

MUSC looks for Omicron in local COVID cases



Photo by Sarah Pack

Pathology and Laboratory Medicine's Dr. Dariusz Pytel uses an automated pipetting machine to get samples ready to be sequenced for the different Covid-19 variants, including Omicron.

BY HELEN ADAMS

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Scientists at MUSC are sequencing almost 400 local COVID cases this week to see if any involve the new Omicron variant. Sequencing involves looking at each virus sample's genetic makeup. That shows any mutations and lets the scientists identify variants. They expect to have results this Thursday or Friday.

"We have talked about how important it is to do real-time or as close to real-time analysis as possible," said Julie Hirschhorn, Ph.D., director of Molecular

Pathology at MUSC. "And this is a perfect example of when we know that we're looking for something new, to try to do our sequencing runs more frequently. And so for the next couple of weeks, we're going to try to do a run a week."

The virus samples came from people who tested positive for COVID-19 at MUSC Health. Each run takes three to four days to complete. MUSC sends its results to the South Carolina Department of Health and Environmental Control and shares them online with the public.

Bailey Glen, Ph.D., who works with Hirschhorn, did a retroactive search for Omicron the day after Thanksgiving — the day the World Health Organization designated Omicron a variant of concern. "I got up and looked at a good chunk of our recent data," Glen said.

He knew what to watch for, thanks to a site for scientists that shows what Omicron looks like. Glen was able to compare Omicron's genetic sequence with that of the MUSC samples. None matched. The Delta variant, which became the dominant strain in the U.S.

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'Almost Frankensteinish' Omicron variant worrying, but don't panic scientist says

BY HELEN ADAMS

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The Omicron variant of the coronavirus that causes the illness COVID-19 has the full attention of the leader of MUSC's COVID tracking team. "It's almost Frankensteinish. I mean, it's sort of got all the worst characteristics," said Michael Sweat, Ph.D. He's a public health expert who serves as a professor in MUSC's College of Medicine and is also affiliated with the Johns Hopkins Bloomberg School of Public Health.

"The number of mutations that occurred in this particular variant is striking. There were over 50 mutations detected, about 30 of those occurring in the spike. The spike is an important part of the virus because it's how it attaches to us and transmits."

Researchers in South Africa announced the discovery of Omicron last week. The World Health Organization warned that its high number of mutations could lead to new surges of COVID-19 and labeled it a "variant of concern."

But Sweat said a lot of questions remain. "I think people should be

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Richard L. Anderson



Richard L. Anderson was named executive vice president of Finance and Operations for MUSC. Anderson will serve as the university's senior financial and administration officer replacing Lisa P. Montgomery. He'll be responsible for a number of units that deliver services to various departments and offices, including engineering and facilities, university finance, university operations, enterprise risk management and strategic analytics and process improvement.

Anderson previously worked in this role at the University of Texas Rio Grande Valley, Washburn University, the University of Missouri-Kansas City and University of Kansas Medical Center.

Anderson will report directly to the Office of the President and is a member of the president's council, participating in major decisions

Christian Brenes

Christian Brenes, D.D.S., associate professor, has been named the new graduate digital dentistry director for



the James B. Edwards College of Dental Medicine. Brenes joined MUSC in 2020 in the Division of Removable Prosthodontics and served as interim director of the Graduate Digital Program since August. He received his D.D.S. degree from the Latin American University of Science and Technology in Costa Rica and completed a restorative fellowship and master's degree in prosthodontics at the University of North Carolina at Chapel Hill Dentistry. He is the founder of the Digital Dentistry Education social media platform. He will begin in his new role Dec. 1.

David J. Cole



David J. Cole, M.D., FACS, MUSC president, was named the recipient of the 2021 Joseph P. Riley Leadership Award. Named after one of the city's most notable and popular leaders, the late father of former Charleston Mayor Joe Riley, the award was initiated in 1992 by the Charleston

Metro Chamber. The award recognizes a transformative leader who has made a deep and meaningful impact in the Tri-county.

As the leader of South Carolina's only comprehensive academic health system, Cole is praised for his compassion and savvy public health leadership during the COVID-19 pandemic. Previous recipients of the award include Jairy C. Hunter, Perry Keith Waring, W. Brian Moody and Thompson E. Penney. Cole will be presented the award in a ceremony on Dec. 3.

Patrick Flume



Patrick Flume, M.D., has been named associate vice president for Clinical Research in MUSC's Office of the Vice President for Research. In his new role, Flume will be responsible for managing all areas of clinical research, as well as clinical trials, for the academic health system. He will focus his efforts on leading the strategic growth of clinical research operations and participant recruitment for clinical trials at the Hollings Cancer Center. A successful clinician, researcher, educator and leader, Flume is a recognized expert in cystic fibrosis and had led clinical research within the Department of

Pulmonary, Critical Care, Allergy and Sleep Medicine since joining MUSC in 1993.

Carrie Anne-Gilbert Herzke
Carrie Anne-Gilbert Herzke, M.D., has been named chief medical officer, MUHA, Charleston-Division and Executive Medical Director. She will begin in her new role Feb. 7, 2022. Gilbert Herzke has held several positions at Johns Hopkins Hospital.

Her expertise includes hospitalist/internal medicine and her research interests include quality improvement, infectious diseases, notably infection control and resident and student education.

Tina Woods



Tina R. Woods, D.M.D., associate professor, will join the Oral Pathology program in the Department of Oral and Maxillofacial Surgery in the James B. Edwards College of Dental Medicine. Woods comes to MUSC from the University of Mississippi School of Dentistry where she was an associate professor in the Department of Oral Maxillofacial Surgery and Pathology. She will report in January 2022.



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MUSC broadens approach to LGBTQ inclusion

By LESLIE CANTU

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A growing body of research is showing that members of the LGBTQ community tend to have worse health outcomes. As part of its mission to reduce health disparities in South Carolina, MUSC is increasing its focus on providing culturally competent care to this community as well as looking inward, as an employer, at how to ensure that all staff feel comfortable.

Chase Glenn, who was hired last spring as MUSC's first director of LGBTQ+ Health Services and Enterprise Resources, is a big part of this updated focus, but he'll be the first to say that many others on campus are passionate about this issue and are leading efforts in their areas.



Glenn

An example was the Culturally Sensitive Care Workshop held in October. Now in its fourth year, the 2021 edition focused on LGBTQ issues.

Co-chair Cristina Reyes Smith, OTD, an assistant professor in the College of Health Professions, noted that during last year's workshop, which was focused on mental health issues, the panel devoted to LGBTQ mental health issues generated such interest and enthusiasm that she observed at the time that there needed to be an entire workshop dedicated to LGBTQ issues.

That came to be this year. Co-chair Latecia Abraham-Hilaire, DHA, Academic Affairs associate professor with the public information and community outreach department with the MUSC Libraries, said it was wonderful to see the mix of students, faculty, community members and even some representatives from other local colleges at the

workshop, which this year was held in a hybrid in-person/virtual format.

Abraham-Hilaire moderated a panel of local advocates, and other panels focused on transgender needs, an inclusive workforce and curricular gaps and included a keynote address by Jack Turban, M.D., chief fellow in child and adolescent psychiatry at Stanford University School of Medicine.

"I think, if anything, the takeaway is that the LGBTQIA+ community definitely needs to remain hopeful," Abraham-Hilaire said. "We definitely wanted to provide hope for this community and to let them know that they're not standing alone in this fight for equality."

Reyes Smith said she's noted for some time an educational gap related to LGBTQ issues, not just at MUSC but nationally.

"Personally, I have friends and loved ones that identify with the community, and so being able to help provide a more inclusive campus and a more inclusive community is important to me as well," she said.

She said that being an inclusive campus goes beyond caring for LGBTQ patients. There are students and faculty members who are part of the community as well, and it can be tricky for them to know whether it's safe to be out with colleagues or patients. In fact, a small survey of participants at the workshop indicated that a number of them weren't out in their academic programs or work environments.

"We still have a lot of work to do," Reyes Smith said.

Both Abraham-Hilaire and Reyes Smith said the workshop really drove home the importance of using a person's personal pronouns.

Glenn said that pronouns are one example of how providers can either build or break trust with LGBTQ patients, even if they've come in for an issue unrelated to sexuality or gender — a broken leg, for example.

"If it's a broken leg and you misgender



Photo by Cecilie Johnsen via Unsplash

The rainbow pride flag is a recognized symbol for the lesbian, gay, bisexual, transgender and queer communities. Departments across MUSC are focusing on an inclusive environment for LGBTQ patients and staff members.

"I think the takeaway here is we want to be really thoughtful in how we implement these changes, and we want to prepare our care team members to feel comfortable and to be able to have positive interactions with patients."

Chase Glenn

someone, and you call them by the name that they very clearly don't use, you're starting off — well, you're starting off on the wrong foot," he said. "And then, right out of the gate, you're having to repair that sort of interaction and recover. So some of this is just really basic respect and compassion when it comes to how we're interacting with patients."

In his six months at MUSC, Glenn has been getting to know what's already in place across the statewide MUSC system as well as working on some long-term goals that date back to when he

was executive director of the Alliance for Full Acceptance. Those include getting MUSC Health back onto the Human Rights Campaign's Healthcare Equality Index and including data about sexual orientation and gender in Epic, MUSC Health's electronic medical record system.

"I think the takeaway here is we want to be really thoughtful in how we implement these changes, and we want to prepare our care team members to feel comfortable and to be able to have positive interactions with patients," Glenn said. "Because at the end of the day, we can capture the information, but we could do it in a way that is not a positive experience for either the care team member or the patient, right? So we want to make sure we set this up for success."

Glenn has also submitted an application for MUSC Health's inclusion on the Healthcare Equality Index. The index, which grades facilities based on an array of policies and procedures related to patients, employees, visitors and community engagement, offers a road map for some areas that MUSC could still work on, Glenn said. Overall, though, he is pleased with how seriously hospital leaders view this issue.

See **COMMUNITY** on page 10

Travel restrictions, kids’ shots and other things to know about the COVID vaccine

By Bryce Donovan

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With a name more fitting of an antivirus software, Omicron is the latest and most perplexing variant of the coronavirus – and it doesn’t look like it’s going to go away any time soon.

Sadly, because we as a society have been down this road plenty of times before, we already know the important questions to ask. Like, is it more contagious? More lethal? But most importantly, are we back at square one?

“I don’t think so,” said Danielle Scheurer, M.D., MUSC Health System chief quality officer, who oversees all things vaccine for the hospital system. “This variant should be taken seriously, for sure, but I think we’re going to continue to stay ahead of the

game because, as with any variation of this virus, those of us who are vaccinated are always going to have some degree of immunity.”

Scheurer expects the current vaccine will still provide some level of protection against Omicron and likened the current situation to that of the flu vaccine.

“Even though it’s a different strain, last year’s flu shot is still going to give you some protection against this season’s,” she said. “But remember, the realistic goal with getting vaccinated isn’t to prevent getting COVID. The realistic goal is to prevent getting seriously ill with COVID.”

With the virus and vaccine landscape still in a state of flux, we are periodically checking in with Scheurer to ask her the most pertinent questions that are hanging in the balance.



Photo by iStock

There is a zero percent chance anybody in this writer’s family will handle getting a vaccination with as much class as this young lady.

What you need to know about the COVID-19 vaccine – Part 10

Danielle Scheurer, M.D., MUSC Health System’s chief quality officer, weighs in on issues related to COVID-19 and vaccinations.

Q. How likely is it that Omicron ends up here and everywhere else? Is it naive to think it can be contained in Southern Africa?

A. I think it’s just a matter of time. It’s already known to be in a dozen other countries. And I just can’t imagine restricting travel is going to do anything. Stopping inbound flights from southern Africa isn’t really going to change the virus’s trajectory. I mean, Israel is shutting off all inbound flights, so maybe that works. But the odds are it ends up here, there, everywhere.

Q. Let’s just say that we need a new vaccine to combat Omicron; how quickly could a new vaccine be ready?

A. That’s hard to say. But I do know that Pfizer and Moderna are looking at Omicron, and they are poised to produce another vaccine if they need to. They advertise that they could do that pretty quickly. The part that’s the real issue – as we’ve learned from the past – is production and distribution.

Q. Speed round: Who is currently eligible for a booster?

A. Anyone 18 years and older can get it; Pfizer is currently filing with the FDA to allow boosters for children aged 16-17.

Q. Is it the booster the same amount of vaccine as the previous two?

A. Pfizer is the same. Moderna is half the dose.

Q. Are people experiencing any noticeable side effects?

A. Not really. It’s been pretty similar to how people felt after getting the second dose.

Q. Do kids also get two doses for initial vaccination? If so, how far apart?

A. Yes, they get two. And kids aged 5–11 are getting one-third of the adult dose, spread three to four weeks apart. Kids 12 and up get the adult dose.

Q. Are kids experiencing any side effects, similar to what adults have?

A. They seem to be affected a little bit less.

Q. Where can people get it?

A. There are still a ton of options, but the most popular still seem to be the Lockwood site, Summey Pavilion and Rutledge Tower.

Q. Do people need to have a MyChart account to schedule an appointment?

A. Nope. They can visit <https://muschealth.org/vaccine-scheduling>, and we have open scheduling. It’s sort of a one-click thing. And that’s for both adults and children. Or they can call 843-876-7227.

Q. What is the difference between the vaccine and the pill?

They both are after the same thing: to reduce the severity of an infection. But the pill is reserved strictly for those who have already contracted the virus and are actively fighting it. They say it is supposed to cut hospitalizations and deaths in half, at least for those at high risk for severe infection. The expectation is that an FDA review is coming soon and everything will be clearer then. We have heard there will be a state-based distribution process, similar to the vaccine rollout.

Q. How long do we think the vaccine will be good for?

A. It’s still so unknown. I think most people’s guess is that we will require interval doses. I think since most people are used to the concept of the annual flu vaccine, and a lot of people are throwing that out there with this virus as well. The one-year mark is just easy to remember, but it might not be the exact time frame. We might find that it’s every 18 months or two years. Just hard to know at this point.

****Have a question you’d like answered? Email it to donovanb@musc.edu with the subject line “Vaccine Q.”**

MEET PHYLLIS



Phyllis L. LaBoard

Department; Years at MUSC Internal Medicine-Rutledge Tower;
40 years

How are you changing what's possible at MUSC

By being a beacon to patients and clinical team members – shining my light through my professionalism and being accountable

Family Son, Travis; daughter Tia; grandson, Travis; and granddaughter, Paityn

A special talent you have Playing the piano and writing

Work mentors you'd like to acknowledge Renee Ancrum, Shakira Weeks, Lisa Peterson, Kury O'Banner and Maria Bland

How has MUSC contributed to your life The close-knit networking of my peers and growth opportunities

Your idea of a dream vacation Europe (post pandemic)

First thing you'll do when you retire Leave my "nursing cape" to my work children and donate my uniforms to Goodwill

Favorite quote "May the work I've done speak for me."

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'Light at end of tunnel' as kids as young as 5 get COVID shots

BY HELEN ADAMS

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Pandora DeJong was one of the first children under the age of 12 to get vaccinated against COVID-19 through a partnership between the Charleston County School District and MUSC Health. She got the Pfizer shot, the only one authorized for children age 5 to 11. The dose for that age group is about one-third of the adult dose, and the needle is smaller than the adult version.

"It was just a pokey needle. I was nervous at first. I didn't want to look at it," 10-year-old Pandora said after getting the shot, which she said wasn't a big deal after all. The vaccination took place at her school, E.B. Ellington Elementary, in western Charleston County.

School nurses and MUSC Health pharmacists will return to the school next month to give second shots so the kids will be fully vaccinated. Between now and then, the nurses and pharmacists will travel to a series of other elementary schools to do the same thing for students age 5 to 11 across the district. The vaccinations are voluntary and require the consent of a parent or guardian.

Pandora's grandmother, Kathleen DeJong, said it's important for children to get vaccinated as we head into the holidays. It's a time of year when we may be around people we don't normally see as we enjoy gatherings with family and friends. People also tend to spend more time indoors to stay warm, which can make it easier for the virus to spread. "It's always better to play it safe."

Ellen Nitz, director of nursing services for the school district, was pleased to see so many families playing it safe and taking advantage of the vaccine clinic in the elementary school's media center. "It's a relief. It's exciting. This is the light at the end of the tunnel for us. This is the way out of the pandemic for us. We're excited to be able to offer it."

There's a good reason she's so happy to see more kids getting vaccinated. This school year got off to a rough start because of the fast-spreading Delta

variant. "As busy as we thought we were last year, the numbers in our community just soared in August and September," Nitz said.

That spike in the Charleston County School District was mirrored in other districts, and it led to some kids getting seriously sick. Seventy-four children with COVID were admitted to the MUSC Shawn Jenkins Children's Hospital during that time. Fourteen were on ventilators and four were on a last resort form of life support called ECMO, or extracorporeal membrane oxygenation.

Fortunately, COVID hospitalizations have eased as case numbers have gone down again in the Charleston Tri-county area. But, scientists say don't let down your guard just yet. We could see another winter wave, possibly less severe than previous surges but with hot spots in areas with low vaccination rates.

Back at E.B. Ellington Elementary, 9-year-old Khalil Garvin wanted to protect himself and his family. "There have been a lot of people who died from COVID — people I heard about from the news," he said.

So his grandmother brought him to the school vaccine clinic. When it was his turn, Khalil offered his arm for the shot.

"Are you excited?" school nurse Kim Edwards asked him.

"No," he answered, to the amusement of the people around him.

"Here's what you need to do. You need to hang your arm really, really loose. And you're going to feel a stick. And — it's done," Edwards said, as she finished giving him the shot.

Khalil was relieved when it was all over. So were Hetal Singh's two daughters, who also got vaccinated. "We will be traveling outside the country next month, so I wanted them to be safe," she said. "It's hard without vaccination."

Doctors encourage other families to get children vaccinated, too. While it's rare for children from 5 to 11 to get dangerously sick from COVID, they're just as likely to catch the virus as adults are. And children with mild cases can spread the virus to other people who may be at higher risk of severe illness.



Photos by Sarah Pack

Pandora DeJong closes her eyes as she gets her first COVID shot at E.B. Ellington Elementary School in Ravenel, South Carolina, near Charleston.



Sana Dossaji and Michael Askarian, clinical pharmacists from MUSC, prepare vaccine doses for children at E.B. Ellington Elementary School. MUSC Health has been working with the Charleston County School District since the early days of the pandemic to make schools as safe as possible.

So the Centers for Disease Control and Prevention recommends that anyone 5 and up get vaccinated against COVID-19. If you'd like to see the answers to some frequently asked questions about the vaccine for kids, check out this Q&A with Elizabeth Mack, M.D., a pediatric critical care doctor at MUSC Children's Health.

Nitz, the director of nursing

services, said parents should ask their pediatricians about any other concerns involving the vaccine. She hopes the other school clinics will get a good turnout, too. "If you can't make one of these clinics, please take advantage of your local pharmacy, grocery store or big box store. You can find a vaccine — it's readily available. Take advantage of that for you and your family."

UK-US cancer summit aims to open collaborations to find cancer cures, combat disparities

Staff Report

An MUSC Hollings Cancer Center researcher attended the first U.K.-U.S. scientific summit, held virtually on Nov. 13 and 14. More than 60 leading experts in the cancer research community met during the summit to discuss bilateral collaborative opportunities to resolve barriers to progress and accelerate translational solutions to affect cancer care.

The summit was the first in a series of activities that will include industry roundtables, public forums and policy bilateral meetings that will help to shape and prioritize goals. Recommendations that emerged from the summit will be a topic of discussion between British Prime Minister Boris Johnson and President Joe Biden at a follow-on leaders' summit

in spring 2022.

Marvella Ford, Ph.D., the associate director of Population Sciences and Cancer Disparities at Hollings, said it was an honor to have been invited by National Cancer Institute director Norman E. Sharpless, M.D., to participate in the cancer summit. "All of the attendees were among the top experts in their fields. It was great to participate to be able to illuminate the cancer disparities in the U.S. and U.K. and to develop a framework to reduce or potentially eliminate these disparities."

Ford participated in a working group that focused on racial and socioeconomic disparities and outcomes. The meeting organizers will develop subsequent meetings with smaller groups to advance the ideas that were developed during the cancer summit, she said.

The scientific summit was a first step

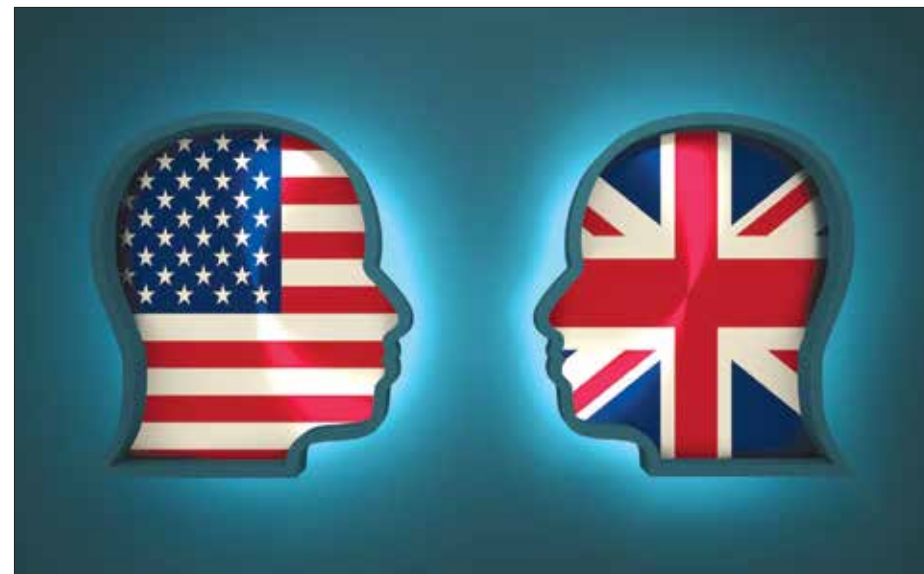


Photo by Adobe Stock

The first U.K.-U.S. scientific summit brought cancer research experts together to discuss bilateral collaborative opportunities to improve cancer care and reduce disparities.

in developing a research and innovation roadmap for the U.K. and U.S. to provide international leadership in transforming life with cancer. Over the two days, attendees were challenged to explore:

- How to realize the potential of prevention and early detection.
- How to address unacceptable health inequalities.

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New Hollings study reveals barriers, presents solutions to improve prostate cancer screenings

By JOSH BIRCH

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Ending health disparities isn't just something Nicholas Shungu, M.D., preaches — it's something he practices every day as an MUSC Health family medicine physician. It's one reason he led a new study revealing barriers, and presenting solutions, to improving prostate cancer screening decision-making among Black men.

"Historically, Black men haven't been included in studies that guide screening recommendations," Shungu said. "I've always had a desire to change that."

That desire became even stronger during medical school when Shungu's father was diagnosed with and treated for prostate cancer near their New Jersey home. That experience was a driving factor in a study led by Shungu that was published in the *Journal of the American Board of Family Medicine*.

In the study, titled *Barriers and Facilitators to Informed Decision-Making About Prostate Cancer Screening Among Black Men*, researchers found that the majority of the 21 Black men who participated didn't feel as though they had adequate information to make an informed decision about prostate cancer screenings.

"We know that Black men have a higher incidence rate and mortality rate of prostate cancer than white men," Shungu said. "Despite that, we are still falling short in providing adequate education about screenings and reaching the populations that are at a higher risk."

Participants in the study took part in a focus group to discuss their experiences as patients, their knowledge of prostate cancer screening and their attitudes toward screening recommendations. A majority of the men, 61.9%, had a friend or family member diagnosed with prostate cancer and had also talked with a doctor about prostate cancer screening before. However, only 47.6%

of participants had been screened for prostate cancer using a PSA blood test.

"I think there are two big takeaways. One, we as clinicians must do a better job about educating and talking with patients, especially Black men, about prostate cancer and screening options available to them," Shungu said. "Second, we really need to help patients feel more comfortable making a decision about prostate cancer screening."

Researchers identified several barriers in the study that affected the likelihood of making an informed decision about prostate cancer screening. In addition to not feeling educated enough to make an informed decision about screening, participants also told researchers that they hadn't had proper discussions with their doctors about the perceived benefits and risks of getting tested. There also was concern about pride and the fear that being screened could impact a man's sexual function.

"Screening doesn't affect sexual function," Shungu said. "If diagnosed with prostate cancer, there is the possibility of erectile dysfunction and urinary incontinence stemming from treatment, but that is down the road and not something caused by screening itself."

Katherine Sterba, Ph.D., an MUSC Hollings Cancer Center researcher and co-author of the study, said she was

also surprised about the confusion and misconceptions participants had about the types of screening tests available and the difference between prostate cancer screening and a colonoscopy. Sterba said many of the men thought that the only way to screen for prostate cancer



Sterba



Photo Provided

Researchers like Dr. Nicholas Shungu found that the majority of the 21 Black men who participated in a research study didn't feel that they had adequate information to make an informed decision about prostate cancer screenings.

was through a digital rectal exam and were unfamiliar with the PSA blood test option.

"This study is a great example of research questions coming directly out of clinical practice," Sterba said. "It's so important to listen to patients, understand their experiences and use research findings to guide clinical practice about how best to talk with and advise patients."

By providing better resources and education about prostate cancer screening and encouraging dialogue about it in the community, researchers believe more Black men would make informed decisions about screenings.

Shungu said efforts already underway at Hollings, such as the SC Amen Program, will play an important role in education and awareness within the Black community. Shungu believes that those efforts, along with candid discussions with their doctors about prostate cancer screening, could save lives moving forward.

"These are difficult conversations to have. We as doctors have to do better. We need to be more comfortable having real conversations with these men," he said. "I hope that this study and my work in medicine can help to reduce health disparities and save lives. That's my ultimate goal."

MUSC Angel Tree gift collection event set for Dec. 7 at Horseshoe

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- *Place the Angel tag with the unique numeric code provided, facing outwards.
- *Items too large for the bag can be affixed to each item with Angel tag
- *Return Angel gift donations to designated receptacles at the MUSC hospital/clinic lobbies (between Dec. 1 and Dec. 7), the MUSC Horseshoe Drive-through event (10 a.m. to 1 p.m., Tuesday, Dec. 7) or drop off at the Salvation Army-North Charleston or N. Charleston Convention Center (Hall C)
- For info, contact Melissa Kubu, 843-985-1020 or fullerme@musc.edu.

Managing your mental, emotional well-being through holidays

During the holiday season, many look forward to festivities with friends and family. But for others, this time of year can be a great source of stress, anxiety and depression.

There are a variety of factors that can bring on holiday anxiety and depression. Some people experience increased financial burden due to travel, gift or hosting costs. Others may feel overwhelmed, as the holiday season often includes a packed calendar of parties, performances and traveling that can be difficult to balance with everyday responsibilities and self-care as well as loneliness for those who are missing loved ones.

The increased activity associated with the holiday season can certainly be a great source of joy; however, it is important to plan and strategize ways

that you can cope with challenges and reduce levels of anxiety and stress in the months ahead.

MUSC's employee well-being program, Imagine U, contains a wide variety of resources and challenges designed to promote psychosocial well-being. Following are strategies and associated Imagine U challenges that you can place in your mental and emotional well-being toolbox as you as you move through the busy and often stressful weeks ahead.

PRACTICE MINDFULNESS

In addition to professional mental health care, mindfulness can be an extremely valuable mental wellness tool. Certain practices can be particularly helpful if you are traveling or running on an unusual schedule, particularly app/

mobile-based platforms that you can utilize on the go during the busy holiday season.

❑ Participate in the "Try a Daily Wellness App" Imagine U challenge and earn points for engaging with an app that promotes mindfulness and provides brief guided meditations such as Headspace or the Calm App.

AVOID USING ALCOHOL AND FOOD FOR COMFORT

While using food and alcohol for comfort or escape can seem appealing, particularly during the holiday season where social gatherings are frequent and sometimes stressful, substance use or emotional eating can ultimately worsen your issues. Studies have indicated that there is a 20% overlap between people

MUSC Health & Well-Being

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



with anxiety or mood disorders and substance use disorders, and substances can exacerbate symptoms. When you feel you need a relaxation aid, you can instead turn to a mindfulness tactic or other healthy coping mechanism.

❑ Participate in the "Avoid Stress Eating" and the "Alcohol Risk Reduction" Imagine U challenges to identify health-promoting ways to manage stress and avoid stress-related consumption.

COMMUNITY *Continued from Page Three*

"Leadership has been clear that participating in the Healthcare Equality Index is not necessarily about a certification. It's not about being able to put a badge on our website. It's really about taking us on this journey to improving the care and our work with LGBTQ folks," Glenn said.

Glenn is also waiting on a report from The Fenway Institute's National LGBTQIA+ Health Education Center, which will be developing cultural competency training customized to MUSC's needs, with the ultimate goal of LGBTQ patients feeling comfortable interacting with anyone on campus, rather than being directed to specific providers who are known to be LGBTQ-friendly.

The physician assistant program in the College of Health Professions has been working on this so that all of its graduates will have training working with people from a variety of backgrounds, said Emily Douglas, PA, an instructor in the Division of Physician Assistant Studies.

This year, she said, the PA program began teaching students in the History and Physical Exam Skills course to ask about pronouns and to use gender-neutral language. The PA program is also developing a mandatory cultural competency course, which will include lessons on LGBTQ issues.

Douglas required all of her students to attend the

Culturally Sensitive Care Workshop and to write up a reflection afterward. Many of the students commented that they had never thought about the necessity of creating a safe space within a clinical environment or how to do so, she said.

"That was something a lot of students really talked about, never thinking about before, but something that they're going to incorporate into their future practice," she said. "So that was really, really wonderful to see them have that 'aha!' moment."

Hopefully, that "aha!" moment will be replicated across the state this spring, Glenn said. The Department of Diversity, Equity and Inclusion is planning a virtual LGBTQ health care conference for April 7-8 targeting health care providers and students throughout South Carolina.

More information about the conference will be posted on the DEI website in the coming months. Glenn said he believes that there's an eagerness on the part of students and providers from all organizations to take part in this type of educational opportunity.

"LGBTQ identity is an important part of someone's health profile and knowing this information can in fact impact the care that they receive," Glenn said. "If we really are committed to providing the highest quality of care and meeting patients where they are, then this is an important part of that process."

GET MOVING OUTDOORS

Many individuals struggle with depression during the winter months because of a lack of exposure to bright lights as well as decreased physical activity due to colder temps, less daylight and busy calendars. Numerous studies have pointed to the mental health benefits of spending time in nature, including stress relief, better concentration and improved energy, in addition to the highly correlational relationship between physical activity and mental health. There is no doubt that physical activity, particularly in nature, can be highly beneficial for both physical and mental well-being.

❑ Participate in the "Volunteer at the Urban Farm," "Bike to Work" or "Involve the Whole Family in Moving More" challenges to boost your vitamin D levels and mood this holiday season.

For information on Imagine U or to access the entire catalog of challenges and the interactive well-being community on your desktop or mobile device via Microsoft Teams, visit www.musc.edu/iu

To get started, open Microsoft Teams, click on the Teams icon, select "Join or create a team" and enter the code u1due22. You'll receive immediate access to the team.

OMICRON *Continued from Page One*

careful not to panic. It's scary, there's no question that it's scary because of the genetics and the shape of the virus. But there are two key issues. One is the transmissibility of it. And the other one is whether it makes you sicker."

On the transmissibility front, Omicron seems to be a speedy spreader. The variant hasn't been identified in the U.S. yet, but Sweat said it's probably just a time. Two cases have already shown up in Canada, just to our North.

And Omicron's performance in South Africa shows it may have the edge on earlier mutations. "It does look like in Gauteng Province, specifically in the Johannesburg and Pretoria areas, Omicron really outcompeted Delta. Delta is very transmissible, and if Omicron outcompeted it, it's suggesting that it would do that on a larger scale."

But does that mean Omicron will

make people sicker than other variants or the original strain? Not necessarily.

"There's a chance that while it could be more transmissible, it could cause a very mild infection," Sweat said. "There are a few people in South Africa who were saying the cases were all mostly mild. But that may be because they were mostly in young people. Also, serious outcomes tend to take some time to develop. It's so early, they don't know."

We'll have a better idea in two to three weeks how ominous Omicron really is, Sweat said. In the meantime, we're in a better position to deal with a new variant than in the past. "We have several



Sweat

things on our side. We have learned a lot about transmission. You know, it's really transmitted through aerosols, and ventilation matters. Masking and avoiding indoor crowding help reduce your risk."

Also in our favor: The vaccines we have can be tweaked pretty quickly to take aim at Omicron if needed. "We may find that the current vaccines protect you pretty well, just like they have with the other variants. If not, I think within 100 days, the vaccine makers could get a fair number of updated doses targeting Omicron out to the public."

And new treatments are on the way, including antiviral pills. "They appear very promising. And if you just start adding it all together, it's starting to look more and more manageable."

But preventing a COVID infection is much better than needing to treat one, Sweat said. And on that front, there's time to take action as we face the threat of Omicron. "I would stress boosters. If

people haven't been boosted and they're eligible or haven't been vaccinated, now's a good time to do it," Sweat said.

Even if Omicron doesn't cause major disruptions, this is a winter to watch. "The virus has been following a very similar pattern, almost identical to last year. And if history were to play out the same way, we would expect to see another COVID wave in the new year. So you've got that force. That's been a big worry all along. Now, Omicron is another variable in the mix."

Sweat said now's the time to be a little more cautious. "I wouldn't panic. I'd probably continue to live my life, but you might want to think twice about going into a crowded bar without a mask on. And I'd watch for increases in cases. When you benefit the most from masking and distancing is when the virus surges and the number of cases is climbing."

SUMMIT *Continued from Page Seven*

- How to unlock underlying disease mechanisms to inform progress in diagnosis and therapy development.
- How to deliver faster and better new treatments and interventions.

Patient engagement was identified as a critical part of the process, targeting how best to improve access and participation in clinical trials as well as how to harness the power of health and biomedical data to transform lives.

Ford said the summit was a great success. "This was the first ever U.K.-U.S. cancer summit, so it was great to have experts from both countries meet together to discuss ways to work together to eliminate cancer as we know it," she said, adding that she learned the countries shared similarities, as well as some differences in terms of access to clinical and population-level data.

"There are many opportunities for us to work together to improve our data collection and analysis strategies moving forward. The commitment to improving cancer health equity outcomes is shared by investigators on both sides of the pond, and I look forward to what we can accomplish by our collective perspectives and specialties."

TESTING *Continued from Page One*

last summer, was still king.

But some experts, including Glen, are worried about Omicron because of its high number of mutations. It's been described as "almost Frankensteinish."

"It has many more mutations in the spike protein – like three, three-and-a-half times as many as we were seeing in the previous round of variants of concern," Glen said. "The amount of change that represents and the amount of uncertainty it brings is another big reason there's a lot of concern, along with the way it seemed to come out of nowhere."

It's unclear how contagious the new variant is. Scientists say it will take two or three weeks to get a better picture of how easily it spreads, how well vaccines work against it and whether antibodies can beat it back.

It's also unclear how sick Omicron may make people – and whether it will fizzle like some previous variants, Hirschhorn said. "There's always the possibility that these new variants pop up, but for one reason or another, they just don't take hold in, in our population or in our state. So we can cross our fingers."

But we can also prepare, she said. "It's probably a good idea to treat it like it's going to be bad, even though we don't know yet. I don't want to scare people, but at the same time, we've seen these things go both ways. With Mu and Lambda, we were concerned – rightly so – but they never took hold. It's important to think about as we go into another holiday season: How do we keep the people we love safe?"

MUSC has been playing a key role in South Carolina's

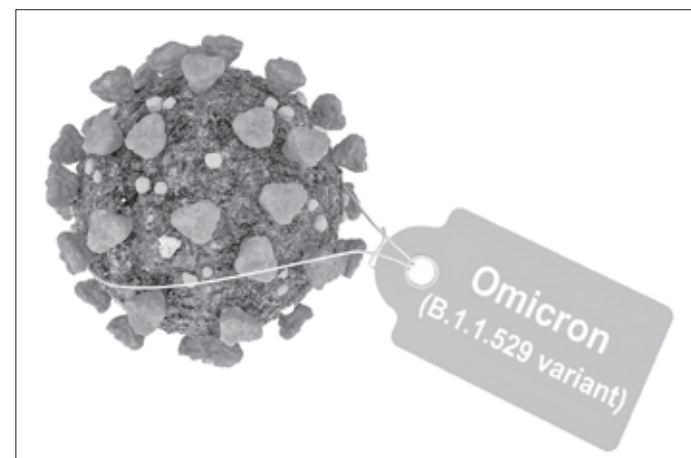


Photo by iStock

It's unclear how easily Omicron spreads or how sick it can make people, but the World Health Organization dubbed it a variant of concern in part because it has so many worrying mutations.

response to the pandemic from its early days, and Hirschhorn said the Omicron sequencing is a continuation of that. "MUSC is a health care leader in South Carolina, and as part of that team, I feel an obligation to the state to help monitor this public health situation. And I think that a service like sequencing variants brings comfort to people in some ways, because they know what's going on," she said,

"So often during this pandemic, we have all felt helpless – like we didn't know what was happening. And so to me, and to our lab, it's very important that we try and provide as much information as we can, so that way, people can at least feel a little bit of control."

THE KNIGHTS WITH AARON DIEHL

January 23 | 7:00pm

"Few ensembles are as adept at mixing old music with new as the dynamic Brooklyn orchestra."
-The New Yorker



Photo by Shervin Lianez

"Aaron Diehl is an aficionado of the early tradition of jazz piano."
-Broadway World



Photo by Maria J. Lyons

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