians. Presentations begin at 7 p.m. at the Newport Beach Central Library, 1000 Avocado Ave., Newport Beach. Seating is limited. Doors open at 6:30 p.m. Audience members have the opportunity to speak with the doctors after their presentations.

GAVIN HERBERT EYE INSTITUTE COMMUNITY LECTURE SERIES

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

Nov. 5 | 7–8 p.m. – Considering Surgery to Get Rid of Your Glasses or Contacts?
Dr. Matthew Wade

Jan. 14, 2019 | 7 p.m. – Diabetes and Eyesight, Dr. Andrew Browne and Dr. Stephen Chessler

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

SUE & BILL GROSS STEM CELL CENTER COMMUNITY LECTURE SERIES

Nov. 30 | 7 p.m. – Changing the Landscape of Diabetes Treatment
Dr. Ping Wang and Jonathan Lakey, PhD

Dec. 11 | 7 p.m. – Low Oxygen & Bioengineered Vessel Repair: Better Treatment for Kidney Disease
Olga Razorenova, PhD, and Dr. Roy Fujitani

Jan. 29, 2019 | 7 p.m. – Rehab, Robots & Dance: The Connection Between Physical Movement and Rehabilitation
David Reinkensmeyer, PhD, and Kelli Sharp, DPT

All lectures are held in the 4th floor conference room at Sue & Bill Gross Hall, 845 Health Sciences Road, Irvine. Email aharness@uci.edu for more information.



SUPPORT GROUPS

AGE-RELATED
MACULAR DEGENERATION
888-430-9898

ART FOR THE SOUL
714-456-2846

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

HEART FAILURE SUPPORT GROUP
714-456-7514

INFLAMMATORY BOWEL DISEASE
SUPPORT GROUP
714-456-7057

KOREAN WOMEN'S
CANCER SUPPORT GROUP
714-456-5057

LOOK GOOD, FEEL BETTER
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MULTIPLE MYELOMA
SUPPORT GROUP
800-452-2873

SUPPORT FOR ORAL, HEAD
AND NECK CANCERS
714-456-2846

TRIGEMINAL NEURALGIA
ASSOCIATION SUPPORT GROUP
714-730-1600

YOUNG ADULT CANCER
SUPPORT GROUP
714-456-7057

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



Photographed by Shane O'Donnell

Brothers Rick and Pete Keller admire Pete's classic 1968 Pontiac GTO.

BOND OF BROTHERS

Rick Keller is used to being in control. He co-founded Irvine-based First Foundation — a private wealth management, personal and business banking firm — building it from the ground up. He is also a founding member of the Center for Investment and Wealth Management at UCI's Paul Merage School of Business. One thing he hasn't been able to control is the unpredictability of diabetes, a disease that has afflicted his younger brother, Pete, from an early age. Keller has seen how the care offered by the UCI Health Diabetes Center and its director, Dr. Ping H. Wang, has brought more stability to Pete's life and to so many others with this condition.

“ I was 11 when my brother Pete was diagnosed with Type 1 diabetes. It was after Halloween, and he had eaten a bunch of candy. He couldn't drink enough water and go to the restroom often enough. He ended up being rushed to the hospital. He was 8 years old.

Life changed dramatically for our family after that. My parents had to constantly monitor Pete's blood sugar and weigh all his food. They took him to see many doctors, but none were very knowledgeable about diabetes at that time. Pete missed a lot of school in his elementary years, and the relentlessness of dealing with diabetes day after day took a toll on him.

Later, as an adult living in Villa Park, I became aware of the good work being done at UC Irvine Medical Center and served on the UCI Foundation board of trustees from 2000 until 2015. After Dr. Ping Wang gave a presentation to the board in 2005, I asked if he could see Pete.

My brother, who was new to Orange County, was having serious problems with his diabetes, including seizures. Ping worked hard to get Pete stabilized. He helped Pete learn to be aware of his blood glucose levels and alert to problems so that he could take action himself. That was huge. Ping also put Pete on a continuous glucose monitoring device. It warns users when their blood sugar is too low. Pete was one of the first people to receive this device about a decade ago. I'm convinced that if Ping hadn't taken him on as a patient, Pete wouldn't be here today.

UCI is doing amazing work on diabetes. The research they are conducting is at the highest level. Their fellowship program trains future physicians to provide the best in diabetes care. Since taking my company public, I haven't been as involved with the Diabetes Center as I would like, but I continue to give my financial support because I know how important this work is and how much it impacts each individual and family dealing with diabetes.

When you have diabetes, you live one hour at a time, one day at a time. It's a life of constant maintenance. Pete still has lots of physical challenges, but he's been living with diabetes for more than 50 years. That's very rare. It's a testament to the care he's getting from UCI Health. ”

— Rick Keller



To learn more about diabetes treatment, visit ucihealth.org/diabetes

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You did it

Whether you rode, run, walked, volunteered — or supported someone who did — you made the 2018 UCI Anti-Cancer Challenge a success!

Thanks to more than 3,000 individuals and community-oriented event sponsors like Microsemi, Monster Energy and Monarch Beach Resort, UC Irvine Chao Family Comprehensive Cancer Center received \$460,000 to push the boundaries of cancer care.

That generosity spans the UCI Health enterprise as well, with your gifts enabling advances that change lives across many areas of medical care.

Thank you for partnering with us to improve health locally and beyond.

For information: ucirvinehealth.org/giving
or anticancerchallenge.org

