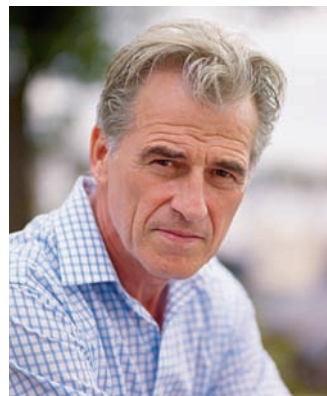


**The Facts
About Stents**

①



**Head and
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②



**Overcoming
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**Older People
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UCI Health www.ucihealth.com

The Facts About STENTS



Nearly a million Americans received stents last year to prop open arteries cleared by balloon angioplasty.

About 85 percent of these tiny metal, mesh-like tubes were drug-coated to reduce the incidence of restenosis, or renarrowing of the blood vessel.

But now studies show that drug-coated stents can cause an adverse reaction called late-stent thrombosis in 1 to 2 percent of patients. This rare but dangerous condition involves the formation of clots up to two years after stent implantation, leading to potentially fatal heart attacks or sudden cardiac death. The news comes like a bolt out of the blue for millions of stent patients, who are wondering what this means for them.

The big picture. As with most medical controversies, it's important to understand the big picture. "The use of drug-coated stents has resulted in a significant reduction of follow-up procedures to treat

restenosis," says **Dr. Morton Kern,** University of California, Irvine director of clinical affairs for the Division of Cardiology. "But to protect themselves against late-stent thrombosis, patients receiving these drug-coated devices must take daily doses of aspirin indefinitely, and an

anti-clotting medication called clopidogrel (Plavix®) for at least one year following stent implantation." This recommendation comes from a joint advisory board composed of experts from five medical organizations that met in December 2006. It replaces the former recommendation that suggested three to six months of anti-clotting therapy for drug-coated stents and one month for bare-metal stents.

To avoid complications, patients with drug-coated stents must take anti-clotting medications faithfully.

Studies show, however, that one in seven stent patients discontinues anti-clotting medication within 30 days following angioplasty. Those who stopped had a death rate more than 10 times greater than those who continued with Plavix plus aspirin for the recommended time. "The bottom line is that patients

must continue to take their medications faithfully for the period prescribed," says Kern.

Stent sense. So critical are blood-thinning medications to the well-being of patients with drug-coated stents that experts advise using the bare-metal version for people not likely to comply with the 12-month drug regimen. "Anti-clotting medications should not be discontinued for dental work or any other reason," cautions Kern, who notes that patients are typically instructed to stop taking aspirin before surgery. "If a non-cardiac operation is necessary, stent patients should discuss changing their medication routine with a cardiologist."

Another issue that emerged in studies was the use of drug-coated stents in higher-risk patients than the devices were approved to treat—called "off-label" use. This represents about 60 percent of stent patients. Because these individuals have more complex cardiovascular conditions, their chances of clotting, heart attack and death are significantly higher than people who meet the original criteria of the clinical trials. "Late-stent thrombosis occurs more often in off-label use—and far more frequently in people who don't take their medication religiously," says Kern.

He also believes that stenting isn't always the best answer for stable chest pain caused by narrowed coronary arteries. "Stents don't cure atherosclerosis, the disease that causes cholesterol and other deposits to accumulate on the walls of arteries and limit blood flow," he says. "A healthy lifestyle combined with aspirin, cholesterol-lowering medications, beta blockers and ACE inhibitors can control or even sometimes reverse the cause of heart problems."

For referral to a UC Irvine Medical Center cardiologist, call 714-456-6699.

Toll free 877-UCI-DOCS

Head and Neck Cancer

Only 20 years ago, doctors performed radical surgery to treat head and neck cancer, sometimes removing an entire jaw, nose, lip or voice box in the process.

These operations may have been lifesaving, but they often led to a significant reduction in the quality of life.

Today, radiation and chemotherapy are sometimes as effective as surgery. And when an operation is necessary, new techniques are often making it possible to preserve both form and function in patients with head and neck cancers. This includes malignancies of the mouth, tongue, throat, voice box, salivary glands, nose, sinuses, parathyroid and thyroid glands.

It takes the close cooperation of many experts to achieve the best results. Among them are medical

and radiation oncologists, head and neck surgeons, pathologists, radiologists, reconstructive surgeons, dental oncologists, nurses, speech therapists, social workers and physical therapists. “The team approach can make a vital difference in a patient’s survival and quality of life,” says **Dr. William Armstrong**, a head and neck surgeon at the Chao Family Comprehensive Cancer Center at University of California, Irvine Medical Center.

It all begins with the treatment team meeting to discuss the pros and cons of various therapies for individual patients. This brain trust of head and neck specialists works together, considering all possible options. “The group believes patients should have the maximum number of treatment choices and participate actively in the decision-making process,” says Armstrong.

Form and function. Surgery remains a key strategy in many cases. “There’s been a revolution in the treatment of head and neck malignancies,” says Armstrong, who is interim chair of UC Irvine’s Department of Otolaryngology. Without the need for external incisions, doctors can often remove head and neck tumors while maintaining a person’s ability to speak, chew and swallow. Using microsurgical techniques, they navigate around important nerves, arteries and muscles, preserving the patient’s function. This highly specialized process is a result of the development of high-powered operating microscopes and miniaturized instruments.

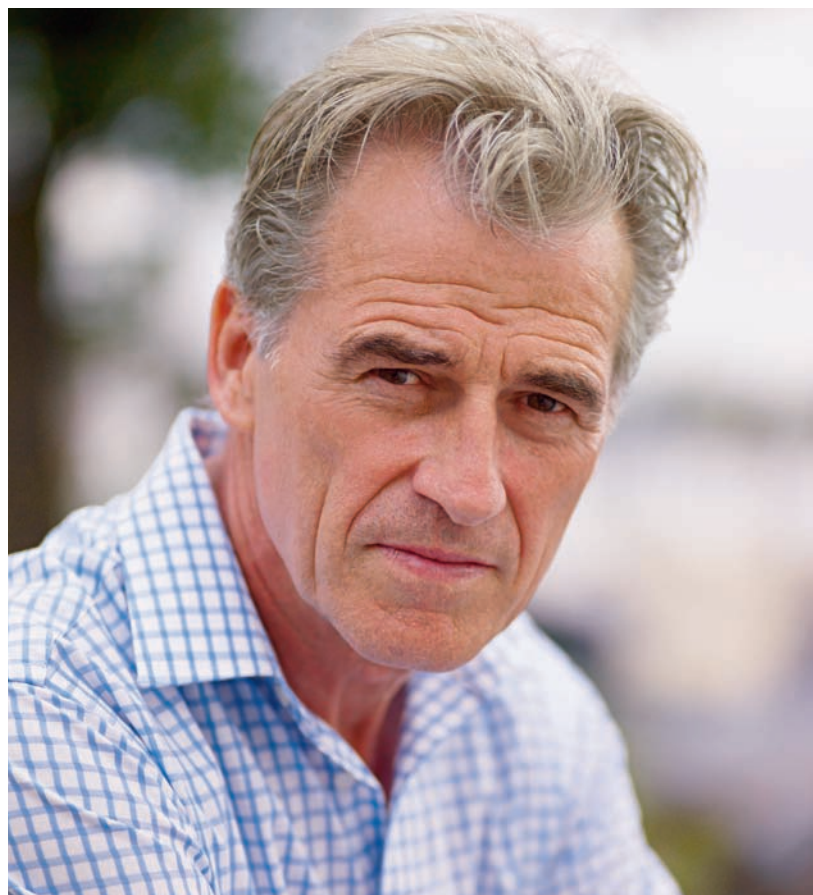
Additionally, an ever-increasing number of minimally invasive procedures have been developed over the past 10 years. For example, surgeons can now remove certain

head and neck tumors through endoscopes—thin, lighted tubes equipped with video cameras. By using the mouth or nose as a passageway into the body, external incisions can be avoided all together. And by examining microscopic layers of tissue during the operation, doctors can preserve as much healthy tissue as possible.

Reconstructive surgery. Even with these leading-edge methods, the removal of a tumor can create a noticeable deformity in the face or neck. Using microsurgical techniques, surgeons can help correct these problems. “Reconstructive surgery involves moving tissue from another part of the body to the site where the tumor once was,” says **Dr. Jason Kim**, a head and neck surgeon subspecializing in microvascular surgery. “Then blood flow must be reestablished to the transplanted skin, muscle and bone.” This requires matching up blood vessels in the tissue graft with those in the face or neck, and meticulously connecting them with sutures no thicker than a human hair. “For many patients, reconstructive surgery can restore near-normal appearance and improve function,” notes Kim.

It takes an integrated team to treat head and neck cancers successfully.

But the team effort doesn’t end in the operating room. If necessary, speech therapists work with patients to help them relearn how to speak or swallow. Dental oncologists design and construct dental implants. Other specialized oncologists administer chemotherapy and radiation therapy. “From diagnosis to recovery, close communication among treatment team members is critically important,” says Armstrong. “If cancer care is fragmented, patient outcomes are affected. But if a multidisciplinary team provides integrated care, patients benefit.” For more information, call 877-UCI-DOCS.



Overcoming OBESITY

Obesity was always an issue for Mary Jane Roberts. At age 12, she topped the scales at 200 pounds, and by her late 30s, she was up to 250—and still gaining.

Although the five-foot-four-inch Garden Grove teacher lost 100 pounds twice on fad diets, she quickly regained the weight. Meanwhile, her life was becoming more challenging. “One day, I realized that I could no longer fit comfortably into the space between the rows in church,” she recalls. “I also had trouble singing short phrases of hymns without running out of breath.” To complicate matters even more, Roberts suffered from weight-related acid reflux. “I always felt like I had a hot rock in my throat,” she says.

Then, during a routine visit to her gynecologist, Roberts was stunned to learn that her blood pressure was 168/110. “I had the same bottom number as my father when he suffered a stroke,” she says. To control her blood pressure and other obesity-related conditions, Roberts took seven medications daily and grew increasingly desperate. “I realized this was not the way I wanted to live the next 40 years of my life,” she says.

Finding the solution. Searching for an answer, Roberts investigated four different surgical weight-loss programs. “I didn’t get the right vibes from the doctors I talked to,” she recalls. “It was important for me to find the right surgeon.” Finally, a chance remark provided the answer. “My sister’s doctor mentioned that if she ever needed bariatric (weight loss) surgery, she’d have Dr. Nguyen do the procedure,” says Roberts. Considered a worldwide expert in this type of procedure, **Dr. Ninh T. Nguyen** is director of the Bariatric Surgery Program at University of California, Irvine Medical Center.

Soon afterward, Roberts made an appointment with Nguyen. Impressed by his program’s high



Two years after gastric bypass surgery, Mary Jane Roberts dropped from 250 to 120 pounds and no longer had weight-related ailments such as high-blood pressure and acid reflux.

success rate and the fact that Nguyen had performed hundreds of bariatric surgeries, Roberts decided to go ahead with the operation. “It felt right,” she says.

Roux-en-Y gastric bypass surgery typically results in a loss of 65 to 70 percent of a patient’s excess weight.

During the next few months, Roberts underwent rigorous medical and psychological evaluations. She also provided proof of several serious past attempts to lose weight—a requirement of the program. Additionally, she was counseled in postoperative diet and exercise. “Candidates for bariatric surgery must understand the operation and its potential complications,” says Nguyen. “They must also be fully committed to a lifelong diet of low-fat, low-calorie foods and nutritional supplementation, or risk serious health problems.”

Roberts opted for a type of bariatric surgery known as Roux-en-Y. “This minimally invasive procedure involves creating a small pouch by dividing the stomach into two sections, and sealing off the larger portion,” explains Nguyen. “The pouch, which can hold about one ounce of liquid, is connected directly to the middle portion of the small intestine, bypassing the rest of the stomach.” The procedure promotes weight loss several ways. The pouch is too small to hold large amounts of food, and fat absorption is substantially reduced because food skips the top part of the small intestine. The operation also slows the rate at which food moves through the stomach, so patients feel satisfied after eating small amounts.

A whole new person. “Patients who undergo Roux-en-Y gastric bypass surgery typically experience a 65 to 70 percent loss of excess weight,” says Nguyen. UC Irvine Medical Center also offers the Lap-Band procedure—a reversible and adjustable type of weight-loss surgery in which the stomach is encircled with a saline solution-filled band to limit food intake.

Today, three years after her operation, Roberts has lost a total of 120 pounds. She credits her success to Nguyen’s skill, as well as excellent long-term follow-up care. This includes bariatric surgery support group meetings, which she attends faithfully. Now a size 6, Roberts’ blood pressure is under control—and her high cholesterol and acid reflux are things of the past. “I can sit in an airplane seat with room to spare and pull my knees to my chin,” she marvels. “I’m a whole new person now and free to be myself.”

For information on the bariatric surgery program at UC Irvine Medical Center, call 888-717-GIMD (4463).

the Education Connection

Classes are free of charge to University of California, Irvine Medical Center patients and their families, UC Irvine employees and volunteers. Exceptions are the Joslin Diabetes Center, Balance and Mobility for Seniors, meditation, and health care skills programs. Certain classes are also available in **Spanish** & **Vietnamese**. Unless otherwise indicated, all classes are located at UC Irvine Manchester Pavilion, 200 S. Manchester Ave., Suite 840, Orange. Registration is required. Call toll free 877-UCI-DOCS or 877-824-3627 for registration and information.

FAMILY HEALTH

Asthma and Adults (1 Session)

Learn how to control asthma and not have it control you.

Cost: \$20. Free peak flow meter.

Friday, Aug 3 5-7 p.m.

Spanish Attention and Behavior Problems (10-Session Series)

Free parenting-skills classes for parents of children ages 3-5 with attention and behavior problems, offered through a joint project of UC Irvine and Children's Hospital of Orange County. Information: 949-824-2462 or www.cuidar.net. Call for meeting dates, times and locations throughout Orange County.

Balance and Mobility for Seniors: A class that helps you stay on your feet. (16-Session Series)

Designed to improve balance and mobility and reduce the risk of falls. Also focuses on flexibility, strength and endurance. Participants must be medically stable senior adults who live independently and can walk at least 200 feet safely without the use of any assistive devices. A written medical clearance is required. Prior to class, participants must schedule a 30-minute evaluation. Cost: \$80. Includes evaluation. Tuesdays and Fridays
Evaluations: July 17 or 20 1-3 p.m.
Class sessions: July 24 – Sept 14 1-2 p.m.

Breastfeeding (1 Session)

Includes process of milk production, how to breastfeed, avoiding potential problems and returning to work. Cost: \$20.

Thursday, Aug 23, Sept 27 6-8:30 p.m.

Spanish Breastfeeding (1 Session)

Tuesday, July 17, Sept 18 5:15-7:30 p.m.

Location: UC Irvine Family Health Center Santa Ana

Diabetic Diet (1 Session)

Food choices, portions and how they affect diabetes. Cost: \$20.

Monday, July 2, Aug 6 4-6 p.m.

Diabetes Management Overview (1 Session)

Methods to control blood-sugar levels through diet, exercise, medication and lifestyle changes. Cost: \$20. Free glucometer.

Monday, July 9, Aug 13 4-6 p.m.

Spanish Diabetes Management Overview (1 Session)

Wednesday, July 25, Aug 1, Aug 22, Sept 5, Sept 26 6-8:30 p.m.

Location: UCI Family Health Center Anaheim

Wednesday, July 11, Aug 8, Sept 12 6-8:30 p.m.

Location: UC Irvine Manchester Pavilion

Vietnamese Diabetes Management Overview (1 Session)

Wednesday, Aug 1, Sept 5

8:30-10:30 a.m.

Location: UC Irvine Manchester Pavilion

Diabetes Management Series (4-Session Series)

Meal planning, exercise, medications, monitoring your blood sugar, and lifestyle changes to help you avoid complications. Cost: \$80. Free glucometer.

Mondays, Sept 10, 17, 24, and Oct 1 4-6 p.m.

Early Pregnancy (1 Session)

For expectant mothers and their birth partners in the first four months of pregnancy. Includes nutrition, exercise, prenatal care, warning signs and car safety. Cost: \$20.

Wednesday, July 18, Sept 19 6-8 p.m.

Heart Healthy Diet (Cholesterol Awareness) (1 Session)

Learn the American Heart Association guidelines about low-fat, low-sodium and low-cholesterol diets. Cost: \$20.

Tuesday, Aug 28 4-6 p.m.

Hepatitis C Pretreatment Education (1 Session)

For the person who is considering or about to begin hepatitis C treatment. Includes information about hepatitis C, treatment, management of side effects and injection training. Family members and other support persons are encouraged to attend.

Pre-registration required: 714-456-8764

First Friday every month 9-10:30 a.m.

Location: Neuropsychiatric Center, conference room 101

Hypertension (High Blood Pressure) Management (1 Session)

How to control blood pressure through diet, exercise, medication, and lifestyle changes. Cost: \$20.

Wednesday, July 18 6-8 p.m.

Living Well With Heart Failure (1 Session)

Taught by a cardiologist. Overview of heart failure, symptoms, and basic lifestyle changes to manage the condition including diet, exercise, and medications. Cost: \$20.

Thursday, Aug 2 1:30-3:30 p.m.

Maternity Tea & Tour

Learn about maternity services and tour the medical center's maternity unit. Cost: Free to all.

Thursday, July 26, Aug 23, Sept 27 1:30-3:30 p.m.

Location: Neuropsychiatric Center, conference room 101

Meditation for Health (4-Session Series)

An introduction to the art of meditation, including a discussion of the various types and styles. No special clothing or equipment is required. Cost: \$40.

Mondays, July 9 – 30 6-7 p.m.

Meditation Special Topic: Tea Ceremony (1 Session)

Transforms the ordinary act of drinking tea into a social communal activity with elements of grace and spirituality. Limit 8 participants. Cost: \$30.

Monday, Sept 17 6-7:30 p.m.



Newborn Care (1 Session)

Infant feeding, dressing, bathing, diapering, normal newborn appearance and signs and symptoms of illness. Cost: \$20.

Monday, Aug 13 6-8:30 p.m.

Spanish Newborn Care (1 Session)

Tuesday, Sept 25 5:15-7:30 p.m.

Location: UC Irvine Family Health Center Santa Ana

Lamaze Prepared Childbirth (6-Session Series)

Offered in conjunction with Santiago Canyon College Continuing Education. For expectant mothers and their birth partners beginning the 6th month of pregnancy. Topics include relaxation, Lamaze techniques, labor and birth, Caesarean delivery, medication and anesthesia. Cost: Free to all.

Tuesdays, June 19 – July 24 7-9:30 p.m.

Tuesdays, Sept 4 – Oct 9 7-9:30 p.m.

Tuesday class location: Santiago Canyon College Orange Center

Wednesdays, June 20 – July 25 7-9:30 p.m.

Thursdays, June 21 – July 26 7-9:30 p.m.

Wednesdays, Sept 5 – Oct 10 7-9:30 p.m.

Thursdays, Sept 6 – Oct 11 7-9:30 p.m.

Wed & Thurs Location: UC Irvine Medical Center Library, room 2105

Spanish Prepared Childbirth (4-Session Series)

Cost: Free to all.

Tuesdays, Aug 21 – Sept 11 5:15-7:30 p.m.

Location: UC Irvine Family Health Center Santa Ana

Siblings (1 Session)

For children about to become big brothers and big sisters who want to learn what will happen when Mom goes to the hospital to have the baby. Cost: \$20.

Wednesday, July 11, Aug 8, Sept 12 4-5 p.m.

Location: UC Irvine Medical Center 2 Tower Conference Room (2nd floor of main hospital)



Stop Smoking (4-Session Series)

Stop smoking by discussing what to do before you quit smoking and how to live life afterward. Cost: \$80.
Tuesdays, Aug 7 – 28 4:30-6:30 p.m.
Thursdays, Sept 6 – 27 1-3 p.m.

Weight Control (4-Session Series)

Identify your healthy weight and learn about meal planning, the food-guide pyramid, exercise, label reading, restaurant dining, recipe modification and maintenance. Cost: \$80.
Thursdays, Aug 9 – 30 9:30-11:30 a.m.

Beginning Hatha Yoga

Wear loose-fitting workout clothes. Pack a cool-down sweatshirt and a yoga mat or beach towel. It's best not to eat or drink two hours prior to class. Cost: \$30 per month.
Every Tuesday 5-6 p.m.
Location: 200 S. Manchester Ave., basement training room

SUPPORT GROUPS

All support groups are free and held at UC Irvine Medical Center, 101 The City Drive South, Orange, CA, unless otherwise noted. For a complete list, please visit www.ucihealth.com/events.

Art for the Soul

Creative techniques to foster better health while coping with cancer. No art experience required. Information: 714-456-5235
Third Thursday every month 10 a.m.-noon
Chao Family Comprehensive Cancer Center, 1st floor resource center

Bariatric Surgery Support Group

Offers support for patients before and after laparoscopic weight-loss surgery. Information: 714-456-4463
Third Tuesday every month 6:30-8:30 p.m.
Location: UC Irvine Manchester Pavilion, 200 S. Manchester Ave., 2nd floor, rooms 207 & 208, Orange

Breast Cancer Education/Support Series

Ongoing series for women with breast cancer, providing opportunity to meet with experts. Information: 714-456-5819
Mondays, July 9, Aug 6, Sept 10 3-4 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Burn Survivors Support Group

Information: 714-456-5304 or 714-456-8938
Thursdays, June 21, Aug 16 Noon-1 p.m.
Thursday, July 19 - twilight picnic 4-7 p.m.
Location: Please call for information

Children and Adults with Attention-Deficit/Hyperactivity Disorder (CHADD)

For parents and professionals interested in learning about ADD/ADHD in children and adults. Guest speaker at every meeting. Information: 949-UCI-ADHD (949-824-2343) or www.cdc.uci.edu/chadd.shtml. No RSVP necessary.
Wednesdays, July 11, Aug 8, Sept 12 7-9 p.m.
Location: UC Irvine Child Development Center
19262 Jamboree Road, Irvine

Epilepsy Support Group

Social and educational support group for adults with epilepsy, offered in collaboration with the Epilepsy Alliance of Orange County. Guest speaker at every meeting. Information: 714-557-0202
Third Friday every month 7-8:30 p.m.
Location: Neuropsychiatric Center, conference room 101

Kidney and Pancreas Transplant Support Group

Education and support for pre-dialysis, dialysis, pre-transplant and post-transplant patients, family members and friends. Information: 714-456-8342
Fourth Wednesday every month 4-5:30 p.m.
Location: Medical library, 2nd floor, room 2105

Korean Women's Share and Care Group

Help and support for Korean-speaking women with cancer. Information: 714-456-5057
First Thursday every month 3-4:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Living with Cancer

Help for cancer patients and their loved ones. Information: 714-456-8609
Second and fourth Thursdays every month 6:30-8 p.m.
Location: Breast Health Center, Chao Family Comprehensive Cancer Center, 3rd floor

Look Good, Feel Better

Help with appearance changes during cancer treatments. Reservations: 800-ACS-2345
Monday, Aug 13 10 a.m.-noon
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Sarcoma Education and Support Group

Formal presentation followed by separate group discussions for young adults and older adults, led by social worker. Information: 714-456-8609
Third Tuesday every month 3-4:30 p.m.
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

Spinal Cord Support Group

For those with spinal cord injuries and their families. Information: 714-456-6628
Third Monday every month, except holidays Noon-1:30 p.m.
Location: Acute Rehabilitation Unit/3-South, recreation room

Spanish Super Sibs Klub

Therapeutic workshop for children ages 8-12 with siblings who have disabilities or chronic illnesses. Information: 714-532-8778
Third Saturday every month 9:30 a.m.-noon
Location: Neuropsychiatric Center, conference room 101

Support for People with Oral, Head & Neck Cancers (SPOHNC-UCI-Orange)

Information: 714-456-5235
First Monday every month 6:30-8 p.m.
Location: Breast Health Center, Chao Family Comprehensive Cancer Center, 3rd floor

Survivors Support Group

Support for teens facing the challenges of illness. Information: 714-456-2295
Fourth Wednesday every month 4:30-6 p.m.
Location: Neuropsychiatric Center, conference room 101

Trigeminal Neuralgia Association Support Group

Information, education and support for patients and their families living with TN and related facial pain conditions. Guest speaker at every meeting. Information: 714-557-3755 or 714-962-2369
Saturdays, July 14, Sept 8 1-3 p.m.
Location: Medical library, 2nd floor, room 2107

Women's Share and Care Group

Support and education for women with cancer. Information: 714-456-8609
Second and fourth Tuesday every month 10-11:30 a.m.
Speaker on fourth Tuesday
Location: Chao Family Comprehensive Cancer Center, 4th floor conference room

HEALTH CARE SKILLS

Basic Life Support – Health Care Provider

Adult, pediatric and infant CPR, two-rescuer CPR, foreign-body airway obstruction, AED and barrier devices. Based on American Heart Association standards and guidelines. Registration: 714-456-7291.
Cost: \$74 (includes parking pass, card and book).
Wednesday, June 27 8:30 a.m.-2 p.m.
Wednesday, July 25 8:30 a.m.-2 p.m.
Wednesday, Aug 22 8:30 a.m.-2 p.m.

Joslin Diabetes Center Education Classes

Joslin Diabetes Center at University of California, Irvine offers two types of classes to help people learn how to successfully manage their diabetes. "Steps to Success" is a five-session, comprehensive, educational program. "Diabetes Today" offers single-topic sessions that address specific issues of diabetes management. Classes are held at the center, located at Gottschalk Medical Plaza on the UC Irvine campus. There is a fee and insurance pre-authorization is recommended. For a full description of the programs, registration, or to schedule an appointment with a physician, please call Joslin Diabetes Center at UC Irvine at 949-824-8656 or visit www.ucihealth.com/joslin.



Joslin Diabetes Center
at University of California, Irvine



The future University of California, Irvine Medical Center is shown in this digital rendering of the new hospital, which is currently under construction.

Transformations

Construction of University of California, Irvine Medical Center's new university hospital has passed the halfway mark. Its progress can be told in numbers:

- 3.2 million pounds of reinforcement bar in the foundation
- 2.3 million square feet of dry wall
- 300 miles of electrical wiring, enough to stretch past Las Vegas
- 6,500 individual pieces of structural steel, welded together at the site
- 500 workers at peak construction stages

The \$372 million new hospital is proceeding on budget and on schedule. It is expected to open in early 2009 and will have 191 beds, with private rooms that can accommodate family members. This is in addition to the existing 102 beds in the medical center's tower and the 67-bed Neuropsychiatric Center. The latest technology and equipment will be featured throughout the new hospital to support high-quality patient care, research and medical education.

The new hospital, located on the northern perimeter of the medical center property, is being constructed to meet updated seismic standards. Once the new hospital has opened, the current main hospital building—built in 1960—will be demolished. During construction, all inpatient and outpatient care continues uninterrupted.

UC Irvine Medical Center thanks patients and visitors for their understanding during this time of transformation.

www.ucihealth.com

Seniors: Ask the Doctor

Older People and Cancer

People 65 and older are 10 times more likely to be diagnosed with cancer than individuals in other age groups. But very few oncologists are trained to address the unique physical and emotional needs of older cancer patients. Join us as Dr. Homayoon Sanati, an oncologist with expertise in geriatrics, discusses cancer treatment for seniors.

Q What are the challenges of treating older cancer patients?

A People 65 and older often have multiple health conditions such as diabetes and heart disease. These disorders must be co-managed with cancer therapy, making treatment more complex than for younger patients. Seniors may also have a slower metabolism or reduced kidney function, which can be addressed by giving cancer drugs in lower dosages, or in smaller, more frequent amounts.

Q Are there many clinical trials for cancer patients 65 years or older?

A Although 60 percent of all newly diagnosed cancer patients are over 65, they account for only 36 percent of patients in drug studies. Because more than 76 million baby boomers will turn 65 over the next few years, more clinical trials for seniors are essential.

Q What's the status of geriatric cancer care in the United States?

A Generally speaking, the needs of older oncology patients haven't been top priority for cancer researchers and clinicians. Also, seniors are often treated as a single group, when in fact they're very diverse. For example, cancer patients between the ages of 65 and 75 often have different views and needs from those 76 to 85. Because very few doctors specialize in the care of older people, geriatric oncology programs are uncommon.

University of California, Irvine Medical Center is a rare exception with specialized cancer services for older people.

Q What's the best way that older cancer patients can ensure optimal care?

A Start with a geriatric health assessment. In addition to a thorough physical exam, it should include an evaluation of nutritional deficiencies and medications. This analysis can be very helpful in guiding patients through the decision-making process for cancer care, indicating how they would react to surgery, chemotherapy or radiation therapy. The Health Assessment Program for Seniors (HAPS) at UC Irvine Medical Center evaluates cancer patients before and after treatment.

Q How well do people over 65 tolerate cancer treatment?

A Many tolerate cancer therapy as well as younger patients. Even people in their 90s who are in relatively good health can successfully undergo surgery, although their recovery may be slower. On the other hand, some individuals may choose to have palliative (comfort) care instead of aggressive treatment, based on the type and stage of their cancer. Whatever the case, seniors with good cognitive skills are entitled to make their own educated decisions about treatment.



Dr. Homayoon Sanati is a University of California, Irvine Medical Center medical oncologist and is the only physician in Orange County with special training in the care of elderly patients with cancer. He has particular expertise in the treatment of breast and gastrointestinal cancers, including colorectal and pancreatic. He emphasizes that treatment can be as effective in elderly patients as it is in younger people.

School-Age Physical Exams



Parents of newborns quickly learn that regular doctor visits are necessary to keep up with their child's rapid growth and busy immunization schedule.

By the time children enter kindergarten, they've achieved key developmental milestones and completed all the immunizations recommended for their age. However, this is no time to abandon the routine physical examination.

"The state of California requires students entering first grade to have written verification of a physical examination within the previous 18 months," says **Dr. Leticia Oliveros**, a pediatrician at University of California, Irvine Medical Center. "But children from kindergarten through high school need ongoing medical checkups to monitor their growth and make sure they have their final immunizations." Starting at

age 2 through age 18, young patients should have a thorough physical every year. Those with an existing chronic condition should be examined more frequently.

The checkup. Along with a review and update of the youngster's medical history, a physical will encompass a head-to-toe examination, including height, weight, blood pressure, heart rate, breathing, vision and hearing. A urine test to screen for kidney problems and a blood test for anemia are also routine. Additionally, the doctor may check for signs of spinal curvature (scoliosis) and prescribe nutritional counseling and other therapies, if needed. "In addition to the routine physical exam, tests for conditions such as diabetes, tuberculosis, anemia or high cholesterol may be conducted if the child is at risk for these diseases, or if symptoms warrant it," says Oliveros.

As a child matures, the routine physical will address new issues that develop during puberty. If menstrual problems or birth control questions arise, girls may have their first gynecological exam. Boys will be taught how to conduct a testicular self-exam and girls a breast self-exam. "The doctor may introduce discussions about subjects such as acne treatment, sexually transmitted diseases and weight concerns," says Oliveros. "The goal is to educate teenagers so they know that help is available."

Regular physical exams from childhood through adolescence can create a lifelong habit of good health.

Another important objective of school-age physicals is to complete the immunization schedule recommended by the Centers for Disease Control and Prevention (CDC). "Proof of immunization is

required by California state law for students entering kindergarten and seventh grade," notes Oliveros.

Immunizations. While most immunizations are taken care of by the time a child begins school, the CDC recommends two additional rounds of school-time vaccinations. First, a child preparing to enter kindergarten should receive the final doses of DTaP (tetanus, diphtheria and acellular pertussis), IPV (inactivated poliovirus), MMR (measles, mumps and rubella) and chickenpox (varicella). The state of California requires these immunizations, as well as three hepatitis B inoculations (which are typically completed by six months of age).

The final round of CDC-recommended immunizations should be administered at age 11 or 12. These include a booster shot of DTaP; MCV4 (meningococcal conjugate vaccine), which protects against most forms of meningitis; and, for girls, HPV (human papillomavirus), a three-injection series that prevents genital warts and most forms of cervical cancer.

Children of any age who are preparing to join organized sports should have a specialized exam that focuses on pre-existing or potential conditions that may affect their ability to participate, such as heart murmur, irregular heartbeat, hernia or asthma. A rule of thumb is to schedule the sports physical at least six weeks before the first practice.

In addition to keeping a child healthy and safe, school-age physicals have an additional benefit. "A regular schedule of physical exams from childhood through adolescence can create a lifelong habit of good health," says Oliveros. For referral to a UC Irvine Medical Center pediatrician, call 877-UCI-DOCS.



Toll free 877-UCI-DOCS

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