

## One Liver, Two Lives

A popular TV show inspired Sheila Rodriguez to save a stranger's life. | Page 8

# USC health

2026  
ISSUE ONE

A PUBLICATION OF KECK MEDICINE OF USC

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Keck Medical Center of USC, which includes Keck Hospital and USC Norris Cancer Hospital, was ranked among the top hospitals nationwide on U.S. News & World Report's 2025-26 Best Hospitals and among the top five hospitals in Los Angeles and top 10 in California. The medical center was also nationally recognized among the top 50 in 7 medical specialties.

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Continued on page 2

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## Vitals

2-7

CT Scans Unwrap Mummies' Secrets	Marijuana and Lung Cancer	
Meet Our Staff	Signs of a Hernia	How to Prevent Pickleball Injuries
The Big Question	What Causes Ringing in the Ears?	

## Examinations

COVER STORY



8

### One Liver, Two Lives

Public safety dispatcher Sheila Rodriguez donated part of her liver to a stranger.



### 14 Itching to Find Out

What May Be Causing My Itchiness?

### Saving His Voice

Tonsil cancer threatened voice actor Sam Riegel's life and livelihood.



12



16

### A Sense of Freedom

After cardiac surgery, marathon runner Céline Comolet beat her personal record.



20

### Steady Hands

A urologic surgeon from USC Verdugo Hills Hospital describes innovations in prostate cancer surgery.



22

### Robotic Assistance

At USC Arcadia Hospital, gastric surgery patients receive robotic assistance.

## Consultations

24-27

Two Keck Medicine Hospitals Earn 'A' Safety Grade

USC Arcadia Hospital Hosts Lunar Carnival

Keck Medicine Names Chief Financial Officer

USC-VHH Provides Hands-On Training for Glendale Community College Students

## Labwork

28-29

Common Toxin Linked to Liver Disease

New Brain Cancer Treatment May Improve Survival

Trial Investigates Stem Cell Treatment for Parkinson's Disease

## Clinical Trial

30

## Perspective

32

## Locations

33

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# Vitals

## CT Scans Unwrap Secrets of Ancient Egyptian Life

Keck Medicine of USC radiologists use computed tomography (CT) scanners to diagnose and treat patients' diseases and injuries. Recently, this advanced technology was put to a novel use: examining the bodies of two ancient Egyptian mummies.



**Jonathan Ford, PhD, and Summer Decker, PhD, examine a mummy.**

© Ricardo Carrasco III

The radiologists conducted full-body scans of two Egyptian priests whose bodies had been preserved for more than 2,200 years. The mummies, along with 3D digital models and prints of select body parts, are on display at “Mummies of the World: The Exhibition,” a California Science Center exhibit open until Sept. 7.

The scans revealed details that humanized the men, including facial features like eyelids and lower lips. They also held clues about their health, experiences and lifespans.

Analysis showed that the elder mummy probably suffered from an aching lower back. His spine showed a collapsed lumbar or lower back vertebrae likely due to natural aging and wear and tear. The younger one's scan revealed dental issues and a severely deteriorated hip, and that he was older at the time of death than the other mummy.

The radiologists then used the scans to create 3D digital models of the men. They also printed life-size reproductions of their spines, skulls and hips, using medical-grade 3D printers.

Keck Medicine’s 3D visualization and printing technologies allow surgeons to turn medical imaging, such as CT or MRI scans, into physical reproductions of a patient’s liver, heart, pelvis or other structure. These prints help them better visualize a patient’s medical condition or practice the best surgical solution.

“Through 3D visualization, modeling and printing, clinicians like surgeons can accurately measure hard-to-detect tumors, examine the intricate structure of a patient’s heart or liver or determine how best to repair a shoulder or hip,” says Summer Decker, PhD, who leads 3D imaging for Keck Medicine and serves as director of the USC Center for Innovation in Medical Visualization with the Keck School of Medicine of USC.

“They walk into the operating room with a much better idea of what they are facing and how they will approach surgery. With these advanced technologies, we can create custom treatments and solutions for our patients, which may lead to improved outcomes.”

Photo courtesy of L.A. Kings



## Rally Time

Linda Kneidinger, a lung cancer patient from USC Norris Comprehensive Cancer Center who was featured on the cover of the spring 2025 issue of USC Health, rallied the crowd at a Los Angeles Kings hockey game in January.

The experts of USC Orthopaedic Surgery, part of Keck Medicine of USC, are the official team physicians for the Kings.

## Can Marijuana Cause Lung Cancer?

While smoking tobacco is a known cause of lung cancer, linking marijuana to cancer is more complicated, says Brooks Udelsman, MD, a thoracic surgeon with USC Surgery, part of Keck Medicine of USC.

In a recent Keck Medicine study led by Niels Kokot, MD, an otolaryngologist with the USC Caruso Department of Otolaryngology – Head and Neck Surgery, data suggested that patients who heavily smoked marijuana may have an increased risk of both small cell lung cancer and non-small cell lung cancer.

Another study led by Dr. Kokot showed that daily marijuana use can make someone 3.5 to 5 times more likely to develop head and neck cancers than non-users.

“What we don’t know right now is the dose relationship,” Dr. Udelsman says. “All we know is that people who smoke a lot of marijuana — to the point that they develop a dependency or require hospital care or evaluation for it — do appear to have a higher cancer risk.”

Anything that causes prolonged or chronic inflammation can put your body at higher risk for cancer, Dr. Udelsman

says. For instance, tobacco smoke contains more than 7000 chemicals, and about 70 of those are associated with cancer. Some of these chemicals are also present in marijuana smoke.

He adds that THC, the main psychoactive component in marijuana, is associated with the conversion of polycyclic aromatic hydrocarbons (PAHs), which can induce inflammation and cause DNA damage. “Any time inflammation and changes to DNA occur, you’re at risk for developing cancer,” he says.

However, Dr. Udelsman does not think that recreational usage will cause a lung cancer epidemic.

“I worry less about occasional use and the slight inflammation that it might cause for a temporary period. Your body probably recovers from that very quickly, with very little damage,” he says. “I’m more worried about people who are using marijuana every day, multiple times a day.”





## Signs You Might Have a Hernia

A hernia occurs when an internal organ or tissue pushes through a weak spot in the surrounding muscle or connective tissue. The protruding tissue causes pressure and discomfort that typically worsens with physical activity.

While not all hernias require immediate surgery, proper medical evaluation is needed, says Kamran Samakar, MD, a bariatric surgeon with the USC Digestive Health Institute, part of Keck Medicine of USC.

If you experience any of the following symptoms or signs, you should see a doctor.

### **Bulge in your abdomen or groin:**

Possibly unnoticeable until you do something that increases the pressure within your abdomen, such as coughing, jumping, standing up or straining.

### **Soreness or pain:**

- Burning or aching at the bulge site
- Heaviness or pressure in the affected area
- Pain during coughing or physical activity

### **Nausea and possible constipation:**

With strangulated hernias, a section of the organ or tissue protruding through the hole gets stuck and its blood supply is cut off. This can cause more severe symptoms, such as worsening pain accompanied by nausea and vomiting or the inability to move your bowels or pass gas. This can be life-threatening, requiring emergency surgery.



## How to Prevent Pickleball Injuries

Having clinched the title of fastest-growing sport in the nation for four years running, pickleball is bringing millions onto the courts. So what is not to love?

A rise in pickleball-related sports injuries, that is what. And that is why Jamie E. Confino, MD, an orthopaedic surgeon and sports medicine specialist with the USC Epstein Family Center for Sports Medicine, part of USC Orthopaedic Surgery and Keck Medicine of USC, counsels caution before making that first serve:

- Warm up well for at least five to 10 minutes with dynamic movements like light jogging, hip mobility, shoulder activation, practice strokes and other motions you will be making once the game begins.
- Cross-train to increase conditioning, and strengthen key muscle groups like the rotator cuff, core, hip muscles, calves and lower body. Do not just jump in without any conditioning.
- Start playing for limited amounts of time; do not compete in a tournament every other day or play 10 games in a row. Start slowly, focus on form and play in small doses at first.

**DID YOU KNOW?**

If your eyes feel strained or irritated when using a computer or digital device, a simple habit can help.

Take your eyes off your screen every 20 minutes for at least 20 seconds to let your eye muscles relax.



## MEET OUR STAFF

## Passion for Patient Care

Luz Ahumada, LVN, a vocational nurse supervisor for USC Orthopaedic Surgery at Keck Medicine of USC - Pasadena, manages the clinic's daily operations and handles patient intake and rooming, including taking their vital signs. She has been with Keck Medicine for 25 years.



Ricardo Carrasco III

### Why did you become a nurse?

I enjoy helping people and being their advocate. It comes from my heart. From a young age, whenever I saw a need, I wanted to be there to help and I think that inspired my nursing career.

### What does your job entail?

As a clinic supervisor, my job includes a multitude of administrative tasks to ensure the clinic runs smoothly. But my favorite part is interacting with patients. I enjoy greeting them with a big smile, which I feel sets the tone.

Sometimes patients are nervous because they do not know what to expect, leading to elevated blood pressure. My approach involves using therapeutic communication to ease their anxiety. I explain what will happen during their appointment, which helps clear their mind. I tell them, "Close your eyes and think of a place you enjoy visiting or something that makes you happy." I tell them to inhale slowly through their nose, hold it for four seconds, exhale slowly with pursed lips, and repeat 2-3 times. Once I see they are calmer, I check their blood pressure again. Almost always, it has lowered.

### What do you enjoy about working with musculoskeletal patients?

Many of our new patients arrive with pain and limited range of motion. I love watching them regain strength and progress to becoming pain-free, particularly how confident they start to feel getting up from the waiting room chair when I call their name.



## what's the Word?

### Anastomosis

noun

[ah-NAS-toh-MOH-sis]

In kidney transplants, the process of attaching a donated kidney to the recipient's ureter and blood vessels.

"In kidney transplant surgery, anastomosis refers to joining two separate sets of vessels to allow blood or other fluids to flow," explains Thin Thin Maw, MD, a transplant nephrologist and medical director of the USC Kidney Transplant Program, part of Keck Medicine of USC. "This step connects the donated organ to the recipient's body."

The surgeon first connects the donated kidney's blood vessels to the recipient's iliac vessels (the major veins and arteries that branch out from the aorta into the pelvis and legs). This allows blood to flow into the new kidney. The kidney then gets attached to the ureter, the tube that carries urine down to the bladder.

Speed and precision are key for anastomosis. Quick execution minimizes the time the kidney is deprived of blood, reduces the risks of clots in the donated organ and blood vessels and helps achieve a healthy, secure, leak-free attachment.

The result? Easier recovery and higher chances of a successful transplant for the recipient.

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

# The Big Question

Well-meaning loved ones often want to share medical advice about what treatments to pursue or avoid. But when their recommendations differ from your doctor's, who do you listen to? Two Keck Medicine of USC experts share their advice.

## How can I weigh advice from my doctor against advice from my family?



It should always be the patient who has ultimate agency over their medical decisions — not a family member, nor even their physician. Ideally, your decision should be driven by good clinical evidence and accurate data that is applicable to your specific situation. It's best to make sure your medical information is based on proven, objective facts rather than relying on emotions or opinion-based advice.

If you're feeling conflicted about opposing advice, from a family member or other source of information, the best thing you can do is be open and honest with your care provider and let them know the context of your concerns. Your care provider can only address the conflicts you share with them. Once they are aware of your concerns, they can help ensure you have the right information and insights to help you make the best possible decisions for your unique medical circumstances.

**Jennifer R. Marks, MD**  
General Internist  
Internal Medicine



Knowing the source of your information is essential. As your doctor, I rely on evidence-based medicine to make recommendations. I use clinical trial data, research findings and years of experience to design a care plan tailored specifically to your condition.

By contrast, advice from family or friends — though often shared with love — may not be appropriate for your particular diagnosis, stage or medical history. That's not to say you should automatically discredit all medical advice from family members. Sometimes family members do have valuable insights or observations to share that can be helpful to you and worth discussing.

The most important thing you can do is be open with your doctor about the other advice you're hearing. That transparency allows us to work together to determine the safest and most effective plan for your health.

In some cases, your doctor can organize a family meeting to address everyone's questions together. This can help ensure everyone is on the same page and that decisions are made collaboratively.

**Umair U. Ghani, MD**  
Medical Oncologist  
USC Norris Comprehensive Cancer Center

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# What Causes Ringing in the Ears?

**Tinnitus, a condition that often manifests as a persistent ringing in the ears, can be frustrating to experience and difficult to treat.**

“Tinnitus is a phantom sound that’s not actually coming from the environment, but from inside the person,” says Joni K. Doherty, MD, an otolaryngologist with the USC Caruso Department of Otolaryngology – Head and Neck Surgery.

**Causes of tinnitus include:**

- Hearing loss (over 80% of tinnitus cases)
- Head trauma, such as whiplash
- Certain antibiotics, chemotherapies and diuretics
- High blood pressure
- Allergies
- Temporomandibular joint syndrome (TMJ)

Because so many cases are associated with hearing loss, taking care of your ears is a crucial step in preventing tinnitus.

“I always counsel patients to wear ear protection, such as high-fidelity earplugs, which allow you to still enjoy music without damaging your hearing,” Dr. Doherty says.

Already experiencing hearing loss-related tinnitus? Hearing aids can often provide relief. Talk to your doctor to learn more.



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# One Liver, Two Lives

A storyline on a popular TV show led Sheila Rodriguez to the USC Living-Donor Liver Program and changed both her life and the life of her liver recipient.

BY NOVID PARSI

# Examinations



Learn more about the USC Living-Donor Liver Program. Call (800) USC-CARE or scan the QR code.

**O**n Christmas Day in 2023, Sheila “Shey” Rodriguez was watching a “Grey’s Anatomy” episode that took her by surprise. In the episode, character Meredith Grey donates part of her liver to her father. “I’m watching this and I’m thinking, is this a real thing? Can people actually donate a portion of their liver?” says Sheila, 35.

To find the answer, Sheila, who works as a public safety dispatcher for the city of Placentia, opened her laptop and quickly discovered the USC Living-Donor Liver Program, part of the USC Transplant Institute, which is part of Keck Medicine of USC.

As she read the site, Sheila realized that the fictional character’s experience is, in fact, a real thing: Liver donations can come not only from deceased donors but also from living donors.

Reading the site further, Sheila learned that over 12,000 Americans are on the waitlist for a liver transplant, and thousands of people die waiting for a liver donation each year.

## ‘A unique group of people’

While many U.S. transplant programs offer living-kidney donations, only a small number of programs, including the one at Keck Medicine, can perform living-liver donations.

Living donors are rare, but rarer still are donors like Sheila who are willing to donate their organs to a stranger (nondirected donors). Of 485 living-liver transplants performed in 2020, only 12% were nondirected, according to the Scientific Registry of Transplant Recipients.

“They’re a unique group of people who come forward out of the goodness of their hearts,” says Hyosun Han, MD,

a hepatologist and medical director of the USC Living-Donor Liver Program.

A public safety dispatcher who at times gives CPR instructions to 911 callers over the phone, Sheila knew the value of providing strangers with lifesaving help.

“As a first responder, Sheila has the experience and mindset of helping others,” says Navpreet Kaur, MD, a liver transplant surgeon and surgical director of the USC Living-Donor Liver Program.

“I thought about the people on the waitlist,” says Sheila, who lives in Ontario, California. “I thought, if that were my family member and I couldn’t donate my liver to them, I’d want someone to help.”

“I’m watching this and I’m thinking, is this a real thing? Can people actually donate a portion of their liver?”

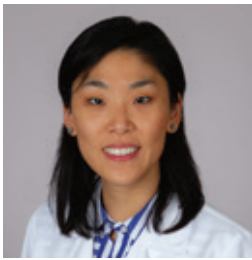
Sheila Rodriguez

## The gift of life

On that Christmas Day, Sheila decided to offer the gift of life.

After she completed an online questionnaire, an independent living-donor advocate from Keck Medicine called Sheila to learn more about her interest and motivation. Once Sheila confirmed her wish to move forward, she had various blood tests as well as CT and MRI imaging.

Sheila Rodriguez in Covina.



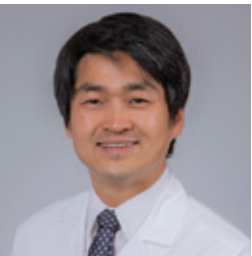
**Hyosun (Helen) Han, MD**  
Rated 4.8 out of 5 stars

4.8 ★★★★★



**Navpreet Kaur, MD**  
Rated 5 out of 5 stars

5.0 ★★★★★



**Brian Kim, MD**  
Rated 4.8 out of 5 stars

4.8 ★★★★★

*Reviews from Keck Medicine patients, as of March 1, 2026*

She met with several Keck Medicine team members — including a social worker, psychiatrist, dietitian and surgeon — who evaluated Sheila’s physical and mental health. The team also determined that Sheila would have financial and social support for the two to four weeks of typical recovery time.

As with any donor, the USC Transplant Institute team, including her hepatologist Brian Kim, MD, informed Sheila about the procedure and its potential risks. “A lot of people on our team weigh in to make sure a nondirected donor is a good candidate and has a full understanding of what they’re doing,” Dr. Kaur says.

After Sheila underwent two days of evaluations, the living-donor liver committee discussed Sheila’s case and determined she would make an excellent fit as a living-liver donor. They then moved forward with matching her to a recipient.

### Compassionate care

On June 27, 2024, the transplantation procedure at Keck Hospital of USC went successfully for both Sheila and her recipient.

After the surgery, Sheila recalls being wheeled into the recovery room and, to her delight, receiving a handwritten note from her anonymous recipient. “The card said, ‘I’m thankful for your gift, and I’m going to take care of it,’” she says.

Sheila, who had never been hospitalized before, says she greatly appreciated the Keck Medicine team’s care and attention. “My experience at Keck Medicine was wonderful,” she says. “My team really took care of me.”

“We have a very compassionate group of health care providers who care about our patients and are very proud of our outcomes for donors and recipients,” Dr. Han says. “We rely on donors like Sheila who are making a major sacrifice, so we see it as our commitment to make the process as safe and enjoyable as possible for them.”

While Sheila felt pain and discomfort for about three weeks, “everything’s been perfect since then,” she says.

### Spreading hope

This past New Year’s Day, Sheila walked in the Rose Parade as part of OneLegacy Ambassadors, a group of volunteer advocates for organ, eye and tissue donation. As she spoke with other donors and recipients, Sheila was especially moved by the families who chose to donate their late children’s organs.

“Even in the midst of such heartbreak, these families chose to give hope to other families,” she says.

Now, as a OneLegacy Ambassador, Sheila continues to spread hope — and information. It still gives her pause when she encounters people who don’t realize that the liver is the only internal organ that can regenerate and achieve 100% of its function after donation.

For anyone interested in becoming a living-liver donor, Sheila offers these simple but profound words: “You can save someone’s life.”

“I thought, if that were my family member and I couldn’t donate my liver to them, I’d want someone to help.”

Sheila Rodriguez

# Saving His Voice

BY KATE FAYE

Voice actor Sam Riegel's tonsil cancer threatened his life and his voice. The USC Head and Neck Center saved both.

*Sam Riegel at Critical Role Productions in Burbank.*

**A**t the start of 2024, Sam Riegel was thriving. His career as a voice actor and producer was flourishing, and his role-playing media company, Critical Role, was at the top of its game. On the personal side, Sam loved traveling, food, playing Dungeons & Dragons, rooting for the Dodgers and making memories with his family.

“I was a happy, healthy father of two kids and husband to an incredible wife, just going about my life,” Sam says. “I was honestly feeling great.”

Sam, especially because he relied on his voice to support himself and his family.

**Surgery and radiation**

In order to survive the disease while still preserving his voice, Sam needed to find a medical center with a team of multidisciplinary experts ready to work together on every aspect of his care.

His doctor told him that he would find the expertise and advanced specialty care he needed at Keck Medicine of USC. There, he was treated by Uttam Sinha, MD, a head and neck surgeon and director of the USC Head and

“As a voice actor, I was particularly anxious about regaining my voice and diction.”

Sam Riegel

In March, however, the actor noticed that he had lost the ability to taste anything sweet. He took a COVID test, and it came back negative. Sensing something wrong, Sam was quick to call his doctor, who referred him to an otolaryngologist.

The ear, nose and throat specialist soon diagnosed him with a form of tonsil cancer known as oropharyngeal carcinoma. The news alarmed

Neck Center, part of Keck Medicine and the USC Caruso Department of Otolaryngology – Head and Neck Surgery.

Dr. Sinha wasted no time starting Sam’s treatment. In April 2024, he removed the voice actor’s tonsil, along with parts of his tongue and soft palate, performing transoral robotic surgery (TORS). Sam spent three days recovering in the hospital before going home.

Continued on Page 31



**Learn more about the USC Head and Neck Center. Call (800) USC-CARE or scan the QR code.**



**Uttam Sinha, MD**  
Rated 4.8 out of 5 stars

4.8 ★★★★★

Reviews from Keck Medicine patients, as of March 1, 2026



**Adam Garsa, MD**



Itching to Find Out:

# What May Be Causing My Itchiness?

BY KIMBERLY J. DECKER

Have you been dealing with persistent itchiness and don't know why? Five Keck Medicine of USC experts share possible causes and treatment options.

### Dermatologic issues

“One of the most common explanations for itch is dry skin,” says dermatologist Melvin Chiu, MD. “Another common reason is eczema, where skin is predisposed to itchy rashes. And a reaction to something touching the skin can create itchy rashes called contact dermatitis.”

#### Symptoms:

- Rashes at itch site
- Worsening itch after scratching
- Asthma or seasonal allergies (with eczema)

#### Treatment:

- Warm (not hot) showers
- Fragrance-free moisturizers
- Anti-inflammatory creams and medications
- Avoiding the trigger causing the itch

### Vascular issues

Venous insufficiency is a condition in which veins’ valves don’t work well, causing fluid to pool in the legs and produce ulcers, swelling and inflammation. As podiatrist Chia-Ding Shih, DPM, explains, “This inflammation is called stasis dermatitis, and it can itch.”

#### Symptoms:

- Brown discoloration around ankle and lower leg
- Dry skin
- May affect only one leg

#### Treatment:

- Unna boot (a calamine-impregnated bandage)
- Compression dressing
- Topical steroid

Consult a vascular surgeon if you’re experiencing these issues.

### Liver issues

“Persistent chronic itch is a common manifestation of some types of liver disease, especially in the absence of rash,” says hepatologist Lily Dara, MD. In some forms of liver disease, such as primary biliary cholangitis, immune cells attack the liver’s bile ducts, destroying them and causing bile acids to accumulate in the bloodstream and cause an itch called cholestatic pruritus.

#### Symptoms:

- No associated rash
- Itch that worsens at night
- Sudden onset of itch later in life
- Family history of autoimmune disorders
- Use of medications that damage the liver (hepatotoxicity)

#### Treatment:

- Medications: bile-acid sequestrants, rifampicin, opioid antagonists, SSRIs, ileal bile acid transporter inhibitors (IBATs)

### Diabetes

Pain management physician Michael Bottros, MD, notes that high blood sugar associated with diabetes can cause itchy skin, as can damage to blood vessels. Diabetes-related nerve damage can lead to “aberrant signaling” that might also feel like an itch, Dr. Bottros says.

#### Symptoms:

- Prickly, “crawling-ants” itch
- Itch that worsens at night

#### Treatment:

- Medications that address nerve pain
- Physical therapy

### Neurologic issues

As with diabetes-related itch, “Itching can represent a form of neuropathic sensory disturbance,” says neurologist Lilyana Amezcua, MD. For example, nerve pain following shingles can manifest as itch, she says, and some patients with multiple sclerosis also experience itch because of the condition.

#### Symptoms:

- Other neuropathic symptoms, like tingling, burning and numbness
- Itch on one side of the body (with shingles)
- Heat sensitivity in addition to itch (with multiple sclerosis)

#### Treatment:

- Depends on cause; speak to your doctor



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

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Examinations

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# A Sense of Freedom

The USC Cardiac and Vascular Institute corrected Céline Comolet's life-threatening heart defect. Then she beat her personal record.

BY ERIN LAVIOLA

*Céline Comolet at USC's Allyson Felix Field and Loker Track.*



Learn more about USC-CVI's cardiac surgery services. Call (800) USC-CARE or scan the QR code.

**C**éline Comolet, 35, an operations manager from Los Angeles, fell in love with running after the pandemic. She started training in 2022 and completed the Los Angeles Marathon in early 2024.

Despite this active lifestyle, Céline had a nagging feeling something wasn't quite right. She sometimes experienced chest pain while running — but since the discomfort was always temporary, she would assume she hadn't warmed up properly and just keep going.

That all changed during a workout with her running club in July 2024.

“Not even 50 feet out, the chest pain suddenly went from zero to 200 and it was worse than anything I'd felt before. I was struggling to breathe and my vision was going in and out. I thought it was a panic attack.”

After that incident, Céline's primary care doctor referred her to a cardiologist. After a series of tests that all came back normal, the specialist recommended a CT scan that revealed a surprising result: Céline had a congenital heart defect.

### Congenital heart defect diagnoses among adults

Céline was diagnosed with an anomalous left coronary artery (ALCA). It's a rare condition where the pulmonary artery constricts the left coronary artery. It's typically episodic,

and restricts blood flow and oxygen to the heart. Left untreated, ALCA can cause a heart attack.

Since ALCA requires open-heart surgery to fix, Céline's cardiologist referred her to Vaughn Starnes, MD, a cardiothoracic surgeon and the founding executive director of the USC Cardiac and Vascular Institute, part of Keck Medicine of USC.

“He told me Dr. Starnes is the best heart surgeon in California,” Céline says.

While Dr. Starnes has extensive expertise treating congenital heart disease in babies, he sees an increasing number of adult patients with conditions like ALCA.

“Today, there are more adults living with congenital heart disease than children,” Dr. Starnes says, explaining that the rise in diagnoses is due to improvements in scanning technology. “It's a growing population of patients and here at Keck Medicine, we're expanding our ability to answer that need.”

### Team support

Céline says she's especially appreciative of the network of people with Keck Medicine who helped her prepare for the heart surgery, starting with Perlie Tam, NP-C, a nurse practitioner specializing in cardiac care. Tam works closely with Dr. Starnes to ensure patients have all the information they need to be prepared, both physically and mentally, for their procedures.

“Not knowing what to expect can be scary for patients and their families,” Tam says. “The team makes ourselves available to answer their questions and help set expectations for their recovery. I find this brings them reassurance.”

“At a true heart institute like ours, there are multiple layers of specialists who are well-versed in cardiac diseases,” adds Dr. Starnes. “It takes a village to care for patients and we really have an excellent group, from the surgeons and anesthesiologists to the nurse practitioners and physician assistants.”

“Any question I had, Perlie was quick to respond and connect me with the right people,” says Céline. “I really did feel like, from beginning to end, she and everyone else at Keck were all there for me.”

### Open-heart surgery

Céline's open-heart surgery at Keck Hospital of USC in December 2024 was successful. Dr. Starnes rerouted her pulmonary artery so that it would no longer constrict the coronary artery. For an ALCA repair, patients usually spend a few days in the hospital and can expect a full recovery in about six weeks.

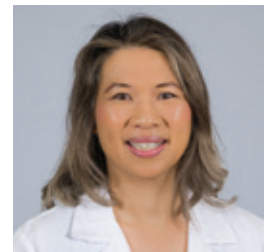
Dr. Starnes strongly emphasizes the importance of movement as soon as possible after heart surgery. He says exercise promotes deep breathing, which can help post-op patients avoid fluid accumulation in the lungs that can lead to pneumonia.

Continued on Page 31



**Vaughn Starnes, MD**  
Rated 4.8 out of 5 stars

4.8 ★★★★★



**Perlie Tam, NP-C**

Reviews from Keck Medicine patients, as of March 1, 2026

“There is this relief, and sense of freedom, that I can start every run and not be worried about what my heart is going to do.”

Céline Comolet

# Steady Hands

At USC Verdugo Hills Hospital, robotic prostate cancer surgery improves patient outcomes.

BY ERIN LAVIOLA

**P**rostate cancer affects 1 in 8 men in the United States, and surgery can be a life-saving option. Thanks to innovations in robotic surgery, many patients can recover fully with vital nerves intact.

Rene Sotelo, MD, a urologic surgeon at USC Verdugo Hills Hospital, part of Keck Medicine of USC, is an internationally recognized expert in robotic procedures.

Here, he answers frequently asked questions.

## **What do men usually worry about most before prostate cancer surgery, and what do you wish they knew?**

Most men worry about two things: urinary leakage and sexual function. Those are very real concerns, as some degree of urinary or sexual side effects can occur after surgery. However, many patients improve over time, and we have effective treatments to help with recovery.

What I wish patients knew is that the surgeon's experience and technique play an important role in minimizing potential side effects. We plan the operation with these issues in mind, using meticulous techniques and nerve-sparing strategies when they are oncologically safe.

## **How do you determine if surgery is a good option for a patient with prostate cancer?**

Some prostate cancer tumors grow slowly and can be safely monitored, while others require active treatment. When we think about surgery for prostate cancer, we focus on three main factors: how aggressive the cancer is, the patient's overall health and the individual's priorities.



**Learn more about USC-VHH's prostate surgery services. Call (800) USC-CARE or scan the QR code.**



*Rene Sotelo, MD,  
at the Keck School  
of Medicine of USC.*

Ricardo Carrasco III

For men with localized cancer and a longer life expectancy, surgery can offer excellent cancer control. At the same time, we are honest about the trade-offs. It's important for patients to understand that any prostate cancer treatment — whether surgery, radiation or focal therapies — can affect urinary control and sexual function.

For that reason, the decision is never automatic. We balance cancer control with quality of life and choose the option that best fits the patient's goals.

## **What kinds of prostate cancer treatments are available at USC-VHH?**

We offer modern prostate cancer care focused on minimally invasive techniques and personalized treatments.

One of the main surgical options is robotic-assisted prostate surgery. This approach is often associated with less blood loss and faster recovery compared to traditional open surgery. The risks, including urinary incontinence and

erectile dysfunction, vary depending on the patient and the extent of the disease.

For patients with localized prostate cancer, we also offer noninvasive or minimally invasive options. These include high-intensity focused ultrasound (HIFU) or external beam radiation therapy, which aim to treat cancer while minimizing damage to surrounding areas.

### **When patients hear ‘robotic surgery,’ what do they usually think it means — and what is the reality?**

Many patients imagine a robot making decisions or operating independently, and that is not true. Robotic surgery is completely surgeon-directed. The robot is simply a highly advanced tool that translates the surgeon’s hand movements into precise actions inside the body.

### **What are the steps involved with robotic surgery for prostate cancer?**

We first complete a preoperative evaluation, including cardiology clearance when appropriate.

The procedure is performed under general anesthesia. We make a few small incisions and insert specialized instruments connected to a robotic system. The surgeon controls everything from a console, using a magnified three-dimensional view that allows for very precise movements.

The prostate is carefully separated from the surrounding tissues and removed. The bladder is then reconnected to the urethra and a temporary catheter is placed to allow healing.

### **Do robotics help better protect the patient’s nerves?**

Robotic technology has significantly improved how we see and perform prostate cancer surgery. About 90% of prostate cancer surgeries in the United States include robotic assistance.

The enhanced magnification and precision allow surgeons to better identify and work around the nerves involved in urinary control and erections — structures that may be more difficult to visualize with other surgical approaches.

That said, the data show that long-term cancer control and functional outcomes still depend heavily on patient factors and surgical expertise. Robotics improve consistency and recovery, but they do not eliminate risks. Ultimately, they give experienced surgeons better tools to perform a very delicate operation.

### **What can patients expect during the recovery process?**

Patients are not alone in the recovery process. We actively support them before and after prostate surgery, and we track PSA levels closely to watch for signs of cancer.

Most patients are walking quickly and go home after a short hospital stay, often just one day. Urinary control may be imperfect early on, but this often improves over weeks to months with time and pelvic floor exercises.

Sexual function may take longer to recover and depends on factors such as age, baseline function, whether nerve-sparing was possible, and the surgeon’s experience and technique.

### **What do you tell patients who may be feeling overwhelmed and unsure about how to proceed?**

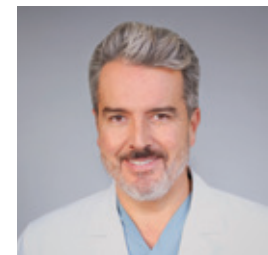
Fear is natural with any surgery, and part of our job is to help patients work through those fears. I encourage patients to ask questions and focus on truly understanding their options rather than rushing into a decision. Feeling overwhelmed is normal, but our team is prepared to help turn that uncertainty into a clear, informed plan.

### **What are some features of the prostate cancer care at USC-VHH and Keck Medicine – Glendale?**

Our team-based, multidisciplinary approach allows us to personalize treatment, use minimally invasive techniques when appropriate and focus on both cancer control and long-term quality of life. We guide patients with clear information

and support them through every step of the process.

Patients also benefit from being part of the Keck Medicine health system, which provides access to highly specialized expertise. For local patients, it’s an added advantage that this expertise is available so close to home. But we do also see patients from outside Los Angeles who choose us for our high level of care.



**Rene Sotelo, MD**  
Rated 4.8 out of 5 stars

4.8 ★★★★★

*Reviews from Keck Medicine patients, as of March 1, 2026*

# Robotic Assistance

BY MICHAEL JULIANI



Ricardo Carrasco III

*Sharon Shiraga, MD, at USC Arcadia Hospital.*

At USC Arcadia Hospital, robotic surgery is an everyday feature of treatment for local gastric surgery patients.



**Learn more about USC-AH's robotic surgery services. Call (800) USC-CARE or scan the QR code.**

**W**hen paired together, the words “robot” and “surgery” might conjure visions of the future. But robotically assisted surgery is already transforming top-notch medical care.

Sharon Shiraga, MD, an upper-gastrointestinal surgeon with Keck Medicine of USC who practices at USC Arcadia Hospital, is an expert in general and minimally invasive surgeries involving the stomach, esophagus and abdominal wall.

Dr. Shiraga answers a few questions about robotic surgery's role in the care she provides at USC-AH.

### How does the robot work? How does the surgeon use it?

During the procedure, the surgeon sits at a nearby console and uses hand and foot controls to guide the robotic instruments. A surgical robot does not operate on its own — it is completely controlled by the surgeon.

Every movement the surgeon makes is translated in real time into precise movements of tiny instruments inside the patient through small incisions. The robot provides a high-definition, magnified 3D view of the surgical area and instruments that can bend and rotate like a human wrist (and even more).

This allows the surgeon to operate with greater precision, especially in tight spaces, which can help improve accuracy, reduce tissue trauma and support a safer recovery.

### Are there cases where robotic surgery is especially helpful?

Robotic surgery is especially helpful in cases where the operation requires fine dissection, delicate suturing or work in tight spaces. In general surgery, it is commonly used for complex hernia repairs (including large ventral and recurrent hernias) and foregut procedures such as hiatal hernia repair, reflux surgery and other upper abdominal operations where precision is critical.

Robotic surgery is also widely used across many other specialties. Urology uses it frequently for prostate and kidney surgery, gynecology for hysterectomy and complex pelvic surgery, and thoracic surgery for procedures in the chest.

### How does the robot help to provide better treatments and outcomes?

Robotic surgery helps surgeons perform complex operations with greater precision by providing a magnified 3D view and instruments that move with wrist-like flexibility.

This can improve the surgeon's ability to carefully dissect tissue, control bleeding and perform fine suturing — especially in tight

spaces like the pelvis, upper abdomen or around critical blood vessels.

For many patients, this translates into smaller incisions, less pain, reduced blood loss, fewer wound complications and a faster recovery compared with traditional open surgery.

### What robotic surgical options are available for stomach cancer?

Robotic surgery is an advanced minimally invasive option for selected patients with stomach cancer, including partial or total gastrectomy. A key part of stomach cancer surgery is removing not only the tumor, but also the surrounding lymph nodes, since gastric cancer often spreads to lymph nodes first.

The robotic platform provides magnified 3D vision and highly precise instrument control, allowing surgeons to perform a more meticulous lymph node dissection and fine-tissue separation around major blood vessels — helping improve cancer clearance and surgical margins.

For the right patient, robotic gastrectomy can also offer the benefits of minimally invasive surgery, including smaller incisions, less pain, reduced blood loss and faster recovery, while maintaining the same cancer surgery principles as open surgery. This combination of precision and minimally invasive recovery is why robotic surgery is becoming an important option in modern stomach cancer care.

### What should patients know about how robotics are advancing the field?

Patients should know that robotics is not “automatic surgery” — it is a tool fully controlled by the surgeon. As robotic technology continues to advance, surgeons can offer minimally invasive options for more complex cases that previously required large incisions.

However, not all surgeries can be performed with the robot. Experienced surgeons continuously train and stay current with the latest techniques, research and technological improvements to deliver the safest and most effective care with the safest treatment plan.

The field is evolving rapidly, and today's robotic platforms are expanding what

is possible in cancer surgery, hernia repair and many other specialties, while maintaining a strong focus on safety and long-term outcomes.

### What robotic surgical services does USC-AH provide?

At USC-AH, our robotic surgery program continues to grow, and we now have two robotic systems available to serve our community. This expanded capability allows more patients to access minimally invasive surgery with less waiting, while supporting advanced procedures across general surgery, urology, gynecology and thoracic surgery.

### What kind of outreach does the team do with the community?

USC-AH is committed not only to excellent patient care but also to serving as a true pillar of the community. We recently hosted a robotic surgery demonstration for local high school students, giving them a firsthand look at the technology that is transforming modern medicine.

Welcoming these students was an incredible experience. Seeing their curiosity and excitement as they interacted with the robotic platform was truly inspiring. Opportunities like this help spark interest in science and innovation, and we are proud to play a role in inspiring the next generation of future physicians, scientists and engineers.



**Sharon Shiraga, MD**  
Rated 4.8 out of 5 stars

4.8 ★★★★★

*Reviews from Keck Medicine patients, as of March 1, 2026*

# Consultations

## Two Keck Medicine Hospitals Earn 'A' Safety Grade



Staffers from the Interventional Radiology and Cardiac Catheterization Laboratory (IR/Cath Lab) at USC Verdugo Hills Hospital.

Ricardo Carrasco III

**K**eck Hospital of USC and USC Verdugo Hills Hospital (USC-VHH) each earned a Spring 2026 "A" Hospital Safety Grade from The Leapfrog Group, an independent national nonprofit focused on patient safety. The hospitals are both part of Keck Medicine of USC.

"This is the second time the health system has received two 'A's simultaneously, which is a huge accomplishment," says Rod Hanners, CEO of Keck Medicine. "The Leapfrog Group grades hospitals on a set of very rigorous standards and this grade puts our hospitals among the safest in the country."

Keck Hospital is a 343-bed acute care hospital providing specialized care. USC-VHH, a 140-bed community hospital, serves patients in the cities of Glendale and La Cañada Flintridge, as well as the surrounding Foothill communities of Southern California.

This is the 12th grade "A" for Keck Hospital since 2019.

"Keck Hospital's Leapfrog grade 'A' award is once again a reflection of Keck Hospital's commitment to pursuing the highest possible standards of care and is a testament to the effort our faculty and staff put in day in and day out to exemplify excellence," says Marty Sargeant, MBA, CEO of Keck Medical Center.

It is the third grade "A" USC-VHH has received in recent years.

"We are proud that our hard work maximizing safety standards has resulted in another grade 'A,'" says Armand Dorian, MD, MMM, CEO of USC-VHH. "This grade recognizes the commitment shared by every care provider at the hospital to put patient safety first."

The Leapfrog Group assigns an "A" through "F" grade to general hospitals across the country based on measures representing a hospital's overall performance in keeping patients safe from preventable harm.

The Leapfrog hospital grading system is peer-reviewed, fully transparent and free to the public. Grades are updated twice annually, in the fall and spring.

To see Keck Hospital and USC-VHH's full Leapfrog grade details and access hospital safety tips for patients, please visit [HospitalSafetyGrade.org](https://HospitalSafetyGrade.org).

Keck Medicine has received many national quality honors in recent years, including Keck Hospital being named a 2025 top performer by Vizient, Inc., which places the hospital among the top 12 hospitals in the country for excellence in delivering high-quality care.

The Leapfrog hospital grading system is peer-reviewed, fully transparent and free to the public. Grades are updated twice annually, in the fall and spring.

# Two Keck Medicine Hospitals Named Top Teaching Hospitals

**T**wo Keck Medicine of USC hospitals – USC Norris Cancer Hospital and Keck Hospital of USC – have each received a Top Teaching Hospital award for outstanding achievement in patient safety and quality from The Leapfrog Group, a nonprofit national watchdog organization. It is the first time two hospitals within the health system have received this honor simultaneously.

“This award is one of the most competitive and prestigious in the nation and puts these hospitals among the safest in the country,” says Marty Sargeant, MBA, CEO of Keck Medical Center of USC, which includes USC Norris Cancer Hospital and Keck Hospital. “We are honored to be recognized for creating a culture of trust, transparency and excellence in every aspect of care.”

To qualify for the distinction, hospitals must rank top among peers on the Leapfrog Hospital Survey, which assesses hospital performance on the highest standards of care. Over 2,400 hospitals were considered for the award,

and less than 7% of the eligible hospitals earned the honor of Top Hospital in one of four categories: children’s, general, rural and teaching.

This is the fifth year in a row the cancer hospital has received this distinction and the first year for Keck Hospital.

These awards follow on the heels of Keck Hospital earning a Fall and Spring 2025 “A” Hospital Safety Grade from The Leapfrog Group. Additionally, Vizient Inc. named Keck Hospital a 2025 top performer, placing the hospital among the top 12 hospitals in the country for excellence in delivering high-quality care.

USC Norris Cancer Hospital’s cancer program is ranked in the top 25 in the country according to the 2025-2026 U.S. News & World Report Best Hospitals rankings. The hospital is part of USC Norris Comprehensive Cancer Center, which has been designated by the National Cancer Institute as one of the nation’s 51 comprehensive cancer centers, a select group of institutions providing leadership in cancer treatment, research, prevention and education.



Ricardo Carrasco III



Sergio Bianco

Ike Mmeje, MHA; Shirley Chi, MD; and Sandra Chen Lau at the Lunar Carnival.

## Lunar Carnival Returns in Support of USC Arcadia Hospital

**T**he USC Arcadia Hospital Foundation hosted its annual Lunar Carnival on Feb. 27, 2026, at Santa Anita Park. The event brought together more than 550 community members, supporters and hospital leadership and physicians for an evening that blended Lunar New Year traditions with Mardi Gras-inspired “bangles and beads” flair.

Guests enjoyed culinary offerings from popular San Gabriel Valley restaurants along with live music throughout the night and special appearances by the USC Marching Band and USC mascot, Traveler.

Proceeds benefitted USC Arcadia Hospital’s ongoing education and training initiatives, culturally responsive care programs and capital improvements.

During the evening, longtime hospital supporter and dermatologist Shirley Chi, MD, was honored as the Queen of Lunar Carnival 2026.

“It was only natural for me to want to give back to the place that gave me the opportunity to be successful in my field as well as the place where I bring my family members in their time of needed health care services,” Dr. Chi says.

# USC Arcadia Hospital Earns Seventh Consecutive Heart Attack Care Designation

The Los Angeles County Emergency Medical Services Agency (LAC EMS) has once again named USC Arcadia Hospital (USC-AH) an official receiving center for patients experiencing a common type of heart attack, known as ST-elevation myocardial infarction, or STEMI.

This is USC-AH's seventh consecutive designation and means that paramedics will bring patients experiencing a heart attack to USC-AH when it is the nearest STEMI Receiving Center.

This three-year designation, effective Dec. 11, recognizes USC-AH's advanced technology and facilities, and demonstrates close collaboration among the hospital's highly trained emergency physicians, cardiac catheterization staff and its critical care unit, enabling quick and effective treatment.

L.A. County EMS evaluates hospitals using a standardized review process to assess compliance with STEMI Receiving Center requirements, including written protocols, staffing and resource availability, and coordination with the 911 system. Hospitals are also evaluated on timeliness and quality of patient care, including how quickly patients' blood vessels are unblocked by hospital staff after their first contact with paramedics.

USC-AH, part of Keck Medicine of USC, is a full-service hospital that sees more than 40,000 patients annually in its emergency department. USC-AH is also a recognized center of excellence for stroke care, joint and knee replacement, weight-loss surgery services and more.



Photo courtesy of Ricardo Carrasco III

A nurse applies a pulse oximeter to a patient's finger in USC-AH's emergency department.

## Keck Medicine Names Christian Pass Chief Financial Officer

Photo courtesy of Christian Pass



Keck Medicine of USC has named Christian Pass chief financial officer, effective Jan. 12, 2026.

"Pass has more than 30 years of health care finance leadership

experience with a proven history of cultivating high-performing teams and guiding organizations through critical financial and operational transformations," says Rod Hanners, CEO of Keck Medicine. "He brings tremendous knowledge and skill to this position that will support the continued growth of the health system."

As CFO, Pass will manage Keck Medicine's strategic financial plans, financial and governmental reporting, budgeting, funds flow, revenue cycle, accounting and supply chain. He will collaborate closely with senior executives across the health system and the University of Southern California and lead financial activities and decisions that support the organization's long-term sustainability.

"I look forward to using my expertise to further build upon Keck Medicine's success," Pass says.

Prior to joining Keck Medicine, Pass held senior leadership roles at the national health services organization Optum. In his most current position, he served as president overseeing provider clients and payvider clients (health care organizations that deliver care and manage the financial aspects of care).

Before working at Optum, Pass held several senior financial leadership positions at John Muir Health, a health system located in Contra Costa County in Northern California, culminating in his role as CFO.

Pass holds a Master of Business Administration from Pepperdine University's Graziadio Business School.

# USC-VHH Provides Hands-on Training for Glendale Community College Students

**O**n Feb. 24, USC Verdugo Hills Hospital (USC-VHH) welcomed 10 Glendale Community College students for its annual Healthcare Day of Discovery designed specifically for college students. While the hospital has previously hosted similar programs for high school students, this marks the second time the event has been tailored to engage students at the college level.

The immersive experience provided students with firsthand exposure to careers across the health care field through interactive activities and expert-led panels featuring USC-VHH's front-line professionals. Students explored pathways in nursing, medical technology, information technology and business administration — offering meaningful guidance as they prepare to take the next steps in their academic and professional journeys.

“For many students, stepping inside a hospital makes the possibility of a health care career feel tangible,” says Marie Filipian, MPH, community benefit manager at USC-VHH. “By connecting them directly with our clinicians and staff, we’re helping bridge the gap between education and practice. That experience can make all the difference as they begin to envision their future in health care.”

Throughout the day, students practiced conducting a vascular ultrasound and learned safe patient handling and mobility techniques using a mechanical lift. They also received stroke education and took part in Narcan administration training — learning how to use the medication that can reverse an opioid overdose.

“I was already motivated [to get into health care], but after today, I have a stronger sense that this is what I want to do and where I



*Lorena Santana-Standard, RN, SCRN, educates visiting students on stroke care.*

want to be,” says Tatiana Luca Boghossian, a recent Glendale Community College graduate who recently passed her nursing licensure exam.

Healthcare Day of Discovery is part of USC-VHH's ongoing commitment to providing meaningful learning opportunities for students and deepening its connection to the community.

“These students represent the future of health care,” says Armand Dorian, MD, MMM, CEO of USC-VHH. “By opening our doors and providing hands-on learning experiences, we give students a glimpse of what it’s like to be the next generation of compassionate, skilled health care professionals.”

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“These students represent the future of health care.”

Armand Dorian, MD, MMM,  
CEO, USC-VHH

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# Labwork

**L**iver disease is usually caused by one of three factors: alcohol consumption; fat buildup in the liver linked to obesity, diabetes and high cholesterol; or hepatitis B and C.

A new study published in *Liver International* from Keck Medicine of USC reveals that tetrachloroethylene (PCE), a chemical used in dry cleaning and products such as adhesives for arts and crafts, spot cleaners and stainless steel polish, may also harm the liver.

Exposure to PCE was shown to triple the risk of significant liver fibrosis, an excessive amount of scar tissue that can lead to liver cancer, liver failure or death. Additionally, the more exposure people had, the more likely they were to develop significant liver fibrosis.

“This study, the first to examine the association between PCE levels in humans and significant liver fibrosis, underscores the underreported role environmental factors may play in liver health,” says Brian P. Lee, MD, MAS, a hepatologist and liver transplant specialist with Keck Medicine and lead author of the study. “The findings suggest that exposure to PCE may be

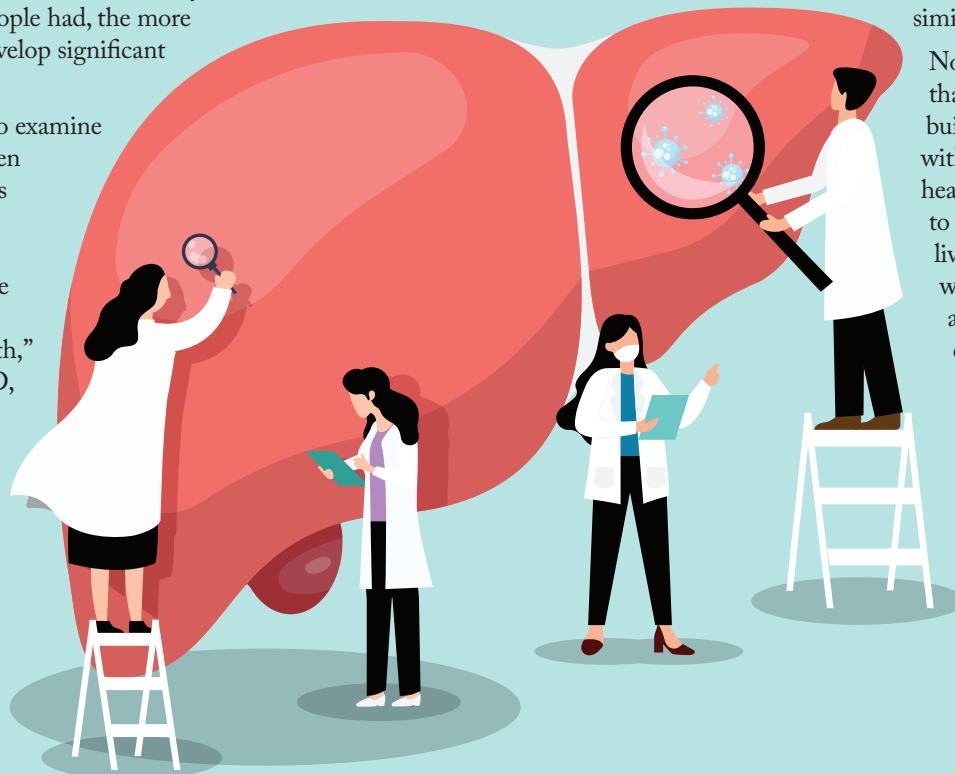
## Common Toxin Linked to Liver Disease

the reason why one person develops liver disease while someone with the exact same health and demographic profile does not.”

People are typically exposed to PCE through the air — for example, it can be slowly released from clothes that have been dry cleaned. PCE can also be present in drinking water from contaminated sites due to spills and improper disposal.

The United States Environmental Protection Agency has launched a 10-year phaseout for PCE’s use in dry cleaning as well as banned or placed workplace controls on other uses. However, PCE may remain present in some applications and in countries without similar regulations.

Notably, the study showed that alcohol use and fat buildup in the liver linked with obesity and other health factors did not appear to play a role in significant liver fibrosis when PCE was present. “Patients will ask, how can I have liver disease if I don’t drink and I don’t have any of the health conditions typically associated with liver disease, and the answer may be PCE exposure,” Dr. Lee says.



“Patients will ask, how can I have liver disease if I don’t drink and I don’t have any of the health conditions typically associated with liver disease, and the answer may be PCE exposure.”

Brian P. Lee, MD, MAS

## New Brain Cancer Treatment May Improve Survival

**H**igh-grade astrocytoma, which includes glioblastoma, is a fast-growing, aggressive brain cancer that often returns after the tumor is removed, making it difficult to treat. Patients with it typically only survive for four to five months.

Immune checkpoint inhibitors, medications that allow the body's immune system, particularly cancer-fighting T-cells, to recognize, find and attack tumor cells, can help stop the recurrence of cancer.

However, these drugs are not usually effective on brain cancers like astrocytoma due to the blood-brain barrier — a tightly sealed layer of cells that acts as a protective boundary between the brain and the bloodstream. Because this barrier is so effective, it also limits the ability of immune cells, including cancer-fighting T-cells, to enter the brain and reach the tumor.

But now, Keck Medicine of USC researchers may have discovered a way to break through the barrier and make immune checkpoint inhibitors effective for patients with recurrent, high-grade astrocytoma.

Investigators combined a minimally invasive procedure that uses laser heat to both destroy the tumor tissue and disrupt the blood-brain barrier with a common immune checkpoint inhibitor drug, pembrolizumab.

The results, published in February in *Nature Communications*, were striking. Nearly half of patients treated with laser interstitial thermal therapy (LITT), followed by pembrolizumab, were still alive at 18 months. None of the patients who received a conventional treatment of surgery followed by pembrolizumab were alive at that mark.

Additionally, more than one-third of patients treated with LITT and the immune checkpoint inhibitor lived more than three years, far exceeding the typical survival rate.

“These results suggest that LITT can help the immune checkpoint inhibitor pembrolizumab work more effectively against high-grade astrocytoma,” says David Tran, MD, PhD, chief of neuro-oncology with Keck Medicine, co-director of the USC Brain Tumor Center and lead author of the study. “Patients with this type of advanced cancer have few remaining options and poor outcomes, and this approach could meaningfully extend their survival time and provide new hope for patients and their loved ones.”

## Trial Investigates Stem Cell Treatment for Parkinson's Disease

**P**arkinson's disease is a progressive neurodegenerative disorder that affects more than one million people in the United States, with approximately 90,000 new cases each year. Although available treatments can help manage symptoms, there is currently no cure or therapy proven to slow progression.

Parkinson's disease is associated with reduced dopamine release in the brain. Dopamine is a neurotransmitter essential for movement, memory, mood and other functions. Research has shown that the tremors, stiffness, slow movement and other symptoms of Parkinson's disease are caused by the progressive loss of dopamine-producing brain cells, disrupting the brain's ability to regulate movement.

Keck Medicine of USC is conducting an early phase clinical trial investigating the safety and effectiveness of implanting specialized stem cells into the brain that have been programmed to replace damaged brain cells and produce dopamine.

“If the brain can once again produce normal levels of dopamine, Parkinson's disease may be slowed down and motor function restored,” says Brian Lee, MD, PhD,

a neurosurgeon with Keck Medicine and principal investigator of the study.

The therapy is a relatively new type of lab-generated stem cell called induced pluripotent stem cells (iPSCs). Unlike embryonic stem cells, iPSCs are adult cells, such as skin or blood cells, reprogrammed to a “blank slate” state capable of evolving into any type of cell.

“We believe that these iPSCs can reliably mature into dopamine-producing brain cells and offer the best chance of jump-starting the brain's dopamine production,” says Xenos Mason, MD, a neurologist who specializes in Parkinson's disease and other movement disorders with Keck Medicine and co-principal investigator of the study.

During the procedure, Dr. Lee drills a small hole in the patient's skull to access the brain, then implants the stem cells into the basal ganglia, a part of the brain that controls movement, under the guidance of magnetic resonance imaging (MRI).

“Our ultimate goal is to pioneer a technique that can repair patients' motor function and offer them a better quality of life,” Dr. Lee says.



There are hundreds of **clinical trials and studies** 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 open clinical trials, visit [clinicaltrials.gov](https://clinicaltrials.gov).

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### **Can an Immunotherapy Drug Stop a Rare Type of Sarcoma from Progressing?**

Researchers from USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, are conducting a phase II study, sponsored by Sarcoma Alliance for Research through Collaboration and in collaboration with Memorial Sloan Kettering Cancer Center, to determine if the immunotherapy drug tebentafusp can stop the progression of clear cell sarcoma (CCS). CCS is a rare, highly aggressive type of sarcoma (cancer of the bones and soft tissues). CCS occurs mostly in young adults and has a five-year survival rate of approximately 50%.

Tebentafusp works by targeting the antigen HLA-A\*02:01 on cancer cells. Researchers will examine whether CCS in HLA-A\*02:01-positive patients is progression-free after 5.5 months of tebentafusp treatment.

#### **What should patients expect?**

HLA-A\*02:01-positive CCS patients will receive weekly IV infusions of tebentafusp, up to a maximum weekly dose of 68 mcg. Treatment will stop if CCS progresses or if patients experience drug toxicity.

Patients will undergo periodic CT or MRI imaging to track disease progression. Some may also undergo a biopsy at baseline and at week six of treatment. Post-study, patients will be followed for five years to monitor disease progression.

#### **Who can participate?**

Patients 18 years and older with unresectable or metastatic CCS. Patients who test positive for HLA-A\*02:01 will be eligible for tebentafusp treatment. Patients who are HLA-A\*02:01-negative, meanwhile, will be enrolled in a separate study arm and treated with a different intervention. Exclusion criteria and more can be found at <https://clinicaltrials.gov/study/NCT06942442>.

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IMMUNOTHERAPY

## Saving His Voice

Continued from Page 13

After surgery, he says, he lost his appetite and some weight.

Following surgery, he began 25 days of radiation therapy over six weeks overseen by radiation oncologist Adam Garsa, MD, of the USC Norris Comprehensive Cancer Center, also part of Keck Medicine.

While radiation therapy can be challenging, it's highly effective. On the last day of his treatment, Sam breathed a sigh of relief and turned his focus to the next challenge: restoring his voice.

### Voice restoration

"As a voice actor, I was particularly anxious about regaining my voice and diction," Sam explains. "My salivary glands were damaged. My mouth was constantly dry. Scar tissue was tight in my throat, and neck muscles were raw."

Sam began working with a multidisciplinary team of nutritionists, physical therapists, speech pathologists and swallow therapists. Over the course of six months, they guided him through the recovery of his mouth and throat, helping his body relearn how to eat, swallow and speak.

"Thanks to daily vocal, jaw, neck and tongue exercises, I regained my voice," Sam says. "After months of physical therapy, my mouth strength and flexibility improved. And about a year after radiation, my taste and saliva came back."

Today, Sam reports that he's recovered. He continues to express gratitude for all of the physicians and providers who cared for him.

"I'm more or less back to normal thanks to the many doctors, nurses and therapists at Keck Medicine," he says. "They offered all sorts of support, treatment, counseling, therapy, dietary supplements, pharmaceutical help and regular check-ins."

### Easing the mind

Today, Sam's relieved to no longer be thinking about cancer every day.

"I wake up each day happy and healthy, without anxiety about the grim specter of mortality," he says. "When it does come up, I'm able to laugh about my experiences and share tips with other folks going through it."

Sam's favorite piece of advice: rely on others. During his own experience, he made use of a particular tip often shared by the Keck Medicine team to lean on his support system.

"I invited all my friends and family members to drive me to radiation appointments," Sam says. "I got to catch up with so many people I didn't see on a regular basis, and it reminded me how connected we all are."

He also has words of encouragement for other cancer patients.

"There will be times — many times — when it feels like you will never get better, when you start shutting down mentally and giving up spiritually. That's okay. It's part of the journey. But you owe it to yourself and your loved ones to convince yourself to keep fighting. Do anything you can to battle this beast. And eventually, something will work."

## A Sense of Freedom

Continued from Page 19

"We really encourage people to walk right away so they don't get debilitated," Dr. Starnes says.

Céline says that after she spent one night in the intensive care unit — a standard precaution after her type of surgery — physical therapists wasted no time getting her up and moving.

"Everyone was so patient and helpful, and they quickly had me going up and down the hallways with a walker," she says.

Céline was able to return home after five days in the hospital, and says she started feeling like her normal self again within weeks. According to Dr. Starnes, Céline's follow-up care will include annual stress tests for a few years.

"We achieved a good result, and I don't think [the congenital heart defect] will be an issue for Céline in the future," he says.

### New challenges

Céline is now running better than ever before. Since the surgery, she completed two half marathons and set personal records in both.

She also finished the New York City Marathon in November with a time of four hours and 38 minutes — 50 minutes faster than her previous marathon pre-surgery.

For the marathon, she joined the American Heart Association's Heart & Stroke team and used the platform to help raise funds and awareness about heart health.

"I was healthy my whole life and never would've imagined a heart issue," Céline says. "What I would want people to take away from my story is to listen to their body, and don't dismiss it when something feels off."

Find us online  
[KeckMedicine.org/magazine](https://www.KeckMedicine.org/magazine)



## Using 3D Imaging to Improve Surgical Outcomes

Advanced visualization, including 3D imaging and printing, is among the most impactful technologies of our time. They allow us to better understand the past, and to reimagine the future.

I believe that one day we may be able to benefit from using 3D-printed tissues or organs for life-saving transplants. But even before we get there, this technology is already transforming medical care for the better.

Here at Keck Medicine, we're using high-resolution medical imaging like CT and MRI scanners to create 3D-printed models of patients' organs that surgeons can use to plan, practice and guide procedures.

As an example, 3D imaging assists Keck Medicine orthopaedic surgeons with joint replacements. With a 3D model of a patient's pelvis, our surgeons can better determine which size device is most appropriate and the best spot to make the incision.

This is the magic behind the curtain. When surgeons can practice with an exact replica in advance, it makes the surgery safer and more precise. This also makes procedures faster, which can improve outcomes because patients don't need to be under anesthesia as long.

Patients may also benefit from holding a replica of their own organ in their hand. It can help them better understand their condition and treatment options. For instance, 3D imaging currently allows us to show patients with cancer how

their condition has changed after undergoing therapy.

And this is only the beginning. The scope of our 3D technology holds inspiring prospects for how we in the medical field can continue to grasp the mysteries of the human body – not only looking forward, but also in how we understand the past.

In February, our team conducted full-body CT scans on two Egyptian mummies that had been preserved for more than 2,200 years. We then created 3D digital models of the mummies, who are part of an ongoing "Mummies of the World" exhibition at the California Science Center (open through Sept. 7). Our analysis showed that one of these

Egyptian priests probably endured an aching lower back and healed broken ribs; the other, dental issues and a severely broken and displaced hip. These insights are both exciting and resonant with the ongoing experiences of human health.

One of the things I appreciate most about Keck Medicine is the commitment to innovation. My team works side by side with clinicians every day to determine how 3D imaging, visualization and printing can best be applied to improve patient experiences and outcomes. I'm excited to see how far we can take it and what the future brings.



**Summer Decker, PhD, leads 3D imaging for Keck Medicine and serves as director of the USC Center for Innovation in Medical Visualization with the Keck School of Medicine of USC.**

Ricardo Carrasco III

# KECK MEDICINE OF USC LOCATIONS

## Arcadia

**USC Arcadia Hospital**  
300 W. Huntington Drive  
**Family Medicine**  
57 Wheeler Ave., Unit D  
**Multiple Specialties**  
125 W. Huntington Drive,  
Buildings A & B  
**Multiple Specialties**  
301 W. Huntington Drive,  
Suites 107, 407, 607, 618  
**OB/GYN**  
289 W. Huntington Drive, Suite 202  
**Ophthalmology**  
65 N. First Ave., Suite 101  
**Orthopaedic Surgery**  
488 E. Santa Clara St., Suite 101

## Bakersfield

**Urology**  
9500 Stockdale Highway, Suite 202

## Beverly Hills

**Multiple Specialties**  
9033 Wilshire Blvd.,  
Suites 300, 305, 360, 400, 406

## Buena Park

**Oncology/Hematology/Radiation  
Oncology**  
5832 Beach Blvd., Suites 101, 201

## Burbank

**Maternal-Fetal Medicine**  
191 S. Buena Vista St., Suite 435

## Covina

**Urology**  
420 W. Rowland St., 2nd Floor

## Downtown Los Angeles

**Multiple Specialties**  
830 S. Flower St., Suites A100, B100

## El Segundo

**Orthopaedic Surgery**  
555 N. Nash St., Suite B  
**Physical Therapy**  
2101 E. El Segundo Blvd., Suite 101

## Glendale

**USC Verdugo Hills Hospital**  
1812 Verdugo Blvd.  
**Multiple Specialties**  
1808 Verdugo Blvd., Suites 112, 208,  
209, 318, 404, 413  
**Ophthalmology/Optomery**  
500 N. Central Ave., Suite 400  
**Orthopaedic Surgery**  
1818 Verdugo Blvd., Suite 300  
**Otolaryngology**  
222 W. Eulalia St., Suite 200

## Hollywood

**Maternal-Fetal Medicine**  
1300 N. Vermont Ave.,  
Suites 301, 905

## Irvine

**Oncology/Hematology**  
3500 Barranca Pkwy., Suite 200

## Koreatown

**Multiple Specialties**  
500 S. Virgil Ave., Suite 502

## La Cañada Flintridge

**Multiple Specialties**  
1751 Foothill Blvd., Suite 2  
**Otolaryngology**  
1370 Foothill Blvd., Suite 100

## Las Vegas

**Transplant**  
2911 N. Tenaya Way, Suite 106

## Los Angeles

**Keck Hospital of USC**  
1500 San Pablo St.  
**USC Norris Comprehensive  
Cancer Center and Hospital**  
1441 Eastlake Ave.  
**USC Healthcare Center 1  
(Building 1)**  
**Multiple Specialties**  
1510 San Pablo St.  
**Willametta Keck Day Healthcare  
Center 2 (Building 2)**  
**Multiple Specialties**  
1520 San Pablo St.  
**Norris Healthcare Center 3  
(Building 3)**  
**Multiple Specialties**  
1516 San Pablo St.  
**USC Healthcare Center 4  
(Building 4)**  
**Multiple Specialties**  
1450 San Pablo St.  
**Multiple Specialties**  
1640 Marengo St., Suites 100, 102,  
200, 500, 505  
**Optometry**  
835 W. Jefferson Blvd., Suite 1720

## \* Manhattan Beach

**Orthopaedic Surgery**  
400 S. Sepulveda Blvd., Suite 200

## Mission Hills

**Maternal-Fetal Medicine**  
11550 Indian Hills Road, Suite 380

## Monterey Park

**Cardiology**  
500 N. Garfield Ave., Suite 304

## Newport Beach

**Multiple Specialties**  
350 Old Newport Blvd.  
**Oncology/Hematology**  
330 Old Newport Blvd., Suites 100,  
200  
**Radiation Oncology/Imaging**  
4590 MacArthur Blvd., Suite 100



## Pasadena

**Infertility/IVF**  
55. S. Lake Ave., 9th floor  
**Maternal-Fetal Medicine**  
39 Congress St., Suite 301  
**Multiple Specialties**  
590 S. Fair Oaks Ave.  
**Multiple Specialties**  
625 S. Fair Oaks Ave.,  
South Lobby, Suite 400

## \* San Pedro

**Orthopaedic Surgery**  
1360 W. 6th St., Suite East F

## Santa Clarita

**Multiple Specialties**  
25751 McBean Parkway,  
Suites 110, 300, 305  
**Orthopaedic Surgery**  
23929 McBean Parkway, Suite  
200

## \* Torrance

**Orthopaedic Surgery**  
2990 Lomita Blvd., Suite B

## University Park Campus

**Multiple Specialties**  
1031 W. 34th St., Suites 100,  
304, 430, 450, 452, 500

\* As of May 1, 2026

Locations accurate as of 3-2026

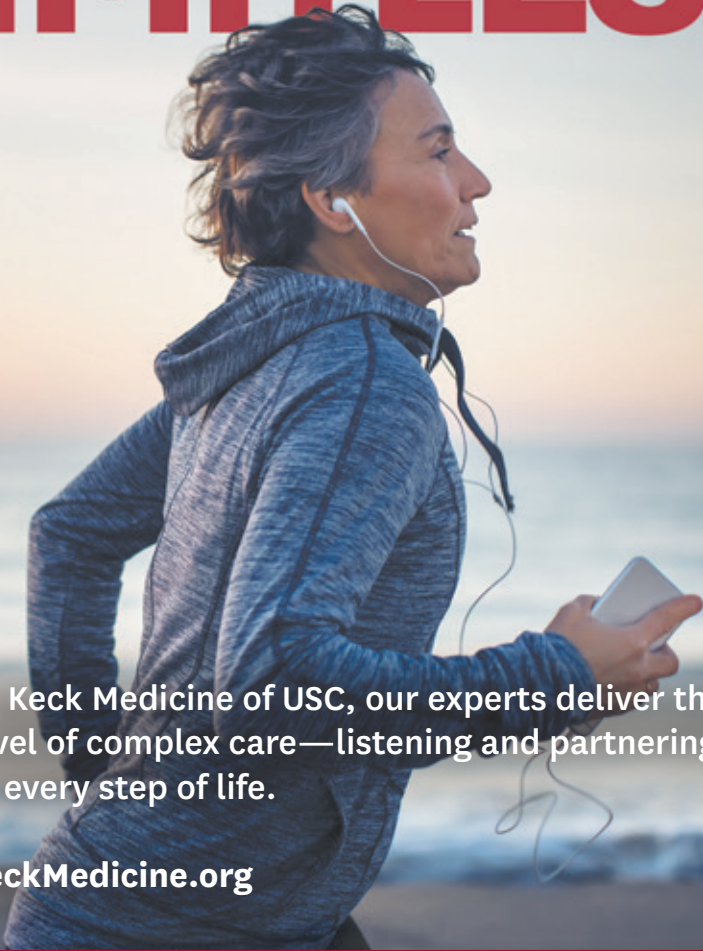
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At Keck Medicine of USC, our experts deliver the highest level of complex care—listening and partnering with you at every step of life.

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