



Photo by Sarah Pack

Laura Grant hangs a picture of her daughter at the sickle cell center named in her honor.

## MUSC launches Rena N. Grant Sickle Cell Center

BY HELEN ADAMS

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The namesake of MUSC's new Rena N. Grant Sickle Cell Center was known for being so dedicated to her job with the South Carolina House of Representatives' Ways and Means Committee that she kept working even when she was in the hospital being treated for pain crises.

Grant, who was also the first African American to serve as director of legislation for the committee, made a big impression on lawmakers. Rep. Gilda Cobb-Hunter, one of three legislators who spoke at a ceremony launching the new center, said Grant was like a daughter to her.

"You really didn't know how much she suffered from a pain standpoint. Rena would be in tremendous pain, and unless you really knew her or took the time to really talk to her, you would have no idea, because she was the ultimate professional," Cobb-Hunter said.

Pain is one of the hallmarks of sickle cell disease, an inherited condition that affects an estimated 1 out of every 365 Black babies born in the U.S. It causes red blood cells to take on a curved shape and turn hard and sticky, making it painful for them to move through the body.

Grant's courage and perseverance as she dealt with that pain helped raise awareness in the state legislature about sickle cell disease. After her death at the age of 38, lawmakers allocated \$1,000,000 to MUSC to develop

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## 'I do believe we're likely approaching peak, if not already there'

BY HELEN ADAMS

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The summit of the Omicron surge in the Charleston Tri-county area may be in sight, says the leader of MUSC's COVID-19 tracking team. "I do believe we're likely approaching the peak, if not already there."

But Michael Sweat, Ph.D., wasn't ready to call it. "It's just a little too soon. I also think there's a chance for a bounce, with numbers going back up again if people let down their guard. The key message is ride it out. I think in a few weeks, we're going to be at a much lower rate."



Sweat

The rate has recently been sky-high, well over the pandemic's previous peaks. Sweat's team rates COVID's impact on the Charleston area "severe" in its latest online assessment. "I'd keep my vigilance up because we're at a very high transmission rate, even though it's potentially dropping. I think that so many people have been getting infected that Omicron is just running out of opportunities."

Sweat said the variant has followed a pattern in places it hit earlier than here, one he expects will repeat in the Charleston area. "It seems like about four to six weeks, it gets up to 300 or 400 cases per 100,000 people or higher and then drops."

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# MUSC Foundation receives record \$4.6M in grants from Duke Endowment

By CINDY ABOLE

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In mid-December 2021, the MUSC Foundation received four grants totaling \$4.59 million from The Duke Endowment — the largest amount it has awarded MUSC in a grant cycle.

The grants will launch four initiatives, each with long-term sustainability plans that advance MUSC’s vision to lead health innovation for the lives we touch, including a virtual home visits program that supports newborns and their families and a growth pipeline initiative to recruit future nurse practitioners and physician assistant professionals to serve patients in the Pee Dee area of South Carolina. The grants will also expand mental health programs for pregnant and new mothers as well as provide mental health services to sickle cell patients in South Carolina.

“We are grateful to The Duke Endowment for its major investment in our mission and their ongoing partnership to help us to lead health innovation for the lives we touch,” said David J. Cole, M.D., FACS, MUSC president. “These grants will make a significant difference as we seek to improve the well-being of children and their families, expand access to care and bolster mental health support.”

Co-principal investigators James McElligott, M.D., the MUSC Center for Telehealth, and Anahita Modaresi, Office of Institutional Advancement, will manage the innovative evidence-based Transform Healthcare in the Rural Pee Dee Region initiative that will provide an evidence-based rural health care model that features innovative telehealth services that can be shared around the Palmetto state and beyond.

The team will focus on identifying and recruiting diverse MUSC students from the Doctor of Nurse Practitioner and Physician Assistant programs to work at the new Black River Medical Center in Williamsburg County. Other priorities include developing onboarding and assessment strategies for retention

and quality of care, increasing life-saving cancer and diabetes prevention efforts as well as improving referrals to community-based nonprofits and culturally appropriate telehealth-enabled specialty services that were never offered previously in this area.

“We intend to make providers practicing in the Pee Dee area comfortable that they are supported with the full breadth of MUSC services and are practicing at the top of their license,” said McElligott. “During this grant-funded period, we will optimize the ability for local practitioners to collaborate with distant specialists, providing the highest quality of care. We anticipate that this richly collaborative environment will increase the job satisfaction for these local practitioners and improve retention within these health professional shortage areas.”

Since 1994, The Duke Endowment has invested nearly \$40 million in MUSC’s lifesaving mission. “The Duke Endowment is proud to partner with MUSC in developing and providing these innovative models of care,” said Lin Hollowell, director of the Endowment’s Health Care program area. “Our founder wanted his philanthropy to increase access to health care and improve well-being for all Carolinians, and that still drives our work today.”

Based in Charlotte, North Carolina, and established in 1924 by industrialist and philanthropist James B. Duke, The Duke Endowment is a private foundation that strengthens communities in the Carolinas by nurturing children, promoting health, educating minds and enriching spirits. Since its founding, it has distributed more than \$4 billion in grants.

The four MUSC Foundation-Duke Endowment grants will support these programs.

## ❑ Virtual Home Visits for Newborns and Their Families

**Principal investigator — Kathryn Cristaldi, M.D., Department of Pediatrics**  
**Grant amount: \$1,850,000**

South Carolina’s infant mortality rate consistently ranks among the highest in the nation. Low birth weight, sudden infant death syndrome (SIDS) and accidents are among the leading causes of death for babies in South Carolina.

With a grant of \$1,850,000, MUSC will start a virtual home visit program that gives families the healthiest start possible. Before they leave the hospital, families will be asked if they’d like a registered nurse to follow up with them at home.

During a virtual home visit, the nurse will check on the health and safety of the whole family, also screening for signs of depression and domestic violence. If needed, the nurse will connect families with additional resources and support that are available through the nonprofit SC Thrive, a statewide resource center.

“The program will provide all families of babies born at MUSC a video home visit with a registered nurse in the week after discharge from the hospital in order to assess the mother and baby’s well-being. Over the next several months the family will receive a series of text messages to screen for any medical or social needs. Families will then be connected to care via telehealth or in-person services,” Cristaldi explained.

## ❑ Transform Health Care in the Rural Pee Dee Region

**Co-principal investigators — James McElligott, M.D., The MUSC Center for Telehealth and Anahita Modaresi, Office of Institutional Advancement**  
**Grant amount: \$1,325,000**

A \$1,325,000 grant from The Duke Endowment will help MUSC to transform health care in South Carolina’s rural Pee Dee region. With this grant, MUSC will develop an innovative care model for its new hospital under construction in northern Williamsburg County.

This innovative care model will address one of the

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The MUSC Catalyst News is published bimonthly. Paid advertisements, which do not represent an endorsement by MUSC or the state of South Carolina, are handled by Island Publications Inc., Moultrie News, 134 Columbus St., Charleston, S.C., 843-958-7480, 958-7384, 958-7488 or 937-7489. E-mail: [advertising@moultrienews.com](mailto:advertising@moultrienews.com).

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# MUSC Health encourages blood donations in face of national shortage

By LESLIE CANTU

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Whether it's someone losing blood because of injuries from a car crash or a child with sickle cell disease who needs a transfusion, donated blood is critical to modern medicine.

In Charleston alone, MUSC Health goes through 500 units of blood each week. But blood supplies are alarmingly low, so much so that MUSC Health and The Blood Connection held a joint press conference Jan. 13 urging people to donate and to organize blood drives. Earlier in the week, the American Red Cross announced a "national blood crisis," citing the worst shortage in a decade.

"This is the most serious blood supply situation I have seen in 30 years of blood banking. But it's fairly simple to fix. All we need are blood donors. We need an hour of your time every few months, that's all," said Jerry Squires, M.D., Ph.D., medical director for the transfusion service at MUSC Health-Charleston Division.

Each donor generates one unit of blood. But fewer blood donors, whether because of canceled blood drives due to COVID-19 or fears of exposure to the virus, has meant that blood collection organizations are struggling to supply hospitals. Wintry weather in the Upstate will mean canceled blood drives, which will further affect the supply in the Carolinas and Georgia, The Blood Connection pointed out. It expects to collect 40% less blood than what hospitals need in the next 30 days.

"As a general surgeon, having blood readily available is critical. Sometimes it's not only to have blood to replenish somebody who's lost blood — for example, in a trauma patient — but something as simple as reversing the effects of blood thinners to allow us to do a procedure safely. It helps us get patients safely through those procedures," explained Hatem Abdallah, M.D., medical director for robotic surgery at MUSC Health-Florence Division.

As a specialist in minimally invasive robotic surgery, he doesn't use blood products as often as surgeons doing open procedures. But, he said, when it's needed, it's critical that it's available.

"If you don't have it available, it becomes a big problem for the patient," he said. "It makes a huge impact on the patient's care. It can delay care; it can prolong things. It can increase morbidity."

Just such an example of delayed care has played out in Charleston. Derek DuBay, M.D., chief of the Transplant Integrated Center of Clinical Excellence, said a liver transplant and a heart transplant were both canceled because there wasn't enough blood to carry out the operations.

Michelle Hudspeth, M.D., director of Pediatric



*Photos by Sarah Pack*

**Nurse Tracy Pennycuff donates in a bloodmobile in this photo from 2020, prior to mask requirements on the MUSC Health campus.**



**Doctors are asking community members to roll up their sleeves to give blood.**

Hematology/Oncology at MUSC Children's Health and director of Adult and Pediatric Blood and Marrow Transplantation at Hollings Cancer Center, said that for her patients who need blood transfusions, blood is the only thing that can help.

"I don't have a substitute. This isn't an antibiotic that I can pull another drug from the shelf, and it will all be fine. It won't be fine. We simply don't have a

substitute," she said.

MUSC Health is hosting blood drives in the coming weeks at its campuses in Charleston, Florence and Lancaster. In addition, both the American Red Cross and The Blood Connection are hosting blood drives across the state.

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# Chickenpox, fit testing and other things you need to know about COVID

BY BRYCE DONOVAN

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Back in the '80s — in between wearing teal windbreakers and listening to Duran Duran — tens of millions of kids were coming down with the chickenpox. Ask anybody who ever had varicella as a kid and they'll all say the same thing: It sucked. You broke out in a rash, got a fever. It just wasn't fun. But for as terrible as it was to contract it as a child, it was 10 times worse to get it as an adult. So, some enterprising parents came up with the idea to try to give it to their kids on purpose, you know, to save them worse pain down the road. Affectionately referred to as "pox parties," the solution was to have a child with chickenpox host a sleepover with those who had never had it, thus spreading the love all around.

In theory it was a solid idea. But the Centers for Disease Control and Prevention (CDC) strongly

discouraged it for one obvious reason: You just never knew when it could become deadly.

Today, we are starting to see somewhat of a similar phenomenon happening with Omicron. Or, at least, people are openly flirting with the idea of purposely getting Omicron so they can just get it over with.

"I have heard that, even from colleagues, so it's not an uncommon sentiment," said Danielle Scheurer, M.D., MUSC Health System chief quality officer, who oversees all things COVID for the hospital system. "But if we have learned nothing else from all these waves, it's that we still don't know how it will affect everybody. And I'm just not sure it's worth taking the chance."

With the ever-changing COVID landscape, we are periodically checking in with Scheurer to ask her the most pertinent questions that are hanging in the balance.



Photo by iStock

**In the 1980s, some parents used to get their kids together for special parties. Only instead of blowing confetti around, it would be chickenpox.**

## What you need to know about COVID-19 – Part 12

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

**Q. What is MUSC Health doing for people who still have residual issues from COVID, the long-haulers as they are called?**

A. We have a plan for starting up a long COVID clinic in the very near future. We're just finalizing recruiting the providers who are going to run it. As for how it will be run, fortunately, there are plenty of blueprints out there, so we know how we want to approach it. For the most part, it will consist of symptom management and reassurance. For example, if you have a prolonged cough, we know how to ameliorate coughs, so we can treat that. Same with sleep afflictions. That said, some people may need a higher level of care — maybe they're dealing with severe anxiety or depression — and in that case, we may need to refer them to a specialist so they can get the targeted care they need.

**Q. Why, for people who aren't in the high-risk categories, is the idea of purposely getting Omicron a bad idea?**

A. First off, I'm not willing to take the risk that it will be mild and everything will be just fine. We still have those one-off cases where healthy young people get really sick from COVID, and we just don't know why. Second is the risk to others. I personally live with my 78-year-old mother-in-law. I'm also more risk averse than other people because the fear of bringing it home to her is substantial. And all bets are off on long COVID. Sure, we think it's less likely to happen with Omicron, but it's still not zero.

**Q. What percentage, roughly, of our cases are Omicron? What percentage of our admitted COVID patients are unvaccinated?**

A. As of our most recent data, we were at 97%, but it's rising fast. When it comes to the percentage of patients who are hospitalized and unvaccinated, it's about 72%. We're definitely seeing more breakthrough cases with Omicron. Unfortunately, it makes some people think, "What's the point of getting vaccinated?" But even the ones who are vaccinated and unlucky enough to get hospitalized because of COVID, they're not as sick because of it.

**Q. How long do you think it will be before there is only Omicron?**

A. Delta will be gone very soon. I'm talking days. Honestly, because some of the data lags a little bit, we might even be there now.

**Q. How easy is it to get tested with MUSC Health, and how quickly can people expect results?**

A. We're in better shape than we were a couple of weeks ago. Our two collection sites are walk-up only, so you don't need an appointment, and you shouldn't have to wait long, if at all. As for speed, right now our average turnaround time for results is about 12 hours for a PCR test.

**Q. Are at-home tests helpful or reliable?**

A. All of the tests you do at home are antigen tests. Meaning they don't detect the molecular structure of COVID, so they're not as sensitive. So on the one hand, they might miss it in the early stages, but on the other hand, a positive is very helpful. If it sees it, it's probably there. It's hard to get a positive if you don't have the virus. But let's say your at-home test is negative, and you have enduring symptoms for a day or more, it's probably a good idea to follow up with a more sensitive test from one of our sites.

**Q. Where do we stand on disinfecting surfaces? Is that something that is still done or needs to be done?**

A. There's not really good evidence that COVID hangs out on surfaces for a long time. So these places that do deep cleans all the time, it's probably unnecessary. But wiping down your desk after somebody who is COVID-positive was around, that's probably a good idea. As far as routine daily or weekly deep cleans, they might make people feel better, but I'm not really sure they're doing much risk reduction.



## MEET CORLISS



Corliss Johnson

**Department; Years at MUSC** *Innovation Station–Information Solutions; 4 years*

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

*By providing good customer service at the Innovation Station's temporary location at 135 Cannon Street*

**Family**

*Kaila, daughter, and son, Javian*

**What music is in your player right now**  
*90s R&B*

**The first thing you notice about a person**  
*His or her smile*

**A vacation you're looking forward to**  
*Aruba for my daughter's 21st birthday!*

**A New Year resolution you want to keep**  
*To step out on faith and trust God*

**Greatest moments in your life**  
*When I had my kids*

**Favorite Quote**

*"Good. Better. Best. Never let it rest. Until your good is better and your better is best."*

## All New MUSC Brand Boutique

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**ABOUT THE COURSE**  
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This course includes a project participants will work on throughout the course. MUSC Health care team members are all invited to apply with a specific topic in mind.



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CENTER *Continued from Page One*

of 38, lawmakers allocated \$1,000,000 to MUSC to develop a comprehensive approach to treating sickle cell disease, raising awareness about the condition, studying ways to cure it and teaching health care providers across the state about the disease and the pain it causes. MUSC will also establish a Rena N. Grant Endowed Chair for Hematology.

Grant’s mother was on hand for the center’s dedication. “It’s so amazing, and it shows how many people loved Rena when she was alive. They’re still showing compassion for her after she’s gone. Now that she’s no longer here, her work is already done. But it will be finished out through the work that MUSC and the elected officials will do for people with sickle cell in the future,” said Laura Grant.

MUSC President David Cole, M.D., said the center will help people across the state. “This is a significant step forward toward improving health care access and outcomes for South Carolinians who live with sickle cell disease and sickle cell trait.”

MUSC Health CEO Patrick Cawley, M.D., called the center’s opening a natural and much-needed development. “Each year, we see approximately 300 adults and 500 children

with sickle cell disease who come to our clinics for care from all over the state. Our adult patients alone account for approximately 3,000 outpatient visits a year. That’s an average of 10 per patient for many reasons, including a lack of access to specialized care and low provider awareness of how best to manage this disease in the emergency room and acute care setting,” he said.

“Hospitalization is very high among sickle cell patients, particularly adults. These funds will support a center of care focused on people with this disease. That’ll help us to No. 1: provide more



Cawley

*“These funds will support a center of care focused on people with this disease. That’ll help us to No. 1: provide more outreach to rural and underserved areas; No. 2: increase service access for people in need of specialized care; and No. 3: address some of the health disparities we see among people with sickle cell disease.”*

**Patrick Cawley, M.D.**

outreach to rural and underserved areas; No. 2: increase service access for people in need of specialized care; and No. 3: address some of the health disparities we see among people with sickle cell disease.”

Temeia Martin, M.D., director of the adult sickle cell clinic at MUSC Health, described changes already underway. “To this date, we have already increased our clinical space to allow for co-location of health care services, which improves care coordination and convenience. This central location for clinical services has room for additional infusion beds so that more patients can have access to curative and treatment therapies. And also, it helps to reach our future goals of adding a general therapies staff and more clinic hours.”

She said the center will add a nurse to coordinate chronic and transitional care and aims to hire a program coordinator and educator. “We want to implement this on a statewide basis in raising



Martin



*Photos by Sarah Pack*  
**Sean Nelson, director of Ambulatory Services for primary care at MUSC, gives a tour of the Rena N. Grant Sickle Cell Center at Rutledge Tower to Grant’s mother and other family members.**



**Rep. Gilda Cobb-Hunter, who worked closely with Rena N. Grant, speaks at the dedication for the sickle cell center.**

awareness, improving access to care and providing best practices and care pathway education.”

David Zaas, M.D., CEO of MUSC Health’s Charleston Division, called MUSC’s growing role in advancing treatment and knowledge about sickle cell disease a privilege. “We all believe that in sickle cell care, the science and innovation are really advancing and will improve the care for generations to come.”

**Other goals of the MUSC Rena N. Grant Sickle Cell Center**

- ☐ Open the clinic on weekends.
- ☐ Offer art therapy, pet therapy, massage therapy and acupuncture.
- ☐ Increase mental health services.
- ☐ Add to existing palliative care services to improve management of patients’ symptoms.

# Life-changing surgery for a toddler in chronic pain due to rare pineal cyst

BY KAT HENDRIX

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What do you do for a child who won't stop crying? As Kayla and Derek Fernandez discovered, sometimes brain surgery is the answer. A few weeks after their 4-year-old Sophie was diagnosed with febrile seizures, 6-month-old Giuliana also began showing signs of epilepsy. "Her eyes would roll back, and her pupils were extremely dilated," said Kayla. "Derek was on the road a lot since he'd started working as a truck driver, after his job as a chef disappeared in COVID. So, I took a video and sent it to him and some other family members. But everyone said it was probably nothing."

Kayla tried not to worry. After all, the doctor had assured them Sophie would outgrow her seizures. They thought Giuliana might be going through the same thing. But a week later, she slammed her forehead on the jumper-seat tray several times in a row. "When I laid her on her back, it kept happening, but it just looked like she was doing a crunch," said Kayla. Her head-dropping episodes continued over the next few weeks, and Kayla became alarmed. "I found a description of infantile spasms online that sounded exactly like what she was doing. It said they could be deadly, and I panicked! We went straight to the emergency room."

Giuliana's electroencephalogram (EEG) showed seizure activity, and they were immediately referred to the nearest children's hospital in Houston, an hour from their home in Magnolia, Texas. "We stayed for five days while they did a series of EEGs. Then, they just sent us home," said Kayla. "They told us her tests were inconclusive. She was having pre-seizure activity that didn't progress to full-blown seizures. They said it was like smoke without a fire, but they put her on anti-seizure medications." Giuliana also had a magnetic resonance imaging (MRI) study that found nothing of concern.

At home, Derek's parents moved closer to help Kayla care for the girls. "Giuli had these head-dropping things up to 100 times a day. She was exhausted by it,

but she couldn't sleep. She cried all the time and would grab her head and arch her back in pain," said Kayla. "She was never happy — never."

By the spring, they decided to wean Giuliana off the seizure medications because they had not helped her head-dropping or pain. "She just screamed and held her head a lot. She'd trip and fall if it happened when she was walking. She had big goose eggs on her head all the time. She'd drop her head in her food at dinner. It was a nightmare," said Kayla.

In September, Giuliana's neurologist ordered a second MRI and saw a pineal cyst, deep in the center of her brain. "He called us the next day and said we needed to find a surgeon," Kayla recounted. But after consulting with multiple pediatric neurosurgeons around Houston, they still had no answers. "We went to two different children's hospitals and saw specialists in three different medical groups," said Kayla. "Every one of them said there was no way the pineal cyst was causing this. I'd ask, 'How do you know that?', and they'd say they just knew. But they also didn't have another answer."

After a year of hearing their child cry in constant pain, they were desperate to help Giuliana.

One day, Kayla saw a Facebook post mentioning the high success rates that Sunil Patel, M.D., a neurosurgeon at MUSC, had had in treating pineal cysts in adults. "It scared us to think what it would cost to go out of state, but we called anyway," said Kayla. "His office referred us to Dr. Infinger in pediatrics, and we got a video consultation right away. She told us Giuli's cyst was visible on her first MRI and was probably causing her symptoms. She said it could also cause even more problems, like hydrocephalus, in the future."



Infinger



Photo Provided

**The Fernandez family talks about their experience with MUSC Children's Health and how pediatric neurosurgeon Dr. Libby Infinger helped their daughter Giuliana.**

*"The Exoscope is a fantastic tool. We can do procedures much faster and with less tissue trauma because there's a smaller incision."*

**Libby Infinger, M.D.**

While pineal cysts are typically benign, Giuliana's was an exception, said Libby Infinger, M.D., a pediatric neurosurgeon at MUSC Children's Health. "We often find incidental pineal cysts on MRI, and the majority don't cause any symptoms — but there was clearly something very wrong here. Giuliana's cyst was compressing the brain structures around it. So I recommended removing it."

The Fernandez family prepared to make the trip from Texas to South Carolina. "My in-laws drove their big

RV with Sophie, and we flew in with Giuli. We really needed their support. She wasn't even 2 years old, and she was having brain surgery. Plus, we could all drive home together. We didn't want to put her back on a plane afterward."

The family did not know that MUSC was one of the first children's hospitals in the country to acquire a revolutionary surgical technology called the Synaptive Exoscope. "The Exoscope is a fantastic tool," said Infinger. "We can do procedures much faster and with less tissue trauma because there's a smaller incision. It's also more efficient because the entire team can see what you're doing on a big screen, so they can anticipate what you'll need."

In addition, because the MUSC team has used this new technology longer, they are highly skilled. "It's a rare operation because you don't usually need to remove pineal cysts. Not everyone is trained in how to approach these excisions because they're deep in the center of the

See **PAIN** on page 11



# Study shows effectiveness of vaccine against ICU stays

By **LESLIE CANTU**  
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Vaccination is not only effective in keeping teens out of the hospital because of COVID-19, but it's also effective in keeping teens from becoming so ill that they must stay in the intensive care unit or receive life support, according to a report in the New England Journal of Medicine.

There's huge variation in what it means to be hospitalized, pointed out Elizabeth Mack, M.D., division chief of Pediatric Critical Care Medicine and a spokeswoman for the American Academy of Pediatrics. As the principal investigator at MUSC Children's Health for the Overcoming COVID-19 study, she is also an author on the new report. "Vaccines, including COVID-19 vaccines, aim to prevent serious illness and mortality, and we now have evidence in children that the COVID-19 vaccines have done exactly what they should."

The study compared 445 COVID-19 patients at 31 hospitals in 23 states with 777 patients who didn't have COVID-19. All of the patients were between 12 and 18 years old.

Of the 180 teens who were admitted to the ICU, only two had been vaccinated, according to the report. None of the 13 teens who needed extracorporeal membrane oxygenation or the seven who died were vaccinated.

At MUSC Children's Health, none of the children who have been admitted for COVID-19 has been vaccinated, Mack said.

"We, unfortunately, contributed a significant number of children with COVID-19 to this study," Mack said, due to the case rates in South Carolina.

The two groups in this study — the COVID patients and the non-COVID patients — were similar in that 70% in each group attended in-person school. Of the COVID patients, 74% had at least one underlying condition, and



*Photos by Sarah Pack*  
**Nurse Alexandra Rosol, left, and Dr. Elizabeth Mack prepare to go into a COVID patient's room at the MUSC Shawn Jenkins Children's Hospital.**

among the non-COVID patients, 70% had at least one underlying condition.

Mack noted that underlying conditions are quite common.

"Here in South Carolina, one in three children is overweight," she said.

And one in 12 children in the state has asthma.

"These underlying conditions are not uncommon in our state. When you think, 'These aren't our kids' — they are."

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# Cervical cancer survivor shares advice with others, inspires daughter toward health care career

By JOSH BIRCH

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Seeing a child graduate from college is special, but for Mikiko Dollard, 48, her daughter's upcoming graduation at The Citadel in May will be even more meaningful. Neither knew if Mikiko would be able to attend the graduation after she was diagnosed with stage 3b cervical cancer in 2020.

"I was always tired and felt some pressure building in my stomach. Weeks had gone by, and I was losing a lot of weight and just knew something wasn't right," Mikiko said.

At first, doctors near her home in the small town of Johnsonville, South Carolina, told her she had a urinary tract infection and low vitamin D levels. But she continued to push her primary care doctor to investigate further and eventually had a Pap smear and ultrasound performed. It was in July 2020 when Mikiko heard the words no one can fully prepare for — you have cancer.

Despite not having a family history of cancer, Mikiko, native-born Japanese, took the diagnosis in stride, determined to do whatever was needed to be there for her two daughters and husband of 23 years. To her daughter Mya, 22, a senior at The Citadel, the diagnosis came as a blow.

"This all took place in the middle of the COVID-19 pandemic. Students at The Citadel were supposed to limit their travel off campus to help slow the spread," Mya said. "I had to get special leave to go home and see her. At the time, I didn't know if I would even go back to school because I was scared my mom was going to die. But my mom wanted me to finish school, so that is what I'm doing."

In August 2020, Mikiko began a grueling six weeks of chemotherapy close to her home. "Chemotherapy was really difficult. By the time it was done, I had

lost about 30 pounds and felt weak. I couldn't do the things that I love, like cooking for my family."

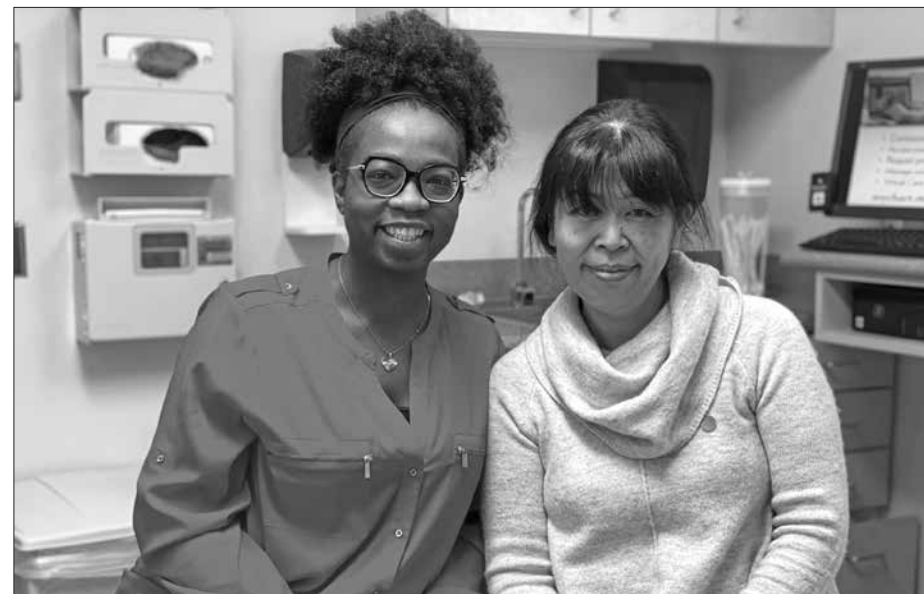
Following chemotherapy, Mikiko was scheduled to begin radiation at a facility in Columbia. However, her radiation plan quickly changed due to her existing fibroids and endometriosis, which would complicate her care plan. Doctors knew she would need the best specialist to treat her, which is why in the fall of 2020, she was referred to MUSC Hollings Cancer Center. "I was told the specialists at Hollings would be able to do precise internal radiation and provide better care. For me, it was a no-brainer."

It was at Hollings that Mikiko met her team of doctors — Jerlinda Ross, M.D., a gynecologic oncologist who would oversee her care, and Samuel Cooper, M.D., a radiation oncologist tasked with pinpointing her radiation treatment to provide the best possible outcome.

Ross said Hollings offers patients what no other facility in the state can — access to clinical trials and specialists who are well-versed in the latest developments in cancer care. "We have specialists who can treat complicated cases to provide the best possible care to the patient," Ross said. "In her case, the fibroids distorted imaging of her cervix, which may have impacted where radiation was given or the dosage that was used. However, thanks to the expertise of Dr. Cooper, we were able to work through those challenges and deliver the appropriate dose of radiation where it was needed."

Having her mom at Hollings was a blessing for Mya, who was just a few miles away at The Citadel. Both mom and daughter were impressed with the care at Hollings from the moment they arrived.

"The staff at Hollings mean a lot to us," Mya said. "They made my mom feel part of the family and like she wasn't even at a doctor appointment. My mom can ask questions and trust them completely. You can tell that they



*Photo by Josh Birch*

**Dr. Jerlinda Ross, left, is pleased with how far Mikiko Dollard, right, has come during her battle with cervical cancer.**

are genuine and really care about their patients."

Ross believes that providing care goes beyond the cancer itself — it's about creating a support system and a holistic approach that treats both the physical and mental health aspects of the patient. "I think that is what we strive for. We want the patient and their family to feel like we care about them at an individual level — because we do."

Ross believes Mikiko's story provides women of all backgrounds an important lesson — if you notice something isn't right with your body, continue to follow up with your doctor until there are answers.

## INSPIRING THE NEXT GENERATION OF HEALTH CARE WORKERS

More than a year since treatment ended, Mikiko still makes several visits a year to Hollings for routine checkups and scans to ensure her cancer hasn't returned. She is back to doing what she loves, which includes cooking her favorite Asian dishes for her family.

Mikiko is thankful for her doctors at Hollings who provided a chance to live life after cancer. Based on her most recent scans, Mikiko remains free of any evidence of disease. "My doctors gave me options and involved me in the decision-making, which meant a lot to me," Mikiko said. "I felt comfortable at

Hollings and really trusted everyone who was caring for me.

Her cancer journey has been impactful — not just for herself but also for Mya, who is now determined to help other cancer patients as a nurse.

"I had always wanted to be a nurse, but my mom's diagnosis really changed my focus to want to become an oncology nurse," Mya said. "I saw the support and care that nurses at Hollings provided her, and I wanted to be that for someone in their life."

Mya also wants to become an advocate for cancer prevention and encourage other men and women to get the human papillomavirus (HPV) vaccine. HPV can cause several types of cancer, including cancers of the cervix, vagina, vulva, penis, anus and several types of head and neck cancers. The HPV vaccine is the best way to avoid developing those types of cancer.

Mya has already received her HPV vaccine. She hopes to encourage others to do the same as a future oncology nurse and a daughter of a cervical cancer survivor. "I've really become more aware of the importance of maintaining routine checkups while in nursing school," she said. "I'm a big advocate for the HPV vaccination that can hopefully prevent others from going through what my mom did."

GRANTS *Continued from Page Two*

biggest issues facing Williamsburg County: a lack of diverse health care providers. MUSC will create a pipeline program to recruit diverse Doctor of Nursing Practice and Master of Science in Physician Assistant Studies students from rural and low-income communities. Students who commit to working at the new hospital for at least two years after graduation will receive a scholarship to MUSC. The hospital will also be fully integrated with the MUSC Health system, with shared medical records and robust telemedicine capabilities that will provide patients with access to services and specialists throughout the entire statewide system.

☐ **Support Mental Health of Pregnant Women and New Mothers**

Principal investigator — Constance Guille, M.D., Department of Psychiatry and Behavioral Sciences  
Grant amount: \$895,229

An estimated one in seven pregnant women and

new mothers become clinically depressed during pregnancy or in the year after birth. Most obstetricians and gynecologists do not have the training or resources to help these women. As a result, few are diagnosed or treated.

An \$895,229 grant from The Duke Endowment will support a new MUSC program that provides pregnant women and new moms with immediate access to mental health care. The program will connect women to a care coordinator who can assess their risk and, if needed, get them access to a psychiatrist within 30 minutes of the call. The program also includes real-time psychiatric consultations and training for providers who serve pregnant and postpartum women.

☐ **Mental Health Support for Sickle Cell Disease Patients**

Principal investigators — Elizabeth Crabtree, Ph.D.,



Guille

Value Institute; Temia Martin, M.D., Department of Psychiatry and Behavioral Sciences; and Michelle Hudspeth, M.D., Department of Pediatrics-Pediatric Hematology/Oncology

Grant amount: \$525,229

Sickle cell disease is a hereditary blood disorder that predominately affects the Black community. In South Carolina, as many as 4,500 people are living with the disease.

Sickle cell disease can cause extreme pain and other serious health issues that lead to frequent hospital stays. Symptoms of depression and anxiety are also common in these patients. Some patients also develop substance abuse issues, trying to manage the pain.

Currently, MUSC's adult and pediatric sickle cell disease clinics are focused on pain management. With this grant of \$525,229, MUSC will be able to dedicate a clinical psychologist and licensed professional counselor to embed mental health services in these clinics.



Hollings Cancer Center  
An NCI-Designated Cancer Center



# Road Map to Our Future

Join a virtual town hall to hear exciting updates and developments on the future of cancer care at MUSC Hollings Cancer Center.

## JANUARY 28 • 12 P.M.

The town hall will include a presentation by Dr. Raymond N. DuBois, MUSC Hollings Cancer Center director, as well as a panel discussion and a Q&A session.

Register for the Zoom event at: [musc.co/hollingsroadmap](https://musc.co/hollingsroadmap)



**Nomination Form and Cover Sheet**  
(Please include with complete nomination packet)  
**The Earl B. Higgins Award 2022**

The Earl B. Higgins Awards, presented annually, were established to honor the former director of minority affairs, Dr. Earl B. Higgins, and acknowledge the outstanding contributions, persistence and dedication individual members of the MUSC community (students, faculty, staff and healthcare professionals) make towards enhancing and advancing diversity and inclusion at the Medical University of S.C. Nominees should have contributed significantly in **three** of the following five areas and **refer the appropriate areas of service in letters**. **Nominees contributing in more than three areas are given greater consideration.**

- Enriches diversity through student, faculty, staff and/or patient recruitment, retention and enrichment
- Improves/enhances diversity through excellence in service to patients, families, and visitors
- Advances two or more of the several targeted areas of the D&I strategic plan: education and training, engagement and inclusion, communications/community relations/outreach and impacting performance outcomes and assessment
- Recognizes and takes initiative to act upon potential opportunities to significantly affect/influence the organization's academic health center environment as it pertains to embracing diversity
- Demonstrates an understanding of the benefits of diversity within MUSC and throughout the community and promotes outcomes that "create an inclusive experience for the lives we touch."

**Nominee:** Indicate below if you are nominating for the University, Student or Health Leadership award

Name \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Department \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_  
DIE Leadership Award Category (check one) Student \_\_\_\_\_ University \_\_\_\_\_ Health \_\_\_\_\_

**Nominator (must be a MUSC employee or student)**

Name \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Department \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_

**Check list:**

- ✓ Nomination form/cover sheet, résumé and nominator's letter clearly describing the contributions made by the nominee in three of the five categories noted above.
- ✓ Three letters supporting the nomination: nominator's letter and two supporting letters

Once completed, please **send this form and all supporting documentation** electronically to [diversity@musc.edu](mailto:diversity@musc.edu).  
Contact Adrian Swinton with questions: [swintona@musc.edu](mailto:swintona@musc.edu)



**PAIN** *Continued from Page Seven*

brain. It's a fairly risky procedure," said Infinger.

Giuliana's surgery went smoothly and took about four hours to complete. "It's tough seeing your kid with all the IV lines, in a hospital bed, but they're so resilient," said Kayla. "She was eating fruit loops almost as soon as she woke up, and by day three, she was running around the room." Giuliana was discharged within a week, and the Fernandez family set out on their drive back to Texas.

With her incision now healed, Giuliana has made a full recovery. "She's a completely different child," said Kayla. "We haven't seen a single head drop or pain episode since the surgery. Best of all, she's sleeping through the night and even takes naps during the day. Her whole demeanor — the way she laughs and smiles, the way she plays. It's just amazing. Before, she didn't even touch her toys because she felt too bad to play. It makes me sick to my stomach that she was so miserable for so long."

Since Sophie has not had any more febrile seizures since turning 5, the whole Fernandez family is getting a new start. "We're hoping this is the year we can just live a normal life like a family," said Kayla. "If we hadn't found Dr. Infinger, we'd still be going from one specialist to another, looking for answers. I hate to think how many other parents might be out there looking for answers like we had to. We're just so grateful for everyone who helped us at MUSC. It's like they gave us a whole new child."

**BLOOD** *Continued from Page Three*

Terri Botti, divisional director at The Blood Connection for the coastal region, urged the public not only to donate but to organize blood drives and encourage family and friends to donate.

"Any business, church, gym, HOA, community center or school can host a blood drive. All we need is a space and donors. We'll take care of the logistics. We are urging everyone to please consider where you can host a blood drive and give us a call," she said.

**PEAK** *Continued from Page One*

The Tri-county area, which includes Berkeley, Charleston and Dorchester counties, hit 416 cases per 100,000 people on Jan. 15. Sweat said the Omicron variant, whose severity has been called "milder but not mild" compared with other COVID strains, is infecting so many that a growing number of people are ending up in hospitals.

"We have more people in the hospital now than we've ever had with COVID. But the good news is the number of days in the hospital for people with COVID at MUSC is down to four. It was historically about seven or eight. And the number of days in ICU is down to three. That's usually been higher. It got up to 11 days in the past. The amount of time people stay on ventilators is also way down."

But some are still dying from COVID every day, as the South Carolina Department of Health and Environmental Control notes in its COVID dashboard. "A lot of models are suggesting we're going to have a lot of mortality in the coming weeks, as

mortality lags cases by several weeks."

Sweat, a professor in the College of Medicine, an adjunct professor at the Johns Hopkins Bloomberg School of Public Health and a former research scientist with the Centers for Disease Control and Prevention, encouraged people to get booster shots. "Boosting is just so important, and I believe only 16% of the people who've been vaccinated have gotten a booster. It's so protective against serious illness. I really think it's a missed opportunity that we are facing."

As for what we're facing once the Omicron wave ebbs, Sweat has a prediction. "I'm optimistic about the spring. I'm just kind of curious what'll happen going forward from that. I think we're going to see a fairly long period of low rates."

But he also has a big concern. "The question is will there be other variants that aren't so mild? There's no reason to think that a new variant will be less severe. It could be way more severe. I think the lesson of all this is the unpredictability. We're dealing with a complicated virus."

**COVID** *Continued from Page Four*

**Q. What kind of mask should I be wearing? Does the answer vary depending on the situation/environment?**

A. The CDC just came out with some updated mask guidance. But here's the bottom line: Any mask is better than no mask. It really boils down to what you can tolerate. If it's just a cloth mask, wear a cloth mask but surgical masks are more effective than cloth masks and KN-95 masks are more effective than surgical masks. Of course, N-95s are still the gold standard, but that's when they are fitted properly. For most people, KN-95 masks are a great option because they have very effective filters but also are pretty comfortable and do not require fit testing. They're cheaper, easier to find and for the average person, do just as good a job. Where N-95s become stronger is when they are fit tested.

**Q. What exactly do you mean by "fit tested"?**

A. There are a few different ways to fit test a mask. Usually we do a method where we have someone who knows what they're doing to fit it to the team member's face. Then we put the person in a chamber — it kind of looks like a giant bubble — and we spray a sucrose mist into the air, and if they can taste it or smell it, it's not a good fit. It's not completely objective, sure, but it's a pretty solid method, all things considered. All of our front-line care team members have been fit tested for N-95s.

**Q. At what point should somebody who is positive go to the hospital?**

A. Certainly, if you are experiencing significant shortness of breath. If you have the luxury of knowing your blood oxygen level, anything less than about 90%, you

need to be seen. Chest pain, near fainting, passing out: all the usual "somebody needs to see me" signs apply for COVID.

**Q. How rare is MIS-C, and are there any commonalities in the kids who contract it?**

A. MIS-C is a rare condition; it occurs in 316 children per 1 million infections. Of the ones who end up with it, most of them have comorbid conditions like asthma and/or obesity, and most are unvaccinated. But MIS-C is also super unsettling because we get zingers with it too. Sometimes we have a patient that doesn't fit any of the at-risk criteria, and they get ill, and it's so confusing. So while it's unlikely your child will get MIS-C — no one can guarantee it's not going to happen, even without risk factors. The best protection remains vaccination.

**Q. Can you foresee a future where we aren't wearing masks and things are relatively normal?**

A. I say this all the time, but it's all about the variants. They will predict our future. But as for returning to "normal," I'd say we're nearly there now as far as learning how to co-exist with COVID. Most of us are back to work. Most schools are doing in-person learning. It doesn't really feel like we are closed up or locked down. People are starting to travel and see their families. I feel like we are finding a decent balance.

*\*\*Have a question you'd like answered? Email it to donovanb@musc.edu with the subject line "Vaccine Q."*

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