

A Healing Movement | Hear, Here | A Fresh Start

USC health

2021
ISSUE TWO

A PUBLICATION OF
KECK MEDICINE OF USC

Keck
Medicine
of USC

BEYOND EXCEPTIONAL MEDICINE™

USC VERDUGO
HILLS HOSPITAL
SPECIAL EDITION



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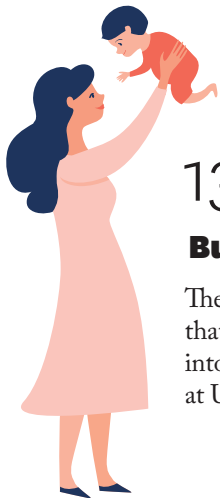
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A PUBLICATION OF KECK MEDICINE OF USC

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 40 outpatient facilities throughout Los Angeles, Orange, Kern, Tulare and Ventura counties.

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 2021-22 Best Hospitals and among the top three hospitals in Los Angeles and top five in California. The medical center was also nationally recognized among the top 50 in 12 medical specialties.

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Stay Well

DOCTORS AND OTHER CAREGIVERS AT KECK MEDICINE'S USC TRANSPLANT INSTITUTE HAD NOTICED A TROUBLING TREND: LOWER-INCOME PATIENTS WHO WERE WILLING KIDNEY OR LIVER DONORS WERE LESS LIKELY TO HAVE THE RESOURCES THEY NEEDED TO HELP THEM GET HEALTHY ENOUGH FOR SURGERY. AS A RESULT, THEY WERE LESS LIKELY TO MAKE IT THROUGH THE SCREENING PROCESS.

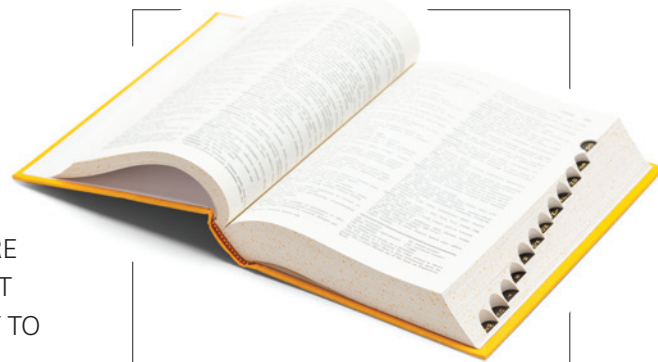
Several studies from Keck Medicine clinician-researchers have demonstrated that living-donor organ transplants, if available, are usually a patient's best option and patients tend to find donors within their immediate social circles. This added up to a big hidden health disparity: Patients who have lower incomes and education levels are less likely to find healthy living donors for transplant.

Susan Kim, MS, RDN, the clinical nutrition and wellness manager for the abdominal organ transplant program, suggested an innovative program to offer patients long-term support before and after surgery. The institute's directors gave her full support, and this fall, the pilot program launched. Interested organ donors in the new Living Donor Wellness Program receive long-term help to get healthy before surgery and stay healthy after recovery. The resources available include:

- Consultations with a registered dietitian for personalized nutrition plans
- Health coaching sessions with an occupational therapist
- Online and in-person fitness classes
- Regular telehealth check-ins
- A starter kit with an activity tracker, personalized meal plans, a blood pressure monitor, a wellness journal, and the Mindful USC app.

Jim Kim, MD, the director of kidney and pancreas transplantation at Keck Medicine as well as a clinical associate professor of surgery at the Keck School of Medicine of USC, and one of the driving forces behind the initiative, hopes that the program will help organ donors achieve lifelong good health after surgery. "This is an important step forward in our mission," he said. "We're here to make sure that everyone in our community gets the best possible care."

To learn more about the USC Transplant Institute, visit [transplant.KeckMedicine.org](https://www.keckmedicine.org).



what's the

Word?

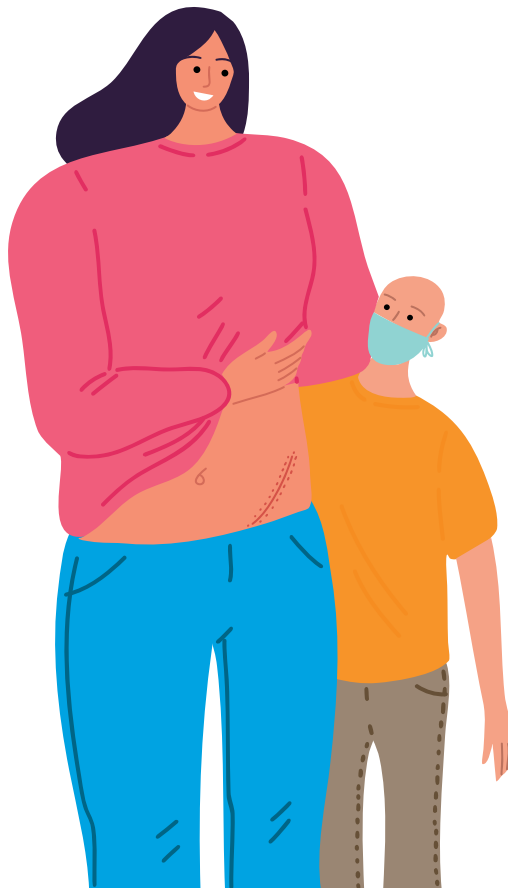
Pharyngitis

noun /,ferən'jɪdəs/

A sore throat caused by inflammation of the area behind the mouth and nasal cavity. It might accompany a cold or flu, but other causes include allergies, voice overuse, exposure to dry air or a burn from hot food or drink. It's good to know when pharyngitis is a sign of illness, so you can avoid getting others sick.

"You should see a doctor for a sore throat when you have a high fever, no cough, are not able to swallow or have thick white stuff in the back of your throat," says Anjali Mahoney, MD, a family medicine doctor at Keck Medicine of USC. "Most sore throats are viral and will go away with rest, hydration and pain control from ibuprofen or acetaminophen."

If you have pharyngitis and any of these symptoms, our expert physicians can help. Schedule an appointment by calling (800) USC-CARE (800-872-2273) or visit [KeckMedicine.org/family-medicine](https://www.keckmedicine.org/family-medicine).



VASECTOMIES

Myth vs. Reality

Misinformation is common, so learn the truth!

MYTH REALLY PAINFUL

REALITY

- ✓ 95% patients have mild pain
- ✓ No scalpels
- ✓ Numbing medication used



MYTH NOT REVERSIBLE

REALITY

- ✓ Reversals available but not 100% effective
- ✓ Expensive, can lower sperm count

MYTH EFFECTIVE IMMEDIATELY

REALITY

- ✓ Sperm levels near normal for 10 ejaculations
- ✓ Get tested by doctor



MYTH AFFECTS SEXUAL FUNCTION

REALITY

- ✓ Erections unaffected
- ✓ Testosterone still produced
- ✓ Sperm only 2% of semen



Regardless of whether a man has had a vasectomy, it's incredibly important for him to keep up with important screenings. Learn more about them on page 22.

Keck Medicine
of USC

BEYOND EXCEPTIONAL MEDICINE™

To make an appointment at
USC Urology, call (800) USC-CARE

The Big Question

It's understandable to want to enjoy the delicious foods that come with the holiday season. No one wants to feel like they're missing out! However, it's also important to keep eating healthy, which can be harder when enjoying a Thanksgiving feast or festive treats. Two physicians from Keck Medicine of USC weigh in on the Big Question:

How can I enjoy holiday foods while sticking to my healthy eating habits?



To avoid negative health consequences, a little planning ahead can go a long way. Before the season is upon us, it's good to think about which foods or flavors you know you don't want to miss, and think about how to prioritize those over all of the other excesses that will be around.

For example, if you're looking forward to pumpkin pie and spiced mixed nuts, make sure to get those a few times during the season to satisfy the craving, while keeping portions small (about the size of your fist).

Being mindful when eating is also a great idea — this way you enjoy your food more and can pick up on when your mouth just wants the flavor but your stomach is already satisfied. Once you're full, take a breather and drink some water so you avoid overeating. Lastly, be kind to yourself. One meal won't ruin your metabolism, but make sure it doesn't cause you to abandon healthy eating habits altogether. Have a healthy meal planned to follow the splurge or cheat meal.

Caitlin McAuley, DO
Primary care physician
USC Family Medicine



One way to enjoy delicious holiday foods in a healthy way is to track what you're eating. A food journal is a great tool for helping you stay on target with your goals, recognize patterns like emotional eating and avoid indulging too much in one day. A notebook or your phone's notekeeping app will do.

If you've eaten too much of something unhealthy, there's plenty of ways to get back on track.

Remember that slip-ups are part of being human, then forgive yourself and move forward. Avoid punishing yourself with fad diets. They aren't sustainable for most people, anyway. Stay as active as you can, too — it not only burns calories but has a host of other health benefits.

Finally, when considering your lifestyle habits, set specific goals. They don't have to be about the scale. They can focus on water intake, exercise or eating more vegetables.

Michelle P. Smith, RD, CDN, CSOWM
Bariatric dietitian
USC Bariatric Surgery and Weight Loss
Management Center

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

THE KECK EFFECT



Practicing With Heart

WHEN EMILY RORDEN, MSN, NP-C, IS NOT IN KECK HOSPITAL OF USC'S 7 SOUTH NEURO ICU, THE NURSE PRACTITIONER CAN BE FOUND SPENDING TIME WITH HER FAMILY — SHE AND COLLEGE SWEETHEART HUSBAND SEAN HAVE A FULL HOUSE WITH FIVE BOYS UNDER AGE 10.

What does it mean to be a nurse practitioner?

In my opinion a nurse practitioner is a vital part of the multidisciplinary team because we can extend the physicians, which means providing better care to the patient. Ever since I was young, I wanted to be a nurse. I decided to obtain my master's and become a nurse practitioner because I wanted more autonomy and to broaden my scope of practice. I get to perform procedures, play a larger role in the coordination of the patient's care plan and practice more independently.

What makes your job rewarding?

I absolutely love my job. One of the most rewarding parts of my job is the opportunity to connect with patients and families and provide additional education and support. As a health care team, we often meet patients at one of the most stressful times in their life and if I can spend a little extra time answering their questions and lessening some of their fear, that is very rewarding.

What would people be surprised to learn about you?

My all-time favorite city is New Orleans. It will forever hold a special place in my heart because my time living there has really shaped a lot of who I am today. My husband and I worked in the Ninth Ward shortly before Hurricane Katrina hit and our firsthand experience of some of the hardships of a lower-income community led us to decide to become foster parents. Now we have three sons — two biological and one adopted — and are fostering two brothers.

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Keck Medicine of USC has been recognized as being among the top hospitals in the nation for a record number of specialties — 12 — by U.S. News & World Report's Best Hospitals. At No. 10, urology was the medical center's highest-ranked specialty, followed closely by geriatrics (No. 11), gastroenterology and GI surgery (No. 12), ophthalmology (No. 13) and cardiology and heart surgery (No. 14). Seven other service lines — cancer (No. 20), pulmonology and lung surgery (No. 21), gynecology (No. 25), orthopaedics (No. 34), otolaryngology, or ear, nose and throat (No. 35), neurology and neurosurgery (No. 36) and diabetes and endocrinology (No. 48) — also placed in the nation's top 50.

Connect With Keck Medicine

Join us to discover news, tips for healthy living and more at:



Manage your health care in one easy spot by signing up for myUSCchart:

Text KECKPORTAL to 313131 or visit myUSCchart. KeckMedicine.org

Updates in leadership bring promising developments to Keck Medicine

KECK MEDICINE OF USC RECENTLY ANNOUNCED THE CREATION OF A NEW ENTERPRISE LEADERSHIP POSITION, PART OF A REVAMP OF THE EXECUTIVE OFFICE THAT INCLUDES THE NAMING OF A NEW CEO. STEVEN D. SHAPIRO, MD, STEPPED INTO THE ROLE OF SENIOR VICE PRESIDENT FOR HEALTH AFFAIRS AT USC, WHILE ROD HANNERS WAS NAMED KECK MEDICINE CEO.



Steven D. Shapiro, MD



Rod Hanners

Dr. Shapiro directly oversees Keck Medicine of USC and the Keck School of Medicine of USC, serves as a key member of the USC Health System Board and collaborates with the health system leadership to drive advances in medical research. He also oversees the education of the next generation of leaders in health care.

Dr. Shapiro came to USC from the University of Pittsburgh Medical Center, where he served as executive vice president and chief medical and scientific officer. There, he led the health services division, worked closely with the health plan and collaborated with the dean of the medical school to bolster innovative medical research.

Hanners has served as interim CEO since June 2020, overseeing Keck Medical Center of USC, USC Verdugo Hills Hospital and more than 40 outpatient facilities. He also oversees the medical faculty practice, USC Care Medical Group.

Hanners' leadership has already contributed significantly to Keck Medical Center ranking among the top 25 hospitals according to U.S. News & World Report's Best Hospitals. Keck Hospital has also received multiple "A" safety ratings from the Leapfrog Group and was awarded the 2020 Patient Safety Honor Roll award from the California Health and Human Services Agency, Hospital Quality Institute and Cal Hospital Compare.



USC Norris Comprehensive Cancer Center maintains prestigious designation



The National Cancer Institute has renewed its designation for USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, with the highest possible federal ranking. USC Norris has held this NCI designation since the rankings began in 1973.

"The renewal of this designation for USC Norris is a testament to our exceptional team of scientists, clinicians and staff who work tirelessly to generate breakthrough discoveries revolutionizing how we prevent, diagnose and treat cancer," said Caryn Lerman, PhD, director of USC Norris, H. Leslie and Elaine S. Hoffman Chair in Cancer Research and associate dean for cancer programs at the Keck School of Medicine of USC.

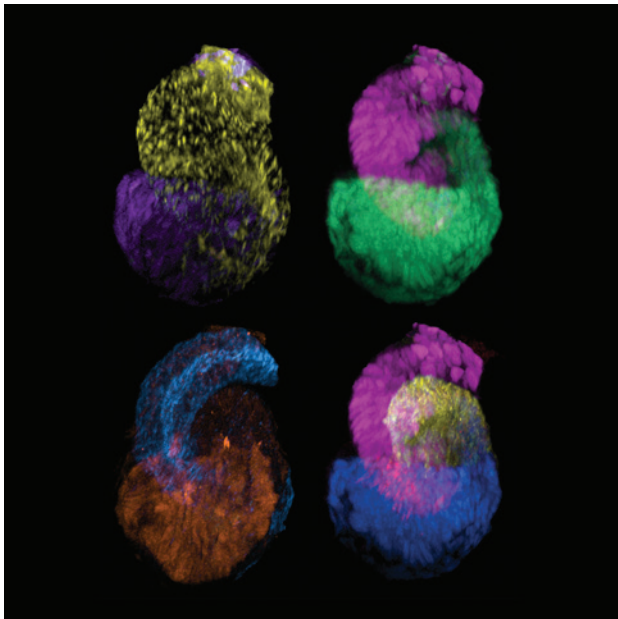
USC Norris has expanded to new care facilities, including locations in Koreatown, Pasadena, Buena Park and Arcadia. USC Norris has a rich tradition of collaboration across multiple USC Schools, Children's Hospital of Los Angeles (CHLA) and Los Angeles County + USC Medical Center.

To learn more or to make an appointment, call (800) USC-CARE or visit cancer.KeckMedicine.org.



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.**



In an effort to learn how kidneys can be built for patients in need of a replacement, scientists at the Department of Stem Cell Biology and Regenerative Medicine at USC are collaborating with Princeton University and the University of Edinburgh to analyze how kidneys form their filtering units, known as nephrons. Here, a superimposed image of several nephrons shows researchers the unique way these cells develop.

Image by Nils Lindström, PhD, principal investigator of the Lindström lab and assistant professor of stem cell biology and regenerative medicine at the Keck School of Medicine at USC. Provided by Lindström and Andy McMahon, PhD, W.M. Keck Provost and University Professor of Stem Cell Biology and Regenerative Medicine, and Biological Sciences, chair of the Department of Stem Cell Biology and Regenerative Medicine and director of the Eli and Edythe Broad Center for Regenerative Medicine and Stem Cell Research at USC.

Staying Better Together with a renewed outreach effort

In response to the ongoing pandemic, the Better Together health care consortium has launched a new campaign titled, "Get Back to Your Health." Utilizing television, radio, outdoor and digital advertising in multiple languages, the campaign aims to encourage everyone to get screenings, immunizations and other preventive care without delay.



The ads feature patient stories from all participating health care organizations, with voice-over for the television, radio and social video ads by broadcast legend Vin Scully and NBA icon Kareem Abdul-Jabbar.

The Better Together consortium first launched on May 5, 2020, with a mission to inspire Angelenos, acknowledge the hard work of all citizens of Los Angeles, especially caregivers, and to urge community members to seek medical care when they need it.

Current participants include Keck Medicine of USC, Cedars Sinai, Dignity Health, Providence and UCLA Health.



a healing movement

BY HOPE HAMASHIGE

After an initial diagnosis of simple cervical cancer, Amy Jordan sought a second opinion with USC Norris Comprehensive Cancer Center's Laurie Brunette, MD — which Amy says saved her life.

As a master Pilates instructor and founder of WundaBar Pilates, Amy Jordan's health and fitness are a major focus in her life. So when she began to have pelvic pain and had an episode of unexpected bleeding in May of 2020, she immediately made an appointment to see her gynecologist. That set her on a journey that would bring her to Keck Medicine of USC and the oncologists at USC Norris Comprehensive Cancer Center.

Although Amy had a Pap smear just a few months earlier that did not suggest cancer, when her doctor performed a second pelvic exam in May there was a cervical mass that biopsies confirmed was cancerous. He referred her to a gynecologic oncologist for treatment.

The first gynecologic oncologist she saw confirmed her cancer diagnosis but gave her a somewhat rosy prognosis. That doctor said the treatment would be simple and promised she wouldn't lose a day of work or a strand of her hair. Fortunately, Amy wanted a second opinion. A friend suggested she see Laurie Brunette, MD, a gynecologic oncologist at USC Norris.

"Getting a second opinion at USC from Dr. Brunette saved my life," Amy says.

After reviewing the cervical biopsy report, Dr. Brunette noticed details that were missed by her previous doctors. She suspected that Amy actually had a rare and extremely aggressive form of cancer called neuroendocrine cervical cancer. She ordered additional tests and confirmed this was the correct diagnosis.

Only about 1% to 2% of all cervical cancers are neuroendocrine carcinomas. It is the most life-threatening form of cervical cancer because it develops quickly and spreads rapidly and by the time it is found, it is often very advanced. Because it is so aggressive, it also requires an intense multimodal treatment plan that employs surgery, radiation and high-dose, multi-drug chemotherapy.

"Neuroendocrine cervical cancer is notably more aggressive, but my goal was to cure her," says Dr. Brunette, who is also an assistant professor of clinical obstetrics and gynecology at the Keck School of Medicine of USC. "We got her treatment started as quickly as possible and it was intense from the beginning."



“I wanted to normalize healing movement — even in a healing crisis. Sharing that was critical to my mental and physical recovery.”

A week after meeting Dr. Brunette for the first time, Amy sat down in an infusion suite at USC Norris. For the next nine hours, she received her first round of a combination of two chemotherapy drugs. Her tumor was too large to be removed surgically, so Dr. Brunette had to try to shrink it with chemotherapy before she would be able to operate.

Though Amy had little time to prepare for what was about to happen, she was aware that her cancer treatment was likely to tax her mind and body in new ways.

“I couldn't promise my kids that I was going to survive. Instead, I told them I promised to do my absolute best work to get through it and that my doctors were going to do their best work too,” Amy says.

Fortunately, she had a lot going for her from the beginning. She was young, only 44 at the time of her diagnosis, and otherwise extremely healthy. And she had years of Pilates training, which she continued to practice and teach throughout her treatment.

Amy knew that keeping up with her practice was going to help get her through. A core principle of Pilates is that movement promotes healing, so continuing to teach and practice Pilates was one way she committed to helping her body recover and heal. Even when she was not able to perform the moves with her normal intensity, she carried on because doing so aligned with one of the key messages of the WundaBar approach: that movement is beneficial to everyone, no matter what their ability or intensity.

“At WundaBar Pilates, we work with fitness lovers, pregnant women, Olympians, teenage athletes, senior citizens and everyone in between,” Amy says. “I wanted to normalize healing movement — even in



Laurie Brunette, MD

a healing crisis. Sharing that was critical to my mental and physical recovery.”

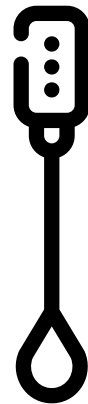
She also knew that, for her, getting through her treatment was going to require keeping her thoughts positive and her mind calm. Here too, Pilates was helpful through her months of treatment.

“Pilates takes you out of your negative head space because it forces you to focus on what you are doing in that moment,” Amy explains.

She also leaned on prayer and meditation to help promote positive thoughts and focus on the end goal: finishing her treatment and getting a clean bill of health. She was also fortunate to have a close and devoted circle of friends and family to shuttle her to appointments and help with the tasks of everyday life.

Once she made it through the initial rounds of chemotherapy, the plan was to perform a radical hysterectomy on Amy and to follow that up with additional chemotherapy combined with radiation. While Amy was recovering from surgery, Dr. Brunette found a recent study that suggested better outcomes for patients who continued with multi-drug chemotherapy during the radiation.

“She spent time and energy to learn more about this very rare cancer and updated her approach based on what she learned,” Amy



Pap Quiz:

When and How Often?

Having regular Pap tests beginning at the age of 21 can save your life. The Pap test can detect cancer when it is small, has not spread and when treatment is most successful. It also can detect changes in the cervix long before cancer develops.

While most women have a Pap test — commonly known as a Pap smear — every three to five years, how often you need to be tested depends on your age, risk factors and family history. Your primary care doctor or gynecologist can help you understand your risk factors and design a screening schedule based on your individual needs.

Unfortunately, there is no other reliable way to screen for other types of gynecologic cancers, such as ovarian or uterine cancer. If you have pelvic pain, vaginal discharge or unexpected bleeding between periods or after menopause, you should see your doctor right away as these can be warning signs of gynecologic cancer.

Continued on pg. 26



Amy Jordan, who founded Wundabar Pilates, continued to teach throughout her treatment for cervical cancer.

GET BACK TO



YOUR DOCTOR YOUR HEALTH YOUR JOY

Too busy to go to the doctor? Delaying your annual screenings? Preventive care helps identify health issues early before they become more serious – and allows you to enjoy the things you love. Because nothing is more important than your health. If you're putting off care, make that appointment today. We're here to take care of you.

To see stories of Angelinos who overcame health challenges, thanks to preventive, timely care, go to [bettertogether.health](https://www.bettertogether.health)

#WeLoveAHealthyLA

Keck Medicine
of USC

UCLA Health





BY AMANDA BUSICK

Bundles of Joy

While birthrates fell nationwide during the COVID-19 lockdown, USC Verdugo Hills Hospital was home to a very busy labor and delivery department — culminating in their highest monthly number since the hospital was purchased by USC.

During the early days of the COVID-19 pandemic and stay-at-home orders, some media outlets were theorizing that couples having more time together would lead to a baby boom. However, as 2020 went on, experts who predicted a baby bust were proven correct when the nation's birthrate fell over 8.5%. A notable exception to this trend was USC Verdugo Hills Hospital (USC-VHH), which delivered 600 babies in 2020, an increase of nearly 50% from 2019. This upward trend has continued into 2021, with an August high of 67 babies.

One reason mothers have been choosing USC-VHH to have their babies is the supportive and all-inclusive environment that has evolved even more during the pandemic.

From pregnancy and parenting classes and virtual tours to special private meals for new parents, labor and delivery at USC-VHH has become a safe oasis during the pandemic.

“We have developed a wonderful relationship with our obstetricians and created a collaborative, supportive environment for them and the mothers who entrust them to deliver their babies. We have focused on adding additional support, the NICU and laborists, to provide a higher level of care capabilities,” said Kenny Pawlek, USC-VHH’s chief operating officer. “During COVID-19, we’ve stressed safety for our moms, parents, babies, MDs, nursing team and employees.”

Through the hospital’s Beginnings Family Birth Center, USC-VHH continues to offer private labor, delivery and recovery suites, a state-of-the-art neonatal intensive care unit and individualized, inclusive birth plan policies. In-person maternity classes have resumed with precautions in place for expecting parents, including childbirth preparation, infant care, breastfeeding, and infant CPR and safety.

To learn more or to make an appointment, call (818) 533-6560 or visit [uscvhh.org/bundles](https://www.uscvhh.org/bundles).



back in the game

For 16-year-old Kaisa Lindman Marshall, it took the USC Orthopaedic Surgery sports medicine physicians at USC Verdugo Hills Hospital to get her back on the soccer field.

BY ROBIN HEFFLER

In January of 2020, shortly before her 16th birthday, Kaisa Lindman Marshall was enjoying one of her favorite sports when her world was suddenly turned upside down and an emergency call to a USC Verdugo Hills Hospital surgeon saved the day.

While playing in a soccer game at Crescenta Valley High School in La Crescenta, the Glendale resident planted her right foot in a defensive position when an opponent ran into Kaisa's lower right hip, causing her knee to bend painfully inward, according to her mother, Kari.

"The team trainer determined that Kaisa needed a doctor," Kari recalls, "so I called Dr. Owens on his cell phone because we're neighbors and friends, and he had helped when my other two daughters had sports injuries."

Stephen G. Owens, MD, is a physician at Keck Medicine's USC Orthopaedic Surgery who specializes in orthopaedic surgery and sports medicine at USC Verdugo Hills Hospital (USC-VHH). Dr. Owens went to Kaisa's home, examined her and determined she probably had a torn anterior cruciate ligament (ACL), the major stabilizing tissue that holds the knee together. An MRI the next day confirmed his tentative diagnosis.

"I was pretty devastated," Kaisa says. "It was scary, traumatic and painful, and I was afraid for my soccer future. But I appreciated how fast Dr. Owens came to my aid, and how clear he was explaining everything."



Dr. Owens, who mostly treats knee, shoulder and hip injuries, says his extensive experience with young athletes told him that surgery to reconstruct the torn ACL was essential.

“This kind of injury results in chronic instability in the knee, especially during rotating or pivoting movements that are inherent in sports,” says Dr. Owens, who is also a clinical assistant professor of orthopaedic surgery at the Keck School of Medicine of USC. “And it would continue to buckle and give out, not just during sports, but even with daily activities. The alternative would be ‘wait-and-see’, which we might do with someone older, less active and not involved in sports.”

First, though, they had to wait for the swelling to go down. And when the pain had decreased several days after the injury, Kaisa began physical therapy to improve her leg’s range of motion and strength. Four weeks after the ACL tear, Kaisa went to USC-VHH for minimally invasive outpatient surgery.

“To reconstruct the ACL, I used special tools to go into the knee through a one-quarter-inch incision to position and secure a graft taken from the large tendon connecting her kneecap to her leg bone,” Dr. Owens explains. “To help with healing, we injected platelet rich plasma (PRP) taken from her blood.”

This is one of the most common procedures performed at USC-VHH through the USC Epstein Family Center for Sports Medicine, which has medical specialists trained to treat a wide range of sports-related injuries. “We can lean on and refer to each other when a patient’s issue is not in our area,” Dr. Owens says. “For me, that would be spine, hand, ankle or foot problems for which

colleagues could provide great treatment.”

In addition, Dr. Owens and the USC Orthopaedic Surgery physicians have spent years building relationships with trainers at local high schools and at Glendale Community College, helping to ensure continuity of care for student athletes.

Teens like Kaisa, Dr. Owens says, have good outcomes not only because of the procedures, but also because they follow instructions for post-operative care.

“She started physical therapy at home the day after surgery,” Kaisa’s mother Kari says, “and then went twice a week for more than a year to get her soccer-fitness ready.” Because of the COVID-19 pandemic, Kaisa went back to practice in January 2021 and her first game was in February.

“I feel amazing now,” says Kaisa, who was captain of the soccer team for the season. “I’m able to do all the things I want to do. I’m back to soccer, running, spikeball and volleyball. I do CrossFit at a gym, and it’s rare that I have knee pain. I’m stronger now than I’ve ever been.”

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



Stephen G. Owens, MD

Piano Man

BY MELISSA MASATANI



A handwritten card.
A flower arrangement.
A box of doughnuts.



For Patrick Palomo, none of these options seemed like enough to thank the clinicians and staff at USC Verdugo Hills Hospital (USC-VHH) after his treatment for prostate cancer. So the celebrated jazz pianist did what he does best — played a concert at the hospital.

“Even though I have been blessed to record my own music and perform for years, when we put this concert together I didn’t want to give the impression that I’m just trying to show off,” Patrick says. “I wanted to share what I’ve done my whole life with the hospital staff.”

Patrick grew up in Guam as the son of two educators who shared their love of music with their six children. Patrick found success playing the piano, composing music, recording albums and performing around the U.S. and Asia.

A few years ago, his doctors in Guam found his prostate-specific antigen levels were rising. They began diligently monitoring his health, keeping a close eye on these PSA levels. At the beginning of 2021, they told him it was time to get treatment.

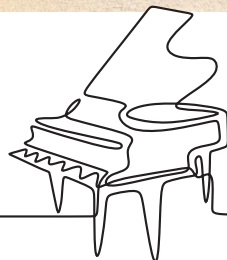
That’s when he found René Sotelo, MD, a urologic surgeon at Keck Medicine of USC who is an expert in advanced laparoscopic and robotic surgeries. After arriving in March for his surgery, Patrick would stay until June to make sure he could be seen at USC-VHH throughout his recovery and cleared to return to Guam.

Once word of his upcoming treatment spread, residents of the U.S. island territory gathered to support Patrick, raising money to help with the costs of his treatment as well as the time he would spend in California.

“I just felt that everything that happened to me was such a blessing,” Patrick says. “It felt like the hand of God was on me while I was taking this journey, from the very start up through the point where everyone I was meeting at Keck Medicine was nothing short of impressive.”



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hear, here

BY CANDACE PEARSON

A delicate and complicated ear canal surgery by John Oghalai, MD, chair of the USC Caruso Department of Otolaryngology – Head and Neck Surgery at Keck Medicine of USC, gave Jake Valtierra his dream come true — the chance to truly hear the music.


Turn the
page for
more



© Kremer, Johnson Photography

When Jake Valtierra awoke at Keck Hospital of USC in December 2020 from surgery to rebuild the inner workings of his right ear, for the first time the world was in beautiful surround sound — and it was, he says, “amazing.”

One of the first things he did: pop his ear buds into both ears and listen to “Thunder Road” by Bruce Springsteen. “I can hear the lyrics word for word and recite them all day,” Jake says with pure joy. “Not only that, I can even turn down the volume and still hear!”

For Jake, 41, stereo hearing had eluded him until that moment, despite two previous surgeries. Born without a functioning ear canal, and with a damaged ear drum and malformed middle ear bones, Jake was essentially deaf on his right side. He could feel vibrations but little else.

The condition is called congenital aural atresia, for the absence or abnormal narrowing of an opening or passage in the body.

Repairing it is “one of the most delicate surgeries we do,” says Jake’s surgeon, John Oghalai, MD, chair of the USC Caruso Department of Otolaryngology – Head and Neck Surgery at Keck Medicine of USC. “In fact, it’s so delicate that many ear specialists won’t even attempt it.”

Surgeons who don’t perform ear canal atresia surgery frequently offer the simpler alternative of a bone-anchored hearing aid, which vibrates the skull to conduct sound. But, like with any mechanical aid, the wearer can have hearing gaps.

“I like to be able to restore normal hearing,” Dr. Oghalai says. “I’ve been gratified by the results of my patients like Jake.”

Learning to Cope

Growing up in El Paso, Texas, Jake learned how to compensate for his hearing deficit. He sat close to the front of classrooms, avoided sports that might injure his head and tried to direct his left ear to anyone talking — not easy in a crowd. He felt off balance and occasionally left out.

Some children are born with bilateral atresia, with poorly or undeveloped ear canals, ear drums and middle ear bones on both sides. For all children with atresia, whether unilateral or bilateral, the experts at the USC Caruso Department of Otolaryngology – Head and Neck Surgery recommend a speech and language evaluation by 2 years of age. “Children can quickly miss normal milestones without healthy hearing,” Dr. Oghalai says.

Because Jake had hearing on one side, his parents and pediatrician decided not to correct the problem of his faulty ear canal. It was a tricky surgery, after all.

By the time Jake reached his junior year in high school, his pediatrician's son had started a medical residency in otolaryngology at Johns Hopkins University, and the conversation about Jake's options expanded. The 17-year-old found himself meeting with the late surgeon John Niparko, MD, in Baltimore. It was December 1996.

Dr. Niparko partially opened up Jake's right ear canal and removed tissue that blocked the canal and middle ear bones. Jake didn't fully regain his hearing, but it was better than ever. "With my earphones on, I could actually hear music in my right ear," Jake remembers, "but I still couldn't make out all the lyrics."

Jake moved to California to earn his bachelor's degree, then returned to Texas to get an MBA and start his career in education, first as a high school teacher, then moving on into school administration.

But the clarity he had gained faded. Multiple infections took their toll and, by 2014, he felt pressure on the right side of his head and debris spilled from his ear. "I got scared. I didn't understand what was going on," he recalls.

"Getting my hearing back gives me more drive to keep pushing forward and see what lies ahead."

He tried to find a specialist in the El Paso area but the few who met with him said they didn't feel comfortable taking on his case.

He reached out to Dr. Niparko, and found the surgeon had moved to Los Angeles to head up the USC Caruso Department of Otolaryngology – Head and Neck Surgery. Jake booked his ticket west and, 18 years after his first surgery, underwent a second procedure with Dr. Niparko, who again reopened the collapsed ear canal.

With some hearing restored, Jake took a new job as a middle school assistant principal, married and began a family. This time, the sounds receded more quickly.

Another Chance

By 2020, as the COVID-19 pandemic hit, Jake's right ear was again closing up. Jake called Keck Medicine, only to discover that Dr. Niparko had died a few years earlier. But Dr. Oghalai examined Jake's record and saw signs he might be able to help him.

In October, Jake underwent a hearing test in Dr. Oghalai's office. Jake couldn't hear much with his right ear, but when Dr. Oghalai vibrated the skull with a hearing device, Jake suddenly heard extremely well. "So I knew his inner ear was functioning fine and we just had to get sound to that inner ear," Dr. Oghalai says.

Two months later, Dr. Oghalai created a new ear canal and new ear drum for Jake, then lined the new canal with a skin graft from Jake's thigh. The surgeon also implanted an artificial middle ear bone to replace the malformed bones and connected everything with a titanium prosthesis to the cochlea, the spiral-shaped cavity of the inner ear that sends sound vibrations to the brain.

Jake didn't stop his post-surgical celebration with Springsteen; he sampled AC/DC, Jack Johnson, Shakira and other favorite artists. All came through loud and clear.

Back home in Texas, he is enjoying every whisper of family life with wife Marissa and their kids Julian, Celina and Elijah. At work, where he is now principal of an El Paso high school, he says, "I feel more empowered." He no longer has to strategize where to sit in meetings to improve his odds of hearing or keep asking others to repeat things.

"I'm proud to be able to have helped him," Dr. Oghalai says, "and to think that, by doing so, it will help him teach the next generation."

"Getting my hearing back gives me more drive to keep pushing forward and see what lies ahead," Jake says. "I have Dr. Oghalai and Keck Medicine to thank for that."

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



John Oghalai, MD





a fresh start

With help from her family and Keck Medicine of USC's Bariatric Surgery and Weight-Loss Management Center, Brianna Villanueva is primed for long-term success.

BY LEX DAVIS

Brianna Villanueva wanted change. She was starting to experience chronic pain — in her 20s.

“I had been struggling with my weight for as long as I could remember,” Brianna says. The extra pounds were contributing to the increasing health problems she faced, so she turned to her family for guidance.

Because her sister and mother had each had success with bariatric surgery, Brianna went to one of Keck Medicine of USC’s regular patient seminars to see if she could get help managing her weight. Keck Medicine’s Bariatric Surgery and Weight-Loss Management Center provides these classes for anyone who wants to learn more about weight loss.

When Brianna came in for her consultation, Kamran Samakar, MD, MA, director of Keck Medicine’s bariatric surgery program, knew she was an excellent candidate. “She was super motivated,” he recalls. “It’s always good when someone has family members who have had the surgery. They understand that this is a long-term process. They know the potential pitfalls, and the family members who have done this are a kind of built-in support system.”

Support and a long view are key to all the caregivers at the Weight-Loss Management Center. “Success with weight-loss isn’t a moment. It’s a journey,” Dr. Samakar explains. “This isn’t just about a surgical procedure for us. We want to give our patients positive forward motion that lasts a lifetime.”

In addition to having a supportive network of friends and family, Brianna had done a lot of important work: She was active and she had learned a lot about nutrition on her own. Dr. Samakar was impressed.

“She just had a few factors that were unfortunately holding her back, like a strong genetic susceptibility to holding weight,” Dr. Samakar says. “It was like she was swimming upstream on her own. She just needed the additional help that surgery could give. Some people, if they’re already active, that first boost of losing 30 or 40 pounds puts them on a great positive spiral.”



Kamran Samakar, MD, MA

“Over the past year, I’ve learned to be kind and patient with myself.”

Brianna dug in hard to get her mental and physical clearances for surgery. To make sure every patient has the best possible launch for success, the Keck Medicine program requires both before surgery.

“Trying to change my habits slowly prior to surgery was the most difficult part,” she says. “I have struggled with anxiety and depression, and that had made it difficult to lose the weight.”

Brianna worked with her counselor and the Keck Medicine dietitians, then Dr. Samakar performed a sleeve gastrectomy, where a portion of the stomach is surgically removed.

“That’s often a good choice because it’s a low-risk procedure,” Dr. Samakar says. “But it’s a personal choice for every patient. We look at your situation and your goals and see what works for you.”

The surgery was a success, but Brianna’s journey wasn’t over. She continued to work with her own counselor and attended the bariatric program’s support groups. Keck Medicine’s weight management program is unique in Southern California

because long-term support, including lifelong annual check-ins with dietitians, is included in the cost of the surgery.

That’s very much a part of the design, Dr. Samakar says. “A lot of places, you’ll get hit with a ‘program fee’ for thousands of dollars. You don’t see that with us. We know that everyone needs the support for long-term health, so it’s built in.”

In Brianna’s case, she knew she was feeling relief from her chronic pain, but couldn’t see her progress. But her perseverance paid off. Brianna has maintained a 60-pound weight loss — even throughout the pandemic — and though the journey has been challenging, she says she wouldn’t change a thing.

“Over the past year, I’ve learned to be kind and patient with myself. I can appreciate my body for what it is — not that I have lost or gained weight, but that it is. I have it, and it’s healthy.”

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

Screen Time

BY KATE FAYE

November is Men's Health Awareness Month. Three of Keck Medicine of USC's experts weigh in on routine screenings and more serious issues that can affect urological health.

Find us online
[uschealth.
KeckMedicine.org](http://uschealth.KeckMedicine.org)



For prostate cancer

When you turn 50, it's a good idea to start yearly prostate exams. If you have a family history of prostate cancer, start at 40. "Those in the African American community should be more vigilant," says Dr. Gill, Distinguished Professor and chair of the Catherine and Joseph Aresty Department of Urology, Shirley and Donald Skinner Chair in Urologic Cancer Surgery and associate dean of clinical innovation at the Keck School of Medicine of USC. "There is some evidence that if they have cancer, it may be late to be detected and may potentially have more aggressiveness to it." He adds that if you have symptoms like difficulty urinating, go in right away. The exam consists of a quick, painless digital exam of the prostate and a blood test to check your prostate-specific antigen (PSA) levels.

For testicular cancer

It's one of the most common cancers among young people, with the typical patient's age between 25 and 39. So it's a good idea to do a self-check in the shower every now and then. If you go to the doctor with a mass, they'll feel it and give their assessment. "The good thing is that men typically have two testicles so there's usually a normal testicle to compare to," says Dr. Djaladat, who is a professor of clinical urology at the Keck School. "We also examine the abdomen and the groin because this cancer typically spreads to lymph nodes." They'll also check the lymph nodes in your chest, give you a blood test, or even a scrotal ultrasound, if needed.

Also worth checking out

If erectile dysfunction happens regularly, it's time to see a doctor. "If you are over 30 and have erectile dysfunction, we screen for cardiovascular disease because it's one of the earliest signs of heart problems," says Dr. Loh-Doyle, an assistant professor of clinical urology at the Keck School. He adds that many patients come to him without having another doctor. If this is you, USC Urology physicians will refer you to a Keck Medicine doctor in internal or family medicine to check your heart health. This integrated care provides an important advantage: keeping everyone involved in the loop.

All three of these doctors agree that the best way to stop being embarrassed or afraid is to just get checked. Talk to your doctor! You'll either get professional confirmation that everything is okay, or — if your results come back concerning — you'll at least know that a dangerous disease was caught early, when it's easiest to treat.

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

Routine urological screenings can be among the toughest to get, whether out of embarrassment, fear or even simply not knowing which screenings to get at what age.

When it comes to feelings of embarrassment, Jeffrey Loh-Doyle, MD, a urologist with Keck Medicine's USC Urology, states that it's important for clinicians to address those feelings: "It's our job to make you feel as comfortable as possible."

His colleague Hooman Djaladat, MD, adds, "Men's health and screening is very important. When tumors are detected early, the chance of cure is much, much higher."

But some of the toughest folks out there can feel more than embarrassed — they may even be afraid. To relieve any fear or embarrassment, these two experts, along with USC Urology's Founding Executive Director Inderbir S. Gill, MD, have explained what patients can expect.



Inderbir S. Gill, MD



Hooman Djaladat, MD



Jeffrey Loh-Doyle, MD

Racial and ethnic disparities discovered in postoperative breast cancer surgery outcomes

BY ALISON RAINEY

A USC NORRIS COMPREHENSIVE CANCER CENTER STUDY FOUND THAT HISPANIC AND NON-HISPANIC BLACK WOMEN HAD AN INCREASED LIKELIHOOD OF VISITING AN EMERGENCY DEPARTMENT FOLLOWING SURGERY.

Up to 13% of women getting treated for breast cancer will have a postoperative visit to an emergency department. According to a new study from USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, there is a greater likelihood that Hispanic and non-Hispanic Black women will undergo such a visit within 90 days than non-Hispanic white women.

“It is well-documented that women of color consistently experience worse outcomes in breast cancer. For example, they tend to be diagnosed with later-stage cancer and experience longer delays in treatment. We wanted to see if this disparity was reflected in emergency department visits following surgery,” said Mary Falcone, PhD, a research scientist at USC Norris and lead author of the study, which was published in the journal *Breast Cancer Research and Treatment*.

Led by Caryn Lerman, PhD, director of USC Norris, researchers used data from the California Cancer Registry and California’s Office of Statewide Health Planning and Development to identify approximately 151,000 women in California who were



treated surgically for stages 0-3 breast cancer between 2005 and 2013.

After examining other potential influences on emergency room visits, they discovered that non-Hispanic Black women had an almost 40% greater chance of an emergency room visit and Hispanic women an 11% greater chance than non-Hispanic white women.

The study tracked both breast cancer-related emergency department visits and non-breast cancer-related visits. Among the breast cancer-related visits, the most common reasons included complications from surgery or other treatments, such as chemotherapy. The study also found increased rates of emergency department visits for women covered by Medicaid and Medicare versus commercial insurance.

Receiving surgery at a National Cancer Institute (NCI)-designated comprehensive cancer center, such as USC Norris, was associated with reduced odds of an emergency department visit across all demographics.

“We hope our study can shed light on a previously unreported problem and in doing so, guide the development of interventions to reduce the burden of cancer for patients,” Falcone said.

A fitness tracker that helps doctors do their job

BY LEX DAVIS

What if your watch could warn your surgeon about a heart arrhythmia? Keck Medicine of USC is a key partner in a new program that may allow people to do just that.

Wearable health devices continue to become more popular every day. And it's no wonder — they track activity levels, heart rates and even sleep patterns. However, they haven't been clinically tested yet, which means the data isn't useful to doctors.

Keck Medicine has partnered with Caltech, the University of Arizona and Baylor College of Medicine to found the Center to Stream Healthcare in Place (C2SHIP), which recently received a continuing National Science Foundation grant of \$3 million.

The collaborating scientists will develop wearable devices that collect information with a clinical level of rigor, allowing clinicians to monitor patients remotely and give “care in place,” like check-ins and advice, without the patient having to travel to a doctor.

Director of the Keck Medicine study site David G. Armstrong, DPM, PhD, a professor of surgery at the Keck School of Medicine of USC, is excited about the potential.

“Our big goal is to leverage common sense and technology to maximize hospital-free and activity-rich days for our patients.”



People who manage their asthma can improve their chances against COVID-19

BY LEIGH HOPPER

Asthmatics who have their illness well under control have less severe COVID-19 outcomes than those with uncontrolled asthma, according to a large study conducted by USC and Kaiser Permanente Southern California.

The findings, published in *The Journal of Allergy and Clinical Immunology: In Practice*, suggest that asthma patients — especially those who require clinical care — should continue taking their asthma medications during the COVID-19 pandemic.

“Anyone with asthma should continue to work with their health care provider to ensure they are getting the best treatment for their asthma, which leads to better asthma control and decreases the likelihood of severe COVID-19 outcomes,” said Zhanghua Chen, PhD, co-lead author of the study and an assistant professor of population and public health sciences at the Keck School of Medicine of USC.

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.

APT Webstudy

If you are 50 years of age or older, now is the time to join the Alzheimer Prevention Trials Webstudy (APT Webstudy) and help fight the fight against Alzheimer's. The APT Webstudy, which is being conducted through the USC Alzheimer's Therapeutic Research Institute (USC ATRI), is an online memory and thinking research study aiming to accelerate enrollment into Alzheimer's clinical trials.

What should you expect?

Participants will have their memory assessed every 3 months and will be tracked over time, all online. If it is found that you are at increased risk for developing Alzheimer's, you may be invited for an in-person evaluation that may include additional memory tests, brain scans and blood tests. If eligible, you will then be provided the opportunity to enroll in a clinical trial aimed at preventing the cognitive decline associated with Alzheimer's.

Who can participate?

Anyone age 50 and older is invited to join the APT Webstudy — it's simple, at no-cost, and there are no other eligibility criteria. And because it's done all online, you can do this from anywhere at any time! All you need is an Internet-connected device and have an interest in participating in Alzheimer's research studies.



Why should I join?

- Access to secure, personalized, web-based tools to assess and track your memory and thinking performance
- You may have the opportunity to participate in no-cost comprehensive memory evaluations at one of our nationwide clinical sites
- You could be matched with the opportunity to participate in Alzheimer's prevention clinical trials
- It's easy and at no-cost
- You could help prevent and put an end to Alzheimer's disease
- Participants will receive the latest Alzheimer's news and research findings

We need your help!

Did you know the majority of research studies are delayed because they can't recruit enough people at the start? We hope you will consider joining the APT Webstudy!

If you, a family member, or a friend would like to learn more about joining the Alzheimer Prevention Trials Webstudy, go to aptwebstudy.org.

a healing movement

Continued from page 10

says. "That says a lot about Laurie and about the kind of care I was getting at USC."

Dr. Brunette operated on Amy and oversaw her chemotherapy. She notes that, while gynecologic oncologists are trained to do both, not all of them continue to administer chemotherapy and other cancer drugs in their practice.

"All of the gynecologic oncologists at Keck Medicine perform surgery and administer chemo and we believe it makes the treatment more cohesive," Dr. Brunette says. "I know what I saw and did during surgery, which can help me make a nuanced plan for that person's chemotherapy afterwards."

After recovering from her surgery in August, Amy had more chemotherapy treatment and started radiation. After several months of treatment, she got the news she had been hoping for: She was declared cancer free.

Since she received this news, Amy's life has been back in full swing. She has reopened her studios and is opening new studios on both the East and West coasts. She is also teaching and looking forward to a vacation with her kids.

And while she is mostly focused on her future these days, Amy also wants to share her experience so that others can benefit from her healing journey. She wants to encourage women to be proactive about their health and see a doctor when they feel something is wrong. She hopes her experience will also motivate people to move, no matter what they are going through, because she believes in its power to heal.

"I am so grateful to the USC team for restoring my health so that I may continue to live my life. It is nothing short of a miracle, and it is a gift that I do not take lightly," Amy says. "I want my experience to give people hope."

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

perspective

Is there a cancer clinical trial for you or a loved one? You can discuss with an oncologist from anywhere in California via telehealth.

At Keck Medicine of USC, and the Keck School of Medicine of USC, we are involved in hundreds of clinical trials. Clinical trials lead to medical advancements for the entire world and have countless benefits for participants, who do better on average than those who are not clinical trial patients. At USC Norris Comprehensive Cancer Center, we recognize how important it is to make participation accessible for cancer patients, so we encourage eligibility screening using telehealth.

Virtual eligibility screenings give potential

clinical trial participants a tremendous advantage. Telehealth eliminates the initial time and expense of traveling to Los Angeles for an evaluation, and allows family members to be part of initial discussions about the trial, no matter their location.

In addition to family input, a remote patient also can include their primary doctor or community oncologist in initial screen telehealth appointments, in order to weigh in and ask questions, as well as to provide a detailed medical history where appropriate. This ensures that the medical

care continuum is uninterrupted.

Telehealth visits for clinical trial screenings simplify the process for patients, making it easier to receive tomorrow's medicine today.

If you or a loved one are interested in clinical trials at Keck Medicine, please call (800) USC-CARE to schedule an appointment.

Jorge Nieva, MD, is a medical oncologist with USC Norris Comprehensive Cancer Center.

Outpatient Locations

Accessing comprehensive cancer care in Arcadia



TIME AND ENERGY ARE PRECIOUS RESOURCES FOR A CANCER PATIENT, SO HAVING A COMPREHENSIVE TREATMENT CENTER CLOSE TO HOME CAN MAKE A WORLD OF DIFFERENCE NOT ONLY FOR QUALITY OF LIFE, BUT FOR OUTCOMES AS WELL. AS PART OF ITS MISSION TO ADDRESS THIS NEED, USC NORRIS COMPREHENSIVE CANCER CENTER, PART OF KECK MEDICINE OF USC, OFFERS A DIAGNOSIS AND TREATMENT LOCATION FOR PATIENTS LIVING AND WORKING IN ARCADIA AND THE SURROUNDING AREAS.

Keck Medicine of USC – Arcadia
125 W. Huntington Drive,
Buildings A & B
Arcadia, CA 91007

Keck Medicine of USC – Arcadia is a multispecialty medical center with a prominent focus on cancer care. Designed to provide all of the services a patient would need, all in one place, this location offers the same exceptional care that USC Norris patients have come to expect, such as advanced technology and the latest treatment options available.

First, state-of-the-art imaging provides clinicians a pinpoint-accurate look at what is happening, allowing doctors to customize a treatment plan specifically for the patient's needs. From there, patients can return to Keck Medicine – Arcadia for all treatments, including surgical, medical, chemotherapy and top-of-the-line radiation therapy services. Features include socially distanced

waiting rooms, private changing rooms and free parking close to the building to help patients save money and precious energy.

The location includes a fully functional infusion center with private rooms and semi-private bays, many of which offer a view of the San Gabriel Mountains. In addition to Keck Medicine's usual translation services, patients can select physicians who are bilingual in languages including Spanish, Mandarin and Hindi.

And as usual with Keck Medicine, telehealth is an available option for consultation appointments.

Keck Medicine knows that a better experience can help lead to better outcomes. If your cancer treatment requires you to come in daily or weekly for a set period of time, having access to comprehensive services in your neighborhood will help you enjoy your best possible quality of life while on this journey.

To learn more or to make an appointment, call (626) 574-2800 or visit [KeckMedicine.org/Arcadia](https://www.KeckMedicine.org/Arcadia).



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