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CANCER CLINICAL TRIALS OFFER NEW TREATMENTS

Older patients are historically underrepresented in clinical trials for cancer treatments. However, seniors do have access to certain studies for promising new therapies.

At University of California, Irvine Medical Center, ongoing clinical trials are open to patients with a variety of cancers: breast, skin, colon, liver, esophagus, stomach, pancreas, kidney, prostate, urinary, gynecologic, head and neck, leukemia, lymphoma and myeloma.

Participating brings early access to benefits such as:

- New and improved drug therapies.
- Prevention and new combinations of treatment.
- New approaches to surgery or radiation therapy.

For more information, visit www.ucihealth.com/trials or call toll free 1-877-UC-STUDY.

Coping With Cancer

When it comes to treating cancer, age matters. An 85-year-old patient has considerations different from those of a 45-year-old.

“The kidneys and liver don’t function as well in an older patient,” says Dr. Homayoon Sanati, geriatric oncologist at University of California, Irvine Medical Center. “In some older patients, bone marrow—the factory for blood cells—does not perform as well as in a younger patient. Older patients are more likely to be malnourished. All of these, and other factors, alter our approach to treatment.”

UC Irvine doctors are committed to the special needs of older patients because the incidence of cancer rises sharply with age. There is a 67-percent increase between the ages 60-64 and ages 70-74. Sanati is the only cancer specialist in Orange County who has completed special training in geriatrics. He works closely with specialists in the medical center’s Health Assessment Program for Seniors (HAPS) to evaluate a patient’s functions before and after treatment. The geriatric assessment includes evaluation of memory, vision, hearing, falls, insomnia and nutrition, “because chemotherapy or even pre-medication for chemotherapy can affect these.”

Modified approaches to cancer treatment for older patients may include:

- Reduced dosages of chemotherapy drugs if kidney function is poor.
- Additional dosage adjustments if the bone marrow does not function well.
- Treatments to stimulate the bone marrow to produce more blood cells during or prior to radiation or chemotherapy treatments. This applies to seniors who have pronounced anemia or low white blood cell counts.
- Avoiding treatments that are known to create more side effects in older patients.
- Dividing the dosages into more frequent, smaller treatments.



Hearts Aflutter: Therapy Reduces Risks of Abnormal Heartbeat

The most common abnormal heartbeat is called atrial fibrillation (AF). About 2.2 million Americans live with this condition. While an occasional episode of AF is not life-threatening, stroke and heart failure can result if AF is left undiagnosed or untreated.

“As a person gets older, the chance of stroke from atrial fibrillation is five times higher,” says Dr. Amir Abolhoda, a University of California, Irvine Medical Center cardiothoracic surgeon who specializes in treatment of AF. “People need to realize that atrial fibrillation is not an innocuous problem. It’s not just a palpitation. Its persistence can lead to heart failure and other major complications.”

AF begins when one of the upper chambers of the heart, an atrium, quivers like gelatin instead of beating normally. Blood becomes stagnant, pooling in the atrium, where it can form a clot, which could eventually travel to the brain and cause a stroke.

Warfarin (Coumadin), a blood thinner, reduces the risk of stroke. However, some seniors cannot take warfarin because of risk of bleeding. Abolhoda specializes in a minimally invasive procedure called AF ablation, which has achieved a 90-percent success rate in converting AF to normal rhythm in appropriately selected patients.

The doctor performs the operation through small incisions in both sides of the chest. A special clamp applies radiofrequency energy and creates concise burns in the atrial tissue, blocking the source of AF formation.

“If someone might be a candidate, we work with our cardiologists and geriatrics specialists to assess all of the surgical risks,” Abolhoda says. “We can stop AF and its damaging results, and the sooner a person is treated, the greater the success rate.”



Eating Right: How to Satisfy Your Changing Nutritional Needs

Eating habits can change with age as a person’s metabolism slows and lifestyle turns less active. People can expect to eat less and choose different foods as the body slows down. However, if they are not careful, older adults may not be getting the nutrition their bodies need.

A common problem among seniors is not consuming enough protein and vitamins because meat, fresh vegetables and fresh fruit become more difficult to chew. Calcium also dwindles as individuals become lactose intolerant and stop drinking cow’s milk. Other situations that can throw a diet out of whack include the death of a spouse who did the cooking, or an injury or physical limitation that prevents shopping and safe cooking at home.

“Maintaining a healthy and balanced diet can be achieved with some simple steps,” says Alane Barrett, registered clinical dietitian with University of California, Irvine Medical Center’s Health Assessment Program for Seniors (HAPS). “The proper diet is so important for getting sufficient vitamins, minerals, fiber and water intake.” Her suggestions for boosting nutrition include:

Protein and calcium—Soy milk is packed with protein. Other options are lactose-free milk, cottage cheese and yogurt.

Vitamins and minerals—Try steaming vegetables or cooking them in soups or casseroles to make them easier to chew.

Barrett also advocates liquid food supplements and multivitamins. Even microwavable meals can work if they are low in fat and calories.

“Different people have different needs,” Barrett says. “If they can’t cook, we can steer them to many community resources such as Meals on Wheels that can help maintain a healthy diet with a variety of foods.”

FREE SEMINARS

AGING BRILLIANTLY

Kerry Burnight, PhD

UC Irvine gerontologist, Program in Geriatrics

Wednesday, March 7 • 10:30 a.m.

Jewish Community Center

1 Federation Way, Irvine

TREMORS AND BALANCE DISORDERS

Dr. Neal Hermanowicz

UC Irvine neurologist

Director, UC Irvine Movement

Disorders Program

Tuesday, March 27 • 1 p.m.

Florence Sylvester Senior Center

23721 Moulton Parkway, Laguna Hills

SHINGLES: SIGNS, SYMPTOMS, TREATMENT

Dr. Sonia Sehgal

UC Irvine geriatrician

UCI SeniorHealth Center

Friday, March 30 • 1 p.m.

Oasis Senior Center

800 Marguerite Ave., Corona del Mar

MINIMALLY INVASIVE SURGERY FOR BACK PAIN

Dr. Burak Ozgur

UC Irvine neurosurgeon

Co-director, UC Irvine Multidisciplinary

Spine Program

Tuesday, April 3 • 1 p.m.

Florence Sylvester Senior Center

23721 Moulton Parkway

Laguna Hills

GERD: GASTROESOPHAGEAL REFLUX DISEASE

Dr. V. Raman Muthusamy

UC Irvine gastroenterologist

H. H. Chao Comprehensive

Digestive Disease Center

Wednesday, April 25 • 11 a.m.

Tustin Area Senior Center

200 South C St.

Tustin

STROKE PREVENTION

Dr. Steven C. Cramer

UC Irvine neurologist

Wednesday, April 25 • 7:15 p.m.

Regents Point, 19191 Harvard, Irvine

FLU AND CAM (COMPLEMENTARY & ALTERNATIVE MEDICINE)

Suzanne Tang, ND

UC Irvine acupuncturist

Susan Samuelli Center for

Alternative Medicine

Tuesday, June 5 • 1 p.m.

Florence Sylvester Senior Center

23721 Moulton Parkway, Laguna Hills

For more information, visit

www.ucihealth.com/seminars

or call toll free 1-877-UCI-DOCS
(1-877-824-3627).

New Hospital Shapes Up With Color

University of California, Irvine Medical Center's new university hospital continues to take shape. Recent construction has focused on installation of towering exterior walls of soft sand color that can be seen from the Santa Ana and Garden Grove freeways, as well as from bustling surface streets.

The seven-story building's exterior is made of precast concrete, with golden-hued stones at the base and soft white window sills. The windows are a light grey-green energy-efficient glass. Stair towers will be made of copper penny-colored metal.

Once the exterior structures are in place, construction will focus on building and installing interior features for quiet, patient-friendly

rooms, as well as for treatment areas that will support the latest medical technology and equipment.

Completion is expected in early 2009. The new hospital will have 191 beds and 13 surgical suites. This is in addition to the existing 102 beds in the medical center's tower and the 84-bed Neuropsychiatric Center.

The new hospital is being constructed on the north side of the existing medical center grounds and will replace the current main hospital building, built in 1960. During construction, all inpatient and outpatient care continues uninterrupted.

As part of the \$372 million project, the entrance to UC Irvine Medical

Digital rendering of new hospital



Center's Emergency Department has been moved. Construction has been completed on the new Emergency Department lobby and reception area, accessible directly from Medical Center Drive, where there is parking nearby.

For more information about UC Irvine Medical Center's new university hospital, please visit www.ucihealth.com/newhospital. A special thank you to our patients and visitors for their understanding during this time of transformation.

www.ucihealth.com/seniors

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SAVE THE DATE

Tuesday, May 22, 2007

**8th Annual Taking Charge of
Your Health Care conference
Crystal Cathedral, Garden Grove**

The free, daylong event returns with presentations by noted UC Irvine physicians, health screenings, exhibits, giveaways, breakfast and lunch. Watch for registration information in the Spring 2007 issue of SeniorHealth, or visit www.ucihealth.com/seniors.

UCIrvine



Preventing Pneumonia

Have you had an immunization against pneumonia? It is recommended for people older than 65, and you only need to get it once every five to 10 years. The vaccine reduces your risk of the most common form of bacterial pneumonia, which is a serious health threat. Ask your doctor if you've been immunized.

Coping With Cancer (CONTINUED FROM PAGE 1)

Furthermore, for some cancer patients, quality of life may be more important than length of life. Sometimes patients choose pain management and palliative (comfort) care over treatment.

For example, Sanati recently had a patient in his mid-80s with advanced colon cancer. If the cancer went untreated, he had 6 to 8 months to live. With aggressive chemotherapy, the patient might live an additional year. Another option, scaled-back therapy, would add 6 to 8 months.

The patient decided he did not want to go through any drug treatment at all and chose palliative care instead.

“We see this more often with geriatric patients,” Sanati says. But since the therapy had a benefit to him, Sanati told him all the alternatives.

“We really take into account a patient’s preferences,” says Sanati. “We try to avoid severe side effects and balance their wishes with the benefits they gain from the treatments.”

To make an appointment with a UC Irvine cancer specialist, call 877-UCI-DOCS.