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Wedding interrupted
by life-threatening
aortic dissection | Page 10

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TO LEARN WHAT'S
VITAL TO YOU.**

At Keck Medicine of USC, our experts partner with you. Listen to you. And provide personalized care to help you live a limitless life. Because while we work to treat your body, we love to help your spirit soar. **Together we are limitless.**





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, USC Arcadia Hospital and more than 80 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 2024-25 Best Hospitals and among the top three hospitals in Los Angeles and top six in California. The medical center was also nationally recognized among the top 50 in 8 medical specialties.

Publisher
Sara Reeve

Editor-in-Chief
Michael Juliani

Creative Director
Julie Matzaganian

Editorial Advisers
Jennifer Grebow, Jeana Rettig

Contributing Writers
Zara Abrams, Mollie Barnes, Kate Faye, Hope Hamashige, Robin Heffler, Leigh Hopper, Erin Laviola, Candace Pearson, Alison Rainey, Matthew Vasiliauskas

Photography
Ricardo Carrasco III, Kremer Johnson Photography, Uli Barajas, Sergio Bianco, Brian Greene, Hannah Hooper, Adobe Stock

Printer
Lithographix

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Keck Medicine of USC
Health System Marketing and Communications,
2011 N. Soto St., SST-2830
Los Angeles, CA 90032
(323) 442-2830

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Cannabis Use Tied to Head and Neck Cancer

A study from the USC Head and Neck Center, part of Keck Medicine of USC and the USC Caruso Department of Otolaryngology – Head and Neck Surgery, suggests that cannabis, the most used illicit substance worldwide, is associated with an increased occurrence of head and neck cancer.

The study, published in JAMA Otolaryngology – Head & Neck Surgery, revealed that adults with cannabis dependence, known as cannabis use disorder, are 3.5 to 5 times more likely to develop head and neck cancer than those who do not use the substance.

“This is one of the first studies — and the largest that we know of to date — to associate head and neck cancer with cannabis use,” says Niels Kokot, MD, a head and neck surgeon with the center and senior author of the study. “The detection of this risk factor is important because head and neck cancer may be preventable once people know which behaviors increase their risk.”

Head and neck cancer, the sixth most common cancer in the world, includes several types, including cancer of the mouth, pharynx, larynx, oropharynx (tongue and tonsils and back wall of the throat) and adjacent salivary glands.

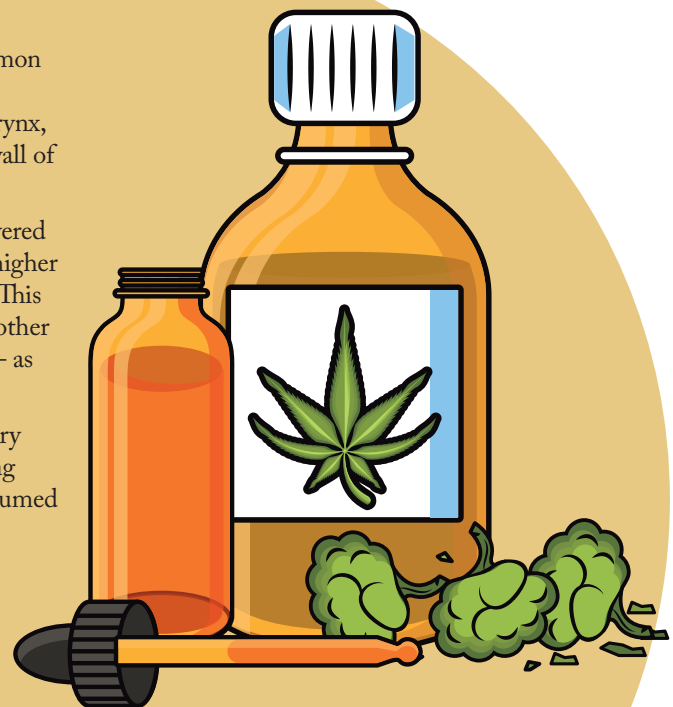
Dr. Kokot and his fellow researchers discovered that those with cannabis use disorder had higher rates of all types of head and neck cancers. This prevalence was found independently from other factors, such as age, gender and ethnicity — as well as alcohol and tobacco use.

The researchers hypothesize that the primary reason for the increased risk is the damaging effect of smoke. Cannabis is primarily consumed through inhalation (even though the study

did not distinguish between methods of consumption).

Additionally, research has shown that tobacco smoke contains chemicals that cause DNA damage and inflammation to the area, which, if unchecked, can lead to cancer, and they speculate that cannabis smoke may cause similar harm.

To reach their conclusions, the researchers compiled 20 years of data through a health research network of 64 health care organizations that accounted for more than 90 million individuals. They tracked cancer cases from one to five years of cannabis use.



Keck Medicine Opens Las Vegas Transplant Clinic

▣ Chezaray Photography



The clinic is the first in Nevada to offer in-state heart transplant services.

Amid the growing need for additional transplant services in Nevada, Keck Medicine of USC has opened a new location in Las Vegas that will provide specialized care for patients in Las Vegas and surrounding communities who need a heart or liver transplant.

The clinic is the first in Nevada to offer in-state heart transplant services.

“Organ transplantation offers patients new hope and may extend lives,” says Marty Sargeant, MBA, CEO of Keck Medical Center of USC. “We are proud to bring our lifesaving care and clinical expertise to Nevada and look forward to working with local physicians, patients, families and the community to promote optimal health for patients in need.”

Patients who undergo transplantation through Keck Medicine have access to a multidisciplinary team of specialists including USC Transplant Institute surgeons, physicians, nurses, social workers and counselors, specially trained dietitians and pharmacists, and a dedicated transplant coordinator.

At the Las Vegas location, patients will first undergo a transplant evaluation, which may include medical imaging and diagnostic tests conducted by other local medical providers, to determine if they are candidates for transplantation.

Upon completing evaluation and if matched with an appropriate organ donor, patients may undergo transplantation at Keck Hospital of USC in Los Angeles and return for

postsurgical follow-up care at the Las Vegas location.

The USC Heart Transplant Program provides expert care for heart failure and other serious conditions that may require a heart transplant. The program’s one-year survival post-transplant outcomes exceed the national average, according to the Scientific Registry of Transplant Recipients (SRTR), which gathers national organ transplant data.

The USC Liver Transplant Program has been a leader in liver transplantation for more than 25 years. In January 2024, Keck Hospital outperformed other medical centers as the only liver transplant program in Southern California to receive a 5-tier rating from the SRTR, recognizing Keck Hospital’s one-year organ survival rate.

Class Notes

LEARN SOMETHING NEW WITH KECK MEDICINE OF USC

Head and Neck Cancer Support Group

For nearly 20 years, this monthly meeting has provided head and neck cancer patients, survivors and their loved ones a forum to chat, share personal experiences and gather helpful information. Medical professionals and students are also welcome.

Where: Zoom

When: First Saturday of the month, 10 a.m. to noon

How much: Free

To register, visit this link: <https://bit.ly/4dSBqdH>

For more information, contact Brenda Villegas, EdD, at (323) 442-7432 or Brenda.Villegas@med.usc.edu

Keck Hospital Named Top Performer by Vizient, Inc.

Keck Hospital of USC was named a top performer in the 2024 Bernard A. Birnbaum, MD, Quality Leadership award by Vizient, Inc., a leading health care performance improvement company.

The top performer designation acknowledges the hospital's excellence in delivering high-quality care as measured by the annual Vizient Quality and Accountability Study.

Keck Hospital was among 14 top performers out of 115 comprehensive academic medical centers nationally and achieved a five-star rating, the highest possible. This is the second time the hospital has been named a top performer in this category.

“Being named a Vizient top performer for the second time is a tremendous honor and reflects our continual efforts to provide superior clinical outcomes for our patients,” says Stephanie Hall, MD, MHA, chief medical officer of Keck Medical Center of USC, which includes Keck Hospital. “The hospital uses a rigorous quality and accountability framework to guide and benchmark our performance across many markers of patient care, which has led to this success.”

The Vizient Quality and Accountability Study evaluates hospitals in six domains: safety, mortality, effectiveness, efficiency, patient centeredness and equity of care. The study factors in data from Vizient and the Centers for Disease Control and Prevention, as well as a national survey of patients' perspectives of hospital care known as the Hospital Consumer Assessment of Healthcare Providers and Systems Survey (HCAHPS).



© Ricardo Carrasco III

How to Prevent Sports-Related Injuries

As we age, staying active becomes even more important. Occasional scrapes or bruises can be expected, but a more serious injury can bench you for days, weeks or even months.

The experts of USC Orthopaedic Surgery share five ways to protect yourself from injury.



1

Warm up

Stretching, light cardio and calisthenics will tell you where your body is at each day, such as where you are feeling strong and where you should be gentle.

2

Focus on form and technique

Start a new exercise slowly and focus on technique. Not only does proper form prevent you from misusing a muscle or wrenching a joint, it also ensures the best results for your effort.

3

Build strength

Strength training offers several benefits, such as increased bone density and more flexible joints. Plus, strong muscles can help absorb shock that would otherwise harm the joints.

4

Listen to your body

Overuse injuries like runner's knee and tennis elbow can come on gradually and do a lot of damage, but they can be easy to miss at first. If you feel soreness, stiffness or fatigue in a certain area, ease up.

5

Cool down

Stop exercising gradually, then gently stretch and hydrate. It will keep you flexible and optimize your recovery days, which will prime your body for its next challenge.

Young Cancer Patient Reflects on Survivorship

For **Phuong Gallagher**, whose stage 3 colorectal cancer diagnosis at age 29 soon progressed to stage 4, survivorship felt isolating.



Mark McCarty (courtesy of Phuong Gallagher)

“When I looked around the cancer center, all I saw were people at least twice my age,” she says. “There was nobody who was going through the career- or family-planning decisions that I had to make suddenly.”

Now, 18 years post-diagnosis at age 47, Phuong is still undergoing treatment and clinical trials at USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, under the care of oncologist Heinz-Josef Lenz, MD. She also works as a patient and research advocate.

Here are Phuong’s tips to other young cancer patients:

- **Seek a second opinion**
It’s hard to make decisions in the absence of information. If you’re not getting the answers you need, seek a second opinion, or a third or a fourth.
- **Find a community**
Either in person or online, it helps to talk to people who really get it. The first time that I met others in my position, it was life-changing. I no longer felt so alone in my cancer journey.
- **Look for a forward-thinking cancer center**
Immediately, Dr. Lenz did a full genetic panel and identified my biomarkers. We often discuss clinical trials to explore when appropriate. It’s the opposite of my previous treatment, and especially important because there have been tremendous advances in treatments.
- **Consider treatments’ long-term effects**
It’s worth considering all available options, because some treatments have long-lasting impacts. Because we are now living longer, those long-term effects can play a big role in your quality of life.

what’s the Word?

Amblyopia

noun

[am-blee-OH-pee-uh]

Also known as “lazy eye.”

“After we’re born, the brain compares information provided by each eye,” says Kimberly Gokoffski, MD, PhD, a neuro-ophthalmologist with the USC Roski Eye Institute, part of Keck Medicine of USC. “If one of the images is blurrier, dull or weaker in any other way, the brain chooses to ignore the weaker eye to ensure it only gets good visual information. It’s a protective mechanism.”

Causes can include severe near- or farsightedness, especially if one eye differs from the other; light-blocking conditions like cataract or eyelid droop; or eye misalignment (when the eyes appear to be looking in different directions).

Because amblyopia is a developmental condition, its underlying cause must be reversed as soon as possible, preferably before age 6, or it will become permanent.

Dr. Gokoffski says that for cases in which reversal cannot be achieved by conventional treatment, “we are researching ways to reverse the brain changes that occur with amblyopia.”

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



MEET OUR STAFF

How Heart Attacks Can Feel Different for Women



Did you know signs of a heart attack can differ in women and men? The experts of Keck Medicine of USC provide tips for evaluating symptoms.

Women don't always have chest pain. And they're more likely to experience:

- Jaw, neck or upper back pain
- Nausea or vomiting
- Shortness of breath
- Lightheadedness or fainting

It's easy to mistake these symptoms for:

- Stomach bug
- Stress
- Flu
- Getting older



Going longer without treatment makes survival less likely and increases the risk of:

- Weakened heart
- Irregular heart rhythm
- Stroke
- Kidney disorders

Don't wait! If you have heart attack symptoms (even if you're not sure):

- Call 911 immediately.
- Follow the operator's instructions.
- Take slow, deep breaths.

Guidance for Cancer Patients

Alison Ambrose, RN, an oncology nurse navigator with Keck Medicine of USC – Santa Clarita, is the person cancer patients can lean on to guide them through treatment. She also led the creation of a special cancer recovery program.



Ricardo Carrasco III

What does your job entail?

I support cancer patients through advocacy, education, resource support and guidance, from diagnosis all the way to survivorship. Thanks to the joint venture between Henry Mayo Newhall Hospital and Keck Medicine, I also now serve as a bridge between the hospital and Keck Medicine's outpatient clinics. I answer questions while patients are hospitalized and provide direction about what to expect once they're discharged and begin outpatient care. My role may include helping patients schedule an appointment at an imaging center or specialty clinic, or helping them access financial or social programs.

What motivates you?

Preparing for lifesaving treatment, and planning for things like how to pay the bills if time off work is needed, is a lot for patients to process. I'm passionate about making a difference for them. I see patients relax during our conversations once they realize they don't have to face their cancer journey alone. Being from Santa Clarita, I also love giving back to my home community.

What inspired you to create 'The Journey Forward' cancer recovery program?

It takes time for cancer patients to heal after finishing treatment. I wanted to ensure patients had the tools to help them rebuild their muscle strength, improve their energy and feel more in control so they could get back to feeling their best. Cancer recurrence is also a big fear. During the six-week program, we provide physical exercise regimens, survivorship resources and education about follow-up care.

Potential Sources of Pelvic Pain

Pelvic pain can be tricky to diagnose because its causes and symptoms can vary. Mitchell Goldenberg, MD, a urologist with USC Urology, part of Keck Medicine of USC, discusses potential sources.

Pregnancy

Can be normal during pregnancy. Rest, avoid heavy physical activity and sleep on your side with a pillow between your legs.

Urinary tract infection

Often accompanied by other symptoms, like fever, frequent bathroom trips or lower abdominal pain. Typically treatable with antibiotics.

Chronic constipation

Dietary changes and fiber supplements are often advised, or laxatives if symptoms persist.

Pelvic floor muscle pain

Pain may come while sitting, urinating or during sex. Pelvic floor physical therapy can help.

Uterine or bladder prolapse

Possible if vaginal pressure or bulge accompanies pain. Pelvic floor physical therapy may help, but often a device called a “pessary” is needed, or surgery.

Interstitial cystitis

Resulting inflammation in the bladder’s lining can be painful. Treatments include oral medications, instillation of medicine(s) in the bladder and sometimes surgery.

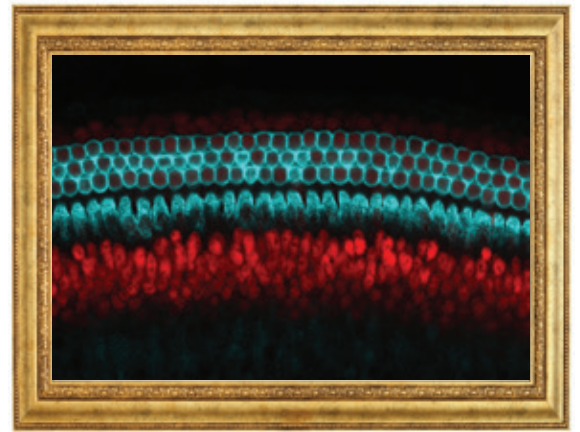
Neurological conditions

If other causes have been ruled out, pelvic pain may be related to the nerves and how the brain is perceiving sensations from pelvic organs.



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 cannot. These images can be beautiful as well as informative.



(Image courtesy of Ksenia Gnedeva, PhD, principal investigator of the Gnedeva Lab and assistant professor of otolaryngology - head and neck surgery and stem cell biology & regenerative medicine for the Keck School.)

Inside the cochlea in the inner ear, the Organ of Corti contains hair cells (stained cyan blue) that turn incoming sound waves into nerve signals for the brain. The loss of hair cells is considered one of the primary causes of sensorineural deafness. The Keck School of Medicine of USC’s Gnedeva Lab is researching how to stimulate the remaining supporting cells (stained red) to regenerate lost hair cells and restore hearing.

The Big Question

A serious diagnosis can permanently alter your life. What are the best ways to handle treatment and cope long term? Two Keck Medicine of USC experts share their advice.

How can I approach the aftermath of a life-changing diagnosis?



Any cancer diagnosis is life-changing in a fundamental way, whether curable or not. The hardest part is often before the diagnosis, when you do not know what is wrong. People almost feel more at peace once they have a diagnosis, even if it is a bad one, because then they have some forward momentum and a plan of action.

The initial diagnosis can be overwhelming. Make sure when you visit your physician that you have written out all your questions. It is important that you and your support team have a complete understanding of your treatment plan. Try to focus on each step of the treatment plan.

Join a support group with individuals that have the same diagnosis. There may also be support groups for your family members.

Even if you are cured from your diagnosis, long-term surveillance is usually necessary. MRIs and other tests are usually required on an intermittent basis to make sure there are no new tumors. These tests can be anxiety-provoking. Your support group of other individuals with your diagnosis can be very helpful to you over time because of their shared experience.

H. Paco Kang, MD
Orthopaedic oncologist and surgeon
USC Sarcoma Program

A brain tumor diagnosis is extremely life-changing. Doctors must be aware of the effect of this experience and cater to your individual needs to make your treatment journey effective.

It is our responsibility as doctors to make sure you are empowered by information so you can make good decisions. Generally, not many people know about different types of brain tumors and what impacts they can have on patients' lives. It's critical that your surgeon informs you effectively so that you can understand the impact of your diagnosis on your future. That way, you can adjust your lifestyle properly so you can maintain a high quality of life.

Also, it's important to find a surgeon that you trust. Do your research online after your diagnosis to make sure that you are confident in your surgeon's abilities. The more comfortable you are with them, the easier it will be to make decisions together, and the easier your recovery will be.

Aaron Cohen-Gadol, MD
Neurosurgeon
USC Brain Tumor Center

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

How to Manage Age-Related Hearing Loss

Hearing loss is common among older adults, affecting roughly 30% of people aged 65 to 75, and nearly 50% of people older than 75.* But it's not inevitable.

Seiji B. Shibata, MD, PhD, an otolaryngologist with the USC Caruso Department of Otolaryngology - Head and Neck Surgery, explains some causes, symptoms and treatments.



What causes age-related hearing loss:

Tiny “hair cells” in the inner ear turn sound waves into nerve signals, which the brain interprets as speech, music or other sounds.

Over time, these inner ear cells and nerves break down permanently from wear and tear, excessive noise or inherited conditions.

Symptoms include:

- Misinterpreting speech and trouble understanding people in a crowd
- Adjusting volume
- Phone conversations sound muffled
- Ringing in the ears (tinnitus)

Protect your hearing:

- Keep movie/music/television volume low
- Avoid loud environments
- Wear ear plugs in loud environments
- Practice a healthy lifestyle

Treatments:

While age-related hearing loss can't be reversed, assistive hearing devices like hearing aids and cochlear implants can offset the effects and help people maintain their quality of life.

“Hearing aids may enhance your ability to hear in crowds and noisy environments, reduce the risk of social isolation and improve personal safety,” Dr. Shibata says. “Also, recent studies have shown that assistive hearing devices can help to lower the risk of dementia in hearing loss patients.”

*National Institutes of Health

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Examinations

Open Heart

BY HOPE HAMASHIGE

An aortic dissection hit Eli Newell minutes after he exchanged vows with his wife. Surgeons from the USC Comprehensive Aortic Center gave them a second chance to dance.

Eli Newell is a comedian, so it follows that when he tells people he passed out at his own wedding and left the reception in the back of an ambulance, many ask: "Is that a joke?"

What took place on his wedding day in May 2023, however, was definitely not funny.

Minutes after exchanging vows, Eli had a hard time breathing, lost consciousness and, while he initially thought he was overexcited, he was actually having a life-threatening emergency.

Eli's wife, Erika, then a medical student at the Keck School of Medicine of USC, knew something was very wrong. She insisted that he get checked out by paramedics right away.

"She made a lot of decisions that probably saved my life," Eli says, adding that Erika also insisted the paramedics call ahead to make sure Eli was given top priority at a local emergency room.

What began as a day of celebration had quickly taken a frightening turn.

The right care

At the ER, an MRI indicated that Eli was having an aortic dissection, which occurs when a tear develops in the wall of the artery that carries blood from the heart, allowing blood to flow in between the layers of the vessel's wall.

According to the National Institutes of Health, at least 30% of aortic dissection patients die after reaching the emergency room.

Aortic dissections typically strike quickly, with little warning, and are difficult to identify without the proper equipment. In about 95% of cases, the person has no known risk factors, as was the case with Eli, who was 46, fit and healthy at the time.

In some cases, aortic dissections can block blood supply to other parts of the body, which can lead to organ failure and death. In these cases, it is critical that blood flow be restored to the rest of the body as quickly as possible.



Learn more about the USC Comprehensive Aortic Center. Call (323) 442-5849 or scan the QR code.

Unfortunately, not every hospital is staffed by doctors trained to treat these difficult cases.

Fortunately, Eli landed in the right care.

From the emergency room, Eli was transferred to Keck Hospital of USC, where surgeons from the USC Cardiac and Vascular Institute, part of Keck Medicine of USC, specialize in treating aortic dissections.

Race against the clock

By the time the team from Keck Medicine evaluated Eli, he had lost blood flow to his legs and intestines.

"We knew this was going to be a race against the clock," says Sukgu Han, MD, MS, a vascular surgeon and co-director of the USC Comprehensive Aortic Center, part of the USC Cardiac and Vascular Institute. "Our biggest concern was restoring blood flow to the rest of the body and doing it quickly."

Sanjeet Patel, MD, PhD, a cardiothoracic surgeon with the USC Comprehensive Aortic Center and director of the USC Genetic Aortic and Related Disorders Center, determined that Eli required a Bentall procedure, a surgical process during which an artificial valve and woven graft are used to reconstruct the aorta from the heart up to the neck and then reconnected to the coronary arteries.

This operation prevents the aortic dissection from further damaging the heart. However, Eli, like many patients following the operation, also needed more blood flow restored to the rest of his body.

Dr. Han and Dr. Patel discussed how to approach both procedures and decided to utilize a new method: implanting a device, a specialized stent, that could help reconstruct the portion of Eli's

Examinations



Examinations



*Eli Newell at a
Hollywood theater.*

aorta in his chest while opening the rest of his aorta to improve blood flow to his body and legs.

“I told his wife and mother, “This is the device we have been waiting for to help people just like Eli,” Dr. Patel says.

According to Dr. Patel, the fact that Keck Medicine is an academic institution gives its physicians access to the most advanced medical devices at all stages of treatment and research.

After Dr. Patel finished repairing and reconstructing Eli’s aorta, Dr. Han helped relieve the pressure that had built up in his legs.

Their approach was a success, not only saving Eli’s life but also allowing him to avoid amputations, which are sometimes

“Because we see a higher volume of these patients, everyone on our team has more experience,” Dr. Patel says. “Our nurses, anesthesiologists and intensivists all know how to care for these patients and anticipate complications.”

New wedding date

Eleven days later, Eli returned home. He had a lot of pain and needed a walker, but he was grateful to still have his legs.

During Eli’s recovery, he and Erika decided they needed a do-over of their wedding. Eight months later, they held another ceremony — only this time they were able to take to the dance floor.

“He’s doing great,” Dr. Patel says. “He’s back to his normal life.”

“Luckily, I was surrounded by doctors who sent me to the right hospital, and I was treated by an amazing team.”

Eli Newell

needed when blood flow is not restored quickly enough to a patient’s legs.

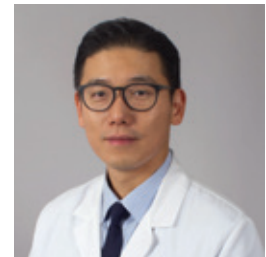
Though aortic dissections are relatively rare, most area hospitals refer patients to Keck Medicine, so the team has more experience treating them than most institutions in the Los Angeles area. Keck Medicine was among the first institutions to pair cardiac and vascular surgeons to treat these difficult cases, an approach that is still rare but is increasingly being adopted by other top-level institutions.

Given their depth of experience and team approach, Dr. Han says, the USC Comprehensive Aortic Center’s surgical teams can tailor treatment to the needs of the individual patient and are highly skilled at handling complications, such as the swelling that occurred in Eli’s legs after blood flow returned.

As dramatic as his first wedding day was, Eli says that a lot went right that day.

“I could have been on a plane or in the desert in Jordan on our honeymoon, and I would have been toast,” says Eli, who still has some nerve pain in his leg but is back at work preparing to host a live dating show at the Upright Citizens Brigade, a comedy theater where he and Erika first met. He also recently started jogging.

“Luckily, I was surrounded by doctors who sent me to the right hospital, and I was treated by an amazing team.”



Sukgu Han, MD, MS



Sanjeet Patel, MD, PhD

'It Feels Like Family'

BY CANDACE PEARSON

After having her first two children at USC Arcadia Hospital, Annie Cheung already felt connected to the hospital. When her third required time in the NICU, her gratitude became even greater.



Learn more about USC Arcadia Hospital's maternity care services. Call (800) USC-CARE or scan the QR code.

The Cheung family in their Temple City backyard.



The moment Annie Cheung and her husband James first saw USC Arcadia Hospital (USC-AH) nearly 10 years ago, they knew it was where they wanted their first child to be born — and their second and their third.

“It is very intimate and homey,” says Annie, who lives in Temple City, less than five miles from the hospital. “We wanted something close and easy to access. Those little things make a world of difference.”

The Cheungs’ first-born, Bradley, now 9, came into the world at six-and-a-half pounds without a hitch. Their second, Beckham, 6, matched him pound-for-pound three years later. “Both times, it was a really good experience, no complications,” Annie says.

However, in August 2021, baby No. 3 — Bennett — would put the Cheung family, the hospital’s maternity care program and its Level II neonatal intensive care unit to the test.

Experts rally around

Around her 20th week of pregnancy, Annie developed a potentially dangerous condition called preeclampsia, characterized by persistent high blood pressure that can cause injury to the pregnant woman’s kidneys, liver, platelets, lungs and brain. It can also affect the baby’s growth, and put the baby at greater risk for preterm birth and stillbirth.

At 30 weeks, her blood pressure still high, Annie checked into USC-AH on her doctor’s recommendation. There, a trained labor and delivery team watched over her as she rested and

underwent steroid treatments to encourage her baby’s lungs to grow.

Annie’s blood pressure remained high, putting both mother and child at further risk, so the medical team decided to induce the birth. “I was very anxious,” Annie says. “The last thing you want to do is deliver your baby when it’s not full term.”

The NICU nurses talked her through every step, reminding her “there were things out of my control,” she says. “That really helped with my anxiety.”

Continued on Page 35

“I’m so thankful for the support we had from the entire team at USC Arcadia Hospital.”

Annie Cheung



Hazel Galang, RN



Cindy Morrison, RN-C

USC Arcadia Hospital’s Maternity Care Center

The hospital’s maternity care team is prepared to handle patient needs and emergencies as they arise. Its state-of-the-art facility is outfitted with:

- Nine labor/delivery/recovery suites
- Four labor rooms
- Two operating rooms
- 24-hour anesthesia coverage
- Registered nurses, OB technicians and physicians on-call 24/7
- A newborn nursery
- 17-bed Level II neonatal intensive care unit
- Fetal monitor displays in every room — monitored from nurses’ station
- 24-bed couplet care unit for family-centered care, featuring 20 private and two semi-private rooms



Screen Time?

Cancer Screenings to Schedule — and Why

BY KATE FAYE

Breast Cancer

When to start: Age 40.

How often: Yearly.

Unless: Your doctor determines you have high risk.

Then: Ask your medical provider about when to start screening. In addition to yearly mammograms, you may benefit from additional imaging such as MRI or contrast mammograms.

“If you find a change between yearly mammograms, we encourage you to return sooner,” says Maria Nelson, MD, a surgical breast oncologist with Keck Medicine.

“When breast cancer is caught early enough, there’s a high chance for a cure.”

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

Cervical Cancer

When to start: Age 21.

How often: Every three to five years.

Unless: You have a weakened immune system (for example, from HIV or an organ transplant), or a history of abnormal cervical screenings.

Then: You may need more frequent screenings.

Vaccination is also important. “The HPV vaccine is approved for people up to the age of 46,” says Keck Medicine gynecologic oncologist Xiaoyue Mona Guo, MD. “It guards against the most common viruses that cause cervical cancer. It’s not total protection, but it helps a great deal.”



When

Cancer is most treatable when caught early. Experts from Keck Medicine of USC share screenings you might need.

Skin Cancer

When to start: In your 20s.

How often: First two screenings six months apart, then once a year.

Unless: Family history, prior skin cancers or a history of bad sunburns.

Then: Never too early to start. You may need screenings every three to six months.

Skin cancer is the most common form of cancer in the United States, so Keck Medicine

dermatologist David Sawcer, MD, PhD, also recommends self-screening between appointments. “That’s something we’ll teach you how to do when you come in,” he says.

Colorectal Cancer

When to start: Age 45.

How often: Every 10 years.

Unless: Family history, chronic inflammation of the large intestines or an abnormal colonoscopy result.

Then: Talk with your doctor. If a parent or sibling has had colorectal cancer, start 10 years younger than their age at diagnosis.

“The good thing about a colonoscopy is if we find polyps, we can remove them right then and there to analyze for cancer,” says Keck Medicine colorectal surgeon Sang W. Lee, MD. “It’s all taken care of at once, and it doesn’t need to be done very often.”

Prostate Cancer

When to start: Age 45.

How often: Every one to three years.

Unless: Risk factors like family history or certain gene mutations.

Then: It’s recommended to start around age 40 and screen annually.

“The newest guidelines recommend a PSA blood test for the initial screening,” says Anne Schuckman, MD, a urologic oncologist with USC Urology, “so if their prostate-specific antigen (PSA) levels are normal, a man won’t always need the digital rectal exam that patients often worry about.”



Glimmer of Hope

BY ROBIN HEFFLER

Three days before her 38th birthday, Lauren Yerkes learned she had an aggressive form of breast cancer. Her treatment at USC Norris Comprehensive Cancer Center's Newport Beach location changed her outlook on life.



Learn more about USC Norris' cancer services in Newport Beach. Call (800) USC-CARE or scan the QR code.

In December 2021, 37-year-old Seal Beach resident Lauren Yerkes found a lump in her breast.

The chief merchandising officer at a Southern California apparel company, Lauren went to her gynecologist, who ordered a mammogram. The test didn't show anything concerning, she says, and her physician told her that because there was no family history of breast cancer and she wasn't 40 yet, there was no reason to worry.

But a few months later, Lauren experienced another symptom, a nipple discharge. So, in early April 2022, she had an ultrasound and biopsy of the lump. This testing revealed an invasive, triple-negative breast cancer, a form of the disease that tends to quickly grow and spread.

She received the diagnosis three days before her 38th birthday.

"I was shocked," Lauren says. "It was like someone had punched me in the stomach, because it came completely out of left field. I thought my life would soon be over."

Comforting consultation

After Lauren consulted with an Orange County breast surgeon, family and friends highly recommended that she see Louis A. Vandermolen, MD, an oncologist with USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, which has a clinic location in Newport Beach.

"The biopsy showed that she had the most aggressive, life-threatening cancer, which needs urgent treatment," says Dr. Vandermolen, who specializes in breast and lung cancer. "In general, 30% of women with breast cancer will have this triple-negative type. With aggressive treatment, the chance of long-term survival is 70%."

He also recommended that she have genetic testing. It revealed that she carried the BRCA2 gene, which significantly increased her chances for both breast and ovarian cancer.

Lauren remembers the doctor speaking with her and her husband, Chris, for nearly 90 minutes during the consultation.

"He was very thorough, talking about what cancer means, the treatment plan and options, and recurrence and success rates," she says. "He made me feel very comfortable and comforted."

Successful pre-surgery treatment

Because of the threat posed by Lauren's type of cancer, Dr. Vandermolen recommended that she undergo chemotherapy and immunotherapy before breast removal surgery.

Conveniently, she could get those infusion treatments just upstairs from his office at Keck Medicine's Newport Beach facility, which

Dr. Vandermolen describes as "cutting-edge, offering the best, proven therapies and new, investigational ones, with all the tools and staff required to treat these kinds of cancers."

He explains that Lauren needed whole-body infusion treatment because her type of cancer carries a high risk of spread throughout the body, and "studies have shown a better outcome if you do the therapy preoperatively."

She began a scheduled 16 rounds of therapy, but it was cut to 14 at the end of September 2022 because of side effects she experienced to what Dr. Vandermolen describes as "an aggressive, toxic treatment."

In early November 2022, Lauren had a double mastectomy, which Dr. Vandermolen recommends for women with the BRCA2 gene because there's a high chance of the second breast becoming cancerous too.

"Analysis of the breast tissue that was removed showed no remaining cancer," he says. "The pre-surgery treatment had done its job."

Then, in March 2023, Lauren had reconstructive breast surgery, followed by a hysterectomy in December, because her genetic makeup put her at up to a 35% risk of ovarian cancer.

Now, Dr. Vandermolen's prognosis for Lauren, whom he describes as "very nice, smart, capable and knowledgeable," is very good.

"Because Lauren has had a complete pathological remission, her chance of the cancer reoccurring is less than 10% throughout her whole body," he says. "She is being monitored with follow-up blood tests, physical exams and periodic imaging."

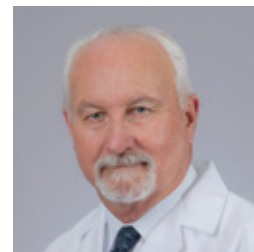
Changing priorities

In November 2024, Lauren will be two years cancer-free.

She says Dr. Vandermolen and other Keck Medicine staff have provided "amazing care that has been thoughtful and attentive."

In addition, she says her breast cancer experience changed her priorities, prompting her to resign from her job.

"Before, I was focused on long work days and missed out on other things in life," says Lauren, who loves baking chocolate chip cookies and taking three-to-four-mile walks most mornings.



Louis A. Vandermolen, MD

“I also want to... provid[e] a glimmer of hope for newly diagnosed women under 40 that there is life after cancer.”

Lauren Yerkes

“Now, I’m more focused on being with my husband and family. I also want to give back to the breast cancer community, providing a glimmer of hope for newly diagnosed women under 40 that there is life after cancer.”

Through social media and in-person meetings, she has been sharing her experience with and answering the questions of those women.

In Dr. Vandermolen’s view, such advocacy for other young breast cancer patients can be “extremely beneficial and helpful, especially when the advocate is someone who has already experienced cancer.”

He also says that because younger cancer patients tend to have more aggressive forms of the disease, “it’s important that young women tell their providers about any breast symptoms, and if diagnosed, they should seek care from a cancer team that will offer them cutting-edge and appropriately aggressive treatments.”



Lauren Yerkes in Long Beach.

Breast Cancer Screening Tools

Getting screened for breast cancer has become more personalized in recent years. While mammograms used to be the only tool, there are now additional options.

Consult with your doctor about the best options for you.

- **Clinical breast exam:** a physician examines the breasts and under the arms for lumps or anything unusual
- **3D mammograms:** same procedure as a regular mammogram, but with higher rates of detection and fewer false positives
- **Breast MRI:** large magnet, radio waves and contrast dye produce detailed images of breast tissue; may be used for patients with high risk
- **Ultrasound imaging:** for patients with dense breasts
- **Biopsy:** tissue sampling for examination under microscope
- **Thermography:** procedure in which a heat-sensing camera records skin temperature of the breasts; tumors can cause temperature changes that show up

Source: National Cancer Institute

A New Spin

Nancy Romero's weight-loss journey brought her to the USC Metabolic and Bariatric Surgery Program, which helped her find a new passion: spin cycling.

BY MOLLIE BARNES

During the COVID-19 pandemic, Nancy Romero, 34, almost lost her diabetic father. The combined stress of her father's medical situation, along with general pandemic stressors, caused her to turn to food for comfort.

Before she knew it, she'd gained almost 60 pounds.

"Walking was even a chore," says Nancy, a Bakersfield resident. "I would constantly tell my husband that I felt like I was in someone else's body because the mobility that I had was not mobility that I could recognize. It felt like I was over 60 years old."

At her heaviest, she was 315 pounds with a body mass index (BMI) of 46, hyperlipidemic and prediabetic. According to the Centers for Disease Control and Prevention, any BMI over 40 is considered severely high; any over 35 is eligible for bariatric surgery at Keck Medicine of USC.

Nancy tried conventional dieting and GLP-1 weight-loss medications to no avail.

"It just dawned on me, if I want to be a good mother to my son and a good wife, this can't continue on," she says.

The lead-up to surgery

One of Nancy's cousins had bariatric surgery, so she knew it was an option. But videos on TikTok were what really caused her to seriously consider it as an option for herself.

"I would see these people who talked about their successes and how, yes, it was hard for them, but they came out of it, and they don't regret it," Nancy says. Watching videos of a woman who had bariatric surgery with Kamran Samakar, MD, a bariatric surgeon with Keck Medicine, motivated her to reach out to his team for an evaluation.

Dr. Samakar, who is the director of the USC Metabolic and Bariatric Surgery



Learn more about the USC Metabolic and Bariatric Surgery Program. Call (323) 442-6890 or scan the QR code.

Program, met with her and enrolled her in a medically supervised weight-loss program, designed to instill patients with dietary education necessary for long-term success after surgery.

"She had obviously been trying for some time to lose weight through all the dietary and medical approaches to the treatment of obesity, so it was very reasonable for her to proceed with bariatric surgery at that point," he says. "No other obesity treatment options work as well as bariatric surgery or have the durability or safety profile of bariatric surgery."

Once her program was complete, Dr. Samakar performed a laparoscopic sleeve gastrectomy at Keck Hospital of USC on March 1, 2023. The surgery involves removing approximately 75% of the stomach, leaving behind a small, tube-shaped portion resembling a "sleeve," which is about the size and shape of a banana.

The surgery aims to restrict the amount of food the stomach can hold, while also reducing the production of ghrelin, the hormone responsible for stimulating appetite. These effects, according to Dr. Samakar, lead to significant and durable weight loss.

The mental aspect

In terms of the pain, Nancy says her cesarean section during her son's birth was worse. Almost two hours after surgery, she was up and walking.

The toughest part of recovery, she says, was not her stomach, but more her mind.

"I missed the sensation of chewing and the mental satisfaction of food," she says. "It's more of a mind game than anything physical."

Gradually after surgery, the weight started coming off. Since then, she's lost over 145 pounds and brought her BMI down to 26.

But, she says, it wasn't the "easy way out" as some people might think. There were times the weight loss would plateau, and she would reach out to her Keck Medicine nutrition team for help.

"Almost to the tee, exactly what they said would work, and I would start losing weight again," Nancy says.

"Unfortunately, obesity is not like a tumor, where once you remove it, it's been excised and it's gone," Dr. Samakar says. "It's a chronic disease that you must constantly stay vigilant of and treat with multiple approaches. Multimodal therapy — including bariatric surgery — is the optimal therapy for obesity as a chronic metabolic disease."

A new passion

Exercise is also a part of that multimodal therapy, although it plays a minor role compared to diet, which is the greatest factor in weight loss, according to Dr. Samakar. But for Nancy, exercise helps treat the mental aspect of obesity.

Continued on Page 35



Kamran Samakar, MD

Examinations

“Life still happens, but I'm definitely more confident in the person I am.”

Nancy Romero

*Nancy Romero at a
Bakersfield spin studio.*



Getting Through Discomfort

BY MOLLIE BARNES

Urological symptoms can be embarrassing, but they're always worth addressing. The director of USC Urology at USC Verdugo Hills Hospital shares what symptoms to look for and why it's important to get checked out.



Learn more about urological services at USC Verdugo Hills Hospital. Call (800) USC-CARE or scan the QR code.

Sensitive areas make for sensitive topics. When you experience urological problems or issues with your genitals, it can be hard to talk about them. Some people might avoid seeking health care and try to tough it out alone instead. But that is never ideal.

When seeking care, it can also be difficult to decide whether to see a primary care physician or a urologist. Leo Doumanian, MD, director of USC Urology at USC Verdugo Hills Hospital (USC-VHH), shares insights on when to seek urological care.

Which common conditions do urologists treat?

- Enlarged prostates
- Urinary problems, including infections and incontinence in men and women
- Kidney stones
- Sexual dysfunction in men

Which other conditions, including more serious ones, do urologists treat?

- Inability to urinate
- Blood in the urinary tract
- Severe genitourinary pain
- Blockage or obstruction of the genitourinary drainage system
- Cancers of the genitourinary tract

What are some urological symptoms that should be seen by a urologist?

Generally, always consult your primary care provider first with any issues. From there, they can refer you to a urologist if necessary.

Seek care if you experience blood in your urine, pain in your flanks or sides, unusual sensations when urinating, or abnormal growths or bleeding from your genitals.

These symptoms might prompt referral to a urologist. Symptoms might be related to a more serious issue like cancer, so it's safer to get checked out.



Leo Doumanian, MD, at USC Verdugo Hills Hospital.

Why is it important to get consultation and treatment for urological problems?

Urological problems should be dealt with earlier rather than later because they can affect more than just the patient's physical health. They can also impact intimate relationships, self-esteem and psychological well-being.

Seeking treatment sooner can also optimize results. The earlier you mitigate urological issues such as urinary retention, kidney failure, bladder stones and other specific maladies or pathophysiological conditions, the better your outcome will usually be.



▣ Ricardo Carrasco III

What mindset should patients have when it comes to evaluating symptoms?

Some urological disorders, such as sexual dysfunction or incontinence, impact self-esteem. To alleviate fear or embarrassment, find a health care provider you feel comfortable with.

It's important that you feel free to ask your health care provider any questions you have about these issues. It's better not to have to live with discomfort — both physically and emotionally — so the sooner you find a provider you can trust, the better.

Why should men be proactive about their urological health?

Men can often ignore their health care, but they shouldn't put off seeing a urologist. A good proportion of men's general health care and well-being falls under the realm of

urology, because as men age, they can experience sexual dysfunction, urination problems, prostate enlargement and prostate cancers.

Also remember that urological issues happen to younger men, too. Don't hesitate to see a urologist if issues occur so you can maintain a good quality of life.

How can patients navigate around the stigma of urological problems?

Nobody should be ashamed of any sexual, genital, renal or urinary dysfunction. You have every right to feel confident in seeking out a urologist who can help you and educate you about your situation.

Don't resign yourself to living with maladies just because you are getting older. At the very least, find a provider whom you trust to listen to you, empathize with you and help lead you to a better quality of life.

USC UROLOGY AT USC VERDUGO HILLS HOSPITAL

Fellowship-trained urologists that cover every urological specialty

“We have a team that covers the entire breadth of urology, from the most general to the most specialized,” says Leo Doumanian, MD, director of USC Urology at USC Verdugo Hills Hospital. “This team includes a robotic urologic oncologic surgeon, an infertility specialist, an oncologist, an endoscopic specialist and reconstructive urologists for both female and male patients.”

Community integration

“USC-VHH is a community hospital, and our team maintains a close connection with our local patients,” Dr. Doumanian says. “A lot of us live in this community too, so we're not only caring for patients that drive hours to see us for specialized care, we're also caring for our own neighbors.”

Keck Medicine of USC specialists

“USC-VHH's urologists are all Keck Medicine specialists and faculty members of the Keck School of Medicine of USC's Aresty Department of Urology, which means we have full access to the health system's resources,” Dr. Doumanian says. “This includes collaborations with the larger USC Urology team at Keck Medical Center of USC, as well as other specialties, in the event that a patient requires more complex care.”

Consultations

Keck Hospital Receives CMS 5-Star Rating



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Keck Hospital of USC earned five stars, the highest rating possible, on the Centers for Medicare & Medicaid Services (CMS) 2024 quality star rating report. This is the second year in a row the hospital has received five stars.

Only approximately 16% of hospitals across the country, 483 out of 3,076, received five stars out of a one-to-five-star rating system.

“Receiving this prestigious recognition for the second time in a row validates the hospital’s continuous commitment to patient safety and best patient outcomes and is a testament to the dedication and hard work of our physicians, nurses and staff,” says Marty Sargeant, MBA, CEO of Keck Hospital and USC Norris Cancer Hospital.

The CMS hospital quality star rating summarizes a variety of measures across five areas of quality into a single star rating for each hospital, including readmissions,

mortality rates, safety of care, timely and effective care, and patient experience.

“A five-star rating means that Keck Hospital outperforms the national average in all five of these areas, which is a tremendous accomplishment,” says Stephanie Hall, MD, MHA, chief medical officer for Keck Hospital and USC Norris Cancer Hospital. “I am particularly proud of our continued successful efforts in the safety of care, including low rates of hospital-associated infections, and in our sustained performance in creating a positive patient experience.”

She credits the high patient experience ranking in part to a leadership rounding program that launched two years ago, where hospital leaders conduct regular rounds in all hospital units.

“Our patients feel very special and cared for when the hospital CEO or chief nursing officer appears by their bedside,” Dr. Hall says. “This is a wonderful way for our

leaders, who are often removed from day-to-day patient care, to connect with our patients.”

The CMS rating system was launched in 2016 to help patients and caregivers make informed decisions when selecting a hospital. Hospitals report quality data to the CMS through multiple reporting programs, and the data is then reviewed and standardized to calculate hospital star rankings.

“Our patients feel very special and cared for when the hospital CEO or chief nursing officer appears by their bedside.”

Stephanie Hall, MD, MHA

USC Norris to Open Radiation Oncology and Imaging Center in Newport Beach

USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, will open a Newport Beach location offering the latest advancements in radiation therapy and diagnostic imaging.

The treatment center, which will open in early 2025, will feature cutting-edge cancer technologies that are yet to be available in Orange County, providing new therapeutic options and optimizing patient outcomes.

The new location address is 4590 MacArthur Blvd. in Newport Beach, less than 15 minutes away from USC Norris' oncology centers in Newport Beach and Irvine. Those centers are staffed by respected oncologists who have served Orange County for decades and who treat more medical oncology outpatients in Newport Beach than any other providers.

"We are excited to build upon USC Norris' well-established, robust cancer practices in Orange County and broaden our spectrum of services," says Louis Vandermolen, MD, a medical oncologist with USC Norris. "Our radiation oncology and imaging center is a testament to our continued commitment to offer world-class,



Ferrado Offices LLC

comprehensive cancer services for patients without having to leave the local community."

As one of the eight original National Cancer Institute-designated Comprehensive Cancer Centers in the United States, USC Norris has revolutionized cancer treatment, research and prevention for 50 years.

In 2024-25, U.S. News & World Report ranked USC Norris Comprehensive Cancer Center among the top 25 cancer centers nationally and recognized USC Norris Cancer Hospital as a Best Specialty Hospital.

Neurologist Named Keck Medicine's Physician of the Year



Hannah Hooper

Ramzi Ben-Youssef, MD, a Keck Medicine of USC neurologist, was named the health system's 2024 Physician of the Year during a ceremony at Keck Medical Center of USC in May.

Stephanie Hall, MD, MHA, chief medical officer for Keck Medical Center, presided over the event, where nominees gathered to be recognized for their exceptional efforts to embody the organization's mission, vision and values.

"We are extremely fortunate to include some of the most qualified and skilled individuals in the health care industry as part of the Keck Medicine of USC community," Dr. Hall said at the event. "While every member of our organization is a critical component of our medical

enterprise, we feel it is important to honor those physicians and residents who truly go above and beyond their call of duty by displaying the patience, compassion and empathy that distinguishes our level of care and creates a lasting impression for our patients and their families."

As part of the nomination process, Dr. Ben-Youssef was praised by colleagues for his tireless commitment to his team members and patients, including his approachability, compassion and excellent bedside manner.

His clinical work includes physical medicine and rehabilitation, brain injury and stroke rehabilitation, spinal cord injury medicine, pain medicine and general neurology.

USC Arcadia Hospital Appoints Two New Executives

In June, USC Arcadia Hospital announced the appointments of two new executives. Abelardo (Abe) Núñez was named the hospital's new chief financial officer. Veronica Vasquez-Montez, MD, MBA, was appointed to a brand-new position at the hospital: associate chief medical officer. They both assumed their new roles in July.



Abelardo (Abe) Núñez, chief financial officer

In addition to overseeing all aspects of the hospital's finances, Núñez's work will also involve advising the board of directors on financial matters and assuming a key role in the development of new business processes, standards and operational plans.

"Abe will have the important responsibility of partnering with me to initiate short- and long-term planning with the goal of improving our organization's financial results and expansion of services," said Ikenna "Ike" Mmeje, MHSA, the hospital's president and CEO, in an announcement.

Núñez brings over 20 years of experience in health care finance to the role, having most recently served as CFO for San Joaquin General Hospital. He also spent 10 years at Stanford Health Care, where he was the director of financial operations.



Veronica Vasquez-Montez, MD, MBA, associate chief medical officer

Equipped with more than 12 years of leadership experience in emergency medicine, patient safety and quality improvement, Dr. Vasquez-Montez will dedicate half of her time to the new role of associate chief medical officer while continuing to fulfill her responsibilities as clinical and medical director of USC-AH's emergency department.

"The associate chief medical officer position aims to continuously improve the safety, effectiveness, efficiency, patient-centeredness, equity and timeliness of health care service to all patients," Mmeje said. "I am confident in Veronica's ability to achieve outstanding performance on key, nationally standardized metrics of quality and safety."

Keck Medicine Named ‘LGBTQ+ Healthcare Equality Leader’

Ricardo Carrasco III



Keck Medicine of USC hospitals received the “LGBTQ+ Healthcare Equality Leader” designation in the Human Rights Campaign Foundation’s 2024 Healthcare Equality Index (HEI).

HEI is the leading national benchmarking survey of health care facility policies and practices dedicated to the equitable treatment and inclusion of LGBTQ+ patients, visitors and employees. A record 1,065 health care facilities participated in the 2024 HEI survey; only 36% (384 facilities) earned “LGBTQ+ Healthcare Equality Leader” designation.

“Keck Medicine is proud to serve the LGBTQ+ community through patient-centered care, dedicated advocacy and fostering a safe, welcoming and inclusive environment,” says Rod Hanners, CEO of Keck Medicine. “This recognition is a testament to our commitment to delivering quality care tailored to the diverse needs of the LGBTQ+ community within a supportive and inclusive setting.”

“Keck Medicine is proud to serve the LGBTQ+ community through patient-centered care, dedicated advocacy and fostering a safe, welcoming and inclusive environment.”

Rod Hanners, CEO

This marks the seventh time in recent years that Keck Hospital of USC, USC Norris Cancer Hospital and USC Verdugo Hills Hospital (USC-VHH) have received the “LGBTQ+ Healthcare Equality Leader” distinction, and it is the first time USC Arcadia Hospital (USC-AH) has been honored with this distinction since joining Keck Medicine in 2022.

“Receiving this designation is a significant milestone for USC Arcadia Hospital,” says Ikenna (Ike) Mmeje, MHSA, CEO of USC-AH. “We are proud to stand with our health system colleagues in support of our LGBTQ+ community.”

The HEI evaluates and scores health care facilities on detailed criteria in four categories: foundational non-discrimination protection for patients, visitors and staff via policies and training in LGBTQ+ patient-centered care; LGBTQ+ patient services and support; LGBTQ+ inclusive employee policies and benefits; and LGBTQ+ community and patient engagement.

To receive “LGBTQ+ Healthcare Equality Leader” designation, health care facilities must receive the maximum score in all criteria and earn an overall score of 100.

Keck Hospital Earns Leapfrog ‘A’ Safety Grade

Keck Hospital of USC has earned an “A” Hospital Safety Grade from The Leapfrog Group, an independent national watchdog organization.

“This grade puts Keck Hospital among the safest in the nation, and is a testament to the hospital’s commitment to the highest standards of quality and safety protocols,” says Marty Sargeant, MBA, CEO of Keck Medical Center of USC.

The Leapfrog Group assigns an “A,” “B,” “C,” “D” or “F” grade to general hospitals across the country based on over 30 measures of errors, accidents, injuries and infections and the systems hospitals have in place to prevent them.

This is the eighth “A” grade that Keck Hospital has received in the last five years.



“This grade reflects the dedication of the entire hospital staff working together to create a continuously safe environment for patients,” says Stephanie Hall, MD, MHA, chief medical officer of Keck Medical Center. “We are proud of our ranking, including our low rates of hospital-associated infection and our high ratings in quality outcomes and patient experience. Nothing is more important than the health of our patients, which is why we make safety and quality our number one priority.”

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

Keck Medicine Hospitals Receive Top American Heart Association Recognition

The awards honor hospitals that adhere to the continually evolving guidelines, saving lives and minimizing disability.



Keck Hospital of USC, USC Verdugo Hills Hospital (USC-VHH) and USC Arcadia Hospital (USC-AH) have received four American Heart Association (AHA) Get With The Guidelines® quality achievement awards. They also received six Target: Honor Roll Awards from Get With The Guidelines for high-quality care in heart failure, Type 2 diabetes and stroke.

Get With The Guidelines, from the AHA, is “a proven in-hospital approach to improving patient outcomes in cardiovascular and stroke focus areas.”

The program includes five specialized areas of focus: Stroke, Heart Failure, Resuscitation, Atrial Fibrillation and Coronary Artery Disease. Each one promotes consistent adherence to the latest research-driven guidelines for quality of care.

The awards honor hospitals that adhere to the continually evolving guidelines, saving lives and minimizing disability.

Keck Hospital received the Get With The Guidelines – Stroke Silver Plus, Heart Failure Gold Plus and Resuscitation Gold – Adult awards, as well as Target Honor Roll listings for Type 2 Diabetes and Heart Failure.

USC-VHH received the Get With The Guidelines – Stroke Silver Plus award and the Target: Type 2 Diabetes Honor Roll. USC-AH earned Get With The Guidelines – Stroke Gold Plus and Target Honor Roll for Stroke Elite Plus, Type 2 Diabetes and Stroke Advanced Therapy.

All silver awards recognize performance of 12 consecutive months, while gold awards recognize performance of 24 consecutive months or more.

According to the AHA, quality improvement causes a ripple effect that benefits every aspect of health care, including improved equity in patient care, staff morale, certification opportunities, accurate reimbursements and an overall reduction in lengths of stay and readmissions.



USC-VHH ICU Nursing Staff Earn Gold Beacon Distinction

USC Verdugo Hills Hospital's intensive care unit nursing staff has received the prestigious Gold Level Beacon Award designation.

The award, presented in May by The American Association of Critical-Care Nurses (AACN) excellence program, recognizes nursing units that distinguish themselves by providing high-quality patient care in a healthy work environment.

The Beacon designation comes in three levels: bronze, silver and gold. Only 8% of hospitals in California have achieved the coveted Gold-Level Beacon status.

"This is a recognition of excellence from AACN," says Raffi Boghossian, MBA, RN, PHN, clinical director of the USC-VHH ICU. "The Beacon award represents outstanding care in a unit that prioritizes patients, and for nurses, this honor can mean a more collaborative and supportive work environment as well as increased morale and lower turnover rates."

The Beacon Award's three levels of designation recognize significant milestones along a unit's journey. For patients and families, the Beacon Award signifies exceptional care through improved outcomes and greater overall satisfaction.

For nurses, it signals a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover.

Clinical Trials



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.KeckMedicine.org.

Trialing a Custom Modified Stent-Graft to Repair Aortic Aneurysms

This study tests the safety and efficacy of a custom modified endovascular stent-graft in patients with thoracoabdominal aortic aneurysms (TAAA) and complex abdominal aortic aneurysms (cAAA) for whom conventional stent-graft implantation is not a solution. Implanting a customized, fenestrated branched stent-graft to reinforce weakened parts of the aorta is less invasive compared to conventional open surgical repair, which requires longer incisions. Each stent-graft is modified to fit a patient's unique anatomy, allowing physicians to use this minimally invasive approach to treat cAAA and TAAA.

Compared to traditional surgery, the benefits may include less pain; a lower mortality rate; lower rates of heart, lung, intestine, kidney and spinal cord complications; and a shorter hospital stay and recovery time.

What should patients expect?

Surgery takes place at Keck Hospital of USC. On surgery day, the physician will modify the stent-graft and, guided by X-ray, insert it through two or three small incisions in the body. Patients will be monitored at 30 days, three months, six months, 12 months, and five years after surgery via CT scans, ultrasound, blood tests and a frailty test to determine efficacy.

Who can participate?

Patients 18 years or older diagnosed with pararenal, paravisceral or thoracoabdominal aortic aneurysms, or chronic post-dissection aneurysms. Exclusion criteria and more can be found at clinicaltrials.gov/study/NCT04524247.

Principal Investigator:
Sukgu M. Han, MD, MS

Contact:
Jason Hong
(323) 442-5528
Jason.Hong@med.usc.edu

Labwork

Transgender Adults Experience Twice the Prevalence of Cirrhosis

A Keck Medicine of USC study has found that transgender adults have double the prevalence of cirrhosis compared to cisgender adults, suggesting a need for more supportive, preventive care. Cirrhosis is chronic, progressive end-stage liver disease that occurs when scar tissue prevents the liver from functioning normally.

“Our study reveals that cirrhosis disproportionately affects transgender individuals and highlights a pressing health issue that needs addressing,” says Brian P. Lee, MD, MAS, a hepatologist and liver transplant specialist with Keck Medicine and principal investigator of the study, which was published in June in *The American Journal of Gastroenterology*.

Dr. Lee and his colleagues launched the study to provide scientifically backed liver health guidance to help inform better care for transgender patients. They culled data from a national database that contained medical claims for more than 60 million patients covered by commercial insurance or Medicare between the years of 2007 and 2022.

They learned that 60% of transgender adults with cirrhosis have a diagnosis of anxiety and/or depression, compared to 40% of

cisgender patients with cirrhosis. Alcohol was the leading cause of cirrhosis in the transgender group, accounting for some 60% of cases, while for cisgender adults it was approximately 50%.

“This population requires specific attention from clinicians and researchers alike.”

Brian P. Lee, MD, MAS

Dr. Lee hypothesizes that the increased rates of depression and anxiety may be driving alcohol use among transgender patients. An increased rate of HIV/AIDS among transgender patients may also be contributing to liver disease progression, according to Dr. Lee.

Lack of quality health care access could play an additional role, according to Jeffrey Kahn, MD, a hepatologist and liver transplant physician with Keck Medicine and co-author of the study.

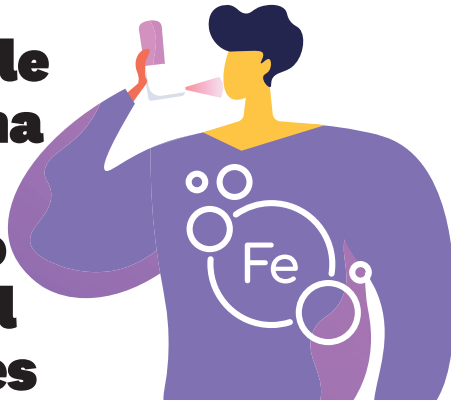
Dr. Lee and Dr. Kahn hope the study will spur more research and health care support for transgender patients, including liver screenings and access to mental health resources.

“This population requires specific attention from clinicians and researchers alike,” Dr. Lee says.



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Iron's Role in Asthma Attacks Points to Potential Therapies



New research shows that iron fuels certain immune cells that cause inflammation in the lungs during an allergic asthma attack — and blocking or limiting it may reduce the severity of symptoms.

During an attack, immune cells known as group 2 innate lymphoid cells (ILC2s) can become overactive, causing excessive inflammation and a tightening of the airways, making it difficult to breathe. However, the underlying biology is poorly understood.

Keck School of Medicine of USC researchers have now discovered key details about the mechanism behind the link, including that ILC2s depend on iron to generate energy. The findings could lead to new treatments, offering relief to patients with asthma and a range of other allergic diseases.

The study, published in May in *Science Translational Medicine*, found that ILC2s use iron to fuel a range of cellular processes, therefore making it

instrumental in activating the immune cells. In human cells, increased ILC2 activity and iron uptake related directly to asthma severity, suggesting that both play an important role in more serious cases.

“This is the first time it’s been shown that iron is an important metabolic regulator of pulmonary immune cells such as ILC2s, allowing them to generate energy,” says Benjamin Hurrell, PhD, a research assistant professor of molecular microbiology and immunology at the Keck School and lead author of the study. “That’s helpful for treating disease, because targeting a cell’s energy can allow us to selectively increase or decrease its function.”

The results point to a new potential therapy for allergic asthma that, unlike steroid treatments, addresses the disease’s underlying cause. Restricting iron availability to immune cells in the lungs, the researchers say, could ease the impact of an acute asthma attack.

AI Helps Pinpoint New Glioblastoma Treatment Approach

Glioblastoma is the most common brain cancer in adults, and also the deadliest, with less than 10% of patients surviving five years after their diagnosis.

While new approaches such as immunotherapy have revolutionized treatment for other cancers, they have done little for patients with glioblastoma. That is partly because these tumors hide behind the blood-brain barrier, where immune cells struggle to reach.

But new research, led by the Keck School of Medicine of USC, has leveraged artificial intelligence (AI) to identify genes that can reprogram glioblastoma cells, converting them into immune cells known as dendritic cells (DCs), which can target their kin cancer cells for destruction from within tumors.

The research, published in July in *Cancer Immunology Research*, showed that the approach could increase the chances of survival by up to 75%.

“This groundbreaking study leverages the power of AI to transform glioblastoma cells into immune-activating cells, marking a significant advancement in cancer immunotherapy,” says the study’s lead author David Tran, MD, PhD, co-director of the USC Brain Tumor Center, part of Keck Medicine of USC, and division chief of neuro-oncology at the Keck School. “By

“By turning the cancer’s own cells against it, we are paving the way for more effective treatments...”

David Tran, MD, PhD

turning the cancer’s own cells against it, we are paving the way for more effective treatments and offering new hope to patients battling this and many other aggressive cancers.”

If the approach is deemed safe and effective, Dr. Tran and his team will apply for approval to begin clinical trials in patients in several years. They also hope to use their AI model to find genes that can reprogram other types of cancer cells to behave like DCs.

Scientists Weaponize ‘B cells’ Against Chronic Conditions

USC scientists have discovered how to turn the body’s B cells into tiny surveillance machines and antibody factories that can pump out specially designed antibodies to destroy cancer cells or HIV.

The research, published in July in *Nature Biomedical Engineering*, describes a technique for editing the genes of immune cells called B cells, turbocharging them to fight even the sneakiest invaders. The work is an important advance in harnessing antibodies to treat conditions ranging from Alzheimer’s disease to arthritis.

“In some diseases or conditions, the natural antibodies made by B cells are just not good enough,” says senior author Paula Cannon, a Distinguished Professor of Molecular Microbiology & Immunology at the Keck School of Medicine of USC. “HIV is a very good example of that. It mutates constantly, keeping one step ahead of whichever antibodies are being thrown at it. We thought a checkmate move might be persuading B cells to make an antibody that was so broad in its ability to ‘see’ HIV that HIV couldn’t easily mutate around it.”

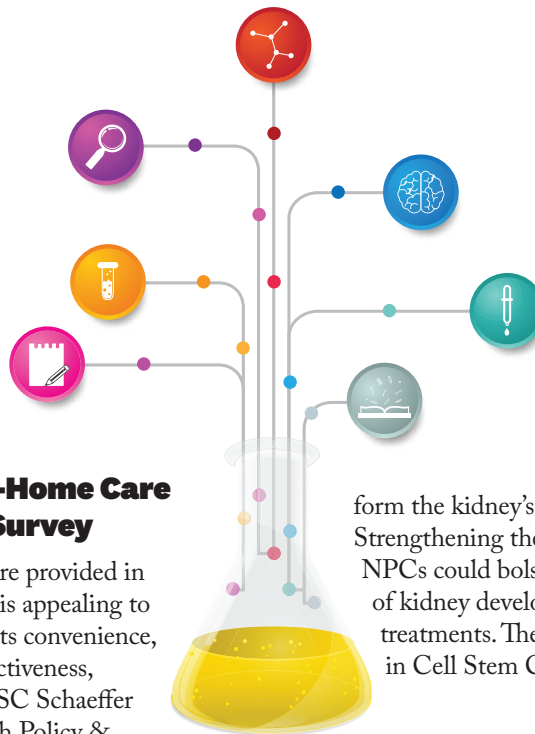
The beauty of the technique, the researchers say, is it can be adapted to produce a broad range of different antibodies.

They took inspiration from chimeric antigen receptor (CAR) T cells, which have revolutionized treatment for blood cancers like leukemia and lymphoma. With CAR T treatment, T cells — sister cells to B cells — are removed from a patient’s blood and genetically modified to identify cancer cells by recognizing a marker on their surface. Millions of the cells are then infused into the patient’s body, where they fight disease and then fade away.

B cells behave differently, making them more suitable for fighting chronic conditions.

The researchers are now working with the USC Stevens Center for Innovation to license the technology for commercial use.

Research Briefs



Hospital-at-Home Care Favored in Survey

Hospital-level care provided in a patient’s home is appealing to most people for its convenience, comfort and effectiveness, according to a USC Schaeffer Center for Health Policy & Economics study. The study, published in *JAMA*, found that most of its 1,100 respondents believed they would recover faster at home, rather than in the hospital, and that they felt safe being treated at home. The results could justify extending pandemic-era reimbursements for at-home care.

Most Adults Aren’t Using Nicotine Pouches

Only 2.9% of U.S. adults have used nicotine pouches, per a study co-led by the Keck School of Medicine of USC and published in *JAMA*. Sales of this newer tobacco product are rising, however, leading researchers to question whether adolescents are the main buyers. The study also found that the majority of adults currently using pouches also currently smoke cigarettes.

Researchers Advance Tools for Kidney Research

USC Stem Cell scientists developed a chemical mixture that improves the growth of nephron progenitor cells (NPCs) from human stem cells. NPCs

form the kidney’s filtration system. Strengthening the cultivation of NPCs could bolster researchers’ study of kidney development, diseases and treatments. The study was published in *Cell Stem Cell*.

Alzheimer’s Disease Data Helps Scientists

After completing the first and largest clinical trial of pre-symptomatic Alzheimer’s disease, Keck School researchers have shared their data with the broader scientific community. They created an online platform of study subject data — brain scans, blood samples, genetic information and cognitive tests — in the hopes of bolstering Alzheimer’s disease research. The comprehensive data set has already yielded key insights and opened avenues for further progress.

Ozempic, Wegovy Out of Reach for Many

Diabetes and weight-loss drugs Ozempic and Wegovy are inaccessible to many publicly insured patients. New research from the USC Schaeffer Center shows that privately insured patients are likelier to get these drugs, with Medicaid and Medicare Part D patients at a disadvantage. The findings were published in *JAMA Health Forum*.

'It Feels Like Family'

Continued from Page 15

Bennett had his own ideas and shifted his position at the last minute, making a vaginal delivery risky. He was born at 32 weeks via emergency cesarean section, weighing 4 pounds, 6 ounces, with his lungs not yet fully developed and a small hole in his heart.

NICU nurses were present for his arrival. "We work closely with the labor and delivery program and, along with respiratory therapists, attend all high-risk deliveries," says Cindy Morrison, RN-C, a NICU nurse for 42 years — 35 of them at USC-AH.

Other members of the USC-AH maternity care team include physicians on call 24/7, OB technicians, social workers, pharmacists, dietitians and occupational therapists.

"I've worked in bigger institutions," Morrison says, "but what I love about USC Arcadia Hospital is we have a more intimate relationship with families."

"We are able to spend more one-on-one time with the babies," says Hazel Galang, RN, another of Bennett's nurses.

Nestled in an incubator in the NICU, Bennett was able to breathe on his own, but a respiratory therapist monitored his progress. A cardiologist checked in on him to assess his heart, which was beating a little fast.

Feeding specialists took charge of his nutrition, which he would receive via a feeding tube for the first three weeks of his life, after which he began learning how to breast- and bottle-feed.

"He was very, very little," Annie says. "He just needed to grow at that point."

She and James traded off bedside time with Bennett. They were experienced parents, but Morrison and Galang note that many in the NICU are first-timers.

Teaching new parents to care for their small charges — and giving them back a sense of control — is a big part of the nurses' job. "At the beginning, some

parents are nervous about holding their baby," Galang says, "but they just need reassurance and support."

Backyard mini-playland

Now age three, Bennett started school this fall. Over time, the small hole in his heart healed on its own. He's susceptible to colds and had pneumonia last year, but is otherwise healthy and energetic.

A fan of garbage trucks and LEGOs, Bennett "loves to copy everything and anything his oldest brother does right now," Annie says. "He's so fun. And funny!"

The three boys spend lots of time in their backyard mini-playland, which includes a trampoline, splash pad, soccer net and portable movie screen — all organized by Annie, who is developing an online travel accessories business for parents, and James, who works in human resources for Los Angeles County.

"I'm so thankful for the support we had from the entire team at USC Arcadia Hospital," Annie says.

She and James want other parents to know one thing about its maternity services: "You're in good hands. It feels like family."

A New Spin

Continued from Page 23

She started taking spin classes to increase her physical activity a few months after her surgery.

"It's funny because I started spin to lose weight," Nancy says. "Now I do it more for my mental health, and because I enjoy it."

In a little over a year, Nancy went from getting tired after going on a walk with her son to being a spin instructor who taught — and participated in — two to three classes a day.

Teaching spin allowed her to share her story and treatment journey and let others know that change is possible.

"We all start out somewhere, not knowing how to do something, but it doesn't mean you can't become good at it," she says.

Echoing her inspiration

In addition to spin classes, Nancy also recently started an Instagram account to share her weight-loss journey with others.

But she still doesn't consider herself cured. "No one ever is. Life still happens, but I'm definitely more confident in the person I am," she says.

Now if she has a bad day, instead of coping with food, "I ride it out," she says.

Nancy remembers that some of the people on social media who influenced her to get bariatric surgery said that it was the best decision they ever made.

"Now I can echo the same," she says.

A Focus on Sustainability

As health care providers, our job is to care for patients — but it's not enough to simply treat people episodically when they come to us with a medical problem. We have to think of the bigger picture and how our choices affect the environment where our patients live.

The health care industry in the United States is responsible for 8.5% of total greenhouse gas emissions. By burning fossil fuels and wasting resources, we're directly contributing to factors that put people's health at risk.

Sustainability is vital to our mission because it will improve community health in the long run, and it can be done without sacrificing the quality of patient care.

In my role as medical director for operating rooms at Keck Hospital of USC, I'm proud of the actions we've already taken to make our clinical operations more sustainable.

We've replaced two anesthetic gasses with cleaner options that provide the same excellent patient experience. We've also reduced medication waste and invested in a software upgrade that decreases the amount of gas wasted during procedures.



Arash Motamed, MD, MBA

In the operating room, we've replaced disposable devices and materials with reusable alternatives. We've worked with suppliers to ensure that supply kits include only the items we actually need. All outdoor lighting at Keck Medical Center of USC has been switched to LED.

Next steps will include developing a more structured framework to increase our efforts.

Sustainability is a collaborative mission. I'm excited about the interest and support we've received — from leadership, providers and patients alike.

And I'm proud that Keck Medicine of USC is leading the way in making health care greener and creating a healthier environment for all.

Arash Motamed, MD, MBA, a Keck Medicine anesthesiologist, serves as the health system's medical director of sustainability.

perspective





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