National honor bestowed on MUSC Health palliative care program

Team focuses on quality of life for patients, families

BY HELEN ADAMS

When you work in palliative care, helping seriously ill people live longer and feel better, thanks are usually delivered one-on-one. “I get a lot of hugs,” says Pat Coyne, director of the palliative care program at MUSC Health.

But today, his fast-growing team is getting national recognition from the American Hospital Association. The AHA is giving MUSC Health a Citation of Honor through its Circle of Life Awards. The awards honor programs that:

- Offer timely, safe and efficient palliative and end-of-life care.
- Get creative when it comes to meeting patients’ needs.
- Help people from all walks of life.
- Keep pushing to make palliative care better.
- Help people not only with medical care but also with spiritual, social, psychological and cultural needs.
- Work with other health care organizations, training programs, the community, providers of care and insurers.
- Keep track of how the program affects patients, their families and others.

Leaders at MUSC Health made a commitment to expand palliative care in recent years. They hired Coyne, a national leader in palliative care research and treatment, in 2015. And they poured resources into the program. It grew from a couple of clinicians to more than 20 team members.

“Our focus is on improving the quality of life for patients and families with life-threatening illnesses. A lot of our patients are hopefully going to get better. They may get a liver transplant. They may get a new heart. The chemo may work,” Coyne says.

“We’re really experts in pain and symptom management, easing any pain or discomfort they have. If they have nausea, shortness of breath, anxiety, our job is to help the symptoms get better and then to help the family through a challenging time as well.”

Sometimes, the palliative care team has to get creative. Coyne, who has a Master of Science in nursing degree, is a master of finding ways to meet patients’ goals.

“Sometimes, we have to adjust goals. Someone may be looking forward to being with their grandkids at Christmas, and we know they’re not going to make Christmas. So we have a Christmas party in August. Or there’s a guy who really needs to be baptized, and the only way we can pull it off is get him to a pool. We’ve done weddings. We’ve helped with graduations. We really try to make sure everyone’s needs are met.”

Help comes from all over the hospital. “The nurses on every floor jump in to do this. Sometimes they take the lead. Sometimes we do. But we work together to make this happen.”

That includes keeping in mind that a person is much more than a diagnosis. “It’s not just about their kidneys or their lungs. It’s about who they are as a person. We also focus on families almost as much as we do on the patients. They’re on that journey with them. We are experts in helping with communication as well, so everyone is on the same page.”

Coyne makes a point of reminding people that while palliative care is part of hospice care, they’re not the same thing. Hospice care is for people who are no longer getting treatment for their diseases and are nearing the end of life. Palliative care is for anyone who needs to be made more comfortable, whether they’re dying or experiencing a life-threatening illness.

Coyne says his team knows how important its job is. “We’re a group that works well together, and we try to do our best for everyone.”
**People**

**Andrea Abbott**
Andrea Abbott, M.D., assistant professor in the Department of Surgery, was invited to serve as a member of the training committee for the Society of Surgical Oncology for a two-year term.

**Milton Armstrong**
Milton Armstrong, M.D, professor and director of the Division of Plastic Surgery, was elected to the Board of Directors for the American Association for Hand Surgery.

**Felesia Bowen**
Felesia Bowen, DNP, Ph.D., associate professor and director of undergraduate nursing programs in the College of Nursing, was named a 2019 fellow in the American Academy of Nursing. Bowen is among 231 distinguished nurse leaders from around the globe who the Academy will induct at the annual policy conference in Washington, D.C. in October.

**Pamela Kaufman**
Pamela Hood Kaufman was named senior intellectual property manager for the MUSC Foundation for Research Development.

**Jean Marie Ruddy**
Jean Marie Ruddy, M.D., assistant professor in the Department of Surgery, received a Clinical Scientist Research Career Development Award (K08) from the National Institutes of Health. The award will give the vascular surgeon more time in the laboratory to investigate how signaling through the serum and glucocorticoid inducible kinase-1 (SGK-1) can promote development and progression of an abdominal aortic aneurysm.

**Correction**
A photo featuring new MUSC Foundation CEO Stuart G. Ames was misidentified in a story that appeared in the June 28 issue of The MUSC Catalyst News.
Not just for the young: HPV shots recommended for some into mid-40s

By Helen Adams
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Millions more men and women could be added to the cancer prevention pool based on a new federal HPV vaccine recommendation. MUSC Health obstetrician and gynecologist David Soper, M.D., says he’s ecstatic about the change.

“It’s a big deal since this is the catch-up group that hasn’t had the opportunity to be vaccinated as a child.”

In June, the Centers for Disease Control and Prevention’s Advisory Committee on Immunization Practices said people up to the age of 45 should consider getting an HPV vaccine. Human papillomavirus, which is sexually transmitted, can cause cervical, anal, vaginal, penile and throat cancer.

The old age range was for girls and women 13 to 26 and boys and men 13 to 21.

Soper says he was already recommending older patients get the vaccine, but without the CDC recommendation, a lot of insurers weren’t covering it. Now, he thinks that will change.

“I would target those at risk for new HPV infection. The vaccine now covers nine different types of HPV and can prevent most cervical and vulvar cancers as well as genital warts. Who wouldn’t want to be protected from this?” Soper says.

“Those not in a mutually monogamous long-term relationship should definitely consider the vaccine. Those who are in serial monogamous relationships are still good candidates. They all are susceptible to infections, cancers, diabetes and general systemic consequences of their very powerful immunosuppressant medications,” said MUSC transplant surgeon Satish Nadig, M.D., Ph.D., Department of Surgery.

Some of the siblings were already suffering from some of these side effects – but they weren’t thinking of themselves. “We have children and grandchildren – we’re doing this for them,” said Dan’s brother Jack, who had his transplant here at MUSC Health last year.

“We don’t want to see them suffer the same challenges we are experiencing.”

Nadig and his colleague Carl Atkinson, Ph.D., an immunologist, had successfully demonstrated in animal models a way to deliver the immunosuppressant rapamycin via a nanocarrier to a transplanted kidney and its local environment only, leaving the rest of the body’s immune system unaffected. Although rapid progress has been made, the science was in the early stages and would take years to get to clinical trials.

In 2017, the Allens’ foundation made a generous gift of $500,000 to advance this promising research and honor their mother with the naming of the Lee Patterson Allen Transplant Immunobiology Laboratory (TIBL).

Thanks to their support, researchers in the TIBL have made great strides in addressing the health and longevity of transplant patients. When Dan’s twin brother, Fred, passed away in January, the family wanted to do more to expedite the research.

In May, they honored Fred with an additional $1.5 million to what is now known as the MUSC Transplant Research and Immunobiology Institute with the hopes that community partners and patients will match their gift to reach the needed $3 million goal.

With the new funding, the lab will be poised to move into large animal studies in the next step to get to clinical trials.

“This contribution is about one family’s desire to create a better life for future generations,” said Atkinson. “But, the gift is so much more. It’s about changing transplant as a field – how we pretreat organs, how

Pay it forward: Grateful family gives $1.5M gift for transplant research

Staff Report

When Dan Allen – and three of his four siblings – needed kidney transplants due to polycystic kidney disease (PKD), a genetic disorder, the Allen family knew they wanted to do something so their children wouldn’t have to suffer the same fate. The family members realized they had the power through their family foundation, the Patterson Barclay Memorial Foundation, to change the paradigm of transplantation. It was the where and how they needed to find.

“What often ails our transplant patients is that they all are susceptible to infections, cancers, diabetes and general systemic consequences of their very powerful immunosuppressant medications,” said MUSC transplant surgeon Satish Nadig, M.D., Ph.D., Department of Surgery.

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The HPV vaccine has traditionally been given to teenagers and young adults, but a new recommendation may change that.

And those with multiple sex partners should definitely be vaccinated. Even if you are already identified as having HPV infection, the vaccine can protect you from infection with the types you don’t have.”

The change in age recommendations comes as MUSC Hollings Cancer Center is launching a statewide push increase the HPV vaccination rate. There’s also discussion in the news about possibly ending cervical cancer one day thanks to the effectiveness of the vaccine.

Soper says if you and your doctor decide you need HPV vaccination, you’ll get three shots over six months – and a lifetime of knowing you’re doing what you can to stay healthy. “Vaccines are clearly a powerful and safe way to prevent serious disease. Everyone should be asking their doctor, ‘For which vaccines am I a candidate?’”
Positive change: HIV testing now takes a minute

Free testing offered; programs help make care accessible

By Helen Adams
adamshel@musc.edu

It was October of 1996. Bill Clinton was president, O.J. Simpson’s civil trial was getting underway and Fox News Channel launched.

But Chris Podmore had other things on his mind. Really, one main thing. And it would have a bigger impact on his life than any politician, celebrity or news cast. He had reason to think it might have HIV.

“I was terrified,” he says.

HIV and its most severe form, AIDS, had been studied in the U.S. for 15 years at that point. AIDS was the leading cause of death for Americans 25 to 44 years old.

Podmore took an HIV test at his local health department in Charleston, South Carolina, then waited for an agonizing seven days to get the results. “They gave you a little card with a code and asked you to call them back in a week and punch in your code. If they told you to come back, it was bad news. That’s how you found out back in the day.”

They told him to come back.

Fast-forward to 2019. Podmore has been living with HIV for 23 years. Thanks to antiretroviral therapy, which became the standard of care for people with HIV the year after he was diagnosed, the level of the virus in his body is so low that it can’t be detected. He’s happily married, he’s renovating a house and he loves his dogs.

He’s also become an advocate for HIV testing. On June 27, National HIV Testing Day, he encouraged anyone who’s thinking about getting a test to go ahead and do it. “There’s a reason you’re thinking about getting a test. I think everybody should be tested.”

The sooner it’s caught, the better. And Podmore, who waited for more than 10,000 minutes to get his results, says you can now get yours in 60 seconds.

He would know. He gives HIV tests to patients at MUSC Health, where he works as a program assistant in the Ryan White HIV/AIDS Clinic. The clinic offers free HIV tests, year-round, on the seventh floor of Rutledge Tower at MUSC.

So much has changed, Podmore says, since his diagnosis. “When I started, there was a waiting list to get medications if you didn’t have insurance. I got in a clinical trial and was lucky that I got the real medicine. It was a ton of pills. On average, the first 15 to 20 years after I tested positive, I think I took about 17 pills a day.”

Not anymore. Advancements in treatments have produced pills that multi-task. “Today, it’s down to two pills a day. Huge improvement.”

Newly diagnosed people may only need one antiretroviral pill a day, he says.

And you don’t have to have insurance to get treatment. Infectious disease specialist Eric Meissner is both a medical doctor at MUSC Health and a researcher who has studied HIV.

“Thanks to the Ryan White program and the South Carolina AIDS Drug Assistance Program, one’s ability to afford health care is not a barrier to HIV treatment,” Meissner says.

“In fact, we have a rapid access program in our clinic where our goal is start patients on medication on their first visit, which could be the day they’re diagnosed if they’re able to be seen in our clinic that day.”

The earlier a person starts treatment, the better, Meissner says. “It makes a big difference. The earlier people get on treatment, the better off their immune system will be with respect to long-term health. The life expectancy for persons living with HIV who are treated is nearly identical to those without HIV these days because the medications are so effective.”

Chris Podmore has been living with HIV for more than two decades.

“The life expectancy for persons living with HIV who are treated is nearly identical to those without HIV these days because the medications are so effective.”

Eric Meissner, M.D., Ph.D.

Podmore. Four percent are Hispanic and the rest are identified as “other.” People who are at highest risk include gay and bisexual men and people who inject drugs.

Podmore has a message for people afraid to get tested because of what a positive result might mean. “You can have a normal life. You can still have children. Anything you want is still obtainable.”

New space scheduling system to be replaced July 15

The Astra Scheduling system currently used for reserving MUSC’s centrally scheduled rooms will be replaced on July 15 with a new system called 25Live. As of that date, Astra will no longer be used for scheduling centrally scheduled rooms. Because MUSC uses trimester scheduling, no bookings should be affected by this transition. Fall room reservations will resume as usual on July 15 with 25Live.

25Live is the same system adopted as our enterprise calendaring system. The new room reservation system and calendaring system are designed to work together. Send questions to 25Live-centsched@musc.edu.
Meet Barbara

Barbara K. Marebwa, Ph.D.

College–Program
College of Graduate Studies-Biomedical Imaging

How are you changing what’s possible at MUSC
By developing quantifiable measures of brain health and prognostic tools for stroke recovery

Hobbies and interests
Travel, books, music, dancing, movies and learning something new

A unique talent you have
I’m a pseudo-contortionist – I can do splits, the bridge and place one leg on my shoulder!

Your idea of a dream vacation
Visiting up north, seeing the aurora borealis, or down south for the aurora australis

Favorite quote
“There is a great and perhaps decisive battle to be fought against ignorance, intolerance and indifference.” — Edward R. Murrow
Online escape room challenge encourages interprofessional teamwork

BY LESLIE CANTU
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Universities do a great job teaching future health care professionals such as doctors, nurses, pharmacists and physical therapists about microbiology and physiology — but not such a great job teaching them how to work together as a collaborative unit, said Jeffrey Borckardt, Ph.D., a professor in the Department of Psychiatry and Behavioral Sciences at MUSC.

As the assistant provost for interprofessional initiatives, Borckardt spends a lot of time thinking about how to improve students’ communication, collaboration and cooperation skills. “We have a huge medical error problem in this country,” he said. Many of those medical errors can be traced back to lack of communication, and the consequences can be deadly.

Members of the Office of Interprofessional Initiatives brainstormed ways to teach students applied teamwork skills. “The impetus was this teamwork problem we have in health care where we’re killing people because we don’t know how to communicate and work in teams.”

The team considered a live-action zombie event with hired actors running around campus as undead corpses but, given the vagaries of Charleston weather, decided that plan was too much of a gamble. Team members considered doing an escape room event but decided showing up with 850 students was too impractical.

In the end, they settled on creating an escape room–inspired video game from scratch. Called Sloppy Mountain Medical Center, the three- or four-player game revolves around a set of patients who must be discharged. Unfortunately for the players, the information necessary to diagnose and discharge the patients has been mixed up, so critical data about a patient in player A’s room can only be found in player B and player C’s rooms. And, of course, player A can’t access those rooms but must first rely on cooperation from player B and player C to get the vital information.

Meanwhile, players B and C are trying to get necessary information about their own patients.

Borckardt developed the game himself, and students have played it for the last two years during Interprofessional Day, which is held every January for first- and second-year students from all six colleges. The game is a lot harder than students expect, he said. In the first year, only 65 percent of teams were able to complete the game in the allotted 45 minutes. This year, 80 percent completed the game. Teams that don’t work well together simply won’t finish the game, Borckardt said.

“I think what it does is it puts people in a pressure cooker, and they’re forced to work as a team,” he said. “It does tend to augment teamwork flaws that individuals have. Sometimes we watch, and you’ll find one person on the team suddenly withdraws and stops communicating. Someone else on the team gets very angry and starts blaming the failure on the game interface. Some people take charge of the whole thing and start telling people what to do. Some people start taking copious notes and passing them around.”

Afterward, facilitators pose questions to get students to reflect on the experience. “We try to get them to be introspective about the team and their performance,” Borckardt said.

Borckardt and colleagues began presenting the game at conferences, and an interesting thing happened — other universities wanted their students to play it.

That’s when the MUSC Foundation for Research Development got involved. The foundation helps faculty members...
2019 MUSC Health house staff, annual departmental/division awards

By Marjorie Spruance
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Emergency Medicine
Emergency Medicine (EM) Chiefs – Danika Brodak, M.D., and Kyle Embertson, M.D.; EM Intern of the Year – Evan Verplancken, M.D.; SCCEP Award (Intern of Year and Highest In-Training Exam) – Evan Verplancken, M.D., and Tyler Clare, M.D.; Global Health Resident of the Year – Logan Wolford, M.D., and Tyler Winders, M.D.; Emergency Ultrasound Fellow – Aalap Shah, M.D., and Brad Presley, M.D.; 2-10 Emergency Ultrasound Resident of the Year-Golden Lube Recipient – Logan Wolford, M.D.; EM Pharm.D. Fellow and Pharm to Table Award – Hall Gentry, Pharm.D.; Kyle Weant, Pharm.D.; Golden Gate Award for contributions by an MUSC Hospitalist – Andy McNulty, M.D.; Golden Orange Award for Outstanding Off-Service Contribution to EM Resident Education – Brad Petkovich, M.D.; Golden Apple Award for Outstanding Contributions to Clinical Resident Education – Lindsey Jennings, M.D.; Platinum Podium Award for Outstanding Contributions to Didactic Education – Morsal Tahouni, M.D.; Advance Practice Provider of the Year – Sue Zayac, N.P.; Little People Award for Outstanding Contribution to EM Resident in Pediatric Education – Ben Jackson, M.D.

Family Medicine
Department of Family Medicine Teacher of the Year – Lisa Mims, M.D.; Department of Family Medicine Family Oyster – Scott Bragg, Pharm.D.; S.C. Academy Family Physicians Resident of the Year – Natalie Christian, M.D.; Society of Teachers of Family Medicine Resident Teacher Award – Louis Gerena, M.D.; Association of Family Medicine Residency Directors and the North American Primary Care Research Group Resident Award for Scholarship – Sarah Tucker Price, M.D.; Clinical Scholars Award – Best Research Project – Sarah Tucker Price, M.D.; Administrative Staff Award – Robert McKenzie; Clinical Staff Award – April Mora; Community Preceptor Award – Frederick Funke, M.D. (Trident Cardiology)

Infectious Diseases
Education Mentoring Award (awarded by Department of Medicine) – Cassandra Salgado, M.D.; Infectious Diseases Teacher of the Year – John Gnann, M.D.; Infectious Diseases Faculty Member of the Year – Stephanie Kirk, Pharm.D.; Infectious Diseases Staff Member of the Year – Shawn Prioleau

Internal Medicine
Intern of the Year – Hampton Sasser; Resident of the Year – Richard Lueking, M.D.; Division of the Year – General Internal Medicine; Fellow of the Year – Nick Fox, M.D.; Michael E. Assey Attending of the Year – Andrew Schreiner, M.D; Outpatient Attending of the Year – Katie Anderson, M.D.; Consult Teacher of the Year – Ruth Campbell

Medicine
MUSC Developing Scholar Award – John Wrangle, M.D.; Election to Fleischner Society for Thoracic Imaging and Diagnosis – Gerard Silvestri, M.D.; Fellow of the Year – Nick Fox, M.D.; Division of the Year – General Internal Medicine; Intern of the Year – Hampton Sasser, M.D.; Resident of the Year – Richard Lueking, M.D.; General Internal Medicine Outpatient Resident of the Year – Jose Mira, M.D.; General Internal Medicine Impatient Resident of the Year – Meghan Thomas M.D.; Attending of the Year – Andrew Schreiner, M.D.; Ambulatory Attending Teacher of the Year – Kathryn Anderson, M.D.; Consult Teacher of the Year – Ruth Campbell, M.D.; Education Mentoring Award – Cassandra D. Salgado, M.D.; Outstanding Junior Faculty Clinician Educator of the Year Award – Benjamin Kalivas, M.D.; Outstanding Mid-Career Clinician Educator of the Year Award – Marc Heincelman, M.D.; Outstanding Established Clinician Educator of the Year Award – E. Benjamin Clyburn, M.D.; The Doctor’s Doctor Award – Jay Brzezinski, M.D.; Professionalism Award – Elisha Brownfield, M.D.; Hidden Gem Award – Amanda Overstreet, D.O.; DOM Lifetime Clinician Educator Achievement Award – Richard Silver, M.D.

Neurology
Resident Excellence in Care Award – Zeke Gleichgerrcht, M.D.; Resident Teacher of the Year Award – Yser Orabi, M.D.; Highest In-Service Award – Zeke Gleichgerrcht, M.D., and Yser Orabi, M.D.; Highest In-Service Award by Junior Resident – Morgan Daniel Baki, M.D.; Best Research Presentation by a Resident Award – Mohammad Anadani, M.D.; Best Research Presentation by a Fellow Award – Alain Lekoubou Looti, M.D.; Best Case Report by a Resident Award – E. Benjamin Clyburn, M.D.

By mArjorie sPrUAnCe
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The Department of Orthopaedic Surgery and Physical Medicine’s 25th annual Siegling Research Day featured Siegling visiting professor and College of Medicine alumnus Dr. Steven Frick, from left, orthopedic resident program director Dr. Lee Leddy, graduating residents Drs. Will Ashford, Anthony Barcel, Pat O’Callaghan, Phil Kirn and former chairman Dr. Vincent Pellegrini.

Department of Neurosurgery Chairman Dr. Alejandro Spiotta, left, presented the 2019 Neurosurgical Resident of the Year Award to Dr. Ryan Kellogg.

Photos provided
Clinical trial brings prostate cancer patient hope

Modified small pox virus attacks prostate-specific antigen

By Kacey Finch
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Innovative treatments change lives. Ken Drachman should know — a clinical trial changed his.

Days before his son’s wedding in Antigua in August of 2016, Drachman didn’t feel right. His general practitioner, Walter Brzezinski, M.D., a primary care physician at MUSC Health, discovered Drachman’s prostate-specific antigen (PSA) levels had skyrocketed to a 12.

PSA levels over a 4 are considered abnormal and are usually found in men with prostate cancer, according to the National Cancer Institute. Drachman’s level was at only 3 the year before.

Concerned about the results, Brzezinski sent Drachman to Stephen Savage, M.D., MUSC Health director of minimally invasive urology and a Hollings Cancer Center researcher.

“What was so cool about all this to begin with is how almost seamless it was to go to Brzezinski and then just be able to go downstairs to Dr. Savage,” Drachman says. “That’s what was so impressive to me about MUSC, and then Hollings Cancer Center still being a part of this whole network.”

Savage recommended that Drachman get a biopsy. He knew Drachman wouldn’t want to be thinking about the results at the wedding, so he scheduled it for after.

“Going down to our son’s wedding, that was kind of bittersweet,” Drachman says. “It was weighing on my mind the whole time.”

After returning home from the wedding with his wife Annette, who serves as MUSC’s general counsel, Savage did the biopsy. It revealed the answer Drachman had been fearing — he had prostate cancer.

The Drachmans researched their options, talked to friends and family who had been through prostate cancer and questioned if they should seek treatment elsewhere. But, after a meeting with Savage, they knew Hollings Cancer Center was where Drachman needed to be.

“It gave us a lot of comfort to be here, at home in an environment that I feel very comfortable in and have confidence in,” Annette says.

Drachman and his doctors opted for a robotic prostatectomy, performed by Savage in November of 2016. During the surgery, Savage detected something that made Drachman’s cancer less routine — it wasn’t contained. It extended through the capsule of the prostate, leaving it at a higher risk of recurrence.

That’s when Savage recommended that Drachman consider enrolling in a clinical study led by Michael Lilly, M.D., a Hollings Cancer Center oncologist and researcher.

“PROSTVAC is a poxvirus-based vaccine which is designed to stimulate the body’s immune system to attack cells that make PSA,” Lilly says. “The goal of the clinical trial is to see if patients receiving PROSTVAC, starting right after surgery, have a longer period of remission or disease control than matched patients who didn’t receive PROSTVAC.”

The low-toxicity vaccine currently is used in several ongoing studies, including the trial at Hollings Cancer Center, and other studies at the National Cancer Institute, where it was developed. The vaccine is licensed by Bavarian Nordic Immunotherapeutics, a company based in Denmark.

If Drachman could help himself while also helping others, the decision was a no-brainer. Having seen medical studies positively affect his family in the past, Drachman said yes without hesitation.

Drachman’s mother, Sydney Cook, had rheumatic fever as a young girl and participated in a 1960s study for valve replacement. She became the first person in Utah to receive a mechanical heart valve, Drachman says, a medical advancement that allowed her to live well into her 70s before she passed away from uterine cancer. Drachman’s mother’s legacy came full circle, leaving him to be the next to receive medically innovative treatment.

“Mr. Drachman takes full advantage of the opportunities provided to him through MUSC and the Hollings Cancer Center,” Savage says. “He participates in care, while allowing us to do everything we can to help him.”

Required to start the program within 120 days of surgery, Drachman almost missed his window to start when he came down with bronchitis. He received the initial injection, a modified smallpox virus, in February of 2017, just making the deadline.

“The nurse that came in, it was like kind of being in a space movie,” Drachman says. “She came in with hazmat clothes on and everything.”

Only two nurses in the Charleston area are trained on the study’s protocol and have the authority to administer injections. Over the course of six months, the nurses injected Drachman with seven shots of different vaccines to train the body to reject PSA.

Since July 2016, PROSTVAC has enrolled 25 patients, each participating for two years. Drachman has completed the program.

“The happy report is my PSA has not gotten over .01,” Drachman says. “We’re very fortunate to have all of this here in Charleston.”

See Hope on page 11
Awards

Award – Jackie Koshorek, M.D.; Faculty Teacher of the Year Award – Nicholas Milano, M.D.

Neurosurgery


OB–GYN

Chief Resident Award – Kimberly Earhart, M.D., and Alexa Pascioni, M.D.; H.O. Williamson Best All Round Chief Award – Kimberly Earhart, M.D.; Coastal Award – Kendra Kesty M.D.; Paul B. Underwood, M.D. Award for Surgical Excellence – Kimberly Earhart, M.D.; J. Richard Sosnowski Award for Outstanding Academic Achievement in OB & Humanism – Jenna MacLennan, M.D.; AAGL Award – Kimberly Earhart, M.D.; SLS Outstanding Laparoenoscopic Residency Award – Jenna MacLennan, M.D.; AAGL Award – Marieme Mbaye, M.D.; SMFM Award – Rosalea Taam, M.D.; Ryan Grant Award – Adrienne Wiggins, M.D.; APGO Award – Ashlyn H. Savage, M.D.; CREOG Award – Ashlyn H. Savage, M.D.; SASGOG Faculty Award – Krista Wagoner, M.D.; SASGOG Resident Award – Lauren Brown, M.D.; J. Peter VanDorsten Award – Scott S. Sullivan, M.D.

Ophthalmology


Pathology and Laboratory Medicine

House Staff Award for Anatomic Pathology Faculty – Laura Spruill, M.D., Ph.D.; House Staff Award for Clinical Pathology Faculty – Jerry Squires, M.D., Ph.D.; Chief Residents – Tiffany Baker, M.D., Ph.D., and Ryan Jones M.D.; College of American Pathologists Translational Diagnostics Advanced Training Award – Jessica Snider, M.D.; Committees: Resident Representative Leadership Award, American Society for Clinical Pathology Apple Tree Steering Committee – Tiffany Baker, M.D., Ph.D.; Nationally – American Society of Clinical Pathology Resident Council – Kendall Brewer, M.D.; MUSC – Medical Executive Committee, Peer Review Committee, Undergraduate Curriculum Committee; Pathology Informatics Interest Group at MUSC – Dan R. Lopez, M.D.; CAP Resident’s Forum Executive Committee – Iris Martin, M.D.; Section Editor, Archives of Pathology and Laboratory Medicine – Daniel Skipper, D.O.; CAP Resident Delegate – Paige Woodham

Psychiatry and Behavioral Sciences

Outstanding Medical Student Clinical Teaching – Paul Everman, M.D.; Amanda Roten, M.D.; Outstanding Medical Student Teaching by a Resident – Brittaney Erby M.D., Camilo Mateus; Outstanding Medical Student Didactic Teaching by a Resident – Patrick Robbins M.D.; Outstanding Medical Student Didactic Teaching by a Faculty Member – Kristen Mullinax, M.D.; Psychology Internship Program Clinical Excellence Award – Rosemary Ros; John C. Roitsch Memorial Scientist-Practitioner Award – Lucy Guarnera; Psychology Internship Program Laura Griffin Humanitarian Award – Funlola Are; Psychology Internship Program Robert Magwood, Jr. Outstanding Service to Crime Victims Award – Carla Newman; Psychology Internship Paper Competition Winner – Nada Goodrum; Psychology Internship Paper Competition Runners Up – Lucy Guarnera, Eleanor Leavens, Christina Roman; Psychology Internship Program Best Mentor – Daniel W. Smith, Ph.D.; Psychology Internship Program Best Supervisor – Lillian Christon, Ph.D.; Psychology Internship Program Overall Impact on Training – Lauren Carter, Ph.D.; Psychology Internship Program Friend to Psychology – Lauren Nance; J.J. Cleckley Resident Clinical Excellence Award – Tyson Lippe, M.D. and Allison Smith, M.D.; Resident Peer Excellence Award – Tyson Lippe, M.D.; PGY 1 Outstanding Didactic Teacher of the Year – Erin B. Seery, M.D.; PGY 1 Clinical Teacher of the Year – Erin B. Seery, M.D.; PGY 2 Outstanding Didactic Teacher of the Year – Gregory Lee Sahlem, M.D.; PGY 2 Clinical Teacher of the Year – Kristin Mullinax, M.D.; PGY 3 Outstanding Charleston Dorchester Community Mental Health Clinical Teacher – Christine Wolfe, M.D.; PGY 3 Outstanding Outpatient VA Clinical Teacher – Andrea L. Maxwell M.D.; PGY 3 Outstanding Didactic Teacher of the Year – Daniel McGraw, Pharm.D.; PGY 4 Outstanding Outpatient Charleston Dorchester Community Mental Health Clinical Teacher – Christine Wolfe, M.D.; PGY 4 Outstanding Didactic Teacher of the Year – Daniel McGraw, Pharm.D.; PGY 4 Outstanding Outpatient VA Clinical Teacher – Karen J. Hartwell M.D.; PGY 4 Outstanding Outpatient Institute of Psychiatry Clinical Teacher – Libby Riddle; PGY 4 Outstanding Longitudinal Didactics Instructor – Edmund S. Higgins, M.D.; Outstanding Career Mentor for the Class of 2019 – Kelly Anne Holes-Lewis, M.D.; Outstanding Didactic Teaching in the Child and Adolescent Fellowship – Lee Lewis, M.D.; Outstanding Clinical Training by a Physician in the Child and Adolescent Fellowship – Sondra Keller, M.D.; Outstanding Teaching by a Non-physician in the Child and Adolescent Fellowship – Kerrie Murphy, Ph.D.

Pulmonary and Critical Care

Pulmonary Fellows – Benjamin Bevill, M.D., P. Bradley Brasher M.D., Nicholas Fox M.D., Maroun Gheissine, M.D., Bradley Pekovich, M.D.; Critical Care Fellow – Olusola Isikal, M.D.; Superior Segment of the Year Award Winner – Nicholas Pastis, M.D.

Surgery

Strategies for staying hydrated during steamy summer months

With record-breaking high temperatures seemingly becoming the norm this summer in South Carolina, MUSC Wellness dietitian and national spokesperson for the Academy of Nutrition and Dietetics, Debbie Petitpain, shares simple strategies to stay properly hydrated through the steamy months ahead.

Most people know to pack a water bottle for the beach or to drink extra fluid when exercising or doing yard work. But what about on a rainy day or while sitting at your desk job? Yes! Staying hydrated is just as important then, too.

Did you know that up to 60% of the body’s weight is water? Water is a major component of your blood, brain, muscles, fat and bones. It’s no wonder, then, that staying hydrated is so important to overall health. It helps maintain a healthy body weight by increasing metabolism and regulating appetite. It can help reduce joint and back pain. It naturally moisturizes your skin giving you a healthy, glowing appearance. And, it flushes out waste and bacteria that can cause disease.

We not only lose fluid by sweating and going to the bathroom, we also lose water through our skin and when we exhale. If you lose more water than you take in, you can become dehydrated, which can cause muscle cramps, heart palpitations, lightheadedness — especially when standing — and, in extreme cases, coma and death. But even mild dehydration can cause headaches and daytime fatigue. In fact, the feeling of thirst is a sign that you are already behind on your fluid intake.

Everyone’s fluid needs are different. In general, the National Academy of Medicine suggests that men consume about 13 cups of total beverages a day and women about 9 cups a day. If you want to be more precise and calculate your needs based on body weight, Petitpain recommends drinking as many ounces per day as half of your actual body weight. You will need more on hot days, she said, or with excessive sweating or panting. To determine how much extra, weigh yourself before and after the activity. Add 3 cups of fluid for every pound lost through sweating.

Another convenient rule of thumb is you can tell if you are getting enough fluid by watching the color of your urine — it should be pale like lemonade, but if you’re in good health and it gets dark like apple juice, drink more. Remember, thirst is a delayed signal to drink, and we often think we are hungry when actually we need more fluid.

To avoid unnecessary calories — primarily from sugar — from your beverages, stick to water, diet drinks and unsweetened tea and coffee. Nonfat milk and 100% fruit or vegetable juices provide nutrients as well as fluid. Caffeinated drinks, if you normally consume them, can be counted toward your fluid goal but alcohol cannot.

Despite popular opinion, water is the best drink — and even during exercise. Sports drinks, which provide sugar and sodium, are warranted if you sweat excessively or are doing more than 90 minutes of exercise. In those cases, look for a drink that provides 14 to 19 grams of carbohydrate and 110 to 165 milligrams of sodium per cup. Recipes for do-it-yourself recovery drinks are easy to find online.

And while water is the best drink for staying hydrated, it can get boring after a while. You can infuse water with different flavors, which will keep it fun and interesting — and it’s a great activity for kids too. Try making your own “spa water” by combining different fruits and herbs; let them sit and chill for an hour before serving.

In addition to what you drink, 20% of your fluid needs are met by foods, so include lots of high water produce like berries, watermelon, citrus, cantaloupe, apricots, apples, pears, grapes, lettuce, zucchini, radish, celery, cauliflower, eggplant, red cabbage, peppers, spinach, broccoli and other green leafy veggies.

With all these tips and tricks, you’re sure to meet your body’s needs; minimize headaches, fatigue or other symptoms of dehydration; and maximize your sense of health and well-being.

In addition to the physical and health-promoting benefits of proper hydration, the MUSC employee well-being program, Imagine U, has added the “hydration challenge” to incentivize all care team members to stay hydrated and rethink their drinks in the months ahead. Completion of the hydration challenge will earn you 25 points, enabling you to select from a variety of incentives at the end of the quarter.

MUSC Health & Well-Being

By Susan L. Johnson, Ph.D., MUSC Office of Health Promotion

we minimize the impact of the pretreated organ, how we achieve better outcomes, and once the patient is transplanted, how we eliminate the dangerous systemic side effects,” he adds. “That’s the holy grail.”

For Nadig, the gift is very personal. He has dedicated his life to finding a solution to the harmful systemic side effects of immunosuppressant medications. “Not only do I truly believe this gift will change the paradigm of transplant,” Nadig said, “but on a personal level, I know it will change the lives of my patients, and I can’t thank the members of the Allen Family enough.”

“We are very grateful to be where we are now,” he added. “The fact that the Allen family wants to give back is life-changing for so many transplant patients and their families, and we hope more people are inspired to work toward matching their generous gift.”
Dear MUSC Family:

The MUSC Information Solutions team continually seeks to optimize the security of our digital enterprise systems including our employee information records and platforms. In an effort to maintain these high standards, a temporary change has been made to the way you are able to access the MyRecords system. MyRecords is the NetID-protected site where employees can view pay stubs, benefits, leave and a variety of other employment-related modules.

Currently, MyRecords is only accessible while on campus or connected using either VPN or Citrix/Webapps, both of which require 2Factor Authentication.

By mid-July, MyRecords will be set up for off-campus access through 2Factor authentication. This change is being made in order to protect the information of MUSC team members and to prevent unauthorized access.

We appreciate your patience and support of this security enhancement to MyRecords.

Sanjeev Sah
Chief Information Security Officer
Medical University of South Carolina

HOPE

Clinical trials are expensive and time consuming, but without them, treatment would never improve, Lilly says. He is grateful for enthusiastic patients like Drachman who are willing to participate in studies to improve the future of cancer care.

Annette is equally grateful for MUSC and Hollings Cancer Center doctors for their passion to improve cancer treatment and feels fortunate to work for MUSC.

“I think that one of the things that I’m really proud of MUSC for is its willingness to look at new treatments, to look at innovative approaches to patient care,” Annette says. “The study for us was a real opportunity for hope and an opportunity that he wouldn’t have to deal with this again in his lifetime.”

While the reason patients come to Hollings is undesirable, Hollings Cancer Center is a special place to be, Drachman says. The common denominator of cancer brings everyone together.

“It’s just an attitude around here that I really like,” Drachman says. “Everybody’s friendly, and everybody’s compassionate, realizing why people are here and what they’re going through.”

Drachman’s family feels fortunate to have Hollings Cancer Center in their hometown of Charleston and to call MUSC family. During Drachman’s battle, he was touched by the support he received from MUSC doctors and employees, family, friends and his employer, South State Bank.

Reflecting on his time at Hollings, Drachman had one final sentiment for his MUSC and Hollings doctors: “Thank you for caring.”

MUWRC scholarship applications due Aug. 26

The MUWRC Women’s Club is offering its annual scholarships to full-time MUSC students for the 2019–20 academic year. Deadline for submissions is 4 p.m., Aug. 26. For information and applications, visit http://academicdepartments.musc.edu/womensclub/scholarship.htm.

GAME

Continued from Page Six

create startups and license technology.
It advised Borckardt to create Palmetto Innovative Education, LLC, and then licensed the technology to the newly formed company, which now markets the game to individuals and institutions that want to play Sloppy Mountain Medical Center.

“We utilize commercialization as a means to spread the information and the technology,” said Troy Huth, J.D., Ph.D., senior licensing manager.

With educational products such as Sloppy Mountain Medical Center, the goal isn’t necessarily to be a huge moneymaker, he said. The product is often sold to other nonprofits at a break-even price, Huth said. The real goal is to distribute more widely the program to enhance teamwork and ultimately lead to better patient outcomes.

Borckardt said he has more conference presentations ahead where he’ll talk about the objectives and learning outcomes of the game. He’s also already working on a new version of the game that may be less intimidating for non-medical teams: Zombie Rehab Clinic.

MUSC and Medical University Hospital Authority (MUHA) Board of Trustees held a special-called meeting to receive and discuss proposed fiscal year 2020 budget information. Budgets will be voted on at the regularly scheduled August 2019 board of trustees meeting.

“It’s been an incredible year of growth across the MUSC enterprise,” said MUSC President David J. Cole, M.D., FACS. “As we close fiscal year 2019 and move into fiscal year 2020, we remain keenly aware that health care is at a crossroads. Together with our board of trustees, we will continue to lead health care innovation for our state with the understanding that solid fiscal stewardship is the bedrock of how we continue to change what’s possible for our patients, students, faculty, employees, as well as the larger South Carolina community and those in need well beyond our borders.”

One recent example of this fiscal stewardship philosophy is the effort to temper tuition costs for students and families. The MUSC board voted unanimously in April to hold in-state tuition rates for fiscal year 2020 at the same levels as fiscal year 2019. The hold on in-state tuition rates applies to all six MUSC colleges.

“The MUSC Board of Trustees was proud to hold the line on in-state tuition for our six colleges,” said Charles W. Schulze, CPA, chairman of the MUSC board. “This could not have been done without the leadership in the General Assembly and Governor McMaster.”

The MUSC/MUHA Board of Trustees serve as separate bodies to govern the university and hospital, holding two days of committee and board meetings six times a year.

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OFFICE LOCATIONS IN MT. PLEASANT AND WEST ASHLEY
A Picture is Worth a Thousand Words

Artist Barrie Hinson shows the painting that was the model for the new mural in the walkway between the Ashley-Rutledge Parking Garage and Ashley Avenue. It depicts a typical Lowcountry marsh scene. Hinson volunteered to paint the mural to brighten up the walkway. To see a video about the creation of the mural, go to musc.edu/about/news-center.

Photo by Leslie Cantu