

RESEARCH AIMS TO
MAKE PREGNANCY SAFER

CARE THAT CHANGES THE
COURSE OF MULTIPLE SCLEROSIS



UC Irvine Health

SUMMER 2016

live well

SMARTER HEALTHCARE FOR SOUTHERN CALIFORNIA

GAINING GROUND

Progress in treating
pancreatic cancer



A UNIQUE ROLE IN ORANGE COUNTY



If you watch any medical dramas on television, you've surely heard various characters referred to as "interns" or "residents" or "the chief." In this issue of *Live Well*, we invite you to learn what a real-life academic medical center looks like and what all of those titles mean. On page 10, Dr. Michael Stamos describes the intricacies of a teaching hospital and why we feel so privileged to mentor the physicians and medical leaders of the future. As home to Orange County's only academic medical center, UC Irvine Health elevates care countywide, as is evident in the story on page 14 about our leadership in combating prescription drug abuse in our community.

UC Irvine Health continues to grow in size, scope and influence by opening new primary care and specialty care offices throughout the region (page 4). Our leadership is evolving too. I recently accepted the position of chief executive officer of the UC Irvine Health system, which means I am responsible for the direction and administration of all the UC Irvine Health clinical locations and the growth of those clinics and partnerships.

We continue to open new locations because we are dedicated to providing primary and preventive care and keeping our community healthy. But as an academic medical center, we also have the responsibility to address the most challenging and perplexing medical problems. At the Chao Family Comprehensive Cancer Center, for example, our doctors are leaders in oncology and conduct research to move the needle on this dreadful disease. The story on pancreatic cancer (page 6) illustrates the resolve and ingenuity we bring to the fight. You can read more about our comprehensive oncology programs, services and research at ucirvinehealth.org/anti-cancer

Please enjoy this issue of *Live Well* and have a healthy, happy summer. ■

Sincerely,

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



UC Irvine Health

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

MAKE A DIFFERENCE

When someone is diagnosed with a complex medical condition like pancreatic cancer or multiple sclerosis, an academic medical center can provide the breakthrough care that makes a difference. UC Irvine Health is Orange County's only academic medical center, offering expert care.

Your philanthropic support drives clinical innovations like the ones you'll read about on the following pages, improving health for local residents 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/giving or call 714-456-7350. Learn how you can help transform healthcare.

PURSuing SAFER PREGNANCIES

WRITTEN BY NANCY BRANDS WARD

MATERNAL DEATHS PER 100,000 LIVE BIRTHS



Pregnancy-related deaths have risen dramatically in recent years, especially in California. Cardiovascular disease accounts for about 15 percent of deaths.



As national leaders in maternal-fetal medicine, UC Irvine Health researchers are spearheading projects in cardiovascular disease and preeclampsia that promise to make pregnancy and childbirth healthier and safer for both mother and baby.

A soon-to-be released toolkit aims to help expectant women and their doctors identify previously undiagnosed heart conditions during pregnancy and following childbirth. The toolkit is the result of work by the California Maternal Quality Care Collaborative cardiovascular committee chaired by Dr. Afshan Hameed, a UC Irvine Health professor of cardiology and maternal-fetal medicine, that seeks to understand and address a three-fold rise in pregnancy-related deaths statewide recorded from 1996 to 2007.

The 20-member California Pregnancy Associated Mortality Review Committee identified heart disease as the No. 1 cause of death in pregnancy after reviewing pregnancy-related deaths from the years 2002 through 2006. More than 95 percent of the women who died were unaware they had heart conditions.

The toolkit algorithm alerts physicians to undiagnosed heart disease—symptoms that often mimic the normal symptoms of pregnancy, particularly in the last trimester, such as shortness of breath, fatigue and lower extremity swelling.

“Almost nine out of 10 mothers who died would have been alerted as having a high-risk heart condition if their healthcare providers had applied the knowledge that our team has put together in this toolkit,” says Hameed, who also serves as UC Irvine Health director of obstetrical services and of quality and safety.

The toolkit will be available to all obstetrics providers in California and across the nation who care for pregnant women. Patient education materials to raise awareness among pregnant women are also part of the toolkit.

UC Irvine Health physicians have been involved with the broader California Maternal Quality Care Collaborative since its formation in 2007. The organization is developing toolkits to improve care for other conditions that can increase the risk of

maternal death, including hemorrhaging.

UC Irvine Health maternal-fetal health experts are also focused on preeclampsia, a complication of pregnancy characterized by high blood pressure, protein in the urine and swelling. It’s usually diagnosed in the last trimester of pregnancy and affects 6 to 7 percent of women.

The condition can be life-threatening to both mother and baby. Its causes remain unknown, and the only known way to halt the illness is to deliver the baby—frequently prematurely.

“Because of this, obstetricians are often faced with a dilemma in balancing the mother’s health against the baby’s health,” says Dr. Deborah Wing, a UC Irvine Health professor of obstetrics and gynecology.

“The complications of prematurity are many and include chronic lung disease, blindness, deafness and neurodevelopmental delay. About 15 years ago the nationwide cost of prematurity was estimated at \$26 billion a year. Adjusted for inflation, it’s certainly much higher today.”

Wing is the lead investigator of the nationwide PRESERVE-1 clinical trial to assess the safety, efficacy and pharmacokinetics of an anticoagulant drug called antithrombin in treating early-onset preeclampsia. Researchers recently enrolled 120 women at trial sites nationwide, including UC Irvine Medical Center.

“In my 20-year-plus career in high-risk obstetrics, this trial offers the best promise for prolonging the pregnancies of women with preterm preeclampsia of anything I’ve seen,” Wing says. “UC Irvine Health patients enrolled in the trial will play an important role in advancing much-needed research that may help determine whether this drug is a potential treatment.”

UC Irvine Medical Center has one of California’s few combined regional perinatal/neonatal programs to treat high-risk pregnancies, deliveries and newborns. ■

Learn more about
maternal-fetal health at
ucirvinehealth.org/highriskob



NEW OFFICES OPEN IN NEWPORT AND CORONA

UC Irvine Health continues to open new outpatient offices throughout the region to provide patients with convenient, high-quality care. Newport Beach neurologists Dr. Dale Di Stefano, Dr. David Gehret, Dr. Beth Lo and Dr. Mark Montano are now part of the UC Irvine Health system. All four physicians have decades of experience treating patients in Orange County.

Di Stefano, who attended UC Irvine School of Medicine, practices general neurology and is board-certified by the American Board of Neurology and Psychiatry. Lo, who completed her neurology residency at UC Irvine Medical Center, practices general neurology and sleep medicine and is board-certified by the American Board of Neurology and Psychiatry. Gehret practices general neurology and is board-certified by the American Board of Neurology and Psychiatry with additional subspecialty certification in both neuroimaging and electrophysiology. Montano practices general neurology and treats conditions such as headaches, migraine, Parkinson's disease and dementia, among other disorders of the nervous system.

In addition, UC Irvine Health has acquired Newport Doctors Medical Imaging, a state-of-the-art, American College of Radiology-certified imaging center led by radiologist Dr. Louis M. Teresi. The center's imaging capability will support all UC Irvine Health clinical services in the Newport Beach area and includes computed tomography, magnetic resonance imaging and positron emission tomography.

A UC Irvine Health maternal-fetal medical clinic has opened at Corona Regional Medical Center to care for women with high-risk pregnancies. The high-risk obstetrics team offers comprehensive services including care for patients with diabetes, high blood pressure, a history of miscarriage, cardiac disease and other conditions. Members of the high-risk obstetrics team are leaders in the field of maternal-fetal medicine.



UC IRVINE HEALTH NEUROLOGY – NEWPORT

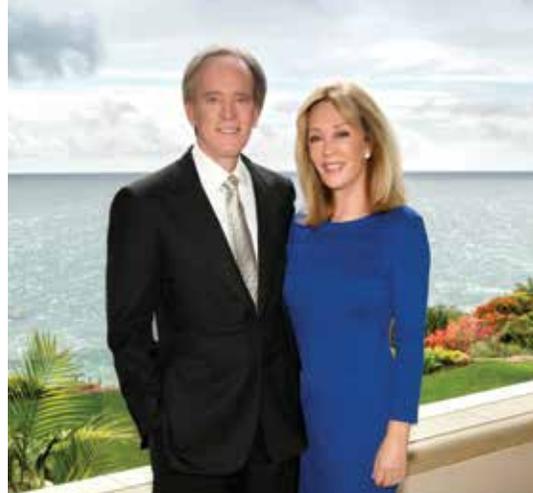
401 Old Newport Blvd., Suite 201, Newport Beach
Appointments: 949-999-2941

UC IRVINE HEALTH IMAGING CENTER – NEWPORT

401 Old Newport Blvd., Suite 201, Newport Beach
Appointments: 949-999-2950

UC IRVINE HEALTH MATERNAL-FETAL MEDICINE

Corona Regional Medical Center
800 S. Main St., Corona
Appointments: 951-736-6375



GROSS FAMILY GIFT TO ESTABLISH NURSING SCHOOL

University of California, Irvine has received its largest single gift ever to establish a nursing school and assist with construction of a new building to house it. The \$40 million gift from the **William and Sue Gross Family Foundation** will enable the continued growth and excellence of the UCI nursing program, which has gained an admirable reputation since its founding less than a decade ago. The highly selective program offers fully accredited bachelor's, master's and doctoral degrees.

When approved, the Sue and Bill Gross School of Nursing will further elevate UC Irvine Health into the echelon of academic medical centers and meet a critical healthcare need, says UC Irvine Chancellor Howard Gillman.

"This visionary gift will have a significant, lasting impact on the health of our community, state and nation," Gillman says. "As our society ages and depends more on primary care, the need for nurses is urgent. The Grosses' support will result in a substantial expansion of UCI's nursing program, ensuring a top-quality education for more talented, qualified students—and the leaders who train them—to help enrich the pipeline of prepared, skilled healthcare professionals."

The gift was made to address pressing healthcare needs of the community, says Sue Gross, president of the Gross Family Foundation. The nation faces a severe nursing shortage, especially those with advanced degrees. "We expect our support for a nursing school to have a broad impact, as the demand for nurses and their teachers touches the heart of our healthcare system," she says.

The gift will allow the construction of the Sue and Bill Gross Nursing and Health Sciences Hall on campus, which will enable the addition of new faculty and nearly double current student enrollment.

The gift continues a history of generous support for UC Irvine from the Orange County philanthropists. In 2006, their foundation gave \$10 million to create a stem cell research center and help fund a state-of-the-art facility for this work. The couple later made a \$4 million gift to help build out the hall's top floor. In 2012, Sue and Bill Gross were awarded the UCI Medal—the university's highest honor—for their exceptional contributions to UCI's mission of teaching, research and public service.

NEW WEIGHT-LOSS PROCEDURE DOESN'T REQUIRE INCISIONS

Individuals seeking a weight loss solution can now opt for a minimally invasive procedure that is a variation of the most popular bariatric surgery. Vertical sleeve gastrectomy, in which a portion of the stomach is removed through small incisions, has been the preferred bariatric procedure for several years. The new procedure, however, accomplishes the same goals without any incisions.

The new procedure is called endoscopic sleeve gastroplasty. During this procedure, a flexible tube called an endoscope is inserted through the mouth and threaded down the esophagus to the stomach. The endoscope is fitted with a mechanical suturing device. Once the device is in the stomach, the physician manipulates the endoscope to apply stitches in the stomach to reduce the stomach size by resizing it into the shape of a sleeve.

By sealing off about 80 percent of the stomach, patients are limited in how much they can eat. They feel full sooner and will feel full for a longer period of time.

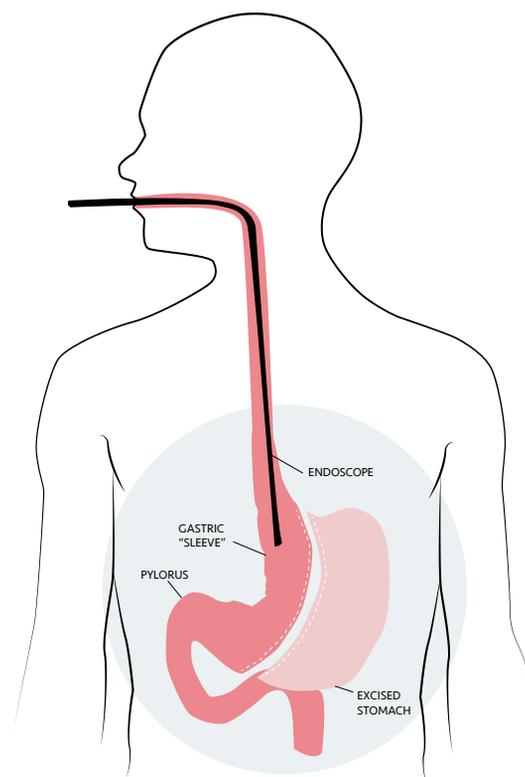
Endoscopic sleeve gastroplasty is an option for individuals who don't qualify for traditional bariatric surgery, such as vertical sleeve gastrectomy or Roux-en-Y gastric bypass. It's suited for people with a body mass index between 30 and 35.

"Doctors who treat obesity have long searched for minimally invasive alternatives to traditional bariatric surgery, which requires cutting through skin and tissue to alter or remove parts of the anatomy," says Dr. Kenneth Chang, executive director of the UC Irvine Health H.H. Chao Comprehensive Digestive Disease Center. "No incisions are made in these new endoscopic procedures. The endoscopic sleeve gastroplasty is a good treatment option for those patients who are struggling with obesity and its associated health risks but were previously unable to have surgery."

A number of other weight loss options are available through the UC Irvine Health bariatric program, including several new procedures. A gastric balloon procedure was recently approved by the Food and Drug Administration. One or two balloons are inserted into the stomach through the mouth with an endoscope and are inflated with saline solution. Left in place for six months, the balloons make patients feel full sooner. The procedure is an option for patients with a BMI less than 35.

The recently approved VBLOC therapy involves a pacemaker-like device that's implanted in the skin of the abdominal wall. The device is linked to electrodes that are surgically placed through small incisions at the trunk of the vagus nerve. Periodically blocking vagus nerve signals reduces the desire to eat.

The UC Irvine Health program is accredited by the Metabolic and Bariatric Surgery Accreditation and Quality Improvement Program and is the only center on the West Coast to be named a Boeing Center of Excellence for bariatric surgery.



ENDOSCOPIC SLEEVE GASTROPLASTY

Learn more about weight loss procedures
at ucirvinehealth.com/bariatric



SUMMER SALSA

Whip up a bowl of this delicious salsa to go with your favorite fish and chicken dishes. Mary Jean Christian, UC Irvine Health diabetes program coordinator, calls this her "go-to" dish to add flavor to lean grilled meat and seafood.

Mango Salsa

Servings: 9 (3-ounce) servings

- 2 cups fresh pineapple, chopped
- 1 cup fresh papaya, chopped
- 1 cup fresh mango, chopped
- ½ cup jicama, chopped
- 2 jalapeno peppers, seeded and minced
- 1 tablespoon fresh cilantro, chopped
- 1 tablespoon fresh mint leaves, chopped
- Juice of one lime

Mix all ingredients together and refrigerate 1 hour to develop flavors before serving.

Serve over grilled chicken, fish or turkey burgers. It's also good to dress up cottage cheese or as a dip with baked tortilla chips. Make it as hot or mild as you like by adjusting the jalapeno peppers. For a smoky twist, substitute canned chopped chipotle peppers in adobo sauce and omit the chopped mint leaves. The salsa will keep in the refrigerator for a week.

Nutrition

Per 3-ounce serving: 40 calories; 11 grams carbohydrate; 0 grams fat; 1 gram protein

For more healthy recipes, visit ucirvinehealth.org/recipes





RISING TO THE CHALLENGE



Treating
pancreatic
cancer calls for
innovative and
aggressive steps.

WRITTEN BY TRAVIS MARSHALL

PHOTOGRAPHED BY LAUREN PRESSEY

Tom Arai has always lived an active, healthy life. The 65-year-old former commercial real estate agent and Yorba Linda resident is especially fond of cycling. For 25 years, he made a habit of riding upwards of 20 miles per day, pedaling scenic road routes along the Santa Ana River Trail or tackling the riparian canyons and singletrack of the Whiting Ranch Wilderness Park on his mountain bike.

“That changed very quickly once I found out I had pancreatic cancer,” he says. “I’ve been healthy throughout my life, and this was my first serious illness.”

His first serious illness couldn’t have presented a bigger challenge. Pancreatic cancer is a hard-to-cure condition that claims more than 41,000 American lives each year. Divulging a diagnosis of pancreatic cancer to patients has been especially difficult for doctors because, according to the American Cancer Society, 93 percent of patients will die within five years, giving it the highest mortality rate of any major cancer.

However, doctors at the UC Irvine Health Chao Family Comprehensive Cancer Center—Orange County’s only National Cancer Institute-designated comprehensive cancer center—are not content with the status quo. In recent years, they have expanded the treatment options for some patients, developments they hope will begin to gradually boost long-term survival rates.

MEETING THE CHALLENGE OF PANCREATIC CANCER

One reason pancreatic cancer has such a high mortality rate is because it’s very rarely diagnosed in the early stages, when it’s more easily treated, before the tumor can metastasize and move to the liver or the lungs.

“Pancreatic cancer is often not found until it has progressed. Jaundice is a potential early sign, while some people may only have belly pain for months and weeks,” says Dr. John Lee, a UC Irvine Health professor of clinical medicine and gastroenterologist. “The best way to find it early would be endoscopic ultrasound or MRI. But most people just don’t have any risk factors, so there is no good way to screen the general population.”

Once diagnosed, the treatment options for pancreatic cancer are also fairly limited. Lee estimates about 85 percent of diagnosed patients show



Tom Arai hopes to return to Orange County’s bike trails again following treatment for pancreatic cancer.

evidence the cancer has already spread. “For those patients, the only treatment would be chemotherapy,” he says. “The other 15 percent of people may be eligible for surgery.”

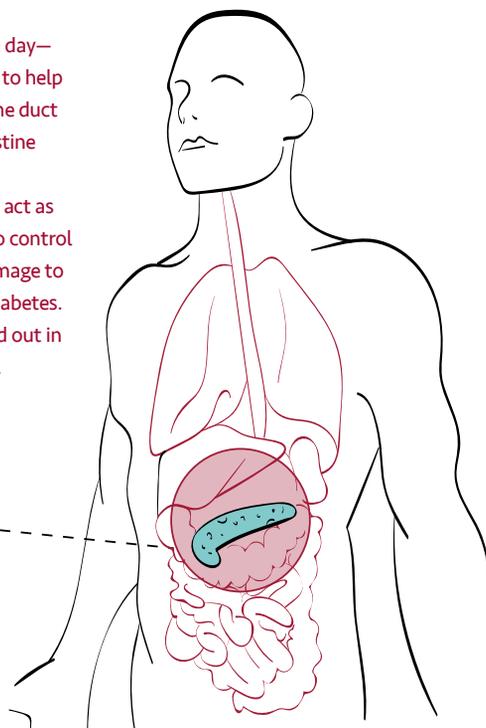
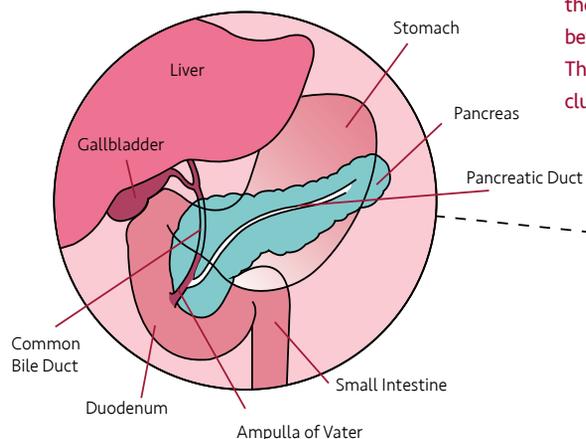
Among the 15 percent of patients eligible for surgery, the options depend on the location of the tumor.

“The head of the pancreas is the most common place for the tumors to be,” says Dr. David Imagawa, a UC Irvine Health professor of clinical surgery and chief of the Division of Hepatobiliary and Pancreas Surgery and Islet Cell Transplantation. For tumors in this part of the organ, the patient is likely to undergo a complex and taxing surgery called the Whipple procedure, which UC Irvine Health pancreatic surgeons perform. The surgery was known as extraordinarily risky more than 40 years ago when it was first tried. But today, at high-level medical institutions, the surgery is much safer.

KNOW YOUR PANCREAS

Most of us couldn’t locate the pancreas on a diagram of the human body let alone describe what this organ does. In fact, the pancreas, which is about the size of your hand, plays two vitally important roles in keeping your body up and running:

- Releases juices—about 1.5 to 2 quarts a day—containing enzymes into the intestines to help digest food. These juices come out of the duct that adjoins the duodenum/small intestine
- Releases hormones into the blood that act as chemical messengers, such as insulin to control the amount of sugar in your blood. Damage to beta cells in the pancreas can lead to diabetes. These insulin-producing cells are spread out in clusters on the surface of the pancreas.



DID YOU KNOW? The pancreas releases a fluid that contains sodium bicarbonate, also known as baking soda, into the intestines to neutralize acid.

Learn more about pancreatic cancer at ucirvinehealth.org/pancreas



For tumors in the body or tail of the pancreas, doctors can perform a distal pancreatectomy, which, he explains, “is less complicated than the Whipple procedure and easier to recover from.” UC Irvine Health physicians pioneered laparoscopic pancreas surgeries—operations performed through small incisions—which significantly reduce side effects and shorten the recovery time. UC Irvine Medical Center is one of the few U.S. medical centers to offer a laparoscopic alternative for distal pancreatectomy, performing more of these procedures than any other medical center on the West Coast.

Imagawa adds that there are some new options for fighting pancreatic cancer on the horizon, and that UC Irvine Health uses the most advanced procedures and technology available.

“We are certainly one of the places that have been aggressive in doing resections and reconstructions that were traditionally thought unresectable,” he says. “And in the last few years we’ve been an early adopter of NanoKnife ablation technology that lets us kill cancer cells with high-voltage electricity that doesn’t generate any heat. Very few centers in the country have these machines, and we’ve seen excellent results.”

CLINICAL TRIALS OFFER HOPE

Arai’s situation, however, was like the majority of pancreatic cancer cases—vague symptoms leading to a diagnosis of late-stage cancer without a surgical solution. At first, he noticed pain in his stomach that felt like ulcers or acid reflux after he and his wife returned home from a vacation cruise along the Danube River in Eastern Europe.

“We just thought it was all the rich food from the cruise, but I went to my doctor and they ended up finding the tumor with a CT scan,” he says. Even though he sought treatment shortly after experiencing symptoms, his cancer had already reached stage IV, having metastasized and spread to his liver and lungs.

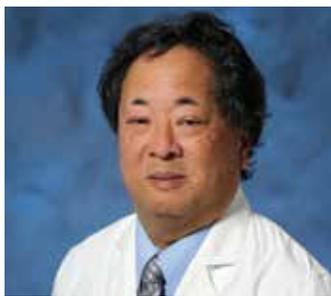
After his CT scan, Arai’s doctor sent him for a biopsy at UC Irvine Medical Center, where he and his wife saw Dr. Tara Seery, a gastrointestinal oncologist, who explained that he would be an ideal candidate for a new clinical trial. “Dr. Seery was so compassionate, kind and transparent,” he says. “In the past when they said you had pancreatic cancer, that was a death sentence, so when she told us about the trial, we were on board right away. Getting a diagnosis of metastatic pancreatic cancer is devastating. However, we knew that we needed to plow through this as best we can.”

The trial—sponsored by a regional coalition of cancer centers that collaborates on clinical trials along with the National Cancer Institute and Halozyme Therapeutics—has participants in 17 cancer centers around the country. UC Irvine Health is among centers with the most patients. Its purpose is to test the side effects and dosages of a drug called PEGPH20 (or PEG20), which seems to improve the effectiveness of chemotherapy by disabling parts of a tumor’s built-in defenses.

“We still have a long road ahead,” Seery says. “In advanced cases where the cancer has spread to other organs, chemotherapy is currently the only option for treatment, and if the tumor hasn’t spread, surgery is generally the best choice. But PEG20 is a drug everyone hopes will get approved.”

Once accepted into the trial, Arai started a grueling round of chemotherapy along with the PEG20 drug. And after 14 sessions, his tumors are shrinking. “It’s quite miraculous,” says his wife, Toni. “The doctors can’t believe his response from chemo. He really tolerates it well, has a good attitude, and compared with others in the trial, he’s had the best results.”

Arai has even managed to get back on his bike, sometimes riding five miles a day. “Riding my bike has become a way of relieving tension, kind of a natural release,” he says. “We just take one day at a time. I never would have thought I could feel as positive as I do, having pancreatic cancer. I found an inner strength I didn’t know I have. And a large part of maintaining such a positive attitude is knowing I have such a great team of doctors taking care of me and the wonderful support of my wife and children. I want to give others hope and to let them know they should not stop fighting.” ■



Dr. David Imagawa



Dr. John Lee



Dr. Tara Seery

PHYSICIAN EXPERIENCE ESSENTIAL FOR WHIPPLE PROCEDURE

The best chance to beat pancreatic cancer comes when it’s found at an early stage, before the disease has begun to spread. In most of these cases, the tumor is located in the head of the pancreas, the end of the organ that sits near the small intestine.

Removing these tumors requires a complicated surgery called the Whipple procedure, in which a specialized surgeon removes the head of the pancreas, along with a section of the small intestine, the bile duct and sometimes part of the stomach. The surgeon then reconnects all the organs.

“It’s a big operation that typically takes about five to six hours of surgery time,” says Dr. David Imagawa, UC Irvine Health professor of clinical surgery and chief of the Division of Hepatobiliary and Pancreas Surgery and Islet Cell Transplantation. “Afterwards we have to make sure everything is back together and working properly, so the national average is an 11-day hospital stay for the patient.”

Because the Whipple procedure is such a challenging, high-risk surgery, it’s performed only at medical centers that have qualified surgeons and a trained, specialized nursing staff to care for patients. UC Irvine Health pancreas surgeons are among the nation’s most experienced at performing Whipple procedures successfully, completing about 60 a year.

Physician experience is critical to the success of the procedure.

“A lot of surgeons can perform the procedure, but the ones who don’t do it a lot probably shouldn’t do it at all,” Imagawa says. “Survival rates are directly proportional to how many the surgeon does, and even with a perfect operation, the cure rate is only 25 percent.”

Following a successful surgery, the reconnected organs work much like they did before. “These patients will need to take an anti-ulcer medication for the rest of their lives,” Imagawa says. “But most go back to relatively normal lives.”



UC Irvine Health School of Medicine students enjoy "Match Day," when they learn where they will perform their residencies.

ACADEMIC MEDICAL CENTERS: SHAPING THE FUTURE OF HEALTHCARE

Progress in medicine isn't just a matter of luck or happenstance. It emerges largely from the network of highly trained and talented physicians and researchers who work at academic medical centers around the nation.

Orange County is home to one such institution. Through research, community outreach and training, UC Irvine Health physicians, nurses and other health professionals set the bar for the highest-quality care while helping to instruct and shape the younger members of their professions.

The outcome of this important process impacts patients for years to come, as students mature into the caregivers and thought leaders of tomorrow. We asked Dr. Michael Stamos, interim dean of the UC Irvine Health School of Medicine, to describe how Orange County benefits from having a top-rated academic medical center in its midst.

WHAT DOES IT MEAN TO BE AN "ACADEMIC MEDICAL CENTER?"

Academic medical centers make up 2 to 2.5 percent of all hospitals in the country. UC Irvine Medical Center is the only one in Orange County. An academic medical center is, by definition, a teaching hospital or what I call a "learning hospital" because we are all learning. A variety of people are being taught here: residents, fellows and other allied health professionals. Academic medical centers are affiliated with medical schools.

WHY IS CARE AT ACADEMIC MEDICAL CENTERS SUPERIOR?

Being an academic medical center is a mark of excellence. The top-rated medical centers in the United States are academic medical centers, and these institutions form the core of leadership in medicine for the nation. The research we perform leads to new clinical therapies. We offer dozens of clinical trials that compare the best existing treatments to emerging treatments that may be even better. Clinical trials offer patients the

opportunity to receive innovative therapies well before they become available to the general public. Clinical trials are done under review and with close oversight, and there is no obligation to participate.

WHAT ARE SOME OF THE OTHER UNIQUE ATTRIBUTES OF ACADEMIC MEDICAL CENTERS?

Academic medical centers are not-for-profit medical centers, so we reinvest money into leading-edge technology and innovative teaching and learning. We also focus on the needs of our own population—the residents of Orange County and surrounding counties.



Dr. Michael Stamos

WHO IS BEING TRAINED AT ACADEMIC MEDICAL CENTERS?

We educate people across a full spectrum of professions. We educate medical students, residents and interns, but at UC Irvine Health that just scratches the surface. We think it's important to teach other allied health professionals, nurses and nurse practitioners and students at our soon-to-be-established schools of pharmacy and population health.

HOW DOES THE PRESENCE OF STUDENTS AND TRAINEES ELEVATE CARE?

Having students here keeps everyone on the leading edge. The medical students in 2016 are incredibly bright, talented and inquisitive. They are constantly pushing all of us to think in a different way. They don't have preconceived biases that others have, and they don't fall back on the

status quo. Our doctors are practicing physicians and university faculty members. We hire only the best. If you're going to work with these young brilliant medical students, it pushes you to be on the leading edge as well. You have to be up-to-date. Many physicians in practice have very little time to learn new things and go to medical conferences. That creates a problem. In an academic medical center, our physicians are doing the teaching, lecturing at national and local meetings, performing research and analyzing data to establish new standards of care. Our physicians are thought leaders in their fields.

WHAT RESPONSIBILITIES DO MEDICAL STUDENTS HAVE AT ACADEMIC MEDICAL CENTERS?

Attending physicians have full responsibility over patients and provide care. Medical students accompany attending physicians as part of their training. Many of these students are quite mature. What they lack is experience. If we don't train medical students to be clinicians, who will take care of us later? That's an incredibly important role we provide to the general population. A large percentage of physicians practicing throughout Orange County have had some or all of their training at UC Irvine Medical Center.

DOES THE MEDICAL CENTER PROVIDE EDUCATION AND TRAINING TO PROFESSIONALS OTHER THAN MEDICAL STUDENTS?

We do. We actually have a lot of learners who come through our doors. Practicing physicians are required to complete Continuing Medical Education (CME) courses in order to stay licensed. We sponsor many CME events annually to doctors who come to us from throughout the nation. We do this to keep practicing doctors up-to-date on the latest in their fields. Established physicians can also do preceptorships, which are training programs that last a day or two or up to a week. They come from the community, from around the state, the country or even globally. They spend time here and take back that knowledge and expertise to their own patients. That's done as part of our responsibility to the greater community.

HOW ELSE DOES A COMMUNITY BENEFIT BY HAVING AN ACADEMIC MEDICAL CENTER IN ITS MIDST?

We also provide telemedicine and telementoring to help treat patients in remote areas where certain specialists are not available. Right now we have a stroke telemedicine program with Corona Regional Medical Center.



Through this program, our stroke physicians provide high-quality care to patients in the Inland Empire who otherwise wouldn't have access to that level of expertise. Also, via telementoring, physicians who are learning to do a procedure and don't feel their training is complete can have our physicians observe them during the operation and ask questions.

ARE THERE SOME TYPES OF SERVICES THAT ONLY ACADEMIC MEDICAL CENTERS PROVIDE?

Yes. In addition to surgeons and physicians coming back for additional training, we provide unique services in the community that can't be provided elsewhere. We have a STEMI center for care of heart attack patients, a telemedicine stroke program and the only Level I trauma center in the county. That should be a great comfort to everyone who lives in Orange County. We also have a certified burn center and offer world-class neonatal care and maternal-fetal medical care. We have an operating room and a critical care physician and trauma surgeon available 24/7. Community hospitals can't afford to do that.

WHAT ARE YOU MOST PROUD OF AS A FACULTY MEMBER?

I've been involved in medical training for 25 years. No doubt what makes me most proud is seeing students and residents develop great passion to provide the best possible care for their patients. It's their life goal. That's what this is all about. These brilliant young people are capable of being successful at anything. They choose medicine because they have that passion. ■

Learn more about UC Irvine Health and the role of Orange County's only academic medical center at ucirvinehealth.org/about



WHO'S WHO AT AN ACADEMIC MEDICAL CENTER

The physicians who care for UC Irvine Health patients have a range of titles and responsibilities. Here's what some of those titles mean.

ATTENDING PHYSICIAN: This is a fully trained physician and faculty member who oversees the care of patients and supervises other physicians. Even if a patient is seen by a resident or fellow (licensed physicians who are in training), the attending physician must supervise the patient's care.

FELLOW: This is a fully licensed physician who has completed one or more residencies (the period of training following graduation from medical school) and is pursuing additional subspecialty training to become expert or board-certified in that specialty.

RESIDENT: A resident has graduated from medical school and has a medical degree. A residency is an assignment of at least two years at a specific hospital, where the resident gets training and experience in a particular specialty or field of medicine, under the

instruction of experienced physicians. The first year of residency is called an internship. During the second year, residents have the opportunity to become licensed medical doctors. After the second year they are required to become licensed.

MEDICAL STUDENT: A medical student has a formal undergraduate degree, at a minimum, and is enrolled in medical school, which usually lasts four years. At the medical center, students follow or "shadow" trained physicians in order to learn.

Team Effort

Comprehensive management helps patients with multiple sclerosis live full lives.

WRITTEN BY SHARI ROAN | PHOTOGRAPHED BY SHANE O'DONNELL



Arlene Kaye jabs the button to open the garage door at her suburban Orange County home. Sunlight floods the space, revealing that Kaye has places to go and people to see. Although she has battled multiple sclerosis for 38 years, Kaye, 62, will not be deterred. Her car is equipped with hand controls so she can drive despite a weakened right leg. The trunk holds a scooter in case one of her three walkers will not do the job.

A stack of “The K Team” placards is stored along one side of the garage. Each year Kaye organizes supporters and she participates in the annual MS Walk in Orange County, which raises awareness and funds to fight the perplexing autoimmune disease.

“We want our patients to feel good and have energy and the physical means to enjoy their lives.”

Fight is what Arlene Kaye does best. “I call it my MS journey,” says Kaye, a former university and shopping mall marketing executive who is now retired. “My philosophy is that I want to stay independent. I want to have as much of a life as I can.”

Kaye is a full partner in managing her disease, says her physician, Dr. Ardith Courtney, clinical director of the UC Irvine Health Multiple



Dr. Ardith Courtney

Sclerosis Program. “Arlene Kaye is a great example of a person who gives 120 percent to the doctor-patient relationship,” Courtney says. “If you were talking to her on the phone, you would never know the struggles she’s had and her everyday challenges. She fully participates in decision-making and taking responsibility for how she does.”

Multiple sclerosis is a chronic, progressive degenerative disorder of

the central nervous system that, until recently, was shrouded in mystery. The disorder, which is increasingly more common in women, is characterized by an immune system that attacks the entire central nervous system—brain optic nerve and spinal cord—and disrupts communication between the brain and the rest of the body.

Many patients have periods of symptoms followed by remission. MS is caused by a combination of genetic and environmental factors, Courtney says.

While there is no cure, MS patients today fare much better than even 10 years ago due to a better understanding of the disease and a trove of new medications. Kaye has seen this evolution firsthand. She developed optic neuritis, an inflammation of the nerves in the eye, at age 23. She had 15 bouts of optic neuritis in 10 years.

“Over a period of time I’ve had clusters of symptoms,” she says. “The optic neuritis went away. Then I had numbness in my hands and feet. That went away. Then I had numbness in my waist, then bladder infections for five years.”

Although MS was suspected, she wasn’t formally diagnosed until 2005. “I had 25 to 30 years to think I had MS,” she says.

Today diagnosis is swifter, and treatment is more proactive, Courtney says. “Things have changed remarkably,” she says. “We have the ability to use MRI to make the diagnosis more quickly. We initiate treatment much earlier now, and we have an explosion of new medications.”

Medications aim to recalibrate the immune system to slow or stabilize the disease process. Drugs now in clinical trials may even help repair central

nervous system damage, “which will be a miraculous advance,” Courtney says.

Patients in the UC Irvine Health MS Program, which is designated as a National MS Society Comprehensive Care Center, have access to the latest diagnostics, medications and clinical trials. There are only a few National MS Society-designated centers in the United States.

UC Irvine Health researchers are studying the use of stem cells to restore function, and Dr. Michael Demetriou, co-director of the MS Program, is exploring whether a glucosamine-like sugar supplement can help regulate overactive immune cells that target the brain in MS patients.

“It’s super helpful to have a group of physicians who have subspecialty training and specialty interest in the disease,” says Courtney, who is on the

Southern California board of the National MS Society. “It’s a complicated disease to manage, and there are always new discoveries.”

However, medication is only a small part of the disease management. Courtney emphasizes physical fitness, diet, education and psychosocial support. In addition, a dedicated MS nurse navigator, Erin Fromm, RN, MSCN, helps UC Irvine Health patients connect to local resources, including a wealth of MS Society programs.

“We want our patients to feel good and have energy and the physical means to enjoy their lives,” Courtney says. “That requires attention to disease-modifying therapy, psychosocial aspects, exercise and nutrition. It’s a global approach.”

But it’s a two-way street, she says. Patients like Kaye thrive because they embrace all of the strategies to fight the disease. Kaye, who takes medications for the disease, works out four times a week at the Goodwill Fitness Center in Santa Ana—one of the few gyms in the region equipped to help people with disabilities. She attends an MS support group and serves on the National MS Society committee for programs.

The decline in mobility has not diminished her zeal for life. Nicknamed the “Energizer Bunny” by her friends, Kaye and husband Robert travel extensively. She also organizes “The K Team” to raise funds and walk in the Orange County MS Walk each year. She has raised more than \$35,000 over nine years.

“Dr. Courtney treats the patient as a whole person,” Kaye says. “She is wonderful about helping people realize they need to be a part of their own team. There are so many resources, but if people don’t call, they won’t know about them.” ■



Learn more about multiple sclerosis treatment and research at ucirvinehealth.org/ms



BATTLING PRESCRIPTION DRUG ABUSE IN ORANGE COUNTY

WRITTEN BY SHARI ROAN

What began about 15 years ago as a well-intentioned campaign to better treat people with chronic pain has today mushroomed into an epidemic of prescription drug abuse across the country. U.S. deaths from prescription painkillers, typically opioid medications, quadrupled from 1999 to 2013, according to the federal government.

This grim picture is much the same in Orange County. That's why UC Irvine Health has helped launch a countywide initiative aimed at curbing opioid drug abuse and assisting patients who are dependent.

"As a pain physician, having seen this problem evolve, I can't help but feel the need to play a prominent role to reverse this trend," says Dr. Padma Gulur, director of the UC Irvine Health Center for Pain Management & Wellness.

Gulur has led the effort to establish the Orange County Collaborative on Prescription Drug Abuse. The coalition, which was founded late last year, is made up of health professionals, educators, health insurers, law enforcement officials and others who are joining forces to address the opioid drug abuse problem in Orange County.

No region of the nation is free from prescription drug abuse, Gulur says. According to a 2014 report from the Orange County Health Care Agency and Sheriff-Coroner's Office, the rate of drug overdose deaths increased 61 percent between 2000 and 2012.

"It's affecting every strata of society," she says. "It's no longer someone else's problem."

In her own practice, Gulur works with patients to identify a range of options to alleviate pain. For too long, however, physicians around the country relied heavily on prescribing opioids.

"Back in the 1990s there was a concern that we were under-treating pain. From 2003 to 2008, prescription drug use went up dramatically," she says. "Science has taught us that pain requires multimodal care: complementary and alternative medicine, lifestyle modification, nutrition as well as medications or medical interventions. But there has been a tendency to rely almost exclusively on this class of medications."

Anyone can become addicted, she adds. "It's the medicine, not the people. This is what these medications do to our system. Addiction can affect anybody."

The collaborative includes individuals who have experienced the heartbreaking toll of prescription drug abuse in their families, such as Aimee Dunkle, executive director and co-founder of the Solace Foundation of Orange County. The foundation works to reduce overdose deaths through the use of naloxone, a potentially lifesaving medication that can be administered to someone suffering an opioid overdose. Dunkle's son died of an opioid overdose in 2012.

"If you look at the statistics on opioid drug abuse in California, it doesn't look that bad," Dunkle says. "But when you look at counties separately,



like Orange County, you realize there are pockets with unbelievably high overdose rates. The collaboration represents the community coming together to do something."

The group will focus on training doctors about "safe prescribing practices" to treat pain while minimizing the risk of addiction. Efforts will be made to educate people on the proper storage and disposal of opioids.

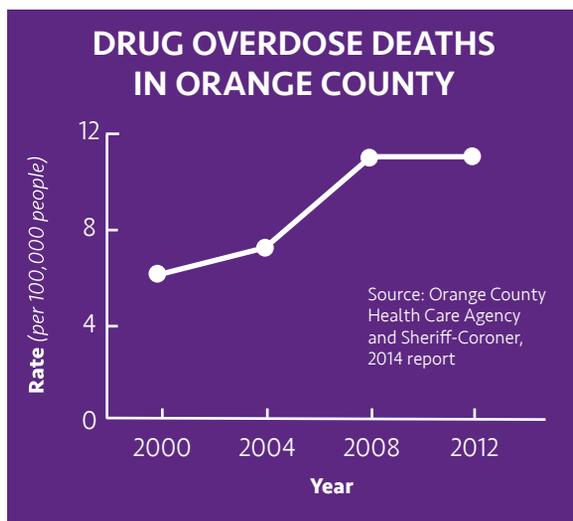
The collaborative aims to improve the treatment options for Orange County residents who are addicted to opioids and to increase the use of naloxone.

"When my son overdosed three years ago, he was with three people who did nothing. If they had naloxone, they would have used it," Dunkle says. "The collaboration can work on getting the funding and support for distributing naloxone."

The group hopes to see a 20 percent drop in opioid deaths, which are usually accidental, in 18 months. Similar initiatives have been successful in Marin and San Diego counties. UC Irvine Health is a natural choice to lead the Orange County campaign, Gulur says.

"We are the academic institution for this area," she says. "We are training the next generation of physicians and prescribers. We need to lead by example. While we have done a lot within our own health system to address this issue, we have to recognize that we are one part of a larger community and we have to address the larger problem."

The coalition, which has been funded by a grant from the California Healthcare Foundation, is off to a strong start, she adds. "Seeing everyone come together is very fulfilling. When I have picked up the phone or asked to meet someone, I've seen nothing but open-hearted support to try to address this." ■



Learn more about the Orange County Collaborative on Prescription Drug Abuse at saferoc.org and about pain management at ucirvinehealth.org/pain



SCHOLARSHIPS FOR KIDS

Curious George joined the stars of other children's books such as *Charlotte's Web* and *The Cat in the Hat* as featured centerpieces at the UC Irvine Health Child Development School scholarship luncheon in February. UC Irvine's very own Peter the Anteater made a special guest appearance. The event raised more than \$40,000 for scholarships, benefiting children with attention deficit hyperactivity disorder (ADHD) or a related neurological condition. These children have the potential to thrive at the Child Development School, where evidence-based behavioral interventions promote academic and social development.



ORANGE COUNTY HEART & STROKE WALK/RUN

UC Irvine Health was proud to serve as a sponsor of the March 5 American Heart Association's Heart & Stroke Walk at Angel Stadium in Anaheim.

To see more photos visit [facebook.com/ucirvinehealth](https://www.facebook.com/ucirvinehealth)



Attendees of the Heart and Stroke Walk tour the Mega Heart—an inflatable, walk-through heart.



Free blood pressure screenings were offered by UC Irvine Health.



Butte (right) is thanked for his participation by Dr. Richard Van Etten, director of the UC Irvine Health Chao Family Comprehensive Cancer Center.



From left, Dr. Michael Stamos, interim dean, UC Irvine Health School of Medicine; David and Phylis Hsia, representing the Chao family; Butte and Van Etten.

COMMUNITY CANCER LECTURE

Dr. Atal Butte, inaugural director of the Institute of Computational Sciences at University of California, San Francisco, presented the keynote speech "Translating a Trillion Points of Data into Therapies, Diagnostics and New Insights into Disease" in February at the 17th Annual Allen and Lee-Hwa Chao Lectureship in honor of H.H. Chao.



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/events or call toll-free 877-UCI-DOCS or 877-824-3627 for registration and information.



ADVANCE DIRECTIVE

May 19, Sept. 15 | 11 a.m.-12:30 p.m.
UC Irvine Medical Center

ADVANCE DIRECTIVE, SPANISH

July 21 | 11 a.m.-12:30 p.m.
UC Irvine Medical Center

BREASTFEEDING

June 2, June 30, Aug. 4, Sept. 1, Oct. 6
6-9 p.m.
UC Irvine Medical Center

DIABETIC DIET

June 6, Aug. 1 | 4-6 p.m.
UC Irvine Medical Center
Oct. 3 | 4-6 p.m.
UC Irvine Douglas Hospital, Room 3005

DIABETES OVERVIEW

July 13, Aug. 10 | 4-6 p.m.
UC Irvine Medical Center
Sept. 15 | 4-6 p.m.
UC Irvine Health-Tustin

DIABETES OVERVIEW, SPANISH

May 18, Aug. 17 | 4-6 p.m.
UC Irvine Health Family Health Center-Anaheim
June 15, Sept. 21 | 5-7 p.m.
UC Irvine Health Family Health Center-Santa Ana
July 20, Oct. 19 | 5-7 p.m.
UC Irvine Medical Center

DIABETES MANAGEMENT SERIES (THREE-CLASS SERIES)

June 9, 16, 23 | 4-6 p.m.
UC Irvine Health-Tustin
Oct. 12, 19, 26 | 4-6 p.m.
UC Irvine Medical Center

HEART FAILURE

July 11, Sept. 12 | 2-3:30 p.m.
UC Irvine Medical Center

HEART FAILURE, SPANISH

Aug. 9 | 3-4:30 p.m.
UC Irvine Health Family Health Center-Santa Ana

HEART HEALTHY DIET (CHOLESTEROL)

July 11, Sept. 12 | 4-5:30 p.m.
UC Irvine Medical Center

HIGH BLOOD PRESSURE

June 14, Aug. 9, Oct. 11 | 6-7:30 p.m.
UC Irvine Medical Center

HIGH BLOOD PRESSURE, SPANISH

June 9 | 4:30-6 p.m.
UC Irvine Health Family Health Center-Anaheim
Sept. 8 | 3-4:30 p.m.
UC Irvine Health Family Health Center-Santa Ana

JOINT REPLACEMENT, HIP OR KNEE

May 16, June 6, 20, July 5, 18, Aug. 1, 15, Sept. 6, 19, Oct. 3, 17 | 2-3 p.m.
UC Irvine Douglas Hospital, Family Room 3001

MATERNITY RECEPTION

June 13, July 11, Sept. 12, Oct. 3
6:30-7:30 p.m.
UC Irvine Medical Center,
Building 53 auditorium

MATERNITY RECEPTION, SPANISH

June 13, July 11, Sept. 12, Oct. 3
5:30-6:30 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 you can't afford to pay
June 6, 13, 20, 27 | 6:30-7:30 p.m.
Sept. 12, 19, 26, Oct. 3 | 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 you can't afford to pay
May 16, Oct. 17 | 6:30-7:30 p.m.
UC Irvine Douglas Hospital, Room 3005

NEWBORN CARE

June 10, July 1, July 29, Sept. 16, Oct. 7 | 6-9 p.m.
UC Irvine Medical Center,
Building 56, Room 113

PREPARED CHILDBIRTH

May 18, 25, June 1, 8, 15 | 7-9:30 p.m.
May 19, 26, June 2, 9, 16 | 7-9:30 p.m.
June 29, July 6, 13, 20, 27 | 7-9:30 p.m.
June 30, July 7, 14, 21, 28 | 7-9:30 p.m.
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

May 16, June 6, 20, Sept. 6, 19,
Oct. 3, 17 | 3-4:30 p.m.
UC Irvine Douglas Hospital, Room 3001

PREVENT STROKE

June 14, Aug. 9, Oct. 11 | 4-5 p.m.
UC Irvine Medical Center

SIBLINGS

Aug. 10 | 4-5 p.m.
UC Irvine Medical Center Neuropsychiatric
Center, Room 101

STOP SMOKING

(FIVE-CLASS SERIES)

May 25, June 1, 8, 15, 22 | 5:30-6:30 p.m.
UC Irvine Medical Center

STOP SMOKING, SPANISH

June 1 | 5-6 p.m.
UC Irvine Health Family Health Center-Santa Ana



SUPPORT GROUPS

ART FOR THE SOUL
714-456-5235

BARIATRIC SURGERY SUPPORT GROUP
888-717-4463 or 714-456-7800, ext. 1967

BRAIN TUMOR EDUCATION/SUPPORT GROUP
714-456-8609

BURN SURVIVORS SUPPORT GROUP
714-456-7437

GRIEF SUPPORT GROUP FOR CHILDREN
714-456-2295

INFLAMMATORY BOWEL DISEASE SUPPORT GROUP
714-456-7057

KIDNEY AND PANCREAS TRANSPLANT SUPPORT GROUP
714-456-8342

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)
714-456-5235

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/events or call the numbers listed.



LEARN MORE ABOUT MEDICARE

UC Irvine Health now accepts Medicare Advantage products. With a growing network of primary care physicians and more than 500 specialists throughout Orange County, we are more accessible than ever.

ATTEND ONE OF OUR SEMINARS TO LEARN MORE

Seminars will be held May through September at multiple locations and dates.

For more information, call 844-227-3824 or visit ucirvinehealth.org/medicare101



EYE HEALTH LECTURES

DOUBLE VISION (DIPLOPIA)

May 19
Dr. Robert W. Crow
UC Irvine Health ophthalmologist

HELP YOUR CHILD SEE CLEARLY

June 16
Dr. Seymour Jennifer Che and Dr. Kailey Marshall
UC Irvine Health optometrists

All lectures are 5:30-6:30 p.m.
UC Irvine Health Gavin Herbert Eye Institute,
3rd floor Conference Room 850
Health Sciences Road, Irvine
No registration is required but seating is limited.

SAVE THE DATE

SIXTH ANNUAL SUPER SATURDAY COMMUNITY HEALTH FAIR

Oct. 22 | 10 a.m.-1 p.m.
UC Irvine Medical Center Manchester Pavilion parking lot, 200 S. Manchester Ave., Orange

Free flu shots and screenings.
Questions? Call 714-456-8434



CHILD DEVELOPMENT CLASSES

Classes are held at the UC Irvine Health Child Development School, 19262 Jamboree Road, Irvine. There is a fee for the classes. For more information call 949-824-2343 or visit cdc.uci.edu

SOCIAL SKILLS FOR CHILDREN WITH ADHD AND ASD

Eight-week series offered quarterly for child ages 6 to 11 and their parents | 6-7:30 p.m.

INTRODUCTION TO PARENTING TECHNIQUES

Eight-week series offered quarterly 6-7:30 p.m.



Debi Boyle, RN, speaks with patient Lucila Mondragos.

ON THE OTHER SIDE OF THE BED

In her 45 years of nursing, Debi Boyle, RN, has accumulated a wealth of knowledge. At UC Irvine Medical Center, Boyle is an oncology clinical nurse specialist and serves as a resource for nurses and the interdisciplinary team on patient care issues in cancer and palliative care. UC Irvine Medical Center holds Magnet Recognition for nursing excellence. Boyle has worked in oncology for 35 years, has a master's degree from Yale and has authored more than 200 publications and four books.

But it was her personal experiences with cancer that changed her. Her father battled lung cancer for five years, and her husband, Jerry, eventually died from bladder cancer at age 53. These events caused her to reexamine what nursing is and the impact nurses have on the lives of so many.



As a daughter of a patient, I was struck by the compassionate care I received at my father's bedside—especially when he wasn't doing well. These nurses' expertise was not about lab values and ensuring the IV fluids were administered at a certain rate. They were about addressing my emotional distress of losing a father, a central person in my life.

The nurses asked me about my pain and allowed me to voice my sorrow. When my husband became seriously ill, I was again confronted with coping with the everyday demands of being a caregiver and the sole family provider while also attempting to deal with the emotional labor of loss.

I knew too much to negate what was coming before me. My husband became ill about two years after we were married. He had major surgery and chemotherapy; then he required radiation when the cancer spread to his bones.

Terrible pain and debilitation ultimately caused him to become bed-bound. While I always thought of myself as an empathetic nurse, I didn't really understand how much responsibility we impose on families until I was on the opposite side of the bed. We expect families to be the nurses at home, 24/7, with no training and no support. On top of that, they're anxious and worried, and this causes confusion and fear about not doing the right thing for your loved one.

I remember being in the bathroom one day with all of Jerry's medications spread out across the sink, and I was getting mixed up in terms of what to give him. I remember thinking, "If I can't keep track of this, how can a layperson do it?"

After I returned to work, I had newfound appreciation for the family's role in cancer care. I realized that they need someone to listen to them, and they need help. Now I routinely ask, "What's worrying you? What don't you understand? What can I do to help?"

Admitting the need for help often is hard for family members because they want us to focus our attention on their loved ones. But we need to assume they are struggling, rather than assume they're doing OK. While I learned it the hard way, I now know that cancer truly is a family disease.

— Debi Boyle





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And with a growing network of primary care physicians and more than 500 specialists throughout Orange County, we are more accessible than ever.

If you are turning 65, or want to learn more about what UC Irvine Health can offer, join us at an upcoming Medicare 101 seminar. You will learn about how Medicare works, enrollment periods and deadlines, the plans that give you access to UC Irvine Health physicians, and more.

Attend one of our free Medicare seminars to learn more.

- **Registration is required.** To register, visit ucirvinehealth.org/medicare101 and select from a list of dates, times and locations.
- For accommodation of people with special needs, please call 844-227-3824 or TTY 714-456-3431.
- A salesperson will be present with information and applications. There is no obligation to enroll.
- Refreshments will be provided.



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