



*Photo by Sarah Pack*

**Kidney donor Zack Yasin shakes hands with recipient Thomas Banks as they meet for the first time. Yasin's girlfriend, Taylor Brantmeier, watches the moment.**

## Lunch break and stoplight lead to life-changing choice for police officer, father

BY HELEN ADAMS

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If the traffic light hadn't turned red when it did, a Greenville father known as a "gentle giant" wouldn't be recovering from life-saving surgery. A Clemson police officer and Army veteran who loves helping people might never have taken on the new title of good Samaritan. And their joyous meeting at MUSC Health in Charleston wouldn't have taken place.

But fortunately, that light did turn red. And when that happened, a young woman on her lunch break was right behind a pickup truck with a big magnet on the tailgate.

It showed two adorable children with their bearded,

smiling father, Thomas Banks, and the words, "Our daddy needs a kidney transplant!" It included a phone number and web address.

"Something told me to take a picture of it. It was the least I could do," Taylor Brantmeier said. "I posted it on Facebook and Twitter."

She also shared it with her boyfriend, 24-year-old Clemson police officer Zack Yasin. Like Brantmeier, he was moved by the children's plea. "I went on Facebook and shared it, too," he said.

But Brantmeier was shocked by — and proud of — what Yasin did next.

"Within 15 minutes, I was like, 'I'm healthy. I can do it. And I'll recover well,'" Yasin said. He wanted

See **TRANSPLANT** on page 10

## Remote monitoring program brings peace of mind to COVID patients at home

BY LESLIE CANTU

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A remote patient monitoring system for people with COVID-19 has worked so well that the telehealth team at MUSC Health is already thinking about ways to expand the system to cover other conditions.

"We can basically add a thousand observational beds without laying a brick," said David Wheeler, telehealth patient and provider experience coordinator at the MUSC Center for Telehealth.

Most importantly, the remote patient monitoring system brings a top-notch health care team straight into the patient's home, regardless of where in the state the patient lives. That lifeline to medical professionals has so far provided peace of mind to 945 people battling an unpredictable illness that has killed more than 3,400 South Carolinians. Wheeler, who's been conducting informational interviews with patients to find out what worked well and what didn't, said their appreciation shines through in their comments to him.

"I was all alone, and then I had people looking out for me. I do not know what I would've done without them," one patient told Wheeler.

When the COVID-19 pandemic arrived in South Carolina in March, MUSC Health leaders sprang into action to provide screening through the existing virtual urgent care platform, followed by testing at an off-site location so that people possibly infected with the coronavirus wouldn't bring it into clinics or the Emergency Department where they could infect staff or other patients.

But with a disease that was confounding doctors

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Joint Base Program

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with how quickly things could go downhill, they knew they needed a way to keep track of people who were ill but not sick enough to be admitted to the hospital. Together, Family Medicine, Primary Care, the Biomedical Informatics Center and the Center for Telehealth developed a plan for remote monitoring, said Cheryl Hamill, R.N., telehealth remote patient monitoring coordinator.

The program begins when people get tested for COVID-19 through MUSC Health.

“We review every new positive that MUSC tests, anywhere in the state, determine their eligibility and then offer them, if appropriate, monitoring,” Hamill said. The monitoring is available regardless of whether the patient usually sees MUSC Health doctors.

Patients who agree to participate in the home monitoring program respond to a daily COVID symptom survey that asks questions about things like how easily they feel out of breath and allows them to report vital signs like temperature and oxygen levels. Depending on their answers, nurses determine what next steps to take, including calling the patient or notifying the patient’s primary provider. When necessary, the nurse recommends the patient contact their primary provider or directs the patient about how to safely transfer to the closest emergency room.

Wheeler and Hamill said the contact with nurses helped reassure patients and prevent unnecessary trips to emergency rooms.

“Every patient I’ve talked to, in 101

interviews, said they would have gone to the emergency department at least one time. In several cases they said two or three times,” Wheeler said.

On the other hand, nurses have been able to persuade people to go to emergency rooms when medically necessary.

Just recently, one patient was especially nervous about going. But over the course of two phone calls, the nurses persuaded her that it was necessary. After receiving treatment and rehydration, she returned home feeling better and grateful for the encouragement to seek care, Hamill said.

The Telehealth Center has a handful of other remote monitoring programs in place, but those are all based on apps geared to a single condition, like diabetes. This time, they decided to conduct the monitoring through Epic MyChart, a web- or app-based portal that gives patients, or a proxy, access to all of their MUSC Health test results, appointment schedules and after-visit summaries as well as the ability to message their care providers.

“We’re big champions of Epic MyChart because after the COVID experience, then they have all this opportunity to stay connected to their care system that they did not have before. So many times, patients are so frustrated because they think the only way to connect is getting on the phone and sitting there waiting for someone to help them,” Hamill said.

Age has not been a barrier to successful use of MyChart.

Hamill said the telehealth nurses help patients or their proxies over the phone

*See MONITORING on page 11*

# Inclusion to Innovation Summit focuses on reconciliation, resiliency

By LESLIE CANTU  
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The fourth annual Inclusion to Innovation Summit will be a little different this year, thanks to COVID-19, but organizers say the summit is more important than ever.

“We feel like this year, more than ever – when we’re facing COVID, we’re facing this national unrest – we think about how we leverage the work in an organization. It’s even more important to give folks who are responsible for leading these efforts a space where they can come together and just talk about the work,” said Willette Burnham-Williams, Ph.D., MUSC chief equity officer, who is chairing the summit planning committee along with Anton Gunn, chief diversity officer for MUSC Charleston and executive director of community health innovation.

The summit provides a space for people leading or allied with diversity efforts in their workplaces to come together and discuss their shared goals and challenges. Burnham-Williams said such meetings are great places for enthusiastic and energetic conversations because the participants don’t have to start from the beginning and explain the “why” of their work – why having a doctor or teacher of the

same race can mean better outcomes, why it’s important to ensure minorities are included in clinical trials or why Blacks may be mistrustful of the medical establishment.

The theme of this year’s completely virtual event is “Reconciliation, Resiliency and the Path Forward.” It will feature three keynote speakers and five breakout workshops, including a morning keynote address by the Rev. Nontombi Naomi Tutu, associate rector at All Saints Episcopal Church in Beverly Hills, California. She is the daughter of the Archbishop Desmond Tutu, who was awarded the Nobel Peace Prize in 1984 for his work against apartheid in South Africa.

Tutu said she will speak to the group about the strength of diversity and inclusion.

“The main message is that our strength, our future, our hope lies in being able to be as inclusive as possible at all layers of society,” she said. “Inclusion and diversity is a way that allows us not simply to survive but to thrive as a community, whether the community we’re talking about is a university, a city, the whole country or the whole world, it is clear that diversity is a source of life.”

Particularly this year, the U.S. seems to be at a crossroads.

“We are in a place where there is a

*See SUMMIT on page 11*

## MUSC CATALYST news

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# Free CARES Medical Clinic continues to grow

By ALLISON LEGGETT

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In the midst of a pandemic, MUSC's free CARES Medical Clinic is working harder than ever. The student-run clinic provides care to the underserved populations across the Lowcountry through its regular clinic and outreach efforts.

Anita Ramsetty, M.D., medical director and faculty advisor for CARES, reflected on all that they've accomplished in recent months. "The year brought many challenges and our 'little clinic that could' rose to meet them. CARES not only continued but expanded its reach to our underserved communities," Ramsetty said.

On a recent Saturday, the team joined with partners from the Berkeley County School District and Lowcountry Food Bank to continue its program serving the residents of the St. Stephen area with drive-through food distribution, information sharing and check-ins. While the main focus is food distribution, the team also uses these events to share important health-related information, such as COVID-19 updates, and provide information to those who may need referrals for other issues. Thanks to funding support from Google, the team served 253 families in one day, almost 50% of whom were new to the event.

The following Saturday, CARES hosed a pediatric immunization clinic in North Charleston in partnership with Charleston County School District nurses, staff and community volunteers. This was the largest vaccination clinic CARES has conducted this year. Over the course of the day, 139 uninsured or underinsured children were vaccinated, and an estimated 470 vaccines were administered.

Raymond N. DuBois, M.D., Ph.D., dean of the College of Medicine, was on hand to help to get the day started. "The impact these efforts have in our community really cannot be overstated.

*"These volunteers are making a real difference in the lives of so many underserved individuals and families in our area."*

**Ray DuBois, M.D., Ph.D.**

These volunteers are making a real difference in the lives of so many underserved individuals and families in our area."

Three nights a week, the regularly scheduled East Cooper-based CARES Medical Clinic continues in full swing, serving uninsured patients from across the Tri-county area. Student volunteers run the clinic and see patients with supervision from volunteer physicians. With COVID-19 safety protocols in place, CARES now conducts visits with patients both in person and by MUSC Health's telehealth platform, in addition to its community events.

The clinic sees many patients for whom English is not their native language and is constantly adjusting to provide the needs of its diverse population most effectively. Spanish Specialty Night was organized to provide more personalized service for the Spanish-speaking patient population and is now held monthly. On these evenings, the office staff, students and licensed medical provider are all native speakers, fluent in Spanish, or have extensive training in the language.

There are also specialty clinics with providers specific to disciplines such as OB-GYN, orthopedics, cardiology, dermatology, ophthalmology and other areas. A new pediatric clinic will be starting in October 2020.

While providing much-needed free care to underserved populations, the CARES Medical Clinic also provides interprofessional students



*Photos Provided*

**Medical students Josh Van Swol, Jeremy Moore, Kyla Scott, Leah Cobb and Kacey Idouchi move boxes of supplies for people in Berkeley County.**



**Medicine dean Dr. Raymond DuBois with Preston Walker, a medical student who also directs operations at the CARES Medical Clinic.**

with educational experiences and the opportunity to be involved in the community on a different level. Students experience firsthand how social determinants of health can and do affect their patients, which is something critical to understand but not as easily conveyed in the classroom.

Preston Walker, director of operations for the CARES Medical Clinic, grew up in the area and welcomes the opportunity to give back, in spite of an already busy schedule as a second-year medical student. "CARES has given

me the chance to help people in the community I grew up in, and that is a wonderful thing."

Founded in 2005, CARES is organized as a nonprofit organization and is run by a volunteer board that includes students and Ramsetty.

Reflecting on all of it, Ramsetty, an associate professor in the MUSC Department of Family Medicine, said, "I am honored to be part of such a dedicated team of students and community partners who continue to give so much every day."

# Team science advances breast cancer research at MUSC

By MEGHAN GRANDAL

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October is breast cancer awareness month – a time to honor those who have battled breast cancer, encourage loved ones to take preventive measures and bring light to advancements in breast cancer research. Breast cancer is currently the most diagnosed cancer and the second leading cause of cancer-related deaths in women in the United States and South Carolina, causing 40,000 deaths annually nationwide. MUSC Hollings Cancer Center researchers are working together to reduce these numbers through the improvement of breast cancer prevention measures, diagnostic tools and treatment options for patients.

## BREAST CANCER TCT

Hollings Cancer Center believes collaboration between research scientists and physicians is critical for medical advancement. Collaboration is supported through the transdisciplinary cancer teams (TCT), where researchers and physicians unite with a unified goal of bringing cancer therapies from bench to bedside.

The breast cancer TCT is led by Hollings researchers Nancy Klauber-DeMore, M.D., and Mike Ostrowski, Ph.D. “We are a team of approximately 20 researchers that meet monthly to discuss current projects and to stimulate collaboration through open discussion about ongoing research and clinical trials,” said Klauber-DeMore, a breast surgical oncologist at MUSC Health and the BMW Endowed Chair in Cancer Research.

Mike Ostrowski, TCT co-leader and the WH Folk Endowed Chair, said anyone at MUSC that is involved in breast cancer research is invited to participate in the team’s monthly meetings. “The purpose of these teams is to get clinicians speaking with basic scientists with the hope that we can move basic science discoveries more quickly toward clinical applications.”

Hollings’ TCTs also serve to inform members of available resources at MUSC, such as the Translational Science Lab, which provides shared

space, equipment and trained personnel to assist in clinical research projects. It also provides support to researchers through grant opportunities, like the Team Science Award, which encourages multi-investigator, interinstitutional collaborations, and the Idea Award, aimed at early-phase, high-risk projects.

Ostrowski pointed out that collaboration is key when it comes to the large interdisciplinary undertaking of breast cancer research. Hollings investigators have joined forces to approach the complex and devastating disease from multiple angles.

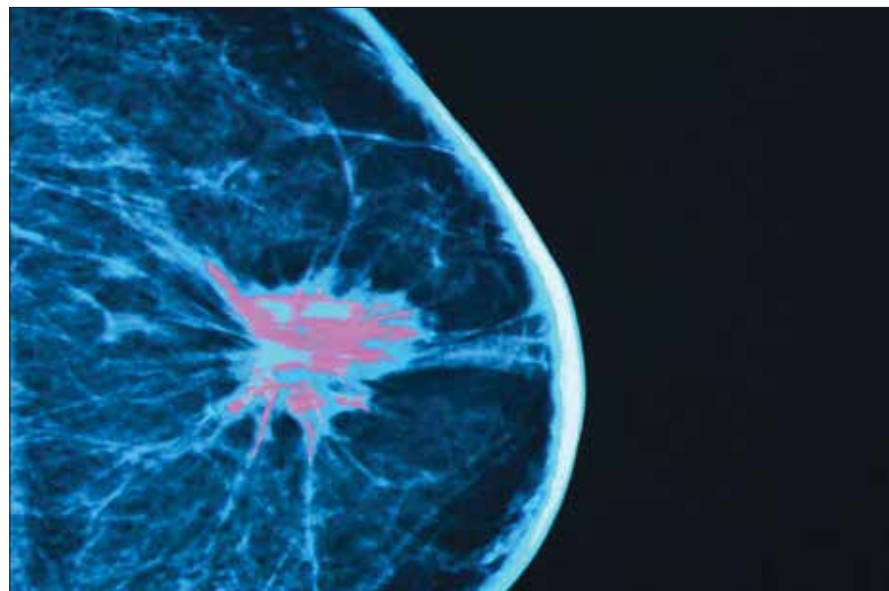
## MOLECULAR MARKERS IN BREAST TISSUE PREDICT HIGH RISK

Ostrowski focuses on understanding breast cancer tumor microenvironments, which is the interaction of tumor cells with the surrounding tissue. His laboratory found that the decrease of a specific protein, PTEN, in breast tissue, is an indicator of high breast cancer risk.

To investigate this further, Ostrowski teamed up with Peggi Angel, Ph.D., Hollings Developmental Cancer Therapeutics program leader, who specializes in mass spectrometry imaging of tumor tissue. The powerful imaging technique known as MALDI imaging provides a molecular fingerprint from a selected tissue sample. Using this technique, she is able to compare tissue samples from individuals at high and low risk for developing breast cancer.

One area of specialty for Angel is the study of collagen fibers and women who have dense breasts, which have more fibrous tissue in them. “In breast cancer, there is a very specific reorganization of collagen,” said Angel. “As cancer develops, an interesting thing happens where the cancer cells build collagen highways out of the tumor, resulting in metastasis.” Angel’s team measures collagen reorganization in patient samples with MALDI imaging and can correlate it to the patient’s risk of developing breast cancer.

Angel and Ostrowski received a Hollings Idea Award to look at collagen signatures from high-risk and low-risk breast tissue samples provided by the



*Provided by iStock*

**Breast cancer is the second leading cause of cancer-related deaths in women in the United States and South Carolina, making research advancements more important than ever.**

Susan G. Komen tissue bank and to correlate risk class to PTEN expression. “Preliminary results show that there are very specific collagen peptides that correlate to PTEN expression in normal breast tissue,” explained Angel.

Going forward, they will continue to pinpoint the specific changes in collagen that occur with low PTEN expression. By integrating Ostrowski’s finding of PTEN loss as a breast cancer indicator and Angel’s expertise in MALDI imaging, the team endeavors to find a collagen signature that can be used as a diagnostic tool for identifying high-risk individuals and to prevent breast cancer development.

Philip Howe, Ph.D., program leader of Hollings’ Cancer Biology Research Program, has identified another marker of breast cancer that can be used to predict metastasis, or the spread of tumor cells to other parts of the body. Metastatic breast cancer occurs in 30% of women diagnosed with breast cancer; metastasis results in a more aggressive and difficult to treat form of breast cancer. Howe and his team discovered that breast cancer cells require the nervous system in order to spread.

“We found that the tumor needs the

nervous system to establish metastatic growth,” said Howe. “When you block the growth of nerve tissue, you block the ability of the primary tumor to metastasize.”

There is a specific population of cancer cells that have the ability to promote nerve tissue growth; these cells have a lot of similarities to stem cells. Blocking these cancer stem cells may be the key to preventing metastatic growth. Howe’s laboratory will continue to study the mechanisms of these cancer stem cells to understand how they’re driving tumor growth and eventually, to find a drug to prevent metastasis.

## BREAST CANCER CLINICAL TRIALS

Klauber-DeMore currently is the primary investigator on multiple breast cancer clinical trials at Hollings. The focus of these trials is to assess the effect of natural product supplements in patients with invasive breast cancer. The studies came about due to an increased interest in natural product supplements among cancer patients and the lack of scientific evidence of their use and potential benefits.

*See RESEARCH on page 9*



## MEET SHAUNA



**Shauna Hemingway, M.D.**

**Department; Years at MUSC**

Department of Obstetrics and Gynecology–  
MUSC Health Florence; two years

**How are you changing what's possible at MUSC**

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**Family, pets and their names**

Husband, Marshall Hemingway, and son,  
Malik Hemingway

**Hobby or interests**

Nature walks, arts and crafts (son), tennis

**Favorite TV or cable series to binge watch**  
“Unsolved Mysteries”

**Who inspired you to become a doctor**

Dr. Valerie Burke, an OB–GYN in Marion, S.C. as well as my Aunt Felice and Aunt Linda — both family medicine physicians. They, and my mother, taught me resilience and perseverance.

**Famous quote**

“Without a vision, the people perish.”  
— Proverbs 29:18

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IP02-1902410-1



# Severity of domestic violence injuries may be worsening during pandemic

By HELEN ADAMS

adamshel@musc.edu

As social work coordinator Abby Steere-Williams and forensic nurse Karen Hughes hung dresses and men's shirts on clotheslines at MUSC, they mourned the murdered domestic violence victims they symbolized – and worried about what's happening to other victims during the pandemic.

"We believe we're seeing more severe injuries," Steere-Williams said.

Hughes agreed. "Throughout the state, not just the Tri-county area. We're seeing worse cases."

Their comments came as MUSC marked what would normally be an annual rally, sponsored by the Intimate Partner Violence Steering Committee, to raise awareness about domestic violence. Due to the coronavirus pandemic, the speakers were scrapped and the clothing was left to say what the victims no longer could.

Steere-Williams and Hughes suspect that thanks to fear driven by COVID-19, people hurt by partners, exes or spouses aren't coming to the hospital for treatment like they normally would. Instead, they're waiting until they're so severely hurt that they don't have much of a choice.

But Hughes said people should not be afraid of catching the coronavirus in the hospital. "Our administration really has COVID-19 under control within the hospital. There should be no fear of coming into our facility. It's safe to come here for any emergency."

That's not the only impact the pandemic appears to be having on domestic violence. Steere-Williams said some abusers have used it to their advantage. "We have had a few cases where the pandemic has been used as an excuse to keep someone inside more. 'You can't go to the store.' 'You can't go out because everything is closed.' I heard that personally."

She and Hughes won't know the big picture numbers for 2020 for a few more months. But they do know the numbers for 2019 and some of the heartbreaking stories behind them.

In 2019, 42 South Carolinians were the victims of domestic violence murders. Thirty-six of them were women; six were men.

The youngest victim was just 18 years old. A dress symbolizing her life blew in the breeze at MUSC. A note attached to it said she was pregnant, and her boyfriend was killed as well, allegedly by her ex.

A red-checked shirt symbolized 46-year-old Robert McWaters of Orangeburg. His girlfriend said she shot him by accident during an argument.

Each article of clothing has a note attached to it briefly describing the circumstances in which a person died.

A striped dress represented the death of 66-year-old Josephine Barton of Kershaw County. Her estranged husband shot her, then himself.

Steere-Williams wants people to know that there's help available for people suffering from domestic violence. She specializes in serving children and adults who have been abused, leading the only hospital-based abuse and neglect social work crisis response team in the state. The program, called the MUSC Advocacy Program, MAP, responds to MUSC Health patients 24/7.

She and Hughes also mentioned My Sister's House, which offers shelter, answers crisis calls and helps with legal cases; Liza's Lifeline; and Project Unity. There's also a national hotline for domestic violence, and people can find victim advocates through their local police stations.

"Even though you may not be ready to leave, and the most dangerous time for a victim is the six months after they leave, we can help set up safety planning and set up resources in preparation for you to leave," Hughes said. "If you're not



Photo by Sarah Pack

**Forensic nurse Karen Hughes, left, and social work coordinator Abby Steere-Williams hang clothes representing people killed by domestic abusers.**

planning to leave, we can help you think through ways to help keep you safer within the situation."

Don't let the pandemic keep you from

seeking help if needed, she said. "We're hoping our numbers aren't going up, but we'll have to wait and see."

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## Trick or treat: Experts offer advice for Halloween during COVID



*Photo by Yuting Gao via Pexels*

**Congregating with nonhousehold members and taking treats from a communal bowl are concerns for Halloween during the pandemic.**

BY LESLIE CANTU

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For parents across the nation, this October's biggest question isn't "What does my kid want to be for Halloween?" but "Will Halloween happen this year?"

The question opens up a whole lot of scary, said Michael Schmidt, Ph.D., a professor in the Department of Microbiology and Immunology.

The Centers for Disease Control and Prevention and the American Academy of Pediatrics have each come out with recommendations that are dependent upon the rate of spread of COVID-19 in individual communities.

The safest course of action is to forgo trick-or-treating and group activities altogether in favor of alternatives like pumpkin decorating, virtual costume contests, spooky movie night or scavenger hunts at home, said Elizabeth Mack, M.D., a pediatric critical care specialist at MUSC Children's Health and a spokeswoman for the AAP.

Although outdoor activities in general are safer than indoor activities because of the air flow, many fall traditions like trick-or-treating, trunk-or-treat, hayrides and apple picking end up with people bunched up in close proximity.

"Any kind of close contact with a nonhousehold member is not the safest

idea," Mack said.

And the rate of surface transmission of SARS-CoV-2, the coronavirus that causes COVID-19, still hasn't been completely worked out, Mack said.

It's possible for the virus to stick to surfaces for up three days, Schmidt said, although that varies according to the surface and how much mucus the virus is encased in – something to think about as kids reach into a communal candy bowl. And what kid, he asked, hasn't eaten a piece of candy while mom or dad wasn't looking?

But knowing how hard this year has been and that many will trick-or-treat anyway, Mack and Schmidt offered a few suggestions to lower the risk.

Mack suggested preparing individual goody bags of treats to be left on the porch so trick-or-treaters can "grab and go" while social distancing. The treat preparers should, of course, wash their hands often during the process of filling the goody bags.

Alternatively, people giving out candy should be masked and use tongs to distribute candy rather than allowing children to reach into the bowl to choose their own, Schmidt said.

Trick-or-treaters should be wearing masks that cover their noses and mouths.

*See HALLOWEEN on page 12*

## Retirement That Stands the Test of Time



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# MUSC, Joint Base Charleston collaborate on ideas in program

By CINDY ABOLE

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MUSC Health and university employees were initiated among others as the 2020 cohort of Joint Base Charleston's Honorary Commanders Program. The honorees were recognized at an outdoor event held at the Joint Base Charleston military facility on Sept. 17.

The program provides a unique opportunity for key members of the Tri-county's civilian community to shadow military commanders of wing, group or tenant units at Joint Base Charleston Air Base and Weapons Station. The goal of this experience is to provide an opportunity to increase the awareness and understanding of Joint Base Charleston's mission by exchanging ideas, discussing programs and policies and fostering friendship and goodwill among participants – all while providing a better understanding of the Charleston military community and Lowcountry leaders as they work together.

Each of the four MUSC honorees were partnered with a particular unit. Albany Cromer, DHA, Human Capital director of Technology and Human Resources Operations, was partnered with the 628th Communications Squadron; Janis Newton, director of the MUSC Wellness Center, with the 628th Medical Operations Squadron; Anton Gunn, MUSC Health chief diversity officer and executive director of Community Health Innovation, with the Naval Health Clinic Charleston; and Leslie Brady, director of development for the Heart and Vascular Center, with the 628th Medical Group.

Newton grew up in a military family and has a son currently serving in the U.S. Army. She is also a member of the Palmetto Military Support Group, a local group that supports Joint Base Charleston and all six branches of the military.

"It's an honor for me to give back to the Charleston military community in some way," said Newton. "It's an honor and privilege that I take seriously, and I look forward to collaborating on



*Photo Provided*

**MUSC's Leslie Brady is joined by Col. Rebecca Elliott, commander of the 628th Medical Group, Joint Base Charleston, at the Sept. 17 induction.**

projects and activities that will support the command as well as servicemen and women and their families. The Honorary

Commanders Program has helped to increase awareness and respect for the

*See COMMANDERS on page 12*

# DOING MORE TOGETHER

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## RESEARCH *Continued from Page Four*

Two studies are currently examining the effects of frankincense, found in the Indian *Boswellia* plant, and curcumin, the primary component in turmeric curry spices. Both natural supplements are believed to have anti-cancer properties, but their benefit to cancer patients is not well-studied. The clinical trials are designed for Hollings patients diagnosed with breast cancer and scheduled for surgical removal of the tumor. Participants will take the supplements from diagnosis up until their first surgery. Then tumor samples removed during surgery will be examined in the laboratory to determine how the supplements affect cell viability.

“Whether these supplements have a positive effect or no effect, it is important that we know the results because many patients are taking these supplements,” said Klauber-DeMore. She hopes the results of the trials will help patients make informed decisions when choosing whether to incorporate herbal supplements during their treatment.

If there is a positive effect found in the patients who took supplements, Klauber-DeMore has a planned collaboration with MUSC natural product chemist, Mark Hamann Ph.D., to extract *Boswellia* compounds with the highest activity and then chemically modify them to make them even more active in cancer cells.

Klauber-DeMore also studies the cellular mechanisms behind breast cancer metastasis. She identified a specific protein SFRP2, that is highly expressed in tumor cells. Her team is developing a new monoclonal antibody therapy that blocks SFRP2. Preclinical models show that the new therapy effectively reduces triple-negative breast cancer tumor growth. Klauber-DeMore is optimistic that they will be able to move the new therapy into clinical trials in the future.

Hollings also works with national clinical trials to recruit patients for large-scale studies. These national breast cancer clinical trials include immunotherapy treatment, radiation and surgical procedures that are aimed at increasing patient survival rates and decreasing toxicity risks.

### BREAST CANCER TUMOR BOARD

Every unique breast cancer diagnosis is reviewed by a multidisciplinary tumor review board, a team that includes radiation oncologists, surgical oncologists, medical oncologists, breast cancer nurse navigators, radiologists, geneticists and pathologists. The breast cancer tumor board, led by Klauber-DeMore, reviews the patient’s diagnosis and treatment options, taking into consideration multiple opinions.

Klauber-DeMore and colleagues conducted a study in 2018 to examine the effects of a tumor review board on patient diagnoses. “Our results show that our second opinion really does provide value in potentially



**Dr. Peggy Angel’s imaging expertise helps identify patients at high risk for developing breast cancer.**

*Photo Provided*

changing the diagnosis, which in most cases will eventually change treatment,” she said.

The tumor board also considers the patient’s eligibility for ongoing clinical studies. Hollings Cancer Center health care professionals would like to see as many patients as possible benefit from the clinical trial opportunities that are available. “Each newly diagnosed case of breast cancer at MUSC is reviewed by a board of oncologists to determine the patient’s eligibility for a number of national clinical trials — by this, we give our patients access to the most cutting-edge drugs.”

### LIFESTYLE IMPACTS

David Turner, Ph.D., and Victoria Findlay, Ph.D., researchers in the Hollings’ Cancer Biology Research Program, study the effects of diet and lifestyle on breast cancer risk. Processed foods and foods cooked at high temperatures contain high levels of advanced glycation end products (AGEs), which are involved in nearly all chronic diseases. Turner and Findlay have a collaborative project looking at the accumulation of AGEs in the body as a risk for breast cancer.

“One of our goals at Hollings is to reach out to the community to encourage the public to make healthier choices. Just making small changes in your diet can have a big effect,” said Turner.

The top three things that a person can do is to learn what AGEs are, avoid processed foods and think about how you cook your food in order to avoid the highest AGE-inducing cooking methods such as frying, grilling and broiling.

### PERSONALIZED GENOMIC MEDICINE

Stephen Ethier, Ph.D., director of the Center for Genomic Medicine at MUSC, studies the changes that occur in the genome during breast cancer development. His laboratory performed genome-wide analyses on cells from breast cancer patients, looking for regions that had been genetically altered. The genomic analysis was followed by functional screenings to determine which genes were not just altered but also essential for cancer growth and survival.

“Our overall strategy is to identify genes that may be causing breast cancer, try to understand their mechanism by which they cause breast cancer development and then find targeted drugs that interrupt these processes,” Ethier said, describing the main goal of his laboratory. Through this process, they have targeted multiple genes as potential drivers for breast cancer that now can be targeted clinically.

Ethier’s lab recently published its comprehensive set of breast cancer cell line data in an online database — the SUM Breast Cancer Cell Line Knowledge Base (SLKBase). The database provides the genomic, functional and targeted drug data for more than 50 breast cancer cell lines, in a user-accessible manner. Researchers around the world are now using these datasets for breast cancer research.

This project was done in collaboration with bioinformaticians and computer scientists at MUSC and the College of Charleston that helped develop the code that allows for powerful data mining tools. “It’s a perfect example of how these disciplines have to work together. It allowed us to do something that we couldn’t have done otherwise,” Ethier said. He continues to work alongside computer programmers to develop the database. He plans to add more breast cancer cell lines and eventually expand to other types of cancers as well.

The comprehensiveness of SLKBase has exciting clinical applications. Ethier provided an example of its implications. “If we can obtain genomic information from patient biopsy samples, it can be compared computationally to the standing datasets within SLKBase. From there, potential treatment options can be deduced from the drug sensitivity data available for the cell lines that match the patient sample.”

Ethier hopes to see genomic medicine become the standard of care for breast cancer in the future. “This whole project came to fruition because MUSC and Hollings Cancer Center committed to supporting cancer genomics. I’m excited about the future of targeted therapy and personalized therapeutics — because it works. We are continually seeing its effect in patients.”

TRANSPLANT *Continued from Page One*

to donate one of his kidneys to Banks.

Banks' situation was dire. The 43-year-old construction project manager's kidneys had "given up the ghost," as his wife said. The cause was unclear – possibly from something as simple as an attack from a common cold years ago. What was clear was that he needed a new kidney, and quickly.

But Banks wasn't one to sit around and feel sorry for himself. He kept going to work every day, managing construction projects around Greenville. When he came home in the evening, he hooked up to a dialysis machine that did what his kidneys no longer could. For nine hours a night, while he slept, the machine removed toxins, ensured he had a safe level of important chemicals in his blood and controlled his blood pressure. Banks unhooked just in time to get ready for work the next morning.

His illness took a toll on his family. "One of the things we enjoy doing as a family is going camping. That's difficult to do if you have to be hooked up to a machine at night. We haven't been able to do that in about two years."

Friends worried, too. Charlie Hanna, a former roommate at Presbyterian College who once backpacked across Europe with Banks, decided to do something about it. "I wanted to get the request for a living donor for Thomas in front of as many people as possible. I looked online and saw what people did. I think I literally Googled, 'How to get a kidney.'"

That's how he got the idea to create car magnets. Family and friends were happy to attach them to their cars and trucks – anything to help Banks in his quest for a donor.

Hanna was at work when his long-time friend sent him a text that stopped him in his tracks. "The only thing it said was, 'The magnets worked. I have a donor.'"

Relief washed over Hanna. "I completely lost it at work. I just walked outside and kind of sat in the grass for an hour and called people to let them know."

Things went pretty quickly from there. Banks worked with physician assistant Zachary Sutton at MUSC Health's transplant clinic in Greenville to get ready. Sutton happens to have been a good Samaritan donor himself, having given a kidney to a stranger 12 years ago. He said until recently, surgeons had to travel to see potential transplant patients around the state. "Now, MUSC Health has sites throughout South Carolina with full-time providers. There's one in Columbia, one in Florence and the one in Greenville, where I work."

Yasin had to get ready, too, undergoing an extensive workup at MUSC Health in Charleston to make sure he was a good match for Banks. The Living Donor Program facilitator he worked with, Lilian Jarvinen, was able to speak with him not only as a transplant professional but also from personal experience. She,



*Photos by Sarah Pack*

**Olivia Banks, Thomas Banks' wife, gives a thumbs up along with Zack Yasin, Yasin's mother, Julie Yasin, and Zack's girlfriend, Taylor Brantmeier.**



**The magnet that Taylor Brantmeier saw and shared on social media, leading her boyfriend, a Clemson police officer, to donate his kidney to a stranger.**

too, was a good Samaritan donor, giving one of her kidneys to a stranger in 2017.

In fact, the experience was so profound for Jarvinen that it led her to a new career, helping other donors. "Donating a kidney was the best thing I ever did, and now every day, I get to see the wonderful outcomes for not just recipients but also their families," she said.

When it was time for surgery, Banks, Yasin and their families and friends traveled from the Upstate of South Carolina to Charleston for surgery at MUSC Health, which has one of the largest kidney transplant programs in the country. Its surgeons perform more than 200 kidney transplants a year.

The men hadn't met but had communicated on Facebook. While their loved ones waited, surgeons

removed one of Yasin's kidneys and placed it in Banks.

The next day, Yasin was the first to arrive in the hallway where he would finally meet Banks and they would ring a bell together to signal their successful transplant. He was smiling as he talked with his girlfriend and his mother. Then Banks came, dressed in a hospital gown and pulling an IV, with a smile on his face, too.

"How are you doing?" Yasin asked.

"Doing a lot better," Banks answered. "So far, so good. I hear I got a really good kidney," he joked.

They laughed, talked some more and then rang the bell as their friends and family members cheered.

Banks' wife teared up. "I'm just overwhelmed. I appreciate it so much," she told Yasin.

"I wish I had more kidneys to give out," he said, to more laughter.

Banks' father stepped forward, too. "As the dad, thank you for the gift of life. That's what it is."

The next day, Banks was feeling even better. "I'm obviously sore from surgery, but that's to be expected. My energy feels better. I don't feel sluggish. My brain feels clear. I don't feel like I have brain fog constantly, which is wonderful."

He said he was looking forward to going camping again with his wife, their 10-year-old daughter and their 7-year-old son. And Banks marveled at Yasin's generosity, which made all of that possible.

"I just think it's important that people understand how big it is what Zack did. I've told him thank you a hundred times and I could tell him a million more and it's not enough. He said, 'Man I just like to help people. That's why I do the job I do.'"



**MONITORING** *Continued from Page Two*

learn basic navigation features. It can be empowering for patients to have their own health information at their fingertips, she said.

But, she emphasized, patients who are unwilling or unable to access MyChart are never excluded from participation in the program. In those cases, she said, nurses begin monitoring the patients via telephone.

"You think 'telehealth' and you think 'technology' first, and that is not how we're thinking of remote monitoring," she said.

Wheeler agreed.

"At the end of the day, it does have a human aspect to it. We are human beings taking care of other human beings," he said.

They're excited about the possibility of expanding the telehealth remote patient monitoring program to assist patients and providers in addressing other health conditions and have started working with key stakeholders within MUSC Health as well as

statewide telehealth alliance partners.

Remote monitoring breaks down barriers for those restricted by distance, money or unease with health facilities, Wheeler said, and instead, exemplifies "boundaryless" access for the underserved.

"To the patient, remote monitoring will feel seamless and will feel powerful, and it will make them feel much more in control of their health care," Hamill said.

**WestEdge Day and ribbon-cutting event set for Oct. 28**

The WestEdge community invites the MUSC family and surrounding neighborhoods to the first WestEdge Day and ribbon-cutting event (north side of 10 and 12 WestEdge Street) on Wednesday, Oct. 28 from noon to 5 p.m. Event features a DJ and live music, food and beverage samples and giveaways. Mask wearing and social distancing is mandatory. Visit <https://www.westedgecharleston.com/musc-discovery-district/>.

**SUMMIT** *Continued from Page Two*

choice of paths. There is a choice to really come to grips with the history of the United States, the history of the dispossession of the indigenous people of this country, the history of slavery, the history of Jim Crow, the ways in which the 13th Amendment set the line for the cradle to the prison pipeline that we see. That is a choice we can make. And yes, this country can also make the choice to ignore all that history," she said.

"Are we going to accept that we cannot truly move forward until we are reconciled with our history, or are we going to keep on trying to vilify those who say we cannot heal unless we face the truth?" she added.

Burnham-Williams said she is sometimes taken aback by people who don't want to acknowledge history, whether at the national level or here in Charleston. She said it's important to own our nation's history without wallowing in it.

"Focus on a future that lets you be something very different from the nation, the state and the community that

we were," she said.

As MUSC continues its journey of inclusivity, Burnham-Williams explained that the journey means allowing for "what you don't know that you don't know." That could mean understanding policies or procedures that unintentionally have a negative effect on minorities or realizing that all humans carry a certain amount of bias.

Burnham-Williams said organizers are always happy if the summit finds a national audience, but the target audience is right here.

"Our primary audience has always been the MUSC family. While we want this to work for strategists, we want this to really, really resonate within the MUSC community," she said. To that end, there is a discount for MUSC employees, and MUSC students can attend for free. And a benefit of this year's summit being forced into a virtual format is that the sessions will be available online for attendees for one year after the event.

Burnham-Williams said she's hopeful the virtual format will allow more people to attend.

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**COMMANDERS** *Continued from Page Eight*

military around the Tri-county community and I look forward to doing more as we work together.”

Over the next year, participants will collaborate with military partner commanders to tour Air Force bases, facilities and units as well as engage in base events and educational and promotional activities.

Joint Base Charleston is among 12 Department of Defense joint bases in the United States. The 628th Air Base Wing provides installation support to more than 90,000 airmen, sailors, soldiers, Marines, Coast Guardsmen, civilians, dependents and retirees across four installations, including the Air Base and the Weapons Station.



*Photos Provided*  
**Top left photo: MUSC Health’s Anton Gunn joins members of his military unit, the Naval Health Clinic Charleston. Above photo: Dr. Albany Cromer meets Maj. Saheba B. Dehenre, commander of the 628th Communications Squadron, Joint Base Charleston on Sept. 17.**

**HALLOWEEN** *Continued from Page Seven*

“Luckily, masking goes pretty well with this holiday,” Mack said.

It’s important for the kids to maintain social distancing and to wash their hands, and Schmidt recommended hand sanitizer when soap and water aren’t available.

As we enter the fall and winter holiday seasons, Mack said one of the biggest concerns is what will happen when the usual uptick in respiratory viruses, like the flu and RSV, collide with the ongoing pandemic.

“We really worry those may be about to pick up, as would be their usual pattern, and what that can do to the people and resources,” she said.

This is the time to get a flu vaccination, she said. With rare exceptions, everyone over the age of 6 months should get an annual flu shot.

The Tri-county area’s rate of coronavirus transmission is currently low, according to the MUSC COVID-19 Epidemiology Project, but Michael Sweat, Ph.D., has warned that the area could see a rise in cases in October if the three-month pattern of ups and downs seen elsewhere in the world holds true here as well. People have to be vigilant about maintaining hand washing, social distancing and masking in order to sustain the current low numbers, he said.



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