

A Sporting Chance | Yours, Mine and Ours | Heart to Heart

USC health

2020
ISSUE TWO

A PUBLICATION OF
KECK MEDICINE OF USC

Keck
Medicine
of USC

BEYOND EXCEPTIONAL MEDICINE™

USC VERDUGO
HILLS HOSPITAL
SPECIAL EDITION

check in



vitals

News from around Keck Medicine of USC

2

On a Roll

Once again,
among the best.



4

The Big Question

How do I take
care of myself
while under stress?



6

Can You Hear Me?

“Cell yell” isn’t just
irritating to listen
to — it can actually
harm the speaker’s
vocal cords.



examinations

Stories from Keck Medicine’s patients and physicians

Cover Story a sporting chance

After a lifetime of competitive
gymnastics, former national champion
Anna Glenn looks to Keck Medicine
of USC and Frank Petrigliano, MD,
to get ready for a new routine.

8



20

Heart to Heart

Timothy Thomas is
grateful for a second
chance at life.



USC VERDUGO HILLS HOSPITAL *Special Section*

13

From the USC-VHH CEO

Hear how USC-VHH CEO
Keith Hobbs and all of the
hospital’s care providers are
committed to patient safety.

14

Someone to Trust

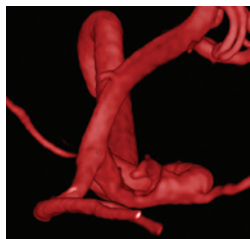
When Dick Martin was
diagnosed with prostate cancer, he
knew who would be overseeing
his care: René Sotelo, MD.



7

The Art of Imaging

Medicine can be beautiful.



17

Yours, Mine and Ours

Natalie Quintana contacted the USC Transplant Institute in order to be a living kidney donor for her husband, Johnny.



16 Open for Deliveries

The Beginnings Family Birth Center at USC-VHH is busier than ever, increasing infection prevention standards while still offering exceptional care.



24

consultations

Outpatient Locations

Keck Medicine may be closer than you think.

26

labwork

A look at the latest innovative research at the Keck School of Medicine of USC and Keck Medicine

The Sweetest Sound

Dementia

Smoking

clinical trials

28

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A PUBLICATION OF KECK MEDICINE OF USC

Keck Medicine of USC is one of only two university-based medical systems in the Los Angeles area. Its internationally renowned physicians and scientists provide world-class patient care at Keck Hospital of USC, USC Norris Cancer Hospital, USC Verdugo Hills Hospital and more than 80 outpatient locations throughout Los Angeles, Orange, Kern, Tulare and Ventura counties.

Keck Medical Center was ranked No. 18 on U.S. News & World Report's 2020-21 Best Hospitals Honor Roll and among the top 3 hospitals in Los Angeles and top 5 in California. The hospital also ranked in the top 10 in geriatrics and urology; top 15 in pulmonology & lung surgery, ophthalmology, cardiology & heart surgery and gastroenterology & GI surgery; top 20 in neurology & neurosurgery; top 30 in nephrology, cancer and orthopedics; and top 45 in otolaryngology.

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Keck Medical Center of USC named in U.S. News & World Report 2020-21 Best Hospitals Honor Roll

Keck Medical Center of USC, which includes Keck Hospital of USC and USC Norris Cancer Hospital, was ranked No. 18 in the U.S. News & World Report 2020-21 Best Hospitals Honor Roll. The academic medical center also was ranked among the top 5 hospitals in California and the top 3 hospitals in the metro Los Angeles area.

“This incredible achievement is a testament to Keck Medicine of USC’s phenomenal growth and unwavering dedication to providing exceptional, research-driven academic medicine,” said Rod Hanners, interim CEO of Keck Medicine of USC. “We are extremely proud to be listed among the top medical institutions in the country and are thankful for our patients who place their trust in us to provide the highest quality care.”

For the 2020-21 rankings, U.S. News evaluated more than 4,500 medical centers nationwide in 16 specialties and 10 procedures or conditions. In the 16 specialty areas, only 134 hospitals (nearly 3%) were ranked in at least one specialty.

At No. 7, geriatrics was the medical center’s highest-ranked specialty. Ten additional specialties also placed in the nation’s top 45 — urology (No. 9), pulmonology and lung surgery (No. 12), ophthalmology (No. 12), cardiology and heart surgery (No. 15), gastroenterology and GI surgery (No. 15), neurology and neurosurgery (No. 19), nephrology (No. 21), cancer (No. 26), orthopedics (No. 30) and otolaryngology (commonly known as ear, nose and throat, at No. 44).

Keck Medical Center also was rated High Performing, the highest rating possible, in nine out of 10 evaluated procedures and conditions: abdominal aortic aneurysm repair, aortic valve surgery, colon cancer surgery, heart bypass surgery, heart failure, hip replacement, knee replacement, lung cancer surgery and transcatheter aortic valve replacement (TAVR).

The 2020-21 Best Hospitals rankings are available at <https://health.usnews.com/best-hospitals/rankings>.

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keckmedicine.org](https://uschealth.keckmedicine.org)



THE KECK EFFECT



© Ricardo Carrasco III

BY THE TIME PATIENTS SEE BORAM CHA RUNNING AROUND KECK MEDICINE OF USC'S LOCATIONS IN KOREATOWN AND BUENA PARK, SHE'S ALREADY RUN FOUR MILES. THE CLINIC MANAGER FOR USC NORRIS COMPREHENSIVE CANCER CENTER'S MEDICAL AND RADIATION ONCOLOGY SITES IN KOREATOWN AND BUENA PARK HAS KEPT UP HER ROUTINE EVEN AS SHE WORKS TIRELESSLY TO ENSURE PATIENTS HAVE A SAFE AND SEAMLESS VISIT.

Going the Extra Mile

What does it mean to be a clinic manager?


My day, every day, is focused around patients. Whether it's making sure they're financially cleared for their visits, receiving their chemotherapy treatments safely or scheduled for time with their health care providers, I'm always thinking of new ways to help make their health care journey smoother.

What is the most rewarding part of your job?

A cancer diagnosis is one of the worst kinds of news for a patient and their family. Managing a clinic to provide optimal care and be a support system to patients and family during their toughest time is very rewarding. Being able to assist with navigation of the process through treatment and knowing the impact that my team and I are making in our patients' lives created a passion and motivation to always do better.

How important is it to be multilingual in health care?

More than 85% of our patients are Korean and predominantly Korean-speaking. Before the opening of Keck Medicine's medical and radiation oncology sites in Koreatown and Buena Park, our patients always believed that they needed to travel to an unfamiliar hospital for quality care. Having Korean-speaking staff and care providers brings patients an indescribable sense of comfort and reassurance while they are going through an already challenging time. I am proud to provide quality care and cater to the cultural and language needs of our patients within my locations.



Is it a cold, the flu or COVID-19?

Keck
Medicine
of USC

Cold	Flu	COVID-19
<p>Onset: Gradual</p> <p>Feels like:</p> <ul style="list-style-type: none"> • Cough, sore throat • Runny nose, congestion, sneezing • Mild aches, fatigue <p>Treatment:</p> <ul style="list-style-type: none"> • Stay home at first • Rest • Drink fluids • Extra vitamin C • Acetaminophen or ibuprofen 	<p>Onset: Sudden</p> <p>Feels like:</p> <ul style="list-style-type: none"> • High fever • Aches all over • Fatigue • Sick stomach (sometimes) <p>Treatment:</p> <ul style="list-style-type: none"> • Call doctor for meds ASAP • Stay home • Rest • Drink fluids • Acetaminophen or ibuprofen 	<p>Onset: Varies</p> <p>Feels like:</p> <ul style="list-style-type: none"> • Losing smell and taste • Flu-like symptoms • Cough • Shortness of breath • Abdominal pain, diarrhea (sometimes) <p>Treatment:</p> <ul style="list-style-type: none"> • COVID-19 test ASAP • Isolate from others • Rest • Fluids • Acetaminophen or ibuprofen

Flu and COVID-19 can lead to **pneumonia** or other complications. For productive cough, chest pain, high fever or shaking chills, get immediate medical attention.

Go to emergency room for high fever, dehydration or trouble breathing. To stay well, wash your hands, wear a mask, stay home when possible and **get your annual flu shot.**

Additional sources:
<https://www.cdc.gov/flu/symptoms/coldflu.htm>
<https://www.cdc.gov/coronavirus/2019-ncov/symptoms-testing/symptoms.html>
<https://www.healthline.com/health/bacterial-pneumonia#symptoms>

The Big Question

“What a year, right?” We all have adapted to new routines, established health and safety precautions outside the home and taken numerous steps to protect our loved ones throughout 2020. These measures have taken a toll on our mental, emotional and physical health. Two physicians from Keck Medicine of USC weigh in on the Big Question:

How do I take care of myself while under stress?



This year has been incredibly challenging for most of us, and it has been understandably difficult to remain healthy and achieve a sense of normalcy. Yet there are strategies we can employ to help us deal with stress.

Good nutrition is more important than ever to help support our immune systems and maintain a healthy weight. For most of us, this means making a consistent effort to plan our intake of fruits and vegetables, low-fat dairy, whole grains and lean proteins while trying to limit simple carbohydrates, sugars and processed foods. Similarly, making time for physical activity naturally reduces stress and improves mood.

While of course many of these suggestions are much easier said than done, making an effort to start with even just one or two adjustments can snowball into additional changes that will help us build resiliency and more confidently deal with stress.

Seyed Parham Khalili, MD
Geriatrician
USC Family Medicine



Our environment is filled with external challenges that affect everyone in different ways. This can feel like their solution lies elsewhere, but the key to happiness lies within each individual.

Health is largely a function of our choices. Physical health is dependent on diet, exercise and the degree to which we expose ourselves to toxins. Alternatively, mental health is more complex, since the factors that dictate happiness are not universally understood. Yet, there are general principles that can guide our capacity to feel happy. Specifically, we are more the product of our choices than our environment. This realization is the most powerful tool for achieving happiness in challenging times.

We can control how we feel by choosing what we do. 1) Establish your routine. 2) Set realistic goals and small accomplishments every day. 3) Be intentional about connecting to something in the present moment.

Steven Siegel, MD
Psychiatrist
USC Psychiatry & Behavioral Sciences

To make an appointment, call (800) USC-CARE or visit [KeckMedicine.org](https://www.KeckMedicine.org)

Let's Get Together (online)

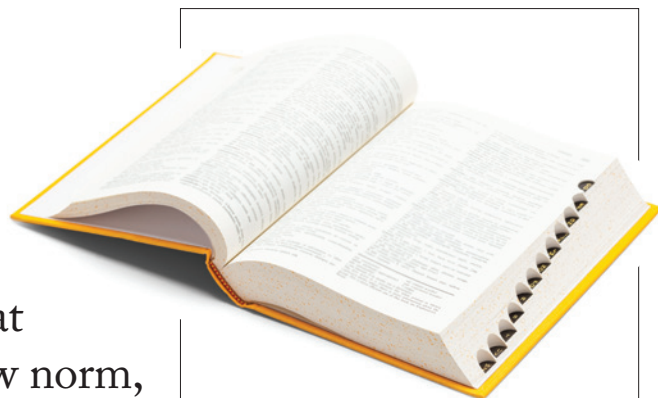
As the reality of the COVID-19 pandemic settled in and it became clear that isolation and social distancing were the new norm, support groups like AYA@USC had to adapt. For cancer patients of all ages, finding ways to safely connect is more important than ever.



AYA@USC was developed at USC Norris Comprehensive Cancer Center to address the psychosocial needs of adolescents and young adults (AYA) with cancer. To make sure the group's members can still learn and connect during the pandemic, AYA@USC has moved its support group online.

AYA@USC organizes talks and seminars for cancer patients between 18 and 39 to educate them on a broad range of concerns — from the latest research to wellness strategies, to legal issues around access to health care. Since the onset of the pandemic, members have been able to attend online sessions about nutrition, fertility preservation, resilience, journal writing and managing relationships.

Although the group has suspended its social activities like going to professional sporting events or planning outdoor adventures, they still gather socially online. On a recent evening, AYA@USC had an open mic night via videoconference, during which members entertained one another with storytelling, singing and comedy, giving them a new format to develop and build a strong community so that none of these young people have to fight cancer alone. For more information, visit aya.usc.edu



what's the
Word?

Borborygm

noun

[bor'bo'rygm]

Our stomachs have a lot to say sometimes — and it's important for us to listen. Borborygm is the medical term for the rumbling and gurgling produced by gas in our digestive system, and it's completely normal, says Rushabh Modi, MD, MPH, a gastroenterologist at Keck Medicine of USC.

“But when the sounds are accompanied by abdominal pain, fever, vomiting, diarrhea or any notable altered bowel habits, it could be a sign of something more serious like a bowel obstruction or malabsorption and should be examined by a physician.”

If you're concerned about your intestinal health, learn more or schedule an appointment by calling (800) USC-CARE or visiting digestive. KeckMedicine.org



Can you hear me?

WE'VE ALL HEARD SOMEONE TALKING LOUDLY ON THEIR CELL PHONE IN PUBLIC, BUT CHANCES ARE WE'VE ALL BEEN GUILTY OF IT, TOO. THIS PHENOMENON, SOMETIMES REFERRED TO AS "CELL YELL," ISN'T JUST IRRITATING TO LISTEN TO — IT CAN ACTUALLY HARM THE SPEAKER'S VOCAL CORDS.

Cell yell describes a person's tendency to talk louder than usual when using a cell phone or speaker phone, explains Lauren Timmons Sund, CCC-SLP, speech pathology director at the USC Voice Center at Keck Medicine of USC.

"The term predates the age of videoconferencing, but more recent research shows the same concept applies," she says.

In fact, one small study found that people on the phone or video calls talk with more than four times the vocal intensity as they do with in-person conversations.

If you're spending a lot of time talking on the phone or on video calls, take the following steps to protect your voice against damage:

Give it a rest. Incorporate short periods of complete silence throughout the day, about 15 minutes.

Drink up. Stay well-hydrated and sip water throughout the day.

Do vocal warm-ups. Like a singer or a newscaster, practice some easy voice exercises.

Monitor your volume. Use headphones instead of just the speaker on your computer.

Check your mic. Consider headphones and microphones that provide background noise suppression and live monitoring of your microphone signal.



5 Facts About Mammograms

Mammograms are a crucial part of women's health, but misinformation surrounding them can lead to anxiety. The experts at Keck Medicine's USC Norris Comprehensive Cancer Center have offered five facts about mammograms to help ease fears about the process.

1. For all mammograms, compression is needed.

Compression holds the breast in place, separates overlapping tissue to reveal small, hidden masses and makes less radiation necessary to get a clear, complete image.

2. The discomfort is brief and often manageable.

The consensus among most mammogram patients is that they're uncomfortable — but only briefly.

3. There are two types of mammograms: 2D and 3D.

A 2D mammogram takes separate photos, while the 3D X-ray glides in an arc around the compressed breast, capturing more images in less time.

4. It's recommended to start mammograms at age 40.

If you have risk factors such as family history of breast cancer, your doctor may want you to start earlier.

5. Mammograms save lives.

Mammography is the best tool available to screen for breast cancer, and early detection saves lives.

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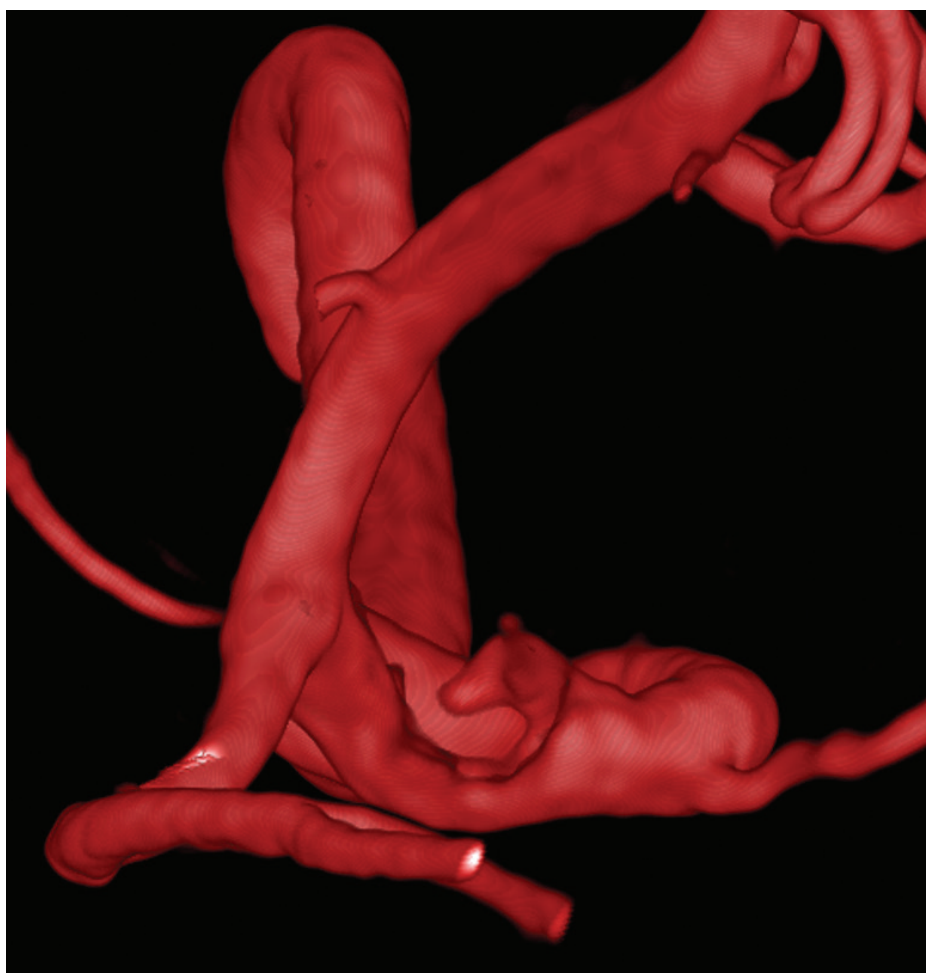


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The **Art** of Imaging

MANY AREAS OF MEDICINE, FROM RESEARCH TO CLINICAL DIAGNOSIS AND TREATMENT, USE ADVANCED TECHNOLOGY TO SEE THINGS THAT THE HUMAN EYE CAN'T — WHETHER IT'S A PATIENT'S INTERNAL ORGANS OR BONES, OR SOMETHING MICROSCOPIC. **MANY TIMES, THESE IMAGES CAN BE BEAUTIFUL AS WELL AS INFORMATIVE.**



A cerebral angiogram of a brain aneurysm after endovascular coiling. The small remnant of the aneurysm, which in this case resembles a dog's head and body, can be seen along the bottom. Image provided by William Mack, MD, MS, neurological surgeon at Keck Medicine of USC.

To learn more about USC Neurosciences, call (800) USC-CARE or go to neuro.KeckMedicine.org

11 eleven

In addition to the Best Hospital rankings, every year U.S. News & World Report analyzes data from nearly 5,000 medical centers to rank hospitals in 16 adult specialties. Keck Medicine of USC is proud that 11 of our adult specialties were ranked for 2020-2021: geriatrics (No. 7), urology (No. 9), pulmonology and lung surgery (No. 12), ophthalmology (No. 12), cardiology and heart surgery (No. 15), gastroenterology and GI surgery (No. 15), neurology and neurosurgery (No. 19), nephrology (No. 21), cancer (No. 26), orthopedics (No. 30) and otolaryngology (commonly known as ear, nose and throat, at No. 44).



a sporting char

BY HOPE HAMASHIGE

After a lifetime of competitive gymnastics, former national champion Anna Glenn looks to Keck Medicine of USC and Frank Petrigliano, MD, to get ready for a new routine.

nce

Anna Glenn was just 2 years old when her parents enrolled her and her twin sister in gymnastics class. The pair had recently been adopted from an orphanage in China and had rickets and bowed legs from malnourishment. Their parents hoped that tumbling would help them build some much-needed strength.

Little did they know that both girls would not only love gymnastics, but would come to excel in the sport. Both went on to compete for UCLA, one of the top NCAA Division I gymnastics programs in the country, and became national collegiate champions in 2018.

Becoming an elite athlete requires a rare combination of raw talent, intense commitment and love of competition. Being born with certain physical attributes can also help elevate some people to the highest levels in their given sport.

In Anna's case, she was born with generalized joint laxity — or loose joints — which means the tendons and ligaments around her joints are more elastic than most people's, an attribute that can help many athletes excel. Pitchers, for example, tend to have loose shoulder joints, which is one of the factors that can help them throw harder and faster than an average person.

For gymnasts, having loose joints helps them generate both the explosive power they need to perform the twists, turns and tumbles in various gymnastics events, and gives them the flexibility to achieve the grace and form associated with the sport.

Unfortunately, says Frank Petrigliano, MD, an orthopaedic surgeon at Keck Medicine of USC, having loose joints can also cause athletes to experience more pain and injury over a lifetime. When a large joint such as a shoulder is loose, it moves more and can wear on the surrounding cartilage or ligaments and lead to tears, sprains or dislocations.

Before she had even started her college gymnastics career, Anna had dislocated her shoulder twice. But it was earlier this year while performing a pirouette on the uneven bars that she felt an odd sensation in that shoulder. Although it did not dislocate that time, it began to cause her pain, even after she officially retired from competitive gymnastics later that spring.

"When my arm was hanging by my side, it felt like gravity was pulling it out of the socket," Anna remembers, adding that some everyday tasks, like driving, could force her shoulder to lock up. "I started feeling the pulling all the time, and I started to have trouble lifting heavy things."

Anna made an appointment to have Dr. Petrigliano evaluate her shoulder, hoping to find relief from the ongoing pain and the nagging fear that her shoulder might dislocate again.

An associate professor of clinical orthopaedic surgery at the Keck School of Medicine of USC, Dr. Petrigliano heads up a team of sports medicine specialists at the USC Epstein Family Center for Sports Medicine, located at the Toyota Sports Performance Center in El Segundo, and has offices in Beverly Hills, Glendale, Downtown and East Los Angeles. While Dr. Petrigliano specializes in treating shoulder, elbow and knee injuries, the team at the USC Epstein Family Center treats all musculoskeletal injuries ranging from sprains and strains to complete joint replacement, when necessary.



The El Segundo location, which opened in 2019, is state of the art and one of a kind. Not only can the team of sports medicine specialists diagnose and treat a

for USC Athletics, says the center was built to bring a new, higher level of care to all athletes of all levels and all ages. The group includes orthopaedic

stabilization," says Dr. Petrigliano, explaining that athletes experience redislocation up to 20% of the time following arthroscopic shoulder stabilization. "With the open procedure, the redislocation rate is much lower — about 5% to 10%." This procedure also may be indicated in patients who failed a previous arthroscopic procedure, such as Anna.

Anna says she opted to have the open capsular shift surgery because she wanted whichever procedure would give her the best shot at fixing her shoulder once and for all.

"I didn't want to have to deal with this the rest of my life or do rehab for the rest of my life, so I just figured I should get this fixed while I am young," she says. "He said the open surgery would give me a longer-term result. I have a lot of faith in Dr. Petrigliano and the work he has done."

The procedure itself was short and Anna, who had surgery at the end of July, was able to go home the same day.

"When she recovers she should have a normal shoulder that should allow her to do what she wants to with her post-gymnastics career without the fear of instability," Dr. Petrigliano says.

Within two months, she had incorporated strength exercises into her physical therapy. Now, she continues getting stronger every day.

"The recovery process is going well," Anna says. "My range is coming back fairly quickly and I am on the way to feeling stronger and healthier. I am feeling really confident in the outcome of the surgery."

To learn more or schedule an appointment, call (800) USC-CARE or visit [KeckMedicine.org/SportingChance](https://www.KeckMedicine.org/SportingChance)



Frank Petrigliano, MD



range of injuries, patients also can do their rehabilitation in the same location and learn about the best techniques for preventing injury in the future.

There is also important research in the Department of Orthopaedic Surgery at the Keck School in the area of joint preservation, including a new clinical trial assessing a small molecule developed at USC to treat early-stage osteoarthritis of the knee. If successful, the molecule will be a first-in-class treatment that protects cartilage, tamps down inflammation and may later be tested in other joints.

Another trial is evaluating the efficacy of an oral steroid on hastening recovery and improving strength after rotator cuff repair. Dr. Petrigliano notes that the development of these novel biologic therapies is essential to joint preservation and likely will play a central role in future treatment of musculoskeletal disease.

Dr. Petrigliano, who is also the head physician of the Los Angeles Kings professional hockey team and a physician

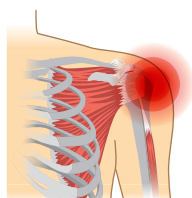
surgeons and an interventional spine care doctor, who provide the broadest range of surgical and non-surgical treatments for orthopaedic injuries and pain and, in most cases, can offer patients non-surgical interventions before surgery.

There are some exceptions, however. Anna, because she had dislocated her shoulder twice as a teen and had arthroscopic shoulder stabilization surgery both times, was not likely to benefit from physical therapy or medical treatments.

"Once a shoulder has dislocated, it tends to be prone to redislocation; and the younger you are, the more likely you are to dislocate it again," Dr. Petrigliano says.

Although most shoulder stabilization surgery is done arthroscopically, Dr. Petrigliano suggested Anna consider an older procedure, one that is rarely performed and more complex than arthroscopic procedures, called an open capsular shift (see side bar).

"There is a subset of patients who benefit from open



An open capsular shift tightens the joint by shifting up the shoulder capsule, which is the ligament around the shoulder joint. During the procedure, the capsule is shifted up, reduced in size and the structures around it are tightened. The surgery is longer and more complicated than the arthroscopic approach and has a slightly longer recovery, but Dr. Petrigliano says it is the best option for some patients, including Anna.



“I have a lot of **faith**
in Dr. Petrigliano and the work
he has done.”

Anna Glenn reached out to Dr. Frank Petrigliano for an evaluation of her shoulder once everyday tasks became difficult. Several months later, she is well on her way to full recovery.

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BEYOND EXCEPTIONAL MEDICINE™

FROM THE USC-VHH CEO:

We remain committed to providing you safe care, pandemic or no

BY KEITH HOBBS

There isn't a single person whose life hasn't been touched by the pandemic this year. For us here at USC Verdugo Hills Hospital, 2020 has been full of examples of the ways we go the extra mile to make sure you and your loved ones feel safe when you walk through our doors.

Once COVID-19 community spread was confirmed in Los Angeles County, we postponed all medical services except those that were emergent and medically necessary. In doing so, we were able to shift resources in anticipation of a surge in COVID-positive patients while implementing practices that would keep non-COVID patients and staff safe.

We adapted the Emergency Department, expanding its footprint to safely accommodate both our regular patient needs as well as COVID-related care. We also developed a five-phase surge plan that would transform different areas of the hospital as needed to care for our patients. Over the course of the first six months of the pandemic, we treated more than 400 patients with COVID-19 and administered over 5,000 COVID-19 tests.

The community also came through, showing their support for our health care staff by donating personal protective equipment, food and sending messages of gratitude and hope during stressful days.

When we resumed routine services once we knew more about the virus and how it spreads, we continued to work with public health officials and our infection prevention

team to make sure the community remained confident in our care. Measures such as requiring COVID-19 tests before procedures, screening all patients and staff at entrances, and limiting non-essential visitors paid off. It is safe for you to come to USC-VHH for the care you've been putting off this year.

On the next page, you'll read about one of our many successful robotic surgeries. At USC-VHH, we have been expanding our offerings for these surgical procedures, as the minimally invasive procedures allow patients a quicker, smoother recovery.

And as you can see in our **story on page 16**, we have seen an astonishing rise in the number of deliveries at our Beginnings Family Birth Center. Not only are we known for our top-notch care for our youngest patients, we have continued offering several of our maternity classes virtually and in person with social distancing requirements.

I am committed to making sure that USC-VHH does everything possible to ensure your safe care. When you need us, we will be here for you. Your health should not be put on hold!



Ricardo Carrasco III

USC Verdugo Hills Hospital staff and administration are committed to ensuring patient health and safety at all times, CEO Keith Hobbs affirms.

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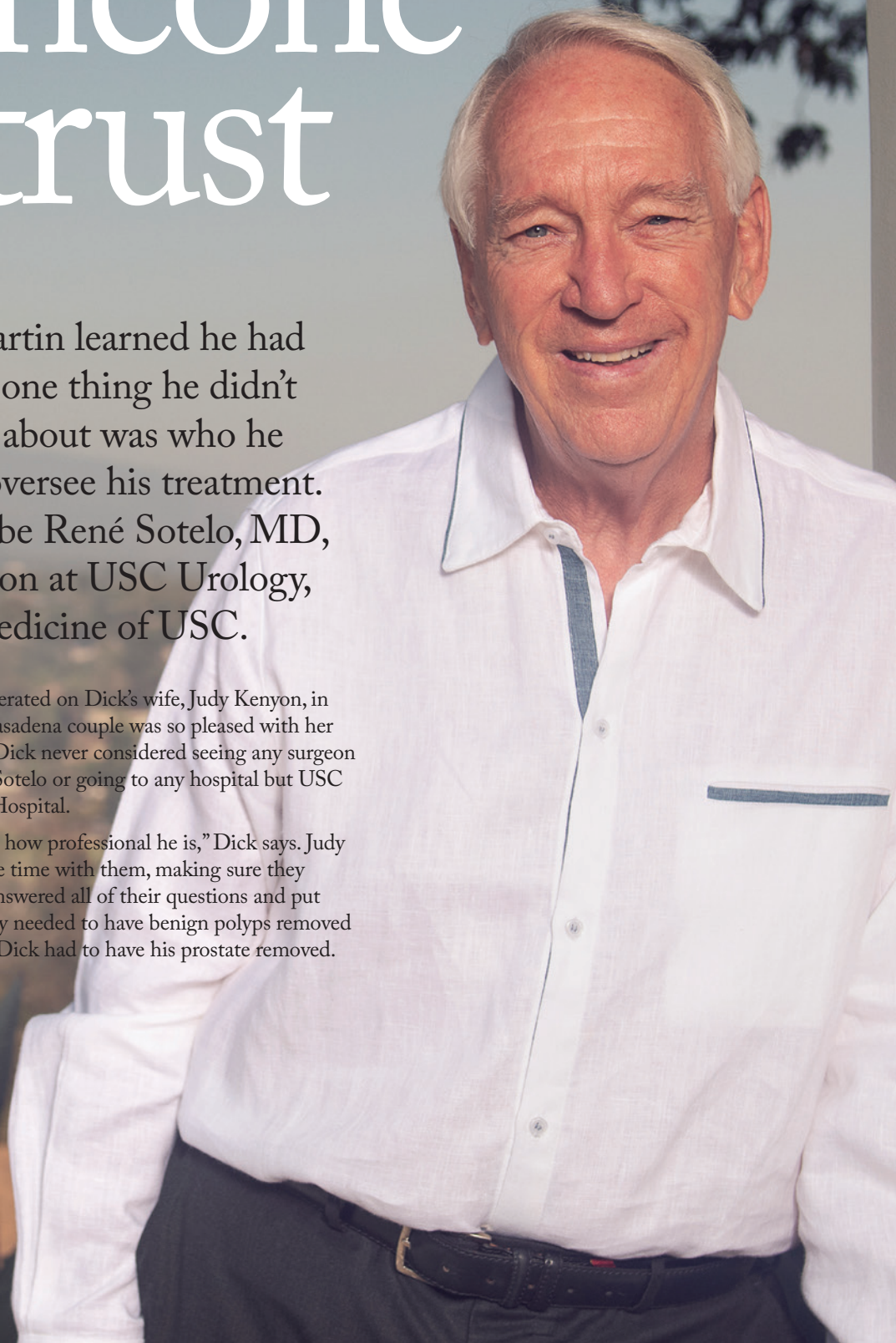
someone to trust

BY HOPE HAMASHIGE

When Dick Martin learned he had prostate cancer, one thing he didn't have to wonder about was who he would trust to oversee his treatment. It was going to be René Sotelo, MD, a urologic surgeon at USC Urology, part of Keck Medicine of USC.

Dr. Sotelo had operated on Dick's wife, Judy Kenyon, in 2019 and the Pasadena couple was so pleased with her treatment that Dick never considered seeing any surgeon other than Dr. Sotelo or going to any hospital but USC Verdugo Hills Hospital.

"We were so impressed with how professional he is," Dick says. Judy adds that Dr. Sotelo took the time with them, making sure they understood the procedure, answered all of their questions and put them at ease, both when Judy needed to have benign polyps removed from her bladder and when Dick had to have his prostate removed.



Dr. Sotelo, who is a professor of clinical urology in the Catherine and Joseph Aresty Department of Urology at the Keck School of Medicine of USC, removed Dick's prostate using a special surgical robot, which is uncommon at most community hospitals. When Dr. Sotelo joined Keck Medicine in 2015, USC-VHH was like most community hospitals in that it did not offer robotic surgery.

He pushed for Keck Medicine to transfer one of its robots to USC-VHH and in the spring of 2020, a second robot was added. Now, patients from the Foothill communities can undergo a broad range of robotic urologic procedures at the hospital, from straightforward tumor removals to highly complex robotic surgeries, close to home. USC Urology has more than tripled the number of faculty surgeons who operate at USC-VHH, with upwards of 200 robotic urologic procedures performed annually at USC-VHH. And the hospital continues to expand its range of specialty procedures, offering aquablation therapy, a new addition in 2020. This outpatient procedure for patients with benign prostatic hyperplasia (BPH) is a less-invasive option with less recovery downtime and better outcomes.

"USC has really brought five-star medical care to this community," Dr. Sotelo adds, referencing USC Urology's continued ranking among the top 10 urology programs in the nation by U.S. News and World Report. In addition, the team of urologic surgeons at USC Urology is among the most experienced robotic urologic teams in the world.

But it wasn't the hospital's advanced robotics that prompted Dick and Judy to seek care at USC-VHH. Rather, it

was the expert medical care and the personal touch that impressed them the most.

"The whole ambiance at USC Verdugo Hills Hospital is very professional and very comfortable and very hands-on," Dick says.

Better still, Dick says his surgery went flawlessly. Dr. Sotelo was able to remove the entire prostate and adjacent lymph nodes, while sparing all of the nerves, the removal of which can lead to serious side effects. His prostate-specific antigen levels dropped to near-zero after his surgery.

"Dr. Sotelo did a magnificent job," Dick says. "He is just phenomenal. He has such grace about his workmanship and such care for other human beings."

To learn more or schedule an appointment, call (818) 790-7100 or visit uscvhh.org/trust

"Dr. Sotelo did a magnificent job. He is just **phenomenal.**"



For Dick Martin and Judy Kenyon, the decision to seek care from Dr. René Sotelo at USC Verdugo Hills Hospital was easy. The urologic surgeon performed a robotic procedure to remove Dick's prostate at USC-VHH.



René Sotelo, MD

Open for deliveries

BY CANDACE PEARSON

Babies continue to make their way into the world, even during a pandemic. In response, the Beginnings Family Birth Center at USC Verdugo Hills Hospital has found ways to increase infection prevention standards while still offering the exceptional care it's known for. And these efforts have been recognized by the surrounding community.

Deliveries are up 60% over the previous two years at the USC-VHH center, which provides comprehensive pre-natal, obstetric and newborn care both virtually and in-person.

To welcome new lives into the world as safely as possible, the Beginnings Family Birth Center took multiple precautions to ensure safety for parents, babies, physicians and staff.

"We've followed guidelines in limiting visitation from the Centers for Disease Control and Prevention (CDC) and other organizations, such as the American

Academy of Pediatrics," says Susan Hawkes, clinical director of the Women and Family Center at USC-VHH.

All waiting, treatment and education areas have been rearranged for social distancing. In addition, Keck Medicine of USC's maternal-fetal specialists can monitor their high-risk patients with virtual or in-person visits.

The center still finds ways to engage in the joyful anticipation of the prenatal process. The hospital's popular prenatal tours have gone virtual. New and growing families can view the private labor, delivery and post-partum suites from the comfort of home.

Some in-person, limited-capacity maternity classes have resumed under the provision of social distancing and face-covering requirements. They include tips on breastfeeding, baby care basics and a support group for new mothers.

Everyone entering the hospital goes through temperature and symptom checks. When baby's arrival is near, expectant moms are tested for COVID-19. Each mother-to-be can bring one birthing support person, who stays throughout the delivery. The hospital provides sleeping accommodations and meals.

Afterward, visits in the neonatal intensive care unit are limited to well parents.

"If a mom is unable to visit the baby yet, and is still admitted, she can be virtually present via video conferencing," Hawkes says.

The USC-VHH education team is available by phone, email and video conference for pre-delivery planning and questions.

To contact the Beginnings Family Birth Center, call (818) 790-7100 or visit uscvhh.org/maternity



Yours, Mine *and* Ours

BY LEX DAVIS

“I had to be sneaky about it,” Natalie Quintana laughs. She was talking about the day she went to Keck Medicine of USC and took the test to see if she was a match to be a living kidney donor for her husband Johnny.



Natalie Quintana, center, donated a kidney to her husband Johnny, center left. The couple are seen with their kids, from left, 14-year-old Amaya; 4-year-old twins Johnny and Sumi; 9-year-old Sofia; and 23-year-old Alissyanna.

Find us online
[uschealth.
keckmedicine.org](https://uschealth.keckmedicine.org)



Natalie had wanted to be Johnny's donor almost since they had started dating. Johnny, who had chronic kidney issues related to hypertension, knew he might need a donor one day, but he was hesitant. "I was worried that one of our kids might need a kidney," he explains. "I wanted her to be able to donate to one of them."

In Southern California, the wait list for an available kidney can be 10 years or more, depending on the individual. But there is another option.

"So many people need kidney transplants, and living donors can help bridge that gap," explains Jim Kim, MD, the director of kidney and pancreas transplantation at the USC Transplant Institute at Keck Medicine. "Getting a patient off the wait list is the biggest benefit, but

“It was a **beautiful** experience.”

there are other advantages. The patient can have the procedure when they're healthier and their body is better able to handle the stress of surgery, and you can schedule the surgery at a time that's convenient for both the patient and the donor.”

While they thought about alternatives, the Quintanas took Johnny's dialysis seriously. Natalie trained to be a dialysis nurse so they could do home dialysis. Both kept up a solid workout regimen and they adopted a vegetarian diet.

“I had a lot of energy after we went vegetarian,” Johnny says. “I was working out. I felt OK. I thought maybe eating clean and the dialysis would be enough.”

But in 2014, Johnny got a staph infection and ended up in a coma for almost two weeks. That's when Natalie went to get tested as a match. “When I almost lost him, I knew that I had to do this.”

Ashley Alarcon, a living donor transplant coordinator at the USC Transplant Institute, was impressed with Natalie.

“She was so determined! She's a mom and she owns her own business, so I thought it might be a lot to juggle. But she made every appointment and followed every instruction. She went through the process with such grace and confidence.”

Living donors go through a battery of tests to make sure they can donate. The first phase is determining if the donor is a match, and the next is to see if the donor is healthy enough for the surgery.

Yong Kwon, MD, Johnny's surgeon, and Dr. Kim, Natalie's surgeon, were pleased with both Quintanas. In addition to their vegetarian diet, neither drinks or smokes. But potential donors with less-than-pristine health habits shouldn't be discouraged.

“For a lot of donors, that's a benefit that they didn't expect,” explains Dr. Kim, who is a clinical associate professor of surgery at the Keck School of Medicine of USC. “We counsel you on how to get healthy enough for surgery. Donors have a new

motivation to get healthy. And after surgery, they know how important it is to maintain that.”

The USC Transplant Institute is ramping up a wellness program for living donors so they will have a system in place to help them get and stay healthy. The institute also has counselors and social workers to make sure potential donors have good support networks in place, are financially ready to take some time off after surgery and that they aren't feeling pressured.

“We make sure every donor understands the risks, and they always have the option to back out,” says Dr. Kwon, who is also an assistant professor of clinical surgery at the Keck School. “They're our patients, too.”

Not every potential donor is as confident as Natalie was. Alarcon, the transplant coordinator, has advice for someone who's feeling uncertain: “The first thing you need to know is that once you're a possible donor, you get your own team. Any information you disclose is completely confidential. You're important to us, and we respect whatever decision you make.”

One more consideration that was relevant to the Quintanas, as Johnny is a prominent Southern California tattoo artist and both are fans of the art form: What if a patient has tattoos? Both surgeons are quick to say that they use a bit of their own artistry to preserve body art as much as possible.

“We don't want to ruin that tattoo!” Dr. Kwon says. “We always work to keep the incision and scarring minimal.”

The operation went smoothly. The doctors both noted that living-donor transplants are particularly satisfying because the surgeons can see that the procedure has gone well early on.

“You know right away it's going to be OK,” Dr. Kwon says. “No more dialysis.”

The USC Transplant Institute doctors and counselors are open about the process of recovering from a kidney transplant

— there can be pain after surgery, and it can take weeks to get back to one's normal energy levels. Both Quintanas found the initial dip in energy well worth it.

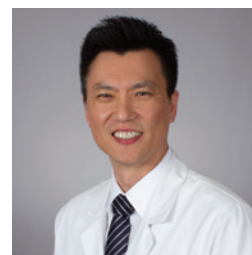
“We never skipped a beat,” Natalie says. “I did feel tired at the beginning, but I knew my energy would come back, and I knew it would be worth it. I feel phenomenal now. I try to convey that to everyone: Donate! I feel fantastic.”

Both Quintanas have become enthusiastic advocates for organ donation. At the one-year anniversary of their surgery, they threw an event at their tattoo shop, complete with free green ribbon tattoos for kidney donors and recipients. And they have continuing good relationships with their care team.

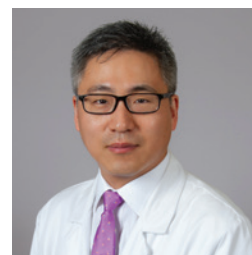
“We've made some amazing friends at Keck Medicine,” Natalie says.

“I've tattooed my nurses!” Johnny adds. “That's the relationship we have. It was a beautiful experience.”

To learn more or to schedule an appointment, call (800) USC-CARE or visit KeckMedicine.org/Yours



Jim Kim, MD



Yong Kwon, MD

heart to heart

BY HOPE HAMASHIGE

Every morning since Timothy Thomas was discharged from Keck Hospital of USC after a heart transplant in February, he and his family take a two-mile walk around their neighborhood. Walking is good for his new heart, and spending time outdoors after a long hospital stay lifts his spirits.

Timothy Thomas, seen second from left, was married at Keck Hospital of USC in January 2020. His wife, Keira, holds their youngest, King, who was born while Timothy was hospitalized, and their other children are, from left, 8-year-old Milyen; 2-year-old Dariel, 13-year-old Kloie, and 13-year-old Jordyn.



© Ricardo Carrasco III

“I am so **thankful** to have a second chance at life.”

“**M**y breathing is awesome,” says Timothy, 36, who spent eight months being cared for by Keck Medicine of USC experts after suffering a heart attack and learning that he needed a heart transplant. “I feel like I can walk long distances again.”

Timothy experienced one of those unfortunate cases of a heart attack striking without warning. Timothy, who is a contractor, was on the job overseeing a kitchen remodel in June of 2019 when a sudden chest pain sent him to the sidelines.

When doctors at the local emergency room found a clot in his artery, they realized he needed a higher level of care than they offered and transferred him to Keck Medical Center of USC.



Options for advanced cases

A number of devices are available to save the lives of patients in heart failure, but not all are available at every hospital.

“A lot of patients are sent to us because we have all available tools and capabilities,” explains Mark Cunningham, MD, a cardiothoracic surgeon at Keck Medicine and associate professor of clinical surgery at the Keck School of Medicine of USC.

Dr. Cunningham, who also is interim surgical director of the mechanical circulatory support program and surgical director of the heart transplant program at Keck Medicine, says Timothy was one of the complex patients who required several different devices during his stay to keep him alive.

The heart transplant team at Keck Medicine’s USC Transplant Institute employed an intra-aortic balloon and a small pump inserted into the heart using minimally invasive techniques. He was put on an extracorporeal membrane oxygenation machine, or ECMO, which does the work of the heart and lungs by oxygenating blood outside the body and pumping it back into the body. He also required a bi-ventricular assist device, or BiVAD, which helps the heart function when both sides of the heart are failing.

Keeping spirits high

Until the day he had his heart attack, Timothy considered himself a healthy person. He had been a college athlete and his work as a contractor kept him active. Both of his parents, however, had heart disease. Dr. Cunningham notes that genetics can explain why some young and active people develop serious heart conditions.

Although Timothy’s body was failing him, his spirits never did. With the support of medical staff, he kept as active as he could. “The doctors and nurses went above and beyond,” Timothy says.

The only thing that got him down, Timothy says, was missing family celebrations. He missed the birth of his youngest child, birthdays of his other children and holidays. In January, he and his fiancée, Keira, decided there was one family celebration they did not want to put off any longer: their wedding.

Timothy’s nurses arranged for a barber visit, rented a tuxedo and filled a meeting room in Keck Hospital with flowers. The patient experience team donated a cake and his doctors arranged for catering and a champagne toast. Shortly after the hospital chaplain pronounced them man and

wife, Timothy got the wedding present he hoped for: a new heart.

Several months after returning home, Timothy continues to improve and is grateful to the medical staff at Keck Hospital as well as to the donor. Because of them, he says, he gets to see his children grow up.

“I am so thankful to have a second chance at life,” he says.

To learn more or to schedule an appointment, call (800) USC-CARE or visit [KeckMedicine.org/HearttoHeart](https://www.KeckMedicine.org/HearttoHeart)



Mark Cunningham, MD

What Will Your Telehealth Visit L

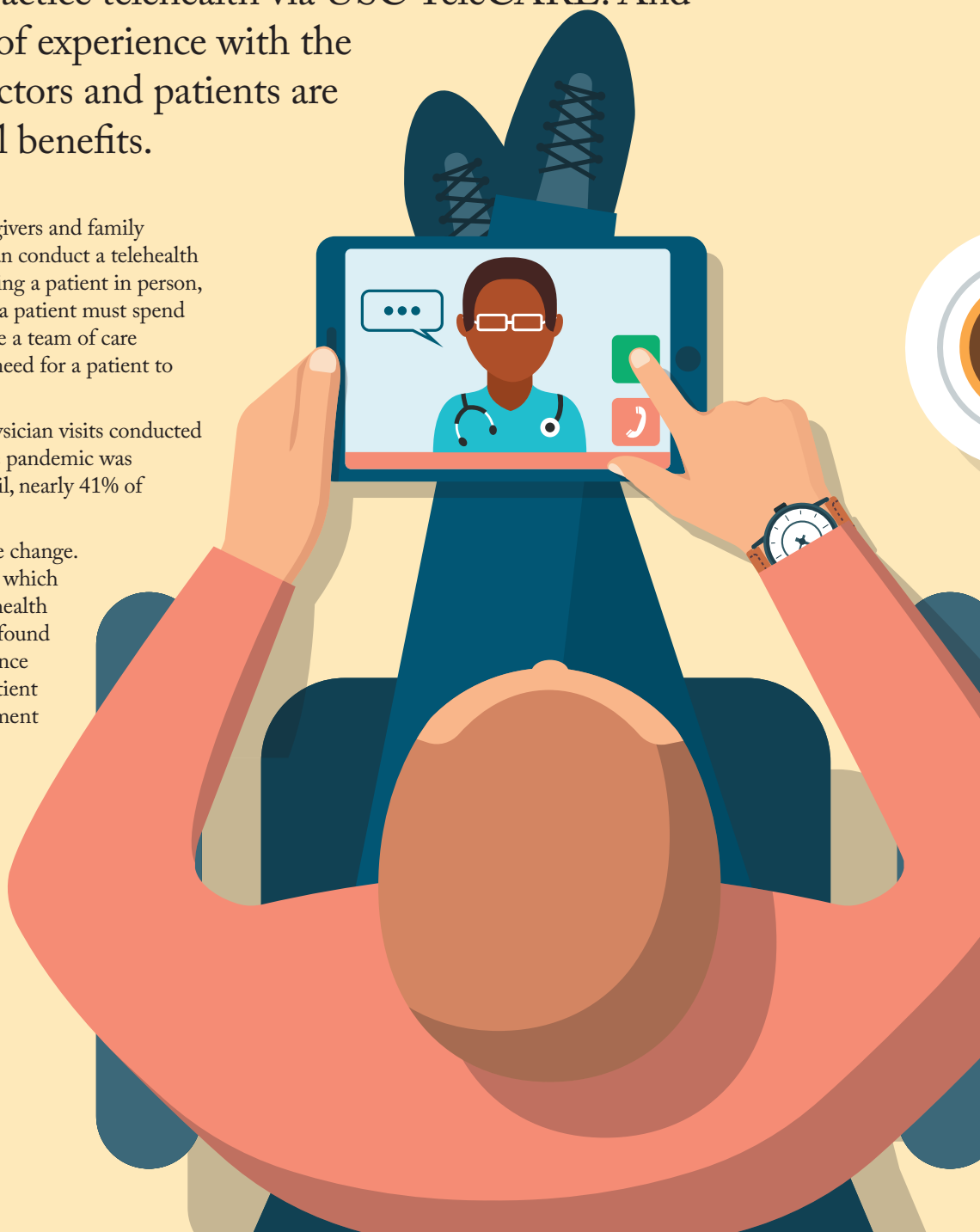
BY HOPE HAMASHIGE

When the COVID-19 crisis hit and as weeks of social distancing turned to months, growing numbers of patients turned to telehealth to receive medical care. At Keck Medicine of USC, all care providers are credentialed to practice telehealth via USC TeleCARE. And after several months of experience with the virtual visits, both doctors and patients are discovering it has real benefits.

Telehealth can make it easier for caregivers and family members to join the visit. Providers can conduct a telehealth visit for an initial screening before seeing a patient in person, which minimizes the amount of time a patient must spend in the facility. It also is possible to have a team of care providers join a visit, eliminating the need for a patient to schedule separate visits.

At Keck Medicine, the number of physician visits conducted via telehealth in early 2020, before the pandemic was declared, was less than 0.02%. By April, nearly 41% of doctor visits were done via telehealth.

And many patients have embraced the change. A survey of patients by USC Urology, which experienced a 2,000% increase in telehealth visits since the COVID-19 outbreak, found that 92% were happy with the experience and would use it again. Likewise, a patient survey from the USC Caruso Department of Otolaryngology – Head and Neck Surgery found that about 95% viewed the experience positively.



ook Like?

Here are some ways four of Keck Medicine's programs are using telehealth:



Otolaryngology

Many patients at the USC Voice Center with hoarseness need voice or speech therapy as part of their treatment. After the COVID-19 outbreak, all voice therapy sessions switched to online and both patients and therapists are happy with the results. "This is one example of telehealth that serves patients just as effectively as in-person visits without the hassle of driving for weekly appointments," says Michael Johns, MD, director of the USC Voice Center.

Surgery

USC Surgery launched a pilot program for lung transplant patients, having them perform daily check-ins using tablets. By keeping tabs on patients' symptoms, the team got a daily snapshot of each patient's health and allowed them to track trends. "The checks allowed the team to spot potential transplant rejections earlier than they normally would relying on in-person checkups alone," says Vaughn Starnes, MD, executive director of the USC CardioVascular Institute.

Urology

Helping new urologic cancer patients understand their disease and treatment options is critical, especially for newly diagnosed patients who must consider many treatment options. Having these conversations via telehealth from their home, rather than a busy office, helps patients to be calm and focused, says Daniel Park, DMSc, PA, director of clinical operations at USC Urology. "When patients really understand the disease process, their fear and anxiety diminishes and they make better decisions."

Primary Care

Aren't sure if that rash is poison oak or something more serious? There are times when patients aren't sure if they should see their primary care doctor or a specialist and having that initial consultation can save a lot of time. "Sometimes patients need referrals and when I can provide that online, rather than in person, it can save my patients time and cut the time they spend in the office," says Sirisha Mohan, MD, telehealth lead for USC Family Medicine.



OUTPATIENT LOCATIONS

We Are Where You Are

Get to know
some of Keck
Medicine of
USC's many
locations
across
Southern
California



Arcadia

125 W. Huntington Drive
Arcadia, CA 91007

People living and working in the San Gabriel Valley can now get exceptional care in a convenient location.

Keck Medicine's Arcadia location offers a broad range of services, including colorectal surgery, dermatology, family medicine, hematology, hepatobiliary care, neurology, oncology and oncological surgery, otolaryngology – head and neck surgery, pain management, physical medicine and rehabilitation, radiation oncology, rheumatology and urology. Patients can rely on an infusion center with an onsite compounding pharmacy right on the premises, so they can get everything they need in one location.

With so many services offered in one place, patients can see the expert physicians they need to receive the latest groundbreaking treatments or the personalized, everyday care they have come to expect from Keck Medicine.

Bakersfield

9500 Stockdale Highway,
Suite 202
Bakersfield, CA 93311

With specialists who treat a range of basic and complex urologic conditions available in Bakersfield, Kern County residents can expect the advanced care provided by physicians from a university-based academic medical center. The experts from USC Urology work closely with other physicians in the area to provide a full spectrum of care.

Open Monday through Friday, this location offers consultations in male and female urology, male infertility, kidney stone disease and more. Urologic cancer care includes treatment for kidney, prostate, bladder and testicular cancers. Minimally invasive procedures are available locally, while patients requiring more advanced robotic surgery will have access to USC Urology in Los Angeles, ranked No. 9 in the country by U.S. News and World Report.

Buena Park

5832 Beach Blvd.,
Suite 201
Buena Park, CA 90621

At Keck Medicine of USC – Buena Park, USC Norris Comprehensive Cancer Center physicians fluent in English and Korean are committed to providing cancer patients with personalized care and cultural awareness, making the treatment process as supportive and effective as possible. The comprehensive services available include diagnostic screenings and consultations for a wide variety of cancers and blood diseases.

Having an expert team close to home saves patients time and effort. All of the physicians are members of USC Norris, one of eight original National Cancer Institute-designated Comprehensive Cancer Centers in the United States.

USC Norris has revolutionized cancer research, treatment and prevention for more than 40 years.





Cochlear implant research is music to her ears

BY KATE FAYE

FOR ACTOR AND SINGER SANDY BLAKE, GRADUALLY LOSING HER HEARING IN BOTH EARS BY 2017 WAS A DEVASTATING BLOW TO HER SENSE OF SELF. SHE FOUND RELIEF AFTER RECEIVING A HEARING AID FOR HER LEFT EAR AND A COCHLEAR IMPLANT FOR HER RIGHT EAR, BUT THERE WAS STILL A PROBLEM.

After receiving a hearing aid and cochlear implant, Sandy Blake, seen below left with her husband Tony, found that her ability to hear music was affected. A study led by Dr. Raymond Goldsworthy, at bottom, aims to change that.

“Music was garbled up,” she says. “I’m a pianist, so I would sit down at the piano and I played my sonatas. I know them backwards and forwards; I’ve been playing them for years. They didn’t sound right. They didn’t sound in tune, especially in the upper octaves.”

As part of her rehabilitation, Sandy joined a support group for cochlear implant users. While there, she noticed a flyer from Raymond Goldsworthy, PhD, an associate professor of research otolaryngology – head and neck surgery with the Keck School of Medicine of USC. He was looking for study participants.

For years, Dr. Goldsworthy has been on a personal mission. At 13, he became one of the first children in America to receive a cochlear implant after a case of spinal meningitis left him deaf. He had been a lifelong music lover and even played the drums. While the implant restored his ability to hear and understand speech, music was now garbled for him just as it would be for Sandy.

Now, Dr. Goldsworthy is working to enhance cochlear implants to make music accessible again. His work involves making adjustments to implants in his lab, along with special training and rehabilitation exercises for cochlear implant-reliant volunteers. The volunteers also meet weekly to play, listen to and discuss their perceptions of music.

Since joining the study, Sandy has diligently practiced the rehabilitation exercises, taken hearing tests and gathered helpful tips from fellow study participants in their weekly music appreciation group.

“It has been wonderful,” she says. “I get to work with music in a different way. I get to help train my brain to hear music, to recognize music from the electrodes in the processor. I might be able to listen to a symphony and recognize it again. So for me, there’s great hope in that.”

To learn more, contact raymond.goldsworthy@med.usc.edu



Raymond Goldsworthy, PhD

Experts identify new lifetime risk factors for developing dementia

BY ALISON RAINEY

MODIFYING 12 RISK FACTORS OVER A LIFETIME COULD DELAY OR PREVENT 40% OF DEMENTIA CASES, ACCORDING TO AN UPDATED REPORT BY THE LANCET COMMISSION ON DEMENTIA PREVENTION, INTERVENTION AND CARE PRESENTED AT THE ALZHEIMER'S ASSOCIATION INTERNATIONAL CONFERENCE (AAIC 2020).

Twenty-eight world-leading dementia experts, including researchers from the Keck School of Medicine of USC, added three new risk factors to the report — excessive alcohol intake and head injury in midlife, and air pollution in later life. These are in addition to nine factors previously identified by the commission in 2017. The complete list is:

Early in life: Less education

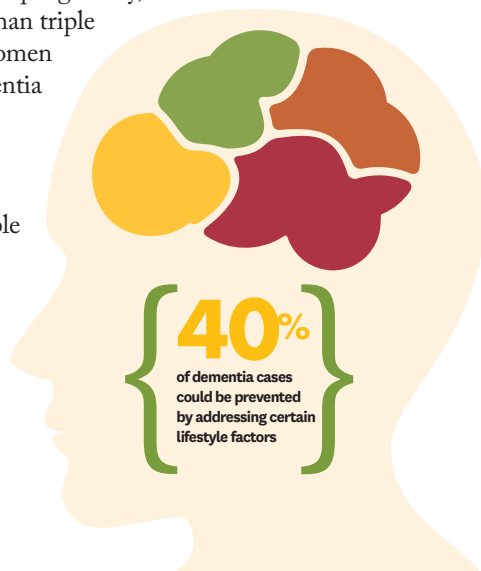
Midlife: Hearing loss, hypertension, obesity, excessive alcohol intake, head injury

Later in life (ages 65 and up): Smoking, depression, social isolation, physical inactivity, diabetes, air pollution

“We are learning that tactics to avoid dementia begin early and continue throughout life, so it’s never too early or too late to take action,” said commission member and AAIC 2020 presenter Lon Schneider, MD, co-director of the USC Alzheimer Disease Research Center’s clinical core and professor of psychiatry and the behavioral sciences and neurology at the Keck School.

Dementia affects some 50 million people globally, a number that is expected to more than triple by 2050, according to the report. Women are also more likely to develop dementia than men.

However, in certain countries such as the United States, England and France, the proportion of older people with dementia has fallen, probably in part due to lifestyle changes. These numbers demonstrate the possibility of reducing dementia through preventive measures, Schneider said.



Source: Lancet Commission on Dementia Prevention and Care

Smoking tied to worse outcomes for bladder cancer patients

BY ALISON RAINEY

Patients treated for bladder cancer with a surgery known as radical cystectomy have worse outcomes if they are smokers, according to a systematic review and meta-analysis by Keck Medicine of USC. The study appeared in The Journal of Urology.

“This study is important because while it is known that tobacco smoking is the leading cause of bladder cancer, this is the first study to suggest that smoking puts bladder cancer patients at risk after diagnosis,” said Giovanni Cacciamani, MD, lead author of the study and assistant professor of research urology at the Keck School of Medicine of USC.

More than 500,000 cases of bladder cancer are diagnosed each year worldwide. When the cancer is large or has spread beyond the bladder, patients are typically treated with chemotherapy followed by a radical cystectomy, which is when the bladder, nearby lymph nodes and surrounding organs are surgically removed.

The study showed that active smokers responded worse to chemotherapy and had higher mortality rates, both in general and specifically from bladder cancer, and had a higher rate of bladder cancer recurrence than patients who never smoked or were not smoking at the time of surgery.



There are hundreds of **clinical trials** and **studies** currently taking place at Keck Medicine of USC, giving participants access to novel and potentially promising therapies that may not be available elsewhere. For more information on all of Keck Medicine's open clinical trials, visit clinicaltrials.KeckMedicine.org.

Diabetes

Title: The Genetics of Liver Fat (GoLF): Contributions of Genes and Liver Fat to Diabetes Risk in Mexican Americans

Purpose:

Diabetes affects millions of people in the United States, and Latinos are at higher risk. The liver plays an important role in regulating blood sugar. At the University of Southern California (USC), we are seeking participants for an ongoing study to investigate how differences in your genes impact liver fat levels, and how these levels affect diabetes risk. We want to improve the understanding of diabetes, obesity, and fatty liver disease, and work toward developing better ways to treat and prevent these diseases.

This is a collaborative study between Kaiser Permanente Southern California (KPSC) and the University of Southern California (USC), sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK).

IRB# HS-15-00154

Participant criteria:

Mexican or Mexican-American, 18 years of age or older, not diabetic.

USC Investigators:

Richard M. Watanabe, PhD
Thomas A. Buchanan, MD

For details:

Enrique Trigo, MD, (323) 313-2741, trigo@usc.edu

Women's Reproductive Health

Title: Evaluating the Effect of Immunotherapy Treatment in Women with Cervical or Vulvar Lesions

Purpose:

The purpose of this research study is to see how well an investigational immunotherapy regimen works in treating women with high-grade cervical dysplasia or vulvar dysplasia. Immunotherapy is a type of treatment that uses a person's immune system to fight diseases like cancer. Dysplasia is a precancerous condition in which abnormal cell growth occurs.

Cervical dysplasia is found by a Pap test. Vulvar dysplasia is a pre-cancerous skin condition affecting the external part of the vulva. Both conditions are most often caused by exposure to the human papillomavirus (HPV) and may lead to cancer if not treated.

NCT# 03267680

IRB# HS-16-00964

Participant criteria:

Medically confirmed diagnosis of cervical intraepithelial neoplasia 3 (CIN3) or vulvar intraepithelial neoplasia (VIN3), otherwise in good health. Must have an effective method of birth control during study and for one year after. Cannot be pregnant, breastfeeding, have an immunodeficiency, autoimmune disease or clinically significant cardiovascular disease.

USC Investigator:

Lynda Roman, MD

For details:

Grace Facio, RN, (323) 409-7027, gfacio@med.usc.edu

Healthy Aging

Title: Smartphone App to Improve Physical Activity in Older Adults with Mild Dementia

Purpose:

Engaging in even modest physical activity improves health and well-being, such as decreasing cholesterol and improving mood. However, despite the benefits of physical activity, community-living seniors with dementia are significantly less active than their cognitively healthy peers. Health-related smartphone applications provide a promising approach to increase older individuals' physical activity. The purpose of this study is to assess the feasibility and acceptability of a physical activity-tracking smartphone app designed to help older adults with mild cognitive impairment or mild dementia improve their physical activity.

IRB# HS-19-00444

USC investigator:

Stacey Schepens Niemiec, PhD, OTR/L

For details:

Jeanine Blanchard, PhD, OTR/L
(949) 829-2669, jeanine@usc.edu



We are all getting older, faster.

As the world sees its older population grow exponentially, it will be important to consider individuals' needs for health and wellness — because where one person might be, at age 70, managing multiple chronic conditions, another might be running a marathon.

A geriatrician is a physician who specializes in treating older adults and is skilled in the art and science of aging. They can help a patient managing complicated health diagnoses as well as the healthy older adult who might not realize when a new ache or pain is abnormal. At Keck Medicine of USC, we pay close attention to our older patients, with geriatricians in key leadership positions to guide our standard of care.

We are proud to be ranked by U.S. News & World Report among the top 10 hospitals in the country for geriatric care. It takes the whole team: nurses, physicians, surgeons, therapists, leadership and patients' families, to work proactively and collaboratively for good outcomes for our patients. Electronic medical records follow our patients through every visit, with each health care provider able to monitor conditions and medications. And as an academic medical center, we teach the next generation of clinicians to watch for signs of elder abuse and neglect.

We are all getting older — let's do it safely.

Gregory L. Taylor II, MD, MBA, is the medical director of the Keck Signature Care program and specializes in geriatric and internal medicine at Keck Medicine of USC.

perspective

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