MUSC Health leads state in hospital rankings

Rheumatology, ENT and cancer among the best

BY HELEN ADAMS
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For the fifth year in a row, U.S. News & World Report has named MUSC Health the top hospital in the state in its 2019-2020 “Best Hospitals” rankings. There are about 90 hospitals in South Carolina.

And three of MUSC Health’s specialty areas rank among the best in the entire country: rheumatology; ear, nose and throat; and cancer. To put that in perspective, the U.S. News & World Report team looks at more than 4,500 hospitals to come up with its national rankings.

Four other MUSC Health programs are considered “high performing” in the latest U.S. News & World Report rankings: nephrology, neurology and neurosurgery, orthopedics and urology.

RHEUMATOLOGY
The rheumatology program, which deals with musculoskeletal disease and autoimmune conditions such as osteoarthritis, lupus and rheumatoid arthritis, comes in at No. 13 nationally. The ranking is based on its reputation among specialists in the field.

Jim Oates, M.D., directs the Division of Rheumatology and Immunology. “I am extremely proud of the faculty who have made this ranking possible,” he said. “This ranking by U.S. News & World Report reflects a recognition of the patient care, education and research that takes place in the MUSC Division of Rheumatology and Immunology. It’s a reminder of the dedication to excellence exhibited by our faculty and staff.”

EAR, NOSE AND THROAT
The MUSC Health ear, nose and throat program, which is routinely named among the best in the country, ranks No. 23 in the latest U.S. News & World Report list of the best ENT programs. That’s out of about 185 programs that the rankings consider.

Paul Lambert, M.D., chairman of the Department of Otolaryngology-Head and Neck Surgery at the Medical University of South Carolina, leads the ENT program. “We are once again honored to be listed in the top 25 ENT departments in the United States by U.S. News & World Report and the only ENT group in South Carolina to be ranked,” Lambert said.

“This recognition reflects the remarkable expertise of our two dozen clinicians, our advanced technologies, our robust clinical trials program and our ability to quickly translate the most recent research advances to patient care.”

See Rankings on page 3

Countdown to opening: Teams begin mock scenarios, training

BY LESLIE CANTU
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Consider the typical logistical questions that come up when moving into a new house: Where’s the best spot for the coffeepot? Can the furniture be navigated up the stairs? What’s this mystery light switch that doesn’t seem to power anything?

Now multiply those questions by a brand new 11-story, 624,000-square-foot, $390 million hospital. That’s the challenge facing clinical teams as they prepare for the October opening of the MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion.

To ensure they’re ready to handle anything on Day 1, teams from every unit are participating in a series of “Day in the Life” sessions to run through typical scenarios. The exercises are meant to familiarize team members with the building — Where will medications and equipment be stored? What route is best
PEOPLE

Suzanne Craig, D.V.M., professor and chair of the Department of Comparative Medicine, was installed as president of the Southeastern Branch of the American Association of Laboratory Animal Science. She was formally installed to this position at the SEAALAS meeting held on Folly Beach this past March.

Kevin Gray, M.D., professor of medicine in the Department of Psychiatry and Behavioral Sciences, has accepted the position of assistant provost for research advancement within the Provost’s Office at MUSC. Gray assumed this new administrative appointment July 1 and will report directly to Kathleen Brady, M.D., Ph.D., vice president for research at MUSC. He will continue work in the Addiction Sciences Division within Psychiatry and will continue to conduct NIH supported clinical research actively.

Around Campus

Suzanne Craig

Kevin Gray

Doug Norcross

Roger Williams

EVENTS

Lowcountry Jazz Festival

The Lowcountry Jazz Festival returns to the Charleston Gaillard Center, kicking off on Friday, Aug. 30 and throughout Labor Day weekend. Featuring a stellar lineup of superstar artists and up-and-coming instrumentalists and vocalists, the festival is the primary fundraiser for Closing the Gap in Health Care, Inc. Visit https://gaillardcenter.org/event/lowcountry-jazz-festival-day-one-2/?instance_id=997&gclid=EAIaIQobC.

Charleston Water Week

Have fun on the water, in the water and by the water in the Lowcountry for eight days, Sept. 7–15 (various locations). Charleston Water Week has something for everyone. Special offers, rates and hotel packages are available. For information, visit https://www.charlestoncvb.com/water-week/.

Charleston Restaurant Week

Mark your calendars. The next installment of Charleston Restaurant Week is set for Sept. 4–15. The event is an opportunity to enjoy the world-renowned cuisine of the Lowcountry as participating restaurants offer prix fixe lunch and dinner menus, providing restaurant patrons an opportunity to indulge in the same high-quality cuisine for a more affordable price. For a complete list of participating establishments, visit http://www.lowcountryhospitalityassociation.com/restaurant-week/.

MUWC scholarship applications due Aug. 26

The Medical University Women’s Club is offering its annual scholarships to MUSC students from all six colleges for the 2019-20 academic year. The award amount available this year is $15,000. All full-time MUSC students (second year and higher) are eligible to apply.

The deadline for submission is 4 p.m., Monday, Aug. 26. Completed applications should be submitted via email to muwsscholarship@gmail.com.

For information and a link to the online application, please visit musc.edu/womensclub/scholarship.htm.
To the MUSC Family,

The tragic mass shootings in El Paso, Texas, Dayton, Ohio, and Gilroy, California, are weighing heavily on the hearts and minds of communities across this country and on families living beyond our nation’s borders. In this time of grief and loss, we ask each of you to keep those affected by these senseless and cowardly attacks in your thoughts. Please remember, we are here to support you during this difficult time. Don’t hesitate to reach out and use the many resources available to you, including CAPS (Counseling and Psychiatric Services); Campus and Public Safety; Office of Gender and Equity; Department of Diversity, Equity and Inclusion; BSIT (Behavioral Support Intervention Team); Human Resources University; MUSC Health Employee Relations; and Student Affairs in our respective colleges.

In this moment, as we and our communities struggle to make sense of such unthinkable acts of violence that are rooted in hate, we want to remind the MUSC family that we are committed more than ever to living our values, which include compassion, respect and integrity. In adherence to our values and the concept of decency, we remain committed to supporting the MUSC community as an environment where everyone feels safe, included and valued.

Finally, in these moments that challenge the fabric of our nation, it is important to remind ourselves of MUSC’s pursuit of a brighter future through healing, compassion and care for those we serve. We stand firmly against intolerance and hatred in any and all forms.

Thank you for being a part of the MUSC community. Our unity and strength are what enable us to move forward and change what’s possible for the individuals and families whose lives we touch.

Yours in service,

David J. Cole, M.D., FACS
MUSC President

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**RANKINGS Continued from Page One**

**CANCER**

MUSC Hollings Cancer Center, a National Cancer Institute-designated cancer center, is once again included in the rankings, coming in at No. 32. To come up with the list, U.S. News looked at almost 900 hospitals that take care of cancer patients.

David Mahvi, M.D., serves as chief of the Oncology Integrated Center of Clinical Excellence at Hollings. “We were excited to see that U.S. News & World Report has recognized the excellence in our cancer program at MUSC. We do not manage or focus on specific rankings, but we’re always excited when others recognize the excellence I see every day,” Mahvi said.

“This is an award for all of us who touch the lives of patients with cancer, and I hope we will all find a minute to celebrate this recognition.”

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- Email: electionworkers@charlestoncounty.org

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Rheumatologist Dr. Diane Kamen checks patient Latanya Holmes’ hands.

Photo by Sarah Pack

Dr. Paul Lambert leads the ENT team.

Photo by Brennan Wesley
Afraid of public places and crowds in the aftermath of mass shootings? In most cases, they’re probably safer than you think.

If you’re considering staying home because you’re afraid there will be a mass shooting at your local store, church, school, bar, concert or any of the other places that have seen mass violence, psychologist Connie Best, Ph.D., has some information she’d like for you to consider.

“In terms of the data, you’re much more likely to die of natural causes than you are murder. And of all the murders in our country, only about 1% are in a mass violence-type incident. That does not lessen the impact for people who are involved in one, but you do need to keep things in perspective.”

Best directs the Preparedness, Response and Recovery Division of the National Mass Violence and Victimization Resource Center. It’s based at MUSC where Best is also a professor in the Department of Psychiatry and Behavioral Sciences and treats patients at MUSC Health.

So Best knows all too well how violence can affect mental health. Last weekend’s double whammy – 22 killed at an El Paso, Texas, shopping center and nine killed in a nightlife district in Dayton, Ohio – horrified people across the country. And it came on the heels of a mass shooting at your local store, church, school, bar, concert or any of the other places that have seen mass violence.

“When you see the coverage of it, especially right after it happens, it’s very emotional. It’s very distressing. And people go, ‘That’s it. I’m not going to Walmart. I’m not going to a country music concert.’ You just have to give yourself a few days to say, ‘Look - I’m pretty upset right now,’” Best said.

“I think people should always keep their guard up a little bit, but you have to put it in perspective, too. It’s normal for any compassionate person to feel distressed. But don’t jump to making huge changes in your life. Give yourself time to say, ‘What is the likelihood of my being part of a mass shooting? It’s pretty small. Am I going to pay a big price by not doing these things that bring me joy, which I need to do as part of my daily life? To go to the store to get school supplies for my kids?’”

She recommends that people who are anxious or depressed because of the mass shootings do things that help relieve stress, whether it’s a walk, a bike ride or a trip to the beach. “If you find yourself feeling overly sad or irritable, realize that it may be related to these kinds of things. Do something that you find joyful and meaningful. And if it stirs in you a desire to join a particular movement to make sure that you can make an impact in this world, by all means, do that.”

For people feeling fatigued by all of the TV coverage of mass violence, Best said it’s a good idea to tune out the news sometimes. “I think sometimes people have to say, ‘I can do this a little bit, but I can’t sit there and watch it nonstop.’ If people are feeling like that, it’s wise to say take a break and go for a walk to process it."

People with extreme anxiety may need to avoid the coverage entirely. But that’s not the case for most people, Best said. “I think it’s foolhardy to say, ‘I’m not going to watch the news anymore because I don’t want to watch any of this.’ I think everybody needs to understand what’s going on in our country, what the issues are and the amount of hate that is out there that prompts these crimes. And I think people need to be educated about the prevalence of it, the parameters of it, so they should not bury their heads in the sand.”

Very old and very young people should not be exposed to constant news coverage, you can help them. Say to them, ‘This is horrible, this is wrong. We don’t need to be afraid. We can still go to Walmart together and buy your books and pencils for school next week.’”

Best said the problem of mass shootings doesn’t appear to be going away anytime soon, so we all need to find ways to cope with it. The National Mass Violence and Victimization Resource Center is part of that effort, offering online and in-person help for victims, mental health experts, government leaders and others affected by episodes of mass violence.

The importance of that was clear again this weekend. Best said her team has given Texas officials materials in Spanish to help in the aftermath of the El Paso murders and has helped in many other cases.

“We’re kind of the group that would love to go out of business and not be needed. I don’t see that happening. The data suggests that it’s increasing and not decreasing. So that’s particularly difficult to think about, but it just makes our resolve get stronger here, I think. It does for me.”
Lisa K. Saladin, PT, Ph.D.
Executive Vice President for Academic Affairs & Provost requests the honor of your presence at Faculty Convocation and the 3rd annual James W. Colbert lecture series to celebrate the new academic year and honor faculty award recipients Tuesday, the twentieth of August half past 4 o’clock Drug Discovery Building Room 110 Reception to follow in Drug Discovery Building Lobby

Dream Disparities Research and Methods Seminar Series Presents Wake-Up Wednesday
AUGUST 28, 2019, 10:00 AM
Hollings Cancer Center: Room 120 “Targeting M2-Tumor Associated Macrophages (M2-TAMs) to overcome tumor immunity in mCRPC”

Jelani C. Zarif Ph.D.
Assistant Professor of Oncology (Prostate Cancer Program)
Johns Hopkins University School of Medicine’s Sidney Kimmel Comprehensive Cancer Center

Join us early for coffee and bagels

Meet Charlie
Charlie Barrett

Department and How long at MUSC
Supply Chain Management, Logistics Services; 9 years

How are you changing what’s possible at MUSC
Improving and expanding our lab courier outreach to more and more locations in the Charleston metro area

Family, pets and their names
Wife, Rosemary; and sons, Michael and Hayden; pets, Pete, a 7-year old Jack Russell Terrier; Kobe, a 12-year old Bichon mix and Sam, a 35-year old red bellowed African parrot

Who in history would you like to meet
Gen. Dwight D. Eisenhower because of his accomplishments as supreme commander of the Allied Forces during WWII. Most of his fiercest battles were with the French and English.

Favorite football team
Clemson Tigers

Favorite quote
“Trust, but verify.” — Ronald Reagan
With no signs on the walls indicating the floor, the unit or where the elevators and stairs are, even clinical transition manager Regina Fraiya, right, and children’s hospital and women’s pavilion administrator Amy Hauser sometimes need maps to get around.

**TRAINING**

Continued from Page One

to get a patient to the MRI? — and to uncover issues that might have been missed.

“This is your chance to try that out a little bit and document it. Figure out what works well and figure out what maybe worked really well on paper but just doesn’t quite work as well as somebody thought it would,” Mark Scheurer, M.D., chief of the Children’s and Women’s Integrated Center of Clinical Excellence, told a group of about 250 doctors, nurses and members of the patient care team gathered for the first Day in the Life.

The participants are designated “superusers,” said Regina Fraiya, R.N., clinical transition manager. They’re charged with returning to their units and sharing what they’ve learned. Unit managers will also schedule shifts at the new hospital to ensure there’s always a superuser on hand.

A Day in the Life, Fraiya told the group, was a chance to shine for anyone who’d ever wanted to be an actor. The building is still a construction zone — so the group wasn’t allowed above the fifth floor — and none of the technology was in place yet. Instead, the unit teams played out carefully constructed scenarios that mimicked situations they routinely face.

One team walked through the motions of admitting a burn patient. Team members needed to figure out where supplies were stored, call respiratory therapy, draw blood and figure out where to send it, take the patient to the hydrotherapy room and then call child life.

And after all that, the patient locked himself in the bathroom.

Another team’s scenario involved assessing a bariatric patient’s room. At first, it seemed like the extendable arm that holds a computer was blocking the bathroom door from opening all the way; then they realized the arm was simply stiff because it was new. However, they did think the placement of the toilet paper roll would be in the way for bariatric patients.

In the women’s pavilion, team members pressed the nurse call button and then had to track down where it was sounding. In the Emergency Department, members noted that detachable monitors that travel with patients to their floors are great, but there must be a mechanism by which to get the monitors back to the ED.

“Everyone seems to be having a lot of fun. They’ve uncovered some issues that we need to solve, but there’s a lot of engagement, and people really seem to enjoy their new homes,” Scheurer said.

The superusers will return for another Day in the Life in August and a final one in September. Each new session will add more elements. The technology will be in place and there will be more beds and equipment. Members of the Patients and Family Advisory Council will also participate.

Fraiya thanked the group in a post-session meeting for everyone’s thorough work.

“You are part of history and making life for all of us and the patients we serve so much better when we move into that wonderful building,” she said.

Scheurer was energized by the day.

“For me, it’s been really exciting,” he said. “Before today, this first Day in the Life has always been just a mark on the calendar. Today is the first time we’ve had large groups of our care teams in the building at the same time, and it makes it feel more like a home. A hospital home.”
The President’s Values in Action Award

Honoring five employees each year who help fulfill MUSC’s vision statement, Leading Health Innovation for the Lives We Touch, by demonstrating the five MUSC values:

- Compassion
- Respect
- Innovation
- Collaboration
- Integrity

Visit horseshoe.musc.edu/everyone/values-in-action to learn more.

Live stream campus watch parties set for Aug. 9 new hospital dedication

The MUSC family is invited to attend one of the several watch parties (live stream) around campus from 10 to 11 a.m., Friday, Aug. 9, celebrating the MUSC Shawn Jenkins Children’s Hospital and Pearl Tourville Women’s Pavilion dedication ceremony. Drop by any of the following locations on MUSC’s downtown campus and enjoy light refreshments.

Locations:
- Basic Science Building, Room 202
- Bioengineering Building, Room 112
- Children’s Hospital, Room 7033
- Clinical Science Building, Room 628
- Strom Thurmond/Gazes, Room 125
- Storm Eye Auditorium, Room 809
- Hollings Auditorium, Room 120
- IOP Auditorium
- University Hospital, Room 295

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Shadowing the surgeon who saved his father

He first met the neurosurgeon on the worst day of his life — three years later, it’s his best day ever

BY HELEN ADAMS
adamshel@musc.edu

There it is, in filmy black and white. The hemorrhage that almost killed his father three years ago.

Sixteen-year-old Brook Brumfield II is sitting in an operating suite at MUSC Health with Alejandro Spiotta, M.D., the neurosurgeon who saved his father’s life. Spiotta is showing him a 3-year-old image of his dad’s brain.

“So this is the hemorrhage here on the right side,” Spiotta explains, pointing to a large white area on the brain scan. “You can see the pressure, the fluid-filled spaces right here? And things should look symmetrical.”

Brook, a junior at Trinity–Byrnes Collegiate School near Florence, South Carolina, is fascinated. This is what he’s been waiting to turn 16 for — the chance to learn from Spiotta. Inspired by what he saw Spiotta and his team do, Brook wants to become a doctor. The neurosurgeon had always been up for letting Brook shadow him, but asked him to wait until he was 16.

So this is the day. Brook, his mother and his grandmother have driven about two hours from their home in Timmonsville to get here. Spiotta gives Brook a white doctor’s coat to try on so his mom can snap a photo. “Aw, that looks awesome,” Denise Brumfield says.

This visit is nothing like the day she, Brook and his dad first arrived at MUSC Health. There were no smiles then.

Denise and Brook Sr. were watching their son play soccer in Hardeeville when she realized something was wrong with her husband. “He was sitting on the bleachers next to me, and he scooted over to me and started talking to me, and he was slurring his speech. I said, ‘You’re having a stroke.’”

Denise, a physical therapist who has worked with stroke patients, insisted that he be flown to the Comprehensive Stroke Center at MUSC Health. That’s where she and her son met Spiotta.

Brook, 13 at the time, was terrified. “The worst fear at that point for me was not knowing what was going to happen. That freaked me out.”

Talking with Spiotta helped change that. “He talked really confidently. The first time I met him I liked him,” Brook remembers. “Mostly, I was asking questions about what was going to happen. That’s what sparked my interest. When I asked questions, they had answers and solutions. They had multiple solutions, which I thought was cool. They didn’t just say, ‘This is what we’re going to do.’ They said, ‘We have several possible solutions.’”

Spiotta says the family opted for a clinical trial to treat the intracranial hemorrhage, which means bleeding inside the skull. “He was fortunate. At the time he came in, we were one of about 20 sites in the world that were trained and capable of doing a new minimally invasive procedure that’s part of a trial called the Mistie III.”

The surgeon made a small opening in Brook Sr.’s skull and placed a catheter into the area of the hemorrhage. Then he used the drug tPA, tissue plasminogen activator, to dissolve the blood clot, letting it drain over the next few days.

“He ended up having a really remarkable recovery,” Spiotta says.

A year later, Brook Sr. underwent treatment for an unrelated intracranial aneurysm. It wasn’t the cause of the hemorrhage and was on the other side of the brain, but he and his wife were not willing to take any chances. That procedure was uneventful, and at his one-year follow-up appointment, the aneurysm was gone.

Today, Brook Sr. is almost completely back to normal, able to work, enjoy his family and go hunting with his son. Brook calls Spiotta a role model. “I
Research advances to target debilitating effects of cancer wasting syndrome

Staff Report

A study published in Cell Reports Aug. 6 describes the generation of a new mouse model developed at Hollings Cancer Center that could lead to a better understanding of the cachexia syndrome. This wasting condition, characterized by excessive weight loss, has one of the highest incidences in pancreatic cancer patients.

Denis Guttridge, Ph.D., Hollings Cancer Center associate director of Translational Sciences and principal investigator of the study, says the study found that the newly genetically engineered mouse model, called KPP, better mimics the human phenotype of cancer cachexia.

“We believe that the KPP mouse model better captures what patients go through when afflicted with pancreatic cancer and suffer from cachexia,” he says. “Approximately 70% of patients diagnosed with pancreatic cancer lose significant weight.”

Cachexia depletes patients’ quality of life by causing the loss of skeletal muscle, the most abundant tissue in humans. It affects cancer treatment by decreasing treatment tolerance and making patients weak and more resistant to treatment, Guttridge says. Actor Patrick Swayze, who died of pancreatic cancer in 2009, suffered from cachexia.

“I got the chance to speak with Patrick Swayze’s wife, and she shared with me how much of a fitness nut her husband was. She remembered that he would go in for his checkup and was always more concerned about why he was losing so much weight rather than the progression of his cancer, because maintaining a quality of life and his fitness was so important to him,” Guttridge says.

See CANCER on page 10
The ‘ABZs’ for a healthy school year and beyond

Whether you’re sending little ones off to school, starting classes yourself or just dealing with the increased traffic, there is no doubt that school is in. Staying healthy during the adjustment to school is as easy as “ABZ.”

MUSC’s enterprisewide employee well-being program, Imagine U, makes it easier than ever to stay on track with your health and wellness goals during the busy back-to-school season, with more than 100 mobile-accessible well-being challenges for you to engage with on the go, at work or anywhere in between. Simply visit www.musc.edu/iu to get started.

“A” = Advance Planning
Just like planning for meetings or school pickup, scheduling healthy habits keeps them at the top of the to-do list. Set aside time to pack lunch each night, either as part of dinner cleanup (dinner leftovers make great lunches) or each morning while drinking coffee or even all at once on a Sunday evening. Plan to spend one hour a week grocery shopping plus an hour washing, chopping and prepping items once you bring them home. Don’t forget to carve out 30 minutes a day for a cardio workout or meditation and some screen-free downtime before lights out.

“B” = Breakfast
It is the most important meal of the day because the benefits are numerous. Adults who eat breakfast have improved concentration, a greater feeling of fullness, less crankiness, decreased rates of carb cravings and better blood sugar control. And dieters who eat breakfast are more likely to lose weight and inches. Breakfast should contain protein and fiber such as a low-sugar cereal with low-fat milk or natural peanut butter on a whole grain waffle. Other protein sources include eggs, yogurt and cottage cheese, but don’t be afraid to try shrimp, salmon or even leftover chicken from dinner. Then pair any of them with a piece of fruit or vegetables like sauteed spinach, onions or mushrooms to your omelet, for example. Watch out for white flour, high-sugar combos like pancakes with syrup or pop tarts, which can lead to a midmorning energy crash.

“Z” = Get enough z’s
As the sun sets sooner, bedtimes need to shift earlier as well to ensure everyone is getting enough sleep. Recommendations suggest seven to nine hours per night for adults and 10 to 11 hours per night for school-aged children. With today’s fast-paced, overcommitted schedules, sleep is often considered a luxury and is the first healthy behavior to be cut short. However, sleep is when the brain processes and stores new information and forms memories. Sleep deprivation makes it more difficult to retrieve that information, affects your ability to make good decisions and your physical performance and, of course, negatively affects mood. Lack of sleep has also been associated with weight trouble and increased feelings of stress.

To create healthy sleep habits, go to bed at the same time every day, even on the weekends; have a predictable bedtime routine – bath, stories, lights out; and create a comfortable sleeping environment that is cool, dark and free of electronics. Daytime habits that promote good sleep include getting in daily physical activity and limiting caffeine.

Sliding back into the swing of things with the start of school can take some tweaking and planning. By eating and sleeping well, the health benefits will pay off all year long.

“CANCER” Continued from Page Nine

“Although we understand that cachexia is a consequence of cancer, for such cancers like pancreatic, an effective treatment does not yet exist. So trying to combat cachexia to provide the patient a better quality of life is a big deal.”

Guttridge, a specialist in cachexia, estimates that nearly one-third of all cancer deaths can be attributed to this wasting syndrome, which is devastating for not only the patient but their families as well.

It occurs in many cancers, usually at the advanced stages of disease, and is most commonly seen in a subset of cancers, led by pancreatic, but also present in lung, esophageal and colon cancers.

This study, funded by the National Institutes of Health, is novel because the KPP model overcomes certain limitations present in current animal models, such as the high tumor burden, which is not a common feature of patients.

One nuance of the new model is that it is inducible, thus allowing researchers to control when pancreatic cancer can be triggered through the expression of mutant cancer genes.

“When we turn on these cancer genes, tumors take two months to develop rather than two weeks, as seen in the current models. So we have that extra opportunity to look at events that are happening sequentially,” Guttridge says.

Features in KPP mice showed a better reflection of cachexia symptoms typically seen in humans, than did traditional models, he says. This was evident when researchers compared the gene expression pattern of muscles from pancreatic cancer patients with cachexia to KPP models versus the traditional models.

“The match was much more similar with our new model,” Guttridge says.

“That’s another level of confidence we can have in trying to recapitulate a model that mimics the human condition.”

Guttridge emphasizes that this is only the first generation of the model, recognizing the need to adjust for particular outcomes such as a level of inflammation that surpasses what they detect in patients.

However, Guttridge is confident that their KPP model will have a positive impact on the future of cachexia research.

“We’re hoping that we will be able to identify new mechanisms that drive cancer.”

See CANCER on page 11
August “Health Focus” schedule on SC Public Radio
Visit www.southcarolinapublicradio.org/programs/health-focus

Aug. 12 — Segment #1
Topic: Finding New Treatments for Sickle Cell Disease
Guest: Dr. Patrick Woster
Researcher Dr. Patrick Woster talks about sickle cell disease and efforts in South Carolina to find improved treatments for patients. Dr. Woster is the SmartState Endowed Chair in Drug Discovery and chair of the Department of Drug Discovery and Biomedical Sciences at MUSC.

Aug. 12 — Segment #2
Topic: Type 1 Diabetes in Children
Guest: Dr. Deborah Ann Bowby
Pediatric endocrinologist Dr. Deborah Ann Bowby will talk about Type 1 diabetes in children. Dr. Bowby is an associate professor of pediatrics and director of the Division of Pediatric Endocrinology at MUSC Children’s Health.

Aug. 19— Segment #1
Topic: Managing Chronic Pain
Guest: Dr. Kelly Barth
Dr. Kelly Barth will discuss a comprehensive approach to managing chronic pain. Dr. Barth is an associate professor in the Department of Psychiatry and Behavioral Sciences and is medical director of MUSC’s Chronic Pain Rehabilitation Program.

Aug. 19 — Segment #2
Topic: Eating Disorders: Family Based Treatment

Aug. 26 — Segment #1
Topic: Scleroderma
Dr. Richard Silver
Rheumatologist Dr. Richard Silver will discuss ongoing research on scleroderma related to improving treatments for this disorder. Dr. Silver is a professor in the Department of Medicine and MUSC Children’s Health Department of Pediatrics.

Aug. 26 — Segment #2
Topic: Health Evaluation for International Adoption
Guest: Dr. Andrea Summer
Pediatrician Dr. Andrea Summer will share the importance of comprehensive health evaluations (and vaccinations) for children adopted internationally. Dr. Summer is a professor at MUSC Children’s Health Department of Pediatrics and co-director of the International Adoption Clinic at MUSC.

CANCER
Continued from Page Ten

muscle wasting and weight loss in cancer patients,” he says. “And because of the timescale of the model, we believe the model will be useful for performing preclinical studies that possibly lead to identifying new drugs that can be translated to the clinic.”

While the study was a team effort, Guttridge credits first author Erin Talbert, Ph.D., a postdoctoral fellow in his lab, for leading the project and creating the KPP model. The project also features Hollings collaborators, including Hollings Cancer Center Director Gustavo Leone, Ph.D.; Maria Cuitiño, D.V.M., Ph.D.; Michael Ostrowski, Ph.D.; Cynthia Timmers, Ph.D.; and other collaborators from The Ohio State University Comprehensive Cancer Center.

“We’re satisfied that we’ve contributed to the field, and we’re eager to see our colleagues use the model and give us feedback,” Guttridge says. “This is a shared resource for the entire scientific community.”

Guttridge is optimistic that the new model will lead to novel discoveries among researchers, including those at Hollings Cancer Center.

“We’re hoping that the KPP mouse will give us new insights into what’s driving cachexia because the more we know about what’s driving this syndrome, the more we’re going to be able to identify viable therapeutic targets,” he says.
MENTOR

watched Dr. Spiotta help a lot of people, and I watched him help my dad. And I just thought it was really cool.”

So three years later, Brook is spending the day with the neurosurgery team. Spiotta says it’s the first time he’s had a patient’s relative shadow him.

“It’s neat for me. Now he’s older and thinking about careers. He’s thinking about medicine and considering neurosurgery. I’m just thrilled he can shadow us and learn what we do and decide on his career path – because he had an unusual experience with his dad having gone through that.”

Spiotta can relate. “I had a grandfather, when I was about his age, who had a heart transplant in New York City. That was my inspiration for going into medicine. Those experiences make a big impact on you.”

Brook’s mom and grandmother leave him with Spiotta for the day. Later, Brook describes what he learned. “I saw several procedures. Several where Dr. Spiotta went up and put coils in aneurysms and fixed them. We had lunch around 11, and then around 1 or 2, I went to the OR to see a procedure where a resident drilled a hole into the person’s head to relieve a stroke victim’s pressure on the brain. I saw several other procedures where they put the wire up the wrist and went up to fix aneurysms and check to make sure there were no more.”

And yes, it took a little getting used to. “At first, I’m not gonna lie, it made me a little queasy. But after I started to watch, it became interesting to see what they were doing.”

Brook also realized how much pressure the neurosurgery team is under. “Doctors are trying their best; they’re helping people as they can. Sometimes it’s a hard situation. It kind of opened my eyes to the other side of it. Doctors are put under a lot of heat. They’re put on the spot a lot of times.”

However, none of that discouraged the straight-A student. He hopes to one day become the kind of surgeon who can save someone else’s dad. “If anything, it made me want to do it more.”

Since recovering from his stroke, Brook’s father is able to get back to an annual tradition — a hunting trip to Colorado.

Photo provided