

Second Chance

Hearing restored, with
robotic precision | Page 8

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

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Vitals

New Treatment Eliminates Bladder Cancer in 82% of Patients

A new drug-releasing system, TAR-200, eliminated tumors in 82% of patients in a clinical trial for patients with high-risk non-muscle-invasive bladder cancer whose cancer had previously resisted treatment.

In most cases, the cancer disappeared after only three months of treatment, and almost half the patients were cancer-free a year later.

“Traditionally, these patients have had very limited treatment options. This new therapy is the most effective one reported to date for the most common form of bladder cancer,” says Sia Daneshmand, MD, director of urologic oncology with Keck Medicine of USC and lead author of a study detailing the clinical trial results published in the *Journal of Clinical Oncology*. “The findings of the clinical trial are a breakthrough in how certain types of bladder cancer might be treated, leading to improved outcomes and saved lives.”

TAR-200 is a miniature, pretzel-shaped drug-device duo containing a chemotherapy drug,

gemcitabine, which is inserted into the bladder through a catheter. Once inside the bladder, the TAR-200 slowly and consistently releases the gemcitabine into the organ for three weeks per treatment cycle.

Traditionally, gemcitabine has been delivered to the bladder as a liquid solution that only stays in the bladder for a few hours, which had a limited effect destroying the cancer, says Dr. Daneshmand, who is also a member of USC Norris Comprehensive Cancer Center.

“The theory behind this study was that the longer the medicine sits inside the bladder, the more deeply it would penetrate the bladder and the more cancer it would destroy,” he says. “And it appears that having the chemotherapy released slowly over weeks rather than in just a few hours is a much more effective approach.”

This clinical trial is one of several ongoing ones investigating the effect of TAR-200 and the slow release of cancer-fighting drugs into the bladder. Dr. Daneshmand has been researching this novel treatment since 2016.

“Our mission is to deliver cancer-fighting medications into the bladder that will offer lasting remission from cancer, and it looks like we are well on our way toward that goal,” he says.





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Keck Hospital Named Vizient Top Performer for Third Straight Year

Keck Hospital of USC was named a top performer in Vizient Inc.'s 2025 Bernard A. Birnbaum, MD, Quality Leadership award, recognizing the hospital's excellence in delivering high-quality care.

This is the third year in a row the hospital has been named a top performer, the highest possible recognition. Keck Hospital ranked 12th out of 118 comprehensive academic medical centers nationwide.

"Keck Hospital puts quality care above all else, and being recognized as a top performer validates the hospital's mission to deliver safe, effective and personalized care," says Stephanie Hall, MD, chief medical officer of Keck Medical Center of USC, which includes Keck Hospital. "Each year, the hospital continues to rank higher in the Vizient standings, and we are thankful to the entire staff for their unrelenting pursuit of excellence."

Vizient, a leading health care performance improvement company, annually recognizes top-performing hospitals as measured by its Quality and Accountability Study.

The organization evaluates institutions in six domains: safety, mortality, effectiveness,

efficiency, patient centeredness and variation in care. Of special note is the hospital's ranking in patient centeredness, in which it received a near perfect score.

"This recognition is one of the most prestigious in health care because of Vizient's thorough methodology. Ranking highly in all categories makes us one of the safest, most patient-centered hospitals in the country," says Marty Sargeant, MBA, CEO of Keck Medical Center.

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).

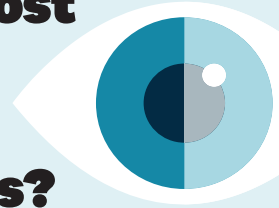
"Keck Hospital's top performer status is just one of the many recognitions Keck Medicine of USC has recently received for patient safety across its four hospitals and outpatient settings and is a true reflection of the health system's commitment to the highest standards of care," says Tom Bates, MBA, RN, chief quality officer for Keck Medicine.

As people age, proteins in the lens of the eye start to break down and clump together, forming clouds that will eventually obscure vision.

A cataract often starts to develop at ages 45-50, but it develops slowly. Most adults start to show symptoms at 70.

Kristina Voss, MD, an ophthalmological surgeon with the USC Roski Eye Institute, part of Keck Medicine of USC, shares risk factors that can make cataracts more likely or likely to develop sooner:

Who Is Most Likely to Develop Cataracts?



- **Ultraviolet light exposure** from the sun can damage the lens, causing proteins to break down at a younger age.
- **Diabetes** can lead to cataracts by damaging blood vessels in the eye.
- **Smoking** also damages the eye's blood vessels. It also causes oxidative stress, an imbalance of free radicals and antioxidants that leads to cell damage, which in turn encourages cataracts to develop.
- **Eye injuries** that damage the lens can eventually lead to cataracts.
- **Certain medications**, such as corticosteroids, can encourage the development of cataracts.
- **Genetic predisposition** is a factor that cannot be controlled, but patients who know they have it can minimize their risk by wearing sunglasses and maintaining a healthy lifestyle.

Hearing Devices Significantly Improve Social Lives

Hearing loss doesn't just affect how people hear the world — it can also change how they connect with it.

A new study from the USC Caruso Department of Otolaryngology – Head and Neck Surgery, part of Keck Medicine of USC, published in July in JAMA Otolaryngology – Head & Neck Surgery, is the first to link hearing aids and cochlear implants to improved social lives among adults with hearing loss.

“We found that adults with hearing loss who used hearing aids or cochlear implants were more socially engaged and felt less isolated compared to those who didn't use them,” says Janet Choi, MD, MPH, an

otolaryngologist with Keck Medicine and lead researcher of the study.

“This suggests that hearing devices may help prevent the social disconnection and broader health

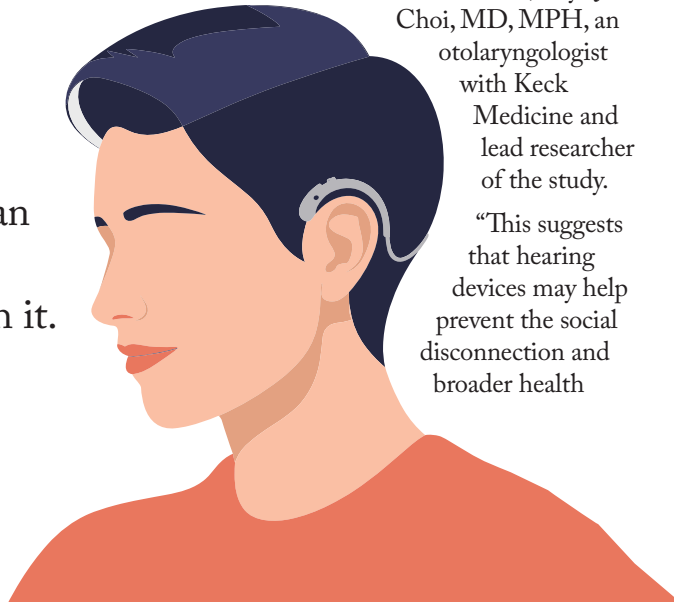
consequences that can follow untreated hearing loss.”

Hearing loss affects an estimated 40 million American adults, yet many go untreated. When left unaddressed, hearing loss can make communication difficult, leading people to withdraw from conversations and social activities, according to Dr. Choi.

Previous research has shown that over time, social withdrawal can reduce mental stimulation and increase the risk of loneliness, anxiety, depression, cognitive decline and dementia. It has also linked chronic social isolation to biological and neurological changes, including increased brain inflammation and alterations in brain structure.

“Understanding the link between hearing loss, hearing device use and social isolation is crucial,” Dr. Choi says. “Until this study, it has been unclear whether hearing devices could help reverse the isolation.”

This research follows a January 2024 study by Dr. Choi showing that adults with hearing loss who use hearing aids have an almost 25% lower risk of mortality, suggesting that treating hearing loss can improve lifespan as well as social quality of life.



Understanding Urinary Incontinence in Women

Urinary incontinence is common in women after age 50, during pregnancy or after giving birth. It's more common among women because pregnancy, childbirth and menopause directly impact muscles that control the bladder.

There are two types:

Urgency incontinence is an overactive bladder. You feel a sudden urge to urinate, but you can't hold it long enough to reach the bathroom.

Stress incontinence happens when your pelvic floor muscles aren't strong enough. You may leak urine when you cough, laugh, sneeze or exercise.

There are ways to help, depending on the type.

Muscle-strengthening exercises such as Kegels, Pilates, stretching and yoga can help. Medications, including Botox, that relax the bladder muscles can also help patients urinate less often.

For severe cases, different types of surgery may address it.

Talk to your doctor about your treatment options.

Did You Know?

Dark chocolate bars with at least 70% cacao content can reap heart health benefits.

The antioxidants in dark chocolate help increase levels of nitric oxide, which can lower blood pressure and improve blood flow.



MEET OUR STAFF

Transplant Patient, Now Nurse

Susana Rivera, RN, BSN, an operating room nurse for the USC Transplant Institute, part of Keck Medicine of USC, was once a transplant patient herself. Today, she cares for kidney and liver recipients during their surgeries.



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What was your experience of receiving a liver transplant?

I was 20, the mom of a 2-year-old. I had just graduated from a licensed vocational nursing program and was planning to be a registered nurse. I had acute autoimmune hepatitis. In November 2012, after losing consciousness, I was rushed to the emergency room and transferred for a liver transplant. My condition was so extreme that I was only on the waitlist for two days.

What are your responsibilities as a transplant nurse?

I'm responsible for preparing the operating room, ensuring the surgeon has everything they need, supporting the anesthesiologist, maintaining sterility, documenting processes and handling pathological specimens. I make sure the patient understands what we're going to do. I keep them safe and in proper positioning before and during surgery.

How has being an organ recipient helped you support other transplant patients?

I understand their fears and take their care to heart. In the OR, I reassure them that I will do my utmost to give them the best care. I feel so blessed to have been able to come full circle. I have four children now and a husband who is a cardiac ICU nurse with Keck Medicine. I see my transplant as a second chance at life. Every transplant is a miracle, and I feel so grateful to be able to support other patients.



what's the Word?

Lymphedema

[LIM-fah-DEE-mah]

Swelling where extra lymph fluid collects.

Lymphedema is caused by damage to the lymphatic system that allows lymph fluid to flow into an area but prevents it from flowing out.

"As part of cancer treatment, many people have surgery and radiation, both of which can disrupt the lymphatic drainage process through scarring or the necessary removal of affected lymph nodes," says Niels Kokot, MD, an otolaryngologist with the USC Head and Neck Center, part of Keck Medicine of USC and the USC Caruso Department of Otolaryngology – Head and Neck Surgery.

Patients may experience neck swelling that is sometimes disfiguring and often impacts mobility, swallowing and a patient's voice.

The most common treatment is a manual massage that the patient can learn from their occupational or physical therapist. Compression devices may also help.

"Lymphedema is a common lifelong problem among cancer patients, but fortunately the treatments available are extremely helpful, especially when used consistently," Dr. Kokot says.

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



The Big Question

Making decisions about your health can be difficult. How can you be confident about which treatment plan is best? Two Keck Medicine of USC experts share their advice.

How can patients deal with feelings of uncertainty about a treatment plan?



When there is a lack of trust in a treatment plan, the best thing you can do is get a second opinion. If the second opinion aligns with the first doctor's recommendation, then it can help give you more confidence that the right course of action is being implemented. If the second opinion vastly diverges, then it can give you more information about options, and you can decide what works best for you.

In spine surgery especially, there are many different ways to treat the same problem. At a multidisciplinary clinic, like the USC Spine Center, you can get opinions and consultations with practitioners from a variety of specialties. It is very common for me to send my patients to get a second opinion from one of my neurosurgery colleagues or to get an opinion regarding nonoperative treatment from my interventional colleagues.

A patient's comfort with a treatment plan is probably the most critical aspect of successful patient care. The best thing to do if you are not comfortable with the first treatment plan offered to you is to tell your doctor about your concerns and seek more information from multiple sources.

Ram Kiran Alluri, MD
Orthopaedic Surgeon
USC Spine Center



Uncertainty is very common, especially in the beginning, when you don't know what to expect with prognosis or how treatments may make you feel. Cancer is a frightening diagnosis, but our goal is to work with you to help you feel confident about the future.

Educate yourself about your tumor and your options. Cancer diagnoses and treatments can be complex. Your treatment team's role is to share information, answer the hard questions and guide you through each step.

Focus on what you can control by setting small goals that are achievable. Every task is an accomplishment, whether it's waking up in the morning, making yourself a meal or putting in the effort to go outside and take time for yourself. Once you get into a routine, such as going to radiation every morning or taking daily chemotherapy pills, what was once unfamiliar, uncertain and frightening suddenly becomes a set of more manageable tasks.

Frances Chow, MD
Neuro-oncologist
USC Brain Tumor Center

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How to Protect Yourself from Bad Air Quality

Bad air quality, including from wildfire smoke, has higher risks for some.

Brooks Udelsman, MD, MHS, a thoracic surgeon with USC Surgery, part of Keck Medicine of USC, explains how to protect yourself.

How wildfires hurt air quality

After a wildfire, levels of asbestos, lead and microplastics in outside air can remain hazardous for days. As a result, some people may struggle with allergies, coughs, irritated eyes, asthma attacks and headaches.

Who is at higher risk?

People whose lungs are compromised by preexisting conditions like cancer, chronic obstructive pulmonary disease (COPD), emphysema, lung fibrosis, recent pulmonary surgery or even severe asthma are most at risk.

How to protect yourself:

- Monitor air quality via apps, public reports or at-home air monitors.
- If air is smoky or smoggy, limit time outdoors.
- Wear an N95 or similarly rated mask outdoors if you have a chronic pulmonary disease.
- Remove ash inside and outside your home. Change air filters on in-home ducts.
- Make sure kids aren't playing in ash piles, which contain higher levels of lead and other contaminants.

The good news is that for the majority of those acutely affected by short-term air quality issues, Dr. Udelsman says, "symptoms will be self-limited and improve on their own."



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A portrait of Claudia Gonzales, a woman with long dark hair, wearing a maroon button-down shirt and a necklace with an infinity symbol. She is looking upwards and to the right with a slight smile. The background is a blurred outdoor setting with green foliage and a stone wall.

Second Chance

Claudia Gonzales became the first California patient to receive robotically assisted cochlear implant surgery. It brought her hearing back.

BY HOPE HAMASHIGE

Examinations



Learn more about USC Caruso's cochlear implant services. Call (800) USC-CARE or scan the QR code.

For Claudia Gonzales, answering the phone to chat with friends or clients is an unexpected and truly happy turn of events.

"This could not have happened a year ago," says Claudia, 58, who stopped taking calls a few years ago after experiencing profound hearing loss in her right ear. Already deaf in her left ear, Claudia was forced to read voicemail transcripts and answer with texts.

That all changed in June 2024, when Claudia, a Covina resident and co-owner of an arts enrichment program for children, became the first person in California to undergo robotic cochlear implant surgery to restore hearing in her right ear.

The procedure, performed by Seiji Shibata, MD, PhD, an otolaryngologist with the USC Caruso Department of Otolaryngology – Head and Neck Surgery, part of Keck Medicine of USC, is not yet widely available. Keck Medicine is currently the only provider in Southern California that offers it.

But Dr. Shibata believes more cochlear implant surgeons will use robotic assistance in the future because it lowers the risk of damaging the inner ear during implantation.

For Claudia, taking the leap with this new form of surgery provided the opportunity to embrace life in a way that she had lost since losing nearly all her hearing.

Protecting the inner ear

Unlike hearing aids, which amplify sounds, cochlear implants convert sounds into electrical impulses that stimulate the auditory nerve, which sends signals to the brain.

The implants have two pieces, one that is surgically placed in the inner ear, or cochlea, and another that is an external sound processor fitted behind the ear.

One key to a successful surgery is to place the implant in the cochlea, a very delicate part of the inner ear, as slowly as possible. Dr. Shibata notes that surgeons who do this procedure have steady hands and are accustomed to working slowly, but even the steadiest doctors can't move as precisely as the robot.

"We try to minimize trauma to the inner ear as much as possible when we are doing this, and I think the stability with the robot is superior," Dr. Shibata says.

The idea, he explains, is that causing less trauma to this very sensitive part of the body should help patients develop fewer complications during recovery and may also lead to better long-term outcomes.

Cochlear implants only used to be placed in patients who were profoundly deaf, but the range of candidates has recently expanded to people who have some residual hearing in one or both ears. The procedure is relatively quick and performed on an outpatient basis and has been associated with few complications.

Dr. Shibata believes that employing the robot is an opportunity to make outcomes even better.

He adds that this is particularly important for people who have some residual hearing. In those cases, minimizing trauma to the inner ear during surgery helps preserve what is left of their hearing, which gives them the best possible outcome.

Lifelong journey to restore hearing

Claudia was born deaf in her left ear, but the hearing in her right ear was strong when she was a child.

As a young adult, her hearing diminished slowly in her right ear and she eventually used hearing aids that gave her the

boost she needed to chat at parties, understand movies or television and participate in work meetings.

In her early 50s, however, her hearing in her right ear began a precipitous decline that, in only a couple of years, was taking a serious toll on her life. Even with the most powerful hearing aid on the market, she heard garbled speech, which made it difficult to communicate.

Like so many of the estimated 40 million American adults who experience hearing loss, Claudia began to socially withdraw because of her hearing loss. Untreated hearing loss can make communication difficult, leading to social withdrawal that can reduce mental stimulation and increase the risk of loneliness, anxiety, depression, cognitive decline and dementia.

"I had many people who depended on me — my husband, our son, my parents, my employees — and I felt like I was letting them down because I couldn't be fully present for them," she says.

Ultimately, with the comprehensive guidance of the USC Caruso audiology team, she sought the robotic implant procedure because she believed it would empower her to confidently run her business and look after her family.

'Can you hear me?'

In Claudia's case, Dr. Shibata was not trying to preserve any residual hearing, as she had



“I feel like I am getting a second chance at life, and I am taking advantage of this as much as I can.”

Claudia Gonzales

Claudia Gonzales at the Workman and Temple Family Homestead Museum.

Kremer Johnson Photography

lost all natural hearing in both ears by the time of her surgery. He still believed that using the robot would help preserve the structure of her inner ear to give her the best possible outcome.

Claudia underwent the new procedure at Keck Hospital of USC.

“It was unbelievable to me that it could be so smooth,” she says. “It was quick and painless.”

She was equally surprised that she experienced no common side effects, such as pain or dizziness, during her recovery from surgery.

She returned to Keck Medical Center of USC a few weeks after surgery to have her device turned on and immediately heard the audiologist ask, “Can you hear me?”

“I could not believe how lucky I was,” she says, noting that not all implant recipients hear or understand words right away.

Claudia began rehabilitation after surgery, as all patients do after receiving a cochlear implant, to help the brain relearn words and other common sounds. Claudia is continuing her rehab a year later, but she can now enjoy conversations in a variety of settings, listen to podcasts, run her business again and, maybe most importantly, she can answer the phone when her family needs her.

According to Dr. Shibata, more data is needed to fully understand the robot’s impact on long-term outcomes, but Claudia’s experience is a very positive first step.

Claudia is determined to get the most out of her restored hearing.

“I am so grateful for this technology and the doctors at Keck Medicine of USC,” she says.

“I feel like I am getting a second chance at life, and I am taking advantage of this as much as I can.”



Seiji Shibata, MD, PhD

Bright Future

Daniel LeBlanc approaches life with a positive, problem-solving attitude. With help from Keck Medicine of USC - Santa Clarita, he approached his cancer treatment the same way.



Learn more about Keck Medicine - Santa Clarita's cancer services. Call (800) USC-CARE or scan the QR code.

BY KIMBERLY J. DECKER

As a career operations manager, Daniel LeBlanc knows how to solve problems. So when the 49-year-old Santa Clarita resident received a diagnosis of anal cancer in October 2024, “I did the whole cry-for-about-two-hours thing,” he says, “but then I went into business mode: How do I attack this? Who do I need to see? What can we schedule today? I treated it very much like a project to manage.”

Daniel’s journey began about a year before his diagnosis when he noticed a lesion he suspected might be a hemorrhoid that “just would not go away,” he says.

It wasn’t until he underwent a routine colonoscopy at Keck Medicine of USC’s Santa Clarita clinic — a joint venture with Henry Mayo Newhall Hospital — that his gastroenterologist noted the abnormality and referred Daniel’s case to the clinic’s Keck Medicine colorectal surgeons, Sarah Choi, MD, and Marjun Duldulao, MD, for further testing and biopsy.

The biopsy revealed that the roughly 5-centimeter mass on Daniel’s rectum was stage IIA anal cancer — one of a handful of cancers globally on the rise and linked to the human papilloma virus (HPV).

Fortunately, stage IIA anal cancer has a relatively promising prognosis, with five-year survival rates of about 70%, according to the American Cancer Society; further, Daniel’s treatment involved what his Keck Medicine radiation oncologist, May Lin Tao, MD, describes as a “gold-standard curative protocol” of concurrent chemotherapy and radiation, without the need for surgery.

Collaborative team, convenient location

Once that plan was in motion, executing it became Daniel’s full-time job, taking him to the Santa Clarita clinic daily for treatments.

Daniel’s chemotherapy involved a class of oral medications known as radiosensitizers that not only help shrink the cancer but also help the radiation work better by sensitizing the cancer to it.

While the drug gave Daniel some nausea — a common side effect — Daniel’s team helped him manage it well with anti-nausea medication.

Tougher to manage was the pain associated with radiation, which attacks the cancer cells but also causes localized discomfort. For Daniel, bowel movements became particularly unpleasant, and he turned to palliative creams and Epsom-salt baths for relief.

“Interestingly,” Dr. Tao says, “Daniel had essentially no problematic symptoms from his cancer. Sometimes it can be very hard for patients with a cancer diagnosis to start off symptom-free but then be rendered temporarily ‘sicker’ with the actual treatments. He has, however, recovered very well.”

Moreover, Daniel adds, “There was nothing Dr. Tao didn’t prepare me for, which I think was important.”

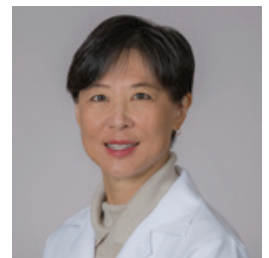
Also important was the clinic’s proximity to Daniel’s Santa Clarita home. “Knowing that I had to go every day, having the clinic closer definitely helped,” he says.



Sarah Choi, MD



Marjun Duldulao, MD



May Lin Tao, MD

Continued on Page 31

“I was actually kind of sad when my treatment ended. I wouldn’t get to see these people every day the way I had been.”

Daniel LeBlanc

Daniel LeBlanc in Palm Springs.

Unexplained weight gain or loss can be a cause of concern. Experts from Keck Medicine of USC share possible explanations.

Obesity, PCOS or thyroid issues

- Thyroid hormone levels
- Excess cortisol
- Polycystic ovarian syndrome (PCOS)
- In rare cases, an insulin-secreting tumor
- Obesity in general

“If someone who is overweight or obese loses weight, their resting metabolic rate decreases and their appetite increases, which is a big reason people end up regaining weight,” says endocrinologist Alyssa Dominguez, MD. “Your thyroid is another culprit of weight fluctuations. If thyroid hormone levels are abnormally high, they can cause weight loss. If they’re too low, they can cause up to 10 pounds of weight gain.”

Cancer

- Colorectal cancer
- Gastric cancer
- Pancreatic cancer
- Other types of cancer, such as leukemia

“Many cancers can cause weight loss,” says colorectal surgeon Joongho Shin, MD. “Many forms of it induce a type of immune response that results in decreased appetite, fatigue, night sweats and weight loss. So, unintended weight loss should raise a red flag.”

Psychiatric conditions

- Eating disorders
- Mood and anxiety disorders, such as major depressive disorder
- Grief
- Substance abuse disorder

“Changes in appetite and weight occur across different types of eating disorders,” says psychologist Kathryn Smith, PhD. “Mood also has a powerful effect on appetite and weight change, which may not be intentional. Stress can increase cortisol, which can affect appetite and eating, so there’s a very strong connection between the mind and body with respect to weight fluctuations.”

Digestive problems

- Constipation
- Water retention
- Certain drugs, such as steroid, antidiarrheal or diabetes medications

“High-protein diets are very popular right now, and they can be associated with constipation, which can lead to a few pounds of temporary weight fluctuations,” says gastroenterologist Danse Bi, MD. “If you’re on a high-protein diet, you should make sure you’re eating enough fiber and vegetables and drinking enough fluids.”

Menstrual cycles, perimenopause and menopause

- Menstrual cycle hormone changes
- Menopause
- Perimenopause
- Endometriosis
- Pregnancy and postpartum

“Menopause is associated with slow, gradual weight gain due to changes in metabolism that happen because of declining hormone levels,” says gynecologist Anna Reinert, MD. “You can try to reverse some of those hormone level changes with hormone replacement therapy, but it doesn’t work for everyone.”

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

Sudden Swings

Potential Underlying Causes of Weight Changes

BY MOLLIE BARNES





Trekking the World

A total hip replacement from USC Orthopaedic Surgery allowed world traveler Traci Samczyk to return to her globetrotting lifestyle.

BY ERIN LAVIOLA



Learn more about USC Orthopaedic Surgery. Call (800) USC-CARE or scan the QR code.

For Traci Samczyk, 59, life is about challenging herself. “I love seeing new things and pushing myself to new limits,” she says. “I have gone to every corner of the world to see the penguins in Antarctica, the lemurs in Madagascar and to dive with sharks in Mo’orea. Why not?”

Traci, a creative content producer and nonprofit founder from South Pasadena, has visited more than 80 countries and plans annual treks with her friends.

She was training for back-to-back hikes on Mount Kilimanjaro in Tanzania and the Dolomite Mountains in Italy when persistent hip pain threatened to derail her adventures.

Abnormal gait and balance issues

Since childhood, Traci felt a bit off-balance. She says she often tripped, struggled with running and had pain in her feet.

“I’ve always had an unusual gait,” she says. “I would swing my legs out and to the front, and people have made comments about it since I was a kid.”

Traci never allowed her balance issues to slow her down.

However, as she got older, she started noticing stiffness in her hips and knees after sitting for longer periods.

Then, in December 2022, while walking her neighbor’s dog, Traci tripped and hit her head against a tree. She got back up and initially appeared to be okay — until the following morning.

While reaching down to put on her socks, Traci experienced a sharp, stabbing pain in her left hip. She says it was unlike anything she had felt before.

Traci initially tried physical therapy to ease the pain. A doctor also suggested platelet-rich plasma (PRP) injections, which involve using a patient’s own blood to help accelerate the healing process. Traci says the injections and physical therapy helped, but only temporarily.

“The pain came back and was spreading all the way down my leg and foot,” she says. “It would ache through the night and make it difficult to sleep.”

Keck Medicine referral

When the pain did not go away, one of Traci’s hiking friends suggested she call Jay Lieberman, MD, a total joint replacement specialist and chair of USC Orthopaedic Surgery, part of Keck Medicine of USC.

At their first meeting in May 2023, Dr. Lieberman told her she had bad osteoarthritis in her hip joint. He also had Gene Tekmyster, DO, a physical medicine and rehabilitation physician with Keck Medicine, check out her spine to ensure it wasn’t causing extra problems.

After ruling out any spinal issues, Dr. Lieberman began treatment with more physical therapy, anti-inflammatory medication and a home exercise program that includes Pilates and a focus on core strength.

“We try to avoid surgery as long as we can maintain the patient’s quality of life,” Dr. Lieberman says.

Just two months later, Traci was feeling confident about continuing with the hikes in Africa and Europe. “Dr. Lieberman and Dr. Tekmyster both were like, ‘Are you sure you want to do this?’” Traci says. “I had these hikes planned for a long time and I wanted to do them.”

Before her trip, she says Dr. Tekmyster gave her an epidural steroid injection targeting the spinal nerves in her back, as well as an

injection into her hip joint, which helped ease her symptoms. She completed both hikes — but by the time she flew home, she was limping and her hip ached constantly.

In her next visit with Dr. Lieberman, they decided a total hip replacement was her best option and scheduled the surgery for December 2023 at Keck Hospital of USC.

Hip dysplasia and a complex surgery

While preparing for surgery, Dr. Lieberman discovered why Traci had always had an abnormal walking gait. Scans revealed she had a variant of hip dysplasia, which occurs when the acetabulum (hip socket) cannot adequately support the femoral head. Most patients are born with it, but Traci had never been diagnosed.

“This was the reason for her hip pain,” Dr. Lieberman says. “Her joint had developed abnormally, and she had a fair amount of bone loss.”

The dysplasia made Traci’s surgery more complex.

“For most people with arthritis, the hip is just degenerated,” Dr. Lieberman says. “But in Traci’s case, the hip went up and out from where it is supposed to be. We needed to bring the hip back to its proper anatomic position, in addition to replacing the joint.”

Despite its complexities, Traci’s procedure was successful. She gets emotional describing how, a few hours after surgery, Dr. Lieberman visited her recovery room at about 9 p.m. to help her take a few steps.

“I remember asking, ‘You’re the surgeon! What are you doing

“I’m so grateful for my hip replacement because it gave me my life back.”

Traci Samczyk

here?’ He said he wanted to see how I was doing,” Traci says. “That meant the world to me, it really did.”

She adds that the entire team at Keck Hospital put her at ease. She says everyone communicated well and were perfectly in sync when it came to her care plan.

“We have created an efficient system of preoperative and postoperative management and we have the experience to manage very complex problems,” Dr. Lieberman says.

More adventures ahead

Traci spent less than 24 hours in the hospital. She followed Dr. Lieberman’s post-op instructions, including gentle exercises, moving with a walker and keeping her leg extended to allow the new hip to heal.

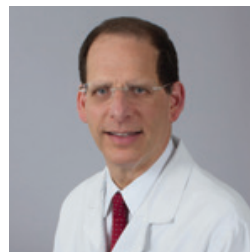
Her healing journey also involved adjusting to a new walking gait. Traci says that since Dr. Lieberman fixed the dysplasia, she feels more aligned and balanced.

Three months post-surgery, Traci was feeling back to normal and was cleared to resume heavier physical activity within six months.

“After a hip replacement, patients can lead very active lives,” Dr. Lieberman says. “Except for impact sports. I would not want them playing football.”

He says Traci’s new hip should last 25 to 30 years. Traci plans to take full advantage of it, planning hiking trips to Croatia and Rwanda.

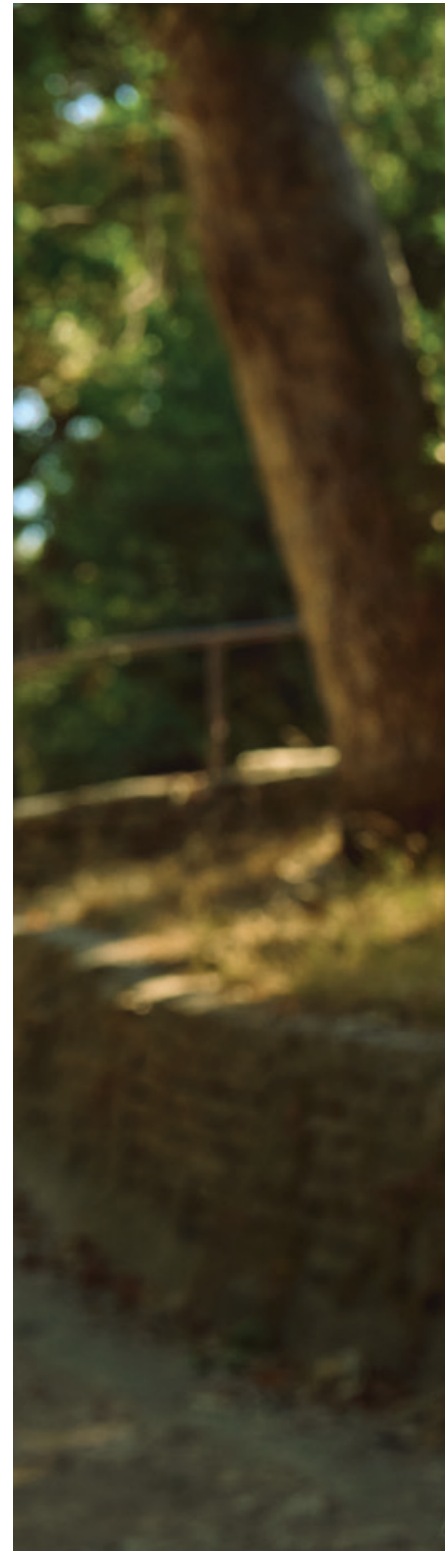
“I’m so grateful for my hip replacement because it gave me my life back,” Traci says. “If you can give yourself the opportunity to live life more fully and find joy, then do it. You don’t have to live in pain.”



Jay Lieberman, MD



Gene Tekmyster, DO



Traci Samczyk in Griffith Park.



Good Catch

Michael Mengote's carotid body tumor was the largest his vascular surgeon at USC Arcadia Hospital had treated. But it didn't prevent an ideal outcome.

BY ERIN LAVIOLA



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

Michael Mengote, 34, a married father from West Covina, has a history of cancer in his immediate family. Because of that, he quickly reached out to his primary care physician when, in 2022, he noticed a lump on the left side of his neck.

Michael's doctor identified the lump as a carotid body tumor, a mass of tissue in the carotid blood vessels. Carotid body tumors are rare, painless and usually noncancerous.

"My doctor wasn't really concerned and said I didn't need to do anything about it," Michael says. "And at the time, the tumor was small and wasn't really bothering me."

That recommendation changed when the tumor started growing in early 2025. "My family definitely encouraged me to get it taken care of before it got worse," Michael says.

His primary care doctor referred him to Christian Ochoa, MD, a vascular surgeon at USC Arcadia Hospital (USC-AH), part of Keck Medicine of USC, and a clinical professor of surgery at the Keck School of Medicine of USC.

Large tumor resection

While carotid body tumors are rarely seen, the size of Michael's tumor made his case even more distinctive.

"At about five centimeters, it was the largest I'd ever operated on," Dr. Ochoa says.

He explains that, if allowed to grow too large, this type of tumor can harm the carotid artery and restrict blood flow — which is why Dr. Ochoa recommended removal as the best option for Michael. Removing it is also necessary in order to test for cancer.

At the same time, cutting out the tumor — which involves making a large incision in the neck — carries serious risks. "The tumor resides between the two carotid arteries, which go to the brain and the face," Dr. Ochoa says.

Depending on the tumor's size and location, there is also a risk of stroke during surgery, as well as damage to the cranial nerves, which control functions such as smell, taste and eye movement.

"It's a sensitive area with a lot of important structures," Dr. Ochoa says. "You definitely want a surgeon who knows how to handle the carotid artery." He emphasizes that the team at USC-AH is uniquely equipped for surgeries like this.

"Although carotid body tumor resection procedures like Michael's are uncommon, our vascular program here is robust and we do a lot of operations involving the carotid artery."

One-night hospital stay

Michael says he felt reassured by Dr. Ochoa's expertise and signed on for the procedure. "Dr. Ochoa made me feel confident. I appreciated that he was able to assess my tumor and promptly make a plan to resolve it."



Michael Mengote in the City of Orange.



The surgery took place in May 2025 at USC-AH. Dr. Ochoa says the three-hour procedure was smooth and that Michael was able to go home after one night of standard observation in the hospital.

“The whole team at Arcadia was very attentive and responsive,” Michael says. “They made sure I was comfortable and had everything I needed.”

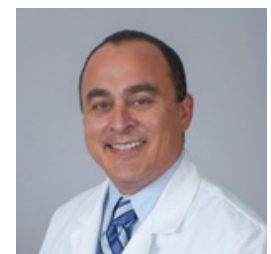
Apart from experiencing some discomfort around the incision as it healed, Michael describes the recovery as relatively easy. As advised, he avoided lifting heavy objects for a few weeks, but he quickly resumed his normal activities. He even went on a fishing trip to Alaska less than two months after surgery.

More good news

Once the carotid body tumor was removed, a biopsy revealed more positive news: Michael’s tumor showed no evidence of cancer.

“It was very satisfying and reassuring to learn that it was benign,” Michael says.

Continued on Page 31



Christian Ochoa, MD

Light at the End of the Tunnel

At USC Verdugo Hills Hospital, a collaborative reconstructive surgery team provides breast cancer patients with transformative options for recovery.

BY MICHAEL JULIANI



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

For breast cancer patients, surgical treatment often means the removal of breast tissue to extract tumors and ensure a return to better health.

Afterward, many patients decide to seek reconstructive surgery to restore their affected chest region.

At USC Verdugo Hills Hospital, David Daar, MD, MBA, and Emma Koesters, MD, both Keck Medicine of USC plastic and reconstructive surgeons, often operate in tandem on breast cancer patients, helping them meet their recovery goals. Here, they answer frequently asked questions.

What are the different types of breast reconstruction surgery?

There are implant-based surgeries and tissue-based surgeries, as well as a spectrum in between of lifts and reductions. Determining which is best for a patient depends on their individual preferences, risk factors, goals and the status of their cancer treatment.

Implant reconstruction is a shorter procedure with a somewhat quicker recovery. It may be a great option for some patients, but it does potentially require more maintenance, such as increased scar tissue within the breast that could require more surgery.

Autologous tissue reconstruction, meanwhile, uses the patient's own tissue in a flap procedure that feels a lot more natural and poses less lifelong risk of infection and other maintenance. If you're a candidate for it, this may be a preferred option.

At what point do you meet with patients?

We like to be part of the conversation early on so that patients can gain a good understanding of what they may go through — as well as a sense of comfort. Even though they must deal with a difficult cancer diagnosis, they may see some light at the end of the tunnel with our reconstructive possibilities.

What are the different recommendations you might make?

We consider the patient's preoperative breast size as well as their desired postoperative breast size. Then we consider any other medical conditions they may have, such as diabetes, heart disease or other medical problems that might add nuance to their treatment plan.

We also consider their expected cancer treatment: Will they likely need radiation? Are they getting lymph node dissection? All these things can affect the sequence of our recommendations.

How are these procedures performed?

Surgery can be done at the same time as a mastectomy, or in a separate operation. In cases where a tumor is removed but the breast remains, there are various options for surgery, including moving tissue around to fill the space where the cancerous tissue was removed or doing a cosmetic breast lift or reduction that also helps fix the area where the cancer was removed. Symmetrizing surgery, where the other breast is cosmetically improved to match, can also be performed.

What do patients do to prepare?

We like to have multiple discussions with patients and allow them time to do their own research and talk to loved ones or other people in the breast cancer community. We want patients to feel involved and comfortable with the approach we'll take together.

When we do flap procedures, or the tissue-transfer procedures, we do have a special protocol that begins preoperatively and extends into the postoperative period. This accelerated recovery protocol helps minimize pain and gets patients back to their regular activities as soon as possible.

What can patients generally expect from the recovery process?

We usually quote a recovery time of about six weeks. It can be less or more, depending on the patient. During that time, patients must refrain from strenuous activity or lifting anything heavier than a gallon of milk.

Sometimes patients will have drain tubes that drain fluid postoperatively. Those stay in for a couple of weeks. Patients often need pain medication and at-home assistance in the first couple of weeks. Occasionally, they may need antibiotics.



Ricardo Carrasco III

Emma Koesters, MD, and David Daar, MD, MBA, at USC Verdugo Hills Hospital.

What do you tell a patient who may be hesitant to go through reconstructive surgery?

Even if they're 90% against it, they should talk to a reconstructive surgeon to learn their options. Many people may have heard about the experience of a patient who had breast reconstruction 10 or 20 years ago, and they don't realize the vast improvements that have been made in reconstructive surgery. Even if you decide not to go through with surgery, you should know all your options first.

What should patients look for when seeking a surgical center?

You want to be somewhere you feel comfortable with your physicians. It's important to ask, "Do these surgeons do this operation regularly? Is it a high-volume center where they take care of many breast cancer patients?"

Learn about who would be on your care team and if there is someone you can contact in the evenings and on weekends if you have questions or concerns.

Also, ask if the surgeon is a microsurgeon. Microsurgeons have specialized training to offer more types of breast reconstruction and lymphatic procedures that can help reduce the risk of lymphedema (swelling of the arm), which is a complication of lymph node removal. If they aren't trained in microsurgery, they wouldn't be able to offer it, which can limit your options.

What should patients keep in mind throughout the process?

Patients should know that breast reconstruction is a process. It's almost never a one-and-done situation. We work with our patients for many months to get them to the point where they feel happy and can put their breast cancer and breast surgeries behind them.

Also, breast reconstruction can happen at any point in your care. If you're a patient who was treated for breast cancer years ago, you're still a candidate for reconstruction. Or if you're unhappy with your prior reconstruction, there are still many options to make you feel happier and more whole.

What should patients know about your team at USC-VHH?

Our team is very experienced in caring for breast cancer patients. We are in constant communication with our breast surgeons, oncologists and radiation oncologists to ensure we are all on the same page with each patient's care. We work together frequently with the operating room staff, as well as the preoperative and postoperative care teams. It's well-coordinated and well-established.

It's exciting for us to deliver this care, because even though we perform many of these procedures, each patient is unique, and we love tailoring our approach to each of them.

Consultations

New Pasadena Building Offers Expansive Services



Ricardo Carrasco III

Now open, Keck Medicine of USC's new Pasadena location at 590 S. Fair Oaks Ave. expands the health system's clinical offerings for residents in Pasadena and neighboring communities in the San Gabriel Valley.

Patients will have access to the same physicians who treat patients at Keck Medical Center of USC, including

researchers and doctors from USC Norris Comprehensive Cancer Center, the USC Cardiac and Vascular Institute and USC Orthopaedic Surgery.

As an academic health system, Keck Medicine is also training the next generation of doctors at this new Pasadena location.

Here is an overview of services, by floor, now available at this four-story, 100,000 square-foot, state-of-the-art medical office building:



Level 4

Cancer Care and Infusion

- Gynecologic oncology
- Medical oncology
- Palliative care
- Radiation oncology
- Surgical oncology (breast, colorectal, gastrointestinal, hepatobiliary, neuro-spine, thoracic)

Level 3

Multi-Specialty and Autoimmune Care

- Allergies
- Dermatology
- Gastroenterology – IBD
- Immunology
- Neurology – Multiple sclerosis
- Rheumatology

Heart Care – USC Cardiac and Vascular Institute

- Cardiology
- Diagnostics
- Vascular surgery

Orthopaedic Surgery, Musculoskeletal and Spine Care

Level 2

Outpatient Surgery Center

Level 1

Imaging Center (X-ray, ultrasound, MRI, CT, PET-CT)

Lab and Blood Draw Services

Aspire Physical Therapy

Cardiovascular Diagnostics

Level P1

Pain Management

Radiation Oncology

Surgeons Perform World's First Bladder Transplant

Inderbir Gill, MD, (left) operating on the world's first bladder transplant patient (photo courtesy of Nick Carranza, UCLA Health).



Surgeons from Keck Medicine of USC and UCLA Health have performed the world's first-in-human bladder transplant. The surgery was successfully completed at Ronald Reagan UCLA Medical Center in May in a joint effort by Inderbir Gill, MD, founding executive director of USC Urology, and Nima Nassiri, MD, urologic transplant surgeon and director of the UCLA Vascularized Composite Bladder Allograft Transplant Program.

"This surgery is a historic moment in medicine and stands to impact how we manage carefully selected patients with highly symptomatic 'terminal' bladders that are no longer functioning," Dr. Gill says. "Transplantation is a lifesaving and life-enhancing treatment option for many conditions affecting major organs, and now the bladder can be added to the list."

Dr. Nassiri, formerly a urology resident with the Keck School of Medicine of USC and now assistant professor of urology and kidney transplantation at UCLA, and Dr. Gill worked together for several years at the Keck School to develop the new surgical technique, design a clinical trial and secure the necessary regulatory approvals.

The patient had been dialysis-dependent for seven years. He lost the majority of his bladder during surgery to resect cancer over five years ago, leaving the remainder of his bladder too small and compromised to function appropriately. Both of his kidneys were

subsequently removed due to renal cancer.

To address these deficits, Drs. Gill and Nassiri performed a combined kidney and bladder transplant, allowing the patient to immediately stop dialysis and produce urine for the first time in seven years. First the kidney, then the bladder, were transplanted. The new kidney was then connected to the new bladder. The entire procedure took approximately eight hours.

"Despite the complexity of the case, everything went according to plan and the surgery was successful," Dr. Nassiri says. "The patient is doing well, and we are satisfied with his clinical progress to date."

Bladder transplants have not been done previously, in part because of the complicated vascular structure of the pelvic area and the technical complexity of the procedure.

As part of the research and development stage, Drs. Gill and Nassiri successfully completed numerous practice transplantation surgeries at Keck Medical Center of USC, including the first-ever robotic bladder retrievals and successful robotic transplantations in five recently deceased donors with cardiac function maintained on ventilator support.

Keck Medicine's Hospitals Receive Top American Heart Association Honors

Keck Hospital of USC, USC Norris Cancer Hospital, USC Arcadia Hospital (USC-AH) and USC Verdugo Hills Hospital (USC-VHH) received five 2025 American Heart Association (AHA) Get With The Guidelines® awards for high-quality cardiovascular care in the categories of heart failure, stroke and resuscitation.

Get With The Guidelines is the American Heart Association/American Stroke Association's hospital-based quality improvement program that provides hospitals with the latest research-based guidelines.

The Get With The Guidelines – Heart Failure quality achievement award, bestowed to Keck Hospital, demonstrates the hospital's commitment to treating patients according to the most up-to-date guidelines as outlined by the American Heart Association. It recognizes hospitals committed to improving outcomes for patients with heart failure, meaning reduced readmissions and more healthy days at home.

Keck Hospital was also recognized in the Target: Heart Failure Optimal category. Hospitals receiving this award meet specific criteria that improve medication adherence, provide early follow-up care and coordination, and enhance

patient education. Receiving the Optimal designation means a hospital has performed 50% or better for defect-free care. The goal is to further reduce hospital readmissions and help patients improve their quality of life in managing this chronic condition.

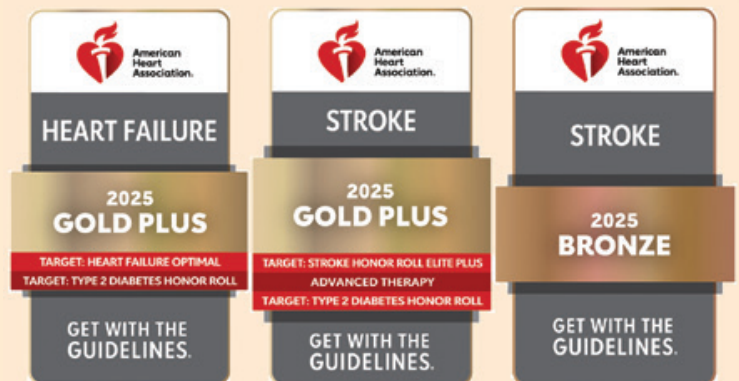
Meanwhile, the Get With The Guidelines – Stroke award, earned by USC-AH and USC-VHH, recognizes entities committed to ensuring stroke patients receive the most appropriate treatment according to nationally recognized, research-based guidelines, ultimately leading to more lives saved and reduced disability.

In addition to receiving the Stroke Gold Plus award, USC-AH received the Target: Stroke Elite Plus award. To qualify for this recognition, hospitals must meet specific criteria for reducing the time between an eligible patient's arrival at the hospital and treatment with thrombolytic therapy. USC-AH also received the Target: Stroke Honor Roll Advanced Therapy award by meeting specific criteria for reducing the time between an eligible patient's arrival at the hospital and treatment to remove the clot causing the stroke.

Keck Hospital and USC-AH both also received the Target: Type 2 Diabetes Honor Roll

award. Target: Type 2 Diabetes aims to ensure that patients with type 2 diabetes, who might be at higher risk for complications, receive the most up-to-date, evidence-based care when hospitalized due to heart disease or stroke.

Finally, the Get With The Guidelines – Resuscitation awards received by Keck Hospital and USC Norris Cancer Hospital reflect the



hospitals' commitment to treating in-hospital cardiac arrest, ultimately helping to improve survival rates. Meanwhile, the Target: Survival award, given to Keck Hospital, recognizes sites that have a survival rate better than 60% of all hospitals nationwide participating in the Get With The Guidelines – Resuscitation registry.

Labwork

Herpes Virus May Effectively Treat Melanoma

The herpes simplex virus type 1 (HSV-1), which affects almost two-thirds of the world's population and is generally associated with oral herpes, may cause painful cold sores or fever blisters around the mouth.

Yet, when genetically engineered to fight cancer, the virus may also play an important role in treating advanced melanoma, skin cancer that has spread to other parts of the body, according to clinical trial results published in July in the *Journal of Clinical Oncology*.

The study involved 140 patients from Keck Medicine of USC and other sites worldwide. These patients had advanced melanoma that did not respond or stopped

responding to immunotherapy, which uses the body's own immune system to fight cancer.

Patients were treated with a genetically modified HSV-1 in combination with an immunotherapy. By the end of the clinical trial, one-third of the participants had their tumors shrink by at least 30%, and nearly one out of six patients had tumors completely disappear.

"These findings are very encouraging because about half of all advanced melanoma cases cannot be managed with currently available immunotherapy treatments," says Gino Kim In, MD, a medical oncologist with Keck Medicine and principal investigator at the Keck Medicine clinical trial site.

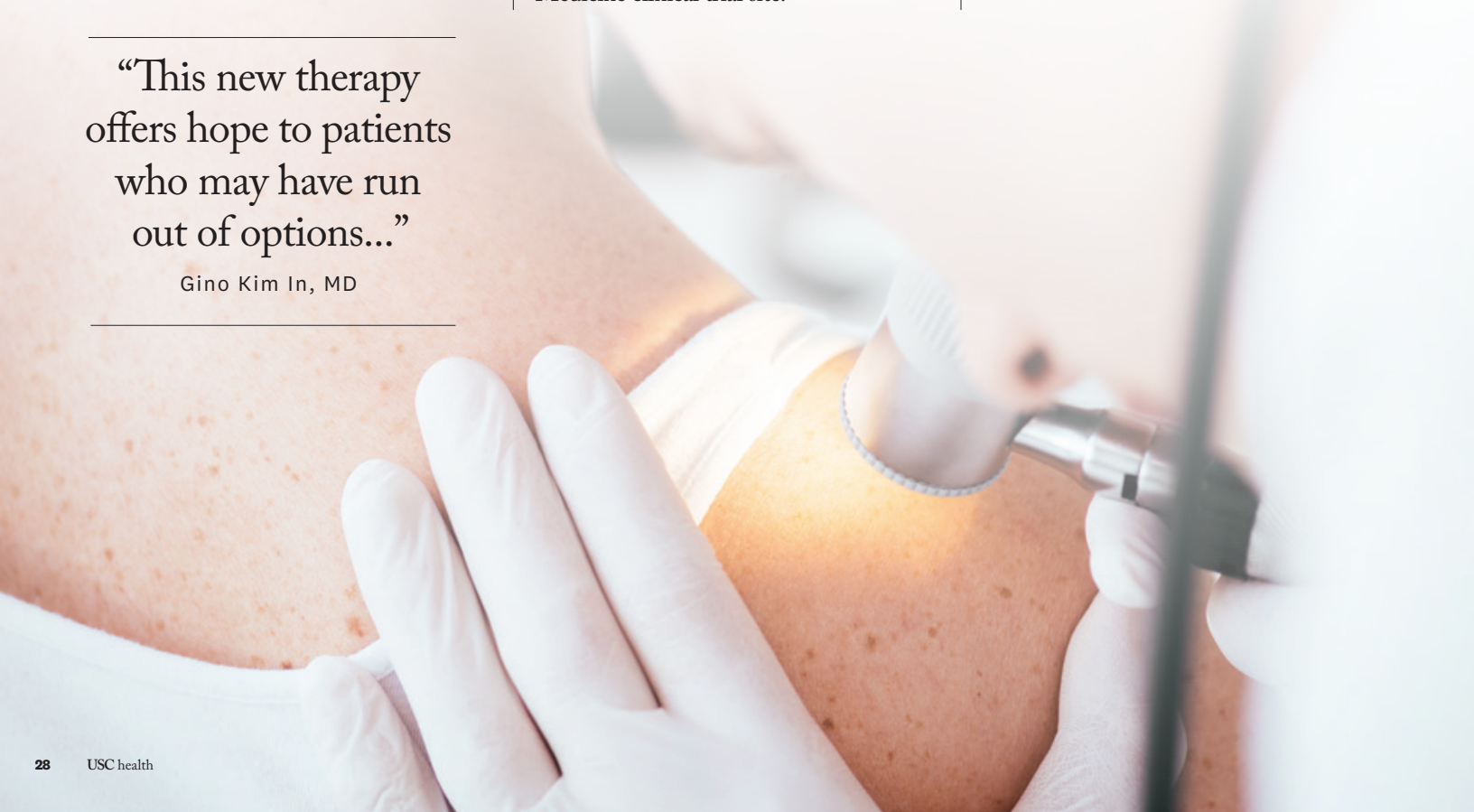
"The survival rate of untreatable advanced melanoma is only a few years, so this new therapy offers hope to patients who may have run out of options to fight the cancer."

The genetically modified HSV-1 evaluated in the study, RP1, is one of a relatively new, innovative class of cancer immunotherapy drugs known as oncolytic viruses that are designed to target and destroy cancer tumors while generating an anti-tumor immune response throughout the entire body.

Dr. In and his fellow researchers have launched the phase 3 trial to confirm their findings. Keck Medicine will again be one of the sites, with Dr. In leading it.

"This new therapy offers hope to patients who may have run out of options..."

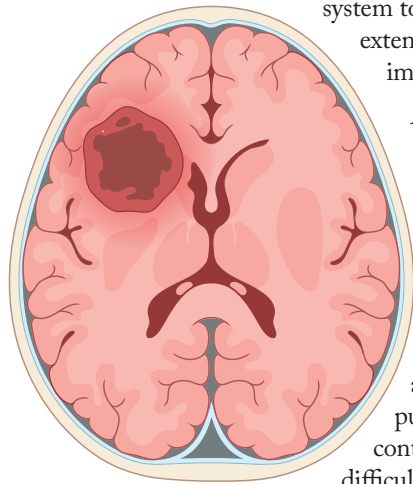
Gino Kim In, MD



Electric Fields Could Supercharge Glioblastoma Treatment

A study led by Keck Medicine of USC researchers may have uncovered an effective combination therapy for glioblastoma, a brain tumor diagnosis with few available effective treatments.

The study, published in June, found that using Tumor Treating Fields therapy (TTFields), which delivers targeted waves of electric fields directly into tumors to stop their growth and signal the body's immune system to attack cancerous tumor cells, may extend survival when combined with immunotherapy and chemotherapy.



tumor growth gives patients a better chance of successfully fighting the cancer.

When used to treat glioblastoma, TTFields are delivered through a set of mesh electrodes that are strategically positioned on the scalp, generating fields at a precise frequency and intensity focused on the tumor.

Researchers observed that TTFields attract more tumor-fighting T cells, which are white blood cells that identify and attack cancer cells, into and around the glioblastoma. When followed by immunotherapy, these T cells stay active longer and are replaced by even stronger, more effective tumor-fighting T cells.

“By using TTFields with immunotherapy, we prime the body to mount an attack on the cancer, which enables the immunotherapy to have a meaningful effect in ways that it could not before,” says David Tran, MD, PhD, chief of neuro-oncology with Keck Medicine, co-director of the USC Brain Tumor Center and corresponding author of the study. “Our findings suggest that TTFields may be the key to unlocking the value of immunotherapy in treating glioblastoma.”

According to the National Brain Tumor Society, the average prognosis for glioblastoma is eight months. In this study, adding immunotherapy to TTFields and chemotherapy was associated with a 70% increase in overall survival.

TTFields use low-intensity, alternating electric fields that push and pull key structures inside tumor cells in continually shifting directions, making it difficult for the cells to multiply. Preventing

Alcohol-Related Liver Disease Has More Than Doubled

Americans who drink heavily are more than twice as likely to develop significant liver disease compared to 20 years ago, according to a new Keck Medicine of USC study published in July in *Clinical Gastroenterology and Hepatology*.

“Alcohol-related liver disease is the main cause of liver-related death and these results are a major wake-up call to the dangers of drinking,” says Brian P. Lee, MD, MAS, a hepatologist and liver transplant specialist with Keck Medicine and lead author of the study.

The study also sheds light on the demographics of American drinkers, uncovering that four groups make up a greater share of heavy drinkers than they did 20 years ago — women, adults 45 and older, those living in poverty and people with metabolic syndrome, a cluster of conditions that together raise the risk of coronary heart disease, diabetes and stroke.

“These findings — the first comprehensive look at the demographics of heavy drinking and their relation to liver disease since the 1990s — provide important new information about which population groups may need more intervention to curb alcohol use and may also explain the rise in liver disease over the years,” Dr. Lee says.

Additionally, the study showed that the average drinking rate in America was unchanged over the last 20 years before the COVID-19 pandemic, suggesting that factors beyond alcohol quantity, such as changing health and demographic profiles, may be contributing to the rise in liver disease.

“Our results show that the makeup of the American public with heavy alcohol consumption has changed compared to 20 years ago,” Dr. Lee says.

Dr. Lee believes that the study results will provide physicians with necessary updates to better treat patients and hopes they will lead to more screenings and interventions for high-risk populations.



There are hundreds of **clinical trials and studies** taking place at Keck Medicine of USC, giving participants access to novel and potentially promising therapies that may not be available elsewhere. For more information on open clinical trials, visit clinicaltrials.gov.

Dosing Study Tests Potential New Drug for Advanced Liver Cancer

Researchers from USC Norris Comprehensive Cancer Center, part of Keck Medicine of USC, are conducting a phase I study on a new drug for patients with advanced or metastatic liver cancer. The drug, AU-409, is an RNA transcription modulator that can turn off genes that help the cancer grow and spread; it has the potential to reprogram the tumor and stimulate the immune system as well.

This study will test the safety, side effects and ideal dose of AU-409 in patients with advanced primary liver cancer or metastatic liver cancer. It will also provide initial data on how effective the drug is at controlling or shrinking advanced liver cancer. This trial is being conducted exclusively at USC Norris.

What should patients expect?

Patients will take AU-409 orally every day. CT or MRI scans will be done every two months to check if the drug is working. Patients will make regular visits to check blood tests and make sure that they are tolerating the treatment well. Two liver biopsies are required: one before treatment and another while on-treatment to study the effects of the drug.

Who can participate?

Patients 18 years and older with advanced or metastatic liver cancer who have had at least one prior standard treatment and are not candidates for surgery or transplant. The trial has specific requirements related to blood counts and organ function that will be evaluated once the patient is deemed to be a candidate. Exclusion criteria and more can be found at <https://clinicaltrials.gov/study/NCT05791448>.

Principal Investigator:

Anthony B. El-Khoueiry, MD

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Bright Future

Continued from Page 12

That was by design. As Dr. Tao says, “We have a true expert multidisciplinary physician team right here in the community so that patients don’t have to travel far to receive world-class care.”

In Daniel’s case, he didn’t even have to travel from building to building.

“We have a full-service program, from screening, diagnosis and treatment, to excellent nurse navigation, nutritional support, social services, genetics counseling, physical rehab and a cancer-recovery program,” Dr. Tao says.

Surgical specialties are located at the clinic, too, so when a patient receives a cancer diagnosis and time is of the essence, their team can formulate a treatment plan on the double.

Positive energy

Daniel was concerned that a poor response to treatment might necessitate his having a colostomy — a surgery that reroutes the end of the colon up to the stomach.

“Discussing with him that there’s actually a pathway that doesn’t require a major operation like that was important,” Dr. Duldulao says.

Alleviating that concern let Daniel direct more of his energy toward healing, as did the support he got from Alison Ambrose, RN, Keck Medicine – Santa Clarita’s oncology nurse navigator, who picked up the slack on day-to-day tasks like scheduling appointments, managing prescriptions and applying for disability.

Daniel says Ambrose recognized his positive energy and reflected it in kind, like so many others at the clinic.

“Dr. Choi was so warm and caring,” Daniel remembers. “She always waved when she saw me in the hallway. The radiation techs always asked what music I wanted to listen to, too, even though treatment was only 10 or 15 minutes. Little things like that? I loved it.”

Daniel speaks of how crucial his “chosen family” — his mother, partner and daughter, as well as his circle of friends and colleagues — were to his recovery. His care team became part of that family, too.

“I was actually kind of sad when my treatment ended,” he says. “I wouldn’t get to see these people every day the way I had been.”

Looking forward

Daniel now sees a bright future ahead.

Declared cancer-free in March and “about 95% back to normal,” by his own estimate, he’s ready to resume his pre-diagnosis life — including working toward riding his bike, a hobby he had to put on pause during treatment.

A three-time participant in the AIDS/LifeCycle — a fundraising and awareness event that involved cyclists riding from San Francisco to Los Angeles — he focused on serving on the event’s safety crew this past year.

Now that he can get back on the bike, he looks forward to riding for a cause again.

Meanwhile, his team will continue to monitor him over the next four to five years.

“Receiving a cancer diagnosis is scary,” Dr. Choi says. “You have to go through an intense treatment and fight a real battle to get to recovery. Any patient has to have a go-getter mentality to do all that, and Daniel certainly did.”

Good Catch

Continued from Page 21

“I do have a scar on my neck, but there’s no tightness or stiffness there. I’m feeling really good.”

Michael’s follow-up care will include annual ultrasounds for a few years to ensure the tumor doesn’t come back. He encourages other patients in similar situations to address these tumors as early as possible. “It’s better to get it taken care of sooner rather than later, before it becomes something worse.”

Dr. Ochoa agrees. “When these carotid body tumors are found, it’s important to get a vascular consultation.” He adds that offering this type of vascular care at USC-AH is improving outcomes because patients can access specialists sooner, and closer to home.

“It’s obviously beneficial that we’re able to collaborate with Keck Hospital of USC and send patients there when needed,” Dr. Ochoa says. “But the majority of the cases I see in the community can be performed here in Arcadia. It’s been great that patients can visit our clinics and then go right across the street to the hospital for care. We’ll always make space available to help our patients.”

Offering Advanced Treatments in Local Communities

When a patient receives a serious diagnosis such as cancer, they need world-class treatment that offers the best chance of a full recovery. They also deserve to access that care closer to home.

Many patients are unable to travel for care. But even for those who can, we know it can be stressful to drive long distances and navigate unfamiliar areas.

Health systems that bring local communities the same specialized expertise and cutting-edge technologies available at flagship hospitals can really ease that burden and provide a more convenient, seamless experience for patients.

Academic medical centers like Keck Medicine of USC, with our emphasis on using research to improve clinical

care in real time, are in an especially strong position to bring advanced medical treatments and technologies directly to the regions we serve. Through the years, we've expanded our services throughout Southern California and beyond, from Bakersfield to Newport Beach, Beverly Hills to Las Vegas.

Recently, we opened a second location in Pasadena at 590 S. Fair Oaks Ave., bringing more leading specialists in autoimmune care, cancer care, cardiovascular care, diagnostic imaging, orthopaedic care, pain management, surgery and more closer to residents in Pasadena and neighboring communities in the San Gabriel Valley. The Pasadena location also advances USC's academic mission by offering medical students, residents and fellows valuable clinical training experience under the supervision of Keck School of Medicine of USC physicians.

No matter where you seek care from Keck Medicine, our providers are experts in helping patients and their loved ones navigate the rarest, toughest, most complex medical cases. Making it easy to find highly specialized treatment not widely available, combined with personalized, compassionate care, is at the heart of our mission.



Smitha Ravipudi, MPH, is CEO of USC Care Medical Group and CEO of Ambulatory Care Services for Keck Medicine of USC.

KECK MEDICINE OF USC LOCATIONS

Arcadia

USC Arcadia Hospital

300 W. Huntington Drive

Multiple Specialties

125 W. Huntington Drive,
Buildings A & B

OB/GYN

289 W. Huntington Drive,
Suite 202

Multiple Specialties

301 W. Huntington Drive,
Suites 107, 407, 607, 618

Ophthalmology

65 N. First Ave., Suite 101

Orthopaedic Surgery

488 E. Santa Clara St., Suite 101

Bakersfield

Urology

9500 Stockdale Highway,
Suite 202

Beverly Hills

Multiple Specialties

9033 Wilshire Blvd.,
Suites 300, 305, 360, 400, 406

Buena Park

Oncology/Hematology/ Radiation Oncology

5832 Beach Blvd.,
Suites 101, 201

Burbank

Maternal-Fetal Medicine

191 S. Buena Vista St.,
Suite 435

Downtown Los Angeles

Multiple Specialties

830 S. Flower St.,
Suites A100, B100

El Segundo

Orthopaedic Surgery

555 N. Nash St., Suite B

Physical Therapy

2101 E. El Segundo Blvd.,
Suite 101

Glendale

USC Verdugo Hills Hospital

1812 Verdugo Blvd.

Multiple Specialties

1808 Verdugo Blvd., Suites 112,
208, 209, 318, 404, 413, 420

Ophthalmology/Optomety

500 N. Central Ave., Suite 400

Orthopaedic Surgery

1818 Verdugo Blvd., Suite 300

Otolaryngology

222 W. Eulalia St., Suite 200

Hollywood

Maternal-Fetal Medicine

1300 N. Vermont Ave.,

Suites 301, 905

Irvine

Oncology/Hematology

3500 Barranca Pkwy., Suite 200

Koreatown

Multiple Specialties

500 S. Virgil Ave., Suite 502

La Cañada Flintridge

Multiple Specialties

1751 Foothill Blvd., Suite 2

Otolaryngology

1370 Foothill Blvd., Suite 100

Las Vegas

Transplant

2911 N. Tenaya Way, Suite 106

Los Angeles

Keck Hospital of USC

1500 San Pablo St.

USC Healthcare Center 1

(Building 1)

Multiple Specialties

1510 San Pablo St.

Willametta Keck Day

Healthcare Center 2

(Building 2)

Multiple Specialties

1520 San Pablo St.

Norris Healthcare Center 3

(Building 3)

Multiple Specialties

1516 San Pablo St.

USC Healthcare Center 4

(Building 4)

Multiple Specialties

1450 San Pablo St.

USC Norris Comprehensive

Cancer Center and Hospital

1441 Eastlake Ave.

Multiple Specialties

1640 Marengo St.,
Suites 100, 102, 200, 500

Optometry

835 W. Jefferson Blvd.,

Suite 1720

Mission Hills

Maternal-Fetal Medicine

11550 Indian Hills Road,

Suite 380

Monterey Park

Cardiology

500 N. Garfield Ave., Suite 304



Newport Beach

Oncology/Hematology

330 Old Newport Blvd.,
Suites 100, 200

Multiple Specialties

350 Old Newport Blvd.

Radiation Oncology/Imaging

4590 MacArthur Blvd.,
Suite 100

Pasadena

Multiple Specialties

590 S. Fair Oaks Ave.

Multiple Specialties

625 S. Fair Oaks Ave.,
South Lobby, Suite 400

Maternal-Fetal Medicine

39 Congress St.,
Suite 301

Infertility/IVF

55. S. Lake Ave., 9th floor

Santa Clarita

Orthopaedic Surgery

23929 McBean Parkway,
Suite 200

Multiple Specialties

25751 McBean Parkway,
Suites 110, 300, 305

University Park Campus

Multiple Specialties

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

Locations accurate as of 9-2025

Keck Medicine of USC

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