



Photos by Sarah Pack

MUSC 2022

Back together *Better together*

Clockwise from left: Susan Burroughs, MUSC Health Columbia Medical Center Northeast, left, hugs Pam Roberts, MUSC Health Kershaw Medical Center, during the one-year anniversary celebrating MUSC Health Midlands; Natalie Bily holds her almost 2-year-old son, Maverick Bily, as he high-fives Ciera Reed, after she administered the Pfizer pediatric vaccine to him. Maverick was the first child in the newly eligible age range of 6 months to under 5 years old to be vaccinated with Pfizer/BioNTech's COVID-19 vaccine at MUSC; Parade attendee Zayne Pack is all smiles with Santa Claus at the first MUSC Angel Tree Parade of Toys since 2019.

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Santa surprise
St. Nick arrives at the SJCH
via helicopter.

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What worked and
what didn't?

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BOT Update
Meet John Russell
Trust Me column

High-flying visitor surprises hospitalized children

By HELEN ADAMS

adamshel@musc.edu

He came with the help of four big blades powering a Meducare helicopter instead of eight tiny reindeer pulling a sleigh, but Santa’s unusual arrival at the MUSC Shawn Jenkins Children’s Hospital led to a visit that helped kids enjoy what for many is an important part of childhood.

“It’s an opportunity for normalcy,” said Betsy McMillan, manager of the hospital’s Child Life program. The Child Life team works to make children’s time in the hospital as stress-free as possible through choices, play and socialization.

“Kids need that opportunity to visit with Santa and tell them their wishes just like everyone else.”

They got that chance in the atrium of the hospital, a place where kids and families can play, and sometimes, meet special visitors. Santa sat in a bright corner of the colorful room and welcomed children to his lap.

Six-year-old patient Kirk Wilcox was thrilled to see him. “I want an electric scooter,” the boy told Santa.

“An electric scooter,” Santa answered. “What else?”

“And a keyboard,” Kirk said.



Kirk Wilcox, 6, tells Santa what he's hoping for this Christmas.



Photos by Sarah Pack

Santa waves as he comes in for a landing.

“OK. Hope you have a Merry Christmas. Anything else?” Kirk shook his head and said goodbye.

Three-month-old Hudson Fulton slept quietly during his visit with Santa. The Andrews boy was born prematurely and spent time in the neonatal intensive care unit. He was back for an operation the day of the Santa visit.

Another young patient, Nolan Harkless, got his turn with Santa with his mother’s help. Santa took his responsibility for all of the children seriously. “I’m holding them like glass,” he said of the sometimes fragile little ones. “Santa’s here for everybody and every child.”

Some of those children will stay in the hospital for further care. Others, such as Kirk, were headed home well before the holidays. “Hopefully today,” his mother, Julia Wilcox, said. “He’s going to miss this room.”



Nolan Harkless yawns in Santa’s lap.



Editorial Office
MUSC Office of PublicAffairs
& Media Relations, 135 Cannon
Street, Suite 403C, Charleston, SC
29425.
843-792-4107
Fax: 843-792-6723

Editor: Cindy Abole
catalyst@musc.edu

The MUSC Catalyst News is published bi-monthly. Paid advertisements, which do not represent an endorsement by MUSC or the state of South Carolina, are handled by Island Publications Inc., Moultrie News, 505 Belle Hall Pkwy., Suite 202, Mount Pleasant, S.C., 843-958-7489, 958-7384, 958-7488 or 937-7489. E-mail: advertising@moultrienews.com.

Holiday break

The MUSC Catalyst News will not be published on Dec. 23 or Dec. 30 and will resume its bimonthly publication schedule on January 13, 2023.

For information, call Cindy Abole, editor, at 843-792-4107 or email catalyst@musc.edu.

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Board names new College of Medicine dean

The MUSC and Medical University Hospital Authority (MUHA) Board of Trustees held their regularly scheduled committee sessions and board meeting on Dec. 8 and 9, respectively.

❑ After a national search process, the MUSC Board of Trustees voted to approve Terrence E. “Terry” Steyer, M.D., MUSC Department of Family Medicine chair, as the new dean of the College of Medicine. Steyer has served as interim dean of the college since April 2022.



Steyer

“The board is thankful for Dr. Steyer’s interim service as dean, and we look forward to his leadership of this incredibly important statewide resource for the education of some of the country’s finest physicians,” said James Lemon, D.M.D., MUSC Board of Trustees chair. “Dr. Steyer is capable, skilled and connects well with students and faculty, which will enable the college to reach new heights.”

Steyer earned his bachelor’s degree in mathematics from Allegheny College and his medical degree from Case Western Reserve University. He completed his family medicine residency training at Wake Forest University Baptist Medical Center and the Robert Wood Johnson Clinical Scholars Program at the University of Michigan. Steyer began his academic career at MUSC, serving as the director of the Trident – MUSC Transitional Year Residency and director of a medical school course on evidence-based medicine.

In 2009, he was recruited to the Medical College of Georgia – University of Georgia Medical Partnership where he served as the founding chair of the Department of Clinical Sciences. In this role, Steyer developed and managed the third- and fourth-year medical school curriculum for a new branch campus of the Medical College of Georgia. Steyer was recruited back to MUSC in 2014 to serve as chair of the Department of Family Medicine and was named the first Gregory-Chandler

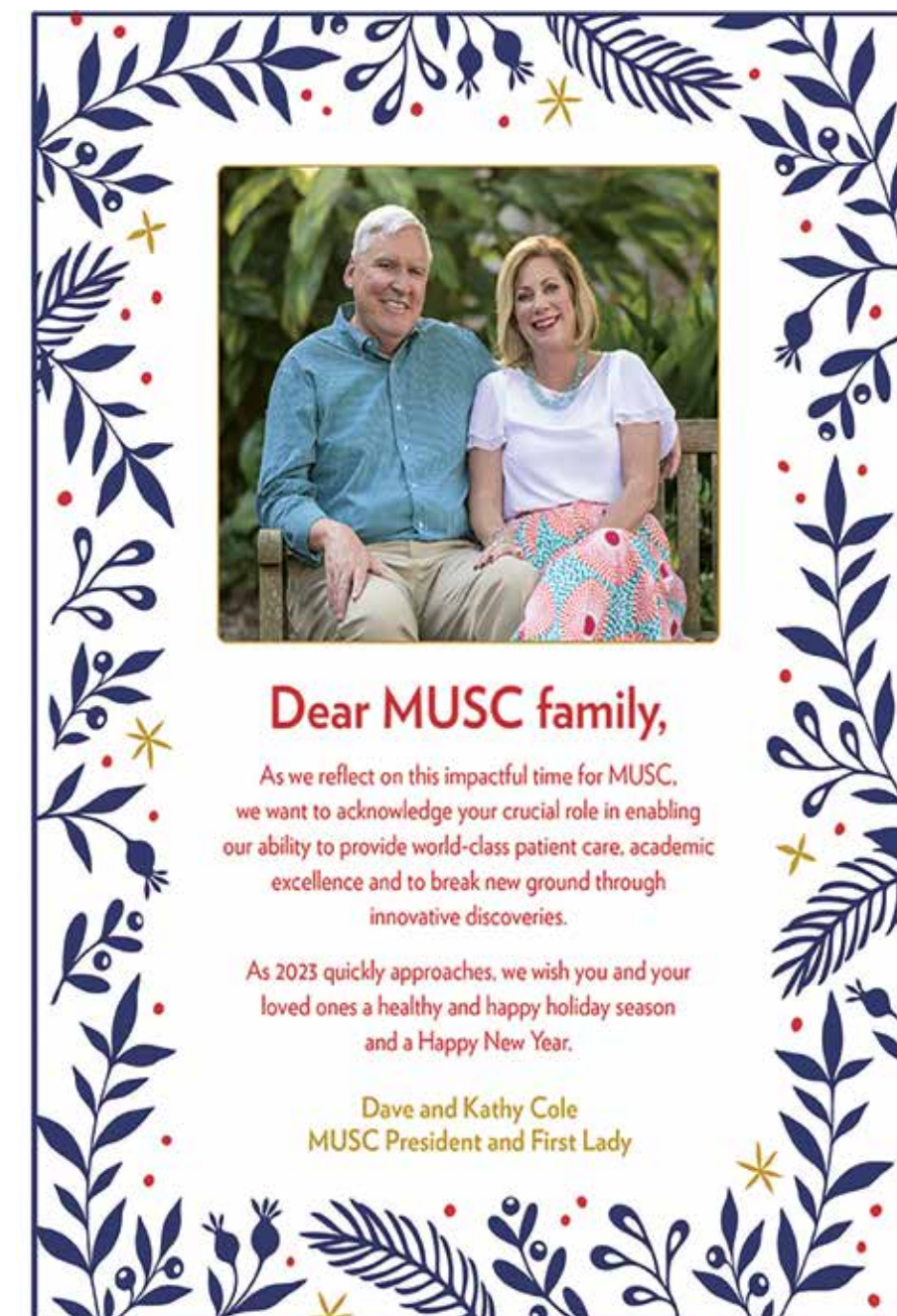
Endowed Chair in Family Medicine in 2015. In 2017, he was named chief of the Primary Care Integrated Center for Clinical Excellence (ICCE) and president of Carolina Family Care. In these roles, Steyer served as leader of primary care efforts across MUSC Health. In 2021, he was elected by his peers to serve as president of MUSC Physicians, the faculty group practice. Steyer is an active member of the American Academy of Family Physicians and the Society of Teachers of Family Medicine, for which he served as national president from 2009 to 2010. He is an active researcher in the area of health care policy and leadership development for health care professionals.

“We are enthusiastic about Terry’s willingness to take on this position and confident that his leadership will advance education, research and clinical care within the COM and across the University at large,” said Lisa Saladin, P.T., Ph.D., MUSC executive vice president of Academic Affairs and provost.

“I am humbled by the confidence that the MUSC Board of Trustees has in my leadership and thrilled to be able to continue to serve the citizens of South Carolina by leading the College of Medicine in discovering new cures and training the next generation of physicians while providing high-quality patient care,” Steyer said.

❑ In addition to offering his congratulations and endorsement of Steyer’s selection as dean, noting the “outstanding job” that Steyer has done since April, MUSC President David J. Cole, M.D., FACS, shared some key achievements and updates since the prior meeting spanning the education, research and clinical missions of the institution. Some specific highlights included:

- MUSC, Charleston County School District and Trident Technical College announced a partnership that will expand opportunities for Charleston area students. The program is anticipated to begin in the fall of 2023 at Burke High School with the goals of enabling career readiness pathways for students and workforce development to address shortages in various health care disciplines.
- The College of Health Professions new master of science in genetic counseling program received accreditation from



the Accreditation Council for Genetic Counseling. The first cohort of students will begin in fall of 2023.

- MUSC achieved ACGME accreditation for a new Sponsoring Institution: MUSC Regional Network, which allows for new graduate medical education residency programs to move forward in new locations throughout the MUSC Health system and clinical affiliates.

The ACGME accreditation is a necessary step to moving forward with an overarching strategy to improve the physician pipeline throughout the state by establishing new residencies. Cole emphasized that the effort received early support and enthusiasm from

the The Darla Moore Foundation, which awarded MUSC \$1.5 million in support of primary care GME programs, and the Pee Dee Medical and Health Science Education Consortium (PDMHSEC), which also approved \$1.5 million in support of the primary care GME.

“It is a significant endeavor and process to start a brand new GME program at a facility that’s never had one before and the only way to lock in the federal dollars needed for an ongoing and sustainable program is to go big with what you envision,” Cole said. “I’m really excited about this, and it’s been years of work to get this public-

Current toolkit for COVID-19 in adults

By **KIM MCGHEE**
mcgheek@musc.edu

People avoided crowds and public events to avoid falling sick. Parents watched their kids nervously for symptoms. In the absence of a vaccine, people turned to therapies, many of them untested, to prevent the disease, treat its symptoms or lessen its severity. With the development of an effective vaccine, the number and severity of cases dropped.

You might be thinking COVID-19, but this description applies equally well to a wave of polio epidemics that plagued the first half of the 20th century. Polio could lead to muscle paralysis, and those whose lung muscles were paralyzed could not breathe properly. Iron lungs helped patients to breathe. Doctors had patients placed in the sealed chamber, while a set of bellows changed the air pressure, causing their lungs to breathe in and out. Less effective therapies included the administration of serum from recovered polio patients and external and internal use of disinfectants such as hydrogen peroxide.

The Salk vaccine—the first vaccine against polio—was licensed in the U.S. in 1955. Others followed. Before the vaccines, polio cases numbered 16,000 per year. Thanks to the vaccines, no case of polio caused by wild poliovirus had originated in the U.S. since 1979 until July of this year, when a case of paralytic polio was confirmed in an unvaccinated adult in Rockland County, New York.

Vaccines continue to be our best strategy for combating diseases worldwide. For many of those diseases, such as polio, no effective treatments exist.

For other diseases, such as COVID-19, there is a toolkit of treatments, albeit sparse, but vaccination remains the better strategy, said Patrick Flume, M.D., co-director of the South Carolina Clinical & Translational Research (SCTR) Institute and associate vice president of clinical research at MUSC. Flume oversaw many of the COVID-19 vaccine trials at MUSC and served on a committee that decided which COVID treatment trials were the best fit for MUSC and the community.

“Clearly the best approach to managing COVID-19 is through vaccination, said Flume. “Only a couple of drugs have been approved for the treatment of COVID.”

WHICH THERAPIES WORKED AND WHICH DIDN'T

Which of the therapies proposed in the early days of the pandemic remain in today's COVID-19 toolkit and which fell by the wayside?

The National Institutes of Health (NIH) has published guidelines on how to treat COVID-19 in adult patients with healthy immune systems based on the current evidence. These guidelines are updated as new data comes out and gives the greatest weight to data from well-designed randomized controlled trials (RCTs), the gold standard for clinical research. RCTs test therapies head to head or compare outcomes in patients who receive a therapy and those who do not.

The NIH panel has determined that some medications never worked while others quit working or worked less well as the virus evolved. Others remain effective but are intended only for certain subsets of patients.

DIDN'T WORK

IVERMECTIN

Based on the results of multiple international RCTs that showed that it did not protect against severe disease, the NIH panel recommends against the use of the antiparasitic ivermectin except in clinical trial.

Cell studies had shown that ivermectin could prevent the virus causing COVID-19 from reproducing. However, further studies showed that achieving a similar concentration of ivermectin in human plasma would require a dose that humans could not tolerate, as high as 100 times higher than is currently approved when it is used as an antiparasitic for humans.

“The lesson with ivermectin is panic leads to really bad science,” said Flume. “It could be shown in a laboratory that ivermectin had activity against the virus. But the amount of drug that you would need to give was so high, it was never a real opportunity for a therapy.”

HYDROXYCHLOROQUINE

Multiple RCTs have shown that hydroxychloroquine, administered alone or together with the antibiotic azithromycin, does not protect against severe disease in patients who are not hospitalized. For hospitalized patients, the UK RECOVERY trial showed no difference in survival at 28 days and necessitated a longer hospital stay for those



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Tools on blue background. Modified from an image by Dmitry Gladkov.

receiving hydroxychloroquine compared with those receiving usual care. Patients who were not on ventilators before taking the drug were more likely to require ventilators or die during hospitalization. Hydroxychloroquine has also been linked to serious heart rhythm problems

and other side effects in some patients.

Based on this and other clinical trial data showing it not to be effective and to have worrisome side effects, its emergency use authorization, issued on March 28, 2020, was

*See **TOOLKIT** on page 14*

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~ David P. Kent



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MEET JOHN



John Russell

Department and how long at MUSC
Marketing–MUSC Health Florence Medical Center; 3 years

How are you changing what's possible at MUSC

I make every effort to help patients, visitors and my fellow colleagues with anything I can, even if it's outside of my job description.

Family and pets

Wife, Jill; son, Tyler; daughter, Nori; and a standard poodle, Joey

A unique talent you have

I have played the tuba since I was 12 and I am a proud member of the Florence Symphony Orchestra (17 years).

The best thing about living in Florence

It's smallish but not too small, and there are lots of things to do.

What food is a must have in your fridge

Ice cream

Favorite words of advice *"Luck is when opportunity meets preparedness."*

— Seneca

STIMULUS
rTMS for Stimulant Use Disorders

A NIDA CTN study at MUSC examining the efficacy and feasibility of repetitive transcranial magnetic stimulation (rTMS) as a treatment for cocaine and meth use disorders.

Participation includes:

- 3-5 sessions of rTMS a week for 8 weeks
- Self-guided behavioral education

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Alexandra Herron
Cell: 843-214-4496
herronal@musc.edu

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- HELPING INSPIRE OTHERS TO EMBRACE DIVERSITY, EQUITY AND INCLUSION IN THEIR ROLES?

SCAN QR CODE TO SUBMIT YOUR REQUEST

MUSC holds 19th Annual Angel Tree Parade of Toys

By HARRISON HUNTLEY
huntleyh@musc.edu

For the first time since 2019, there were bagpipes on Bee Street, peppermints on President Street and Santa Claus himself rode down Calhoun Street. The MUSC Angel Tree Parade of Toys returned from its two-year hiatus on Dec. 2, with MUSC President David Cole, M.D., atop the leading float. The parade not only signified the start of the holiday season, but also a return to normalcy for the MUSC community.

For nearly two decades, the Angel Tree Parade has kicked off the holiday season for MUSC, but as with many events over the last couple of years, the parade wasn't held due to the pandemic. As Cole's float proceeded down the road, he and the trio of Disney princesses were a clear example to spectators young and old that holiday festivities have returned to campus.

Behind Cole in the parade were canine companions from MUSC's therapy dog program. They were followed by several groups from the Omar Shriners, MUSC's newest partner. The Coastal Belle singers

provided Christmas carols throughout the parade around MUSC's campus ahead of the big man himself, Santa Claus, who closed out the parade in a red convertible Mustang.


As always, the event is part parade, part donation celebration. At the parade's end at the Charleston Medical District Greenway was a large collection of toys and children's clothes. The Salvation Army's Angel Tree program provides Christmas gifts for thousands of children each year. Each angel is represented by a tag with some basic information on it, including the child's holiday wishes. Employees and visitors took the tags over the last few weeks, purchased several gifts for each child and returned them to MUSC before the parade.

As the parade concluded, participants joined students and health care workers on the Greenway. Dozens of bikes sat next to numerous bags of toys and clothes. Multiple box trucks and lots of help was needed to pack everything up for the Salvation Army. As the trucks were packed full of toys, Santa took a seat and took note of the wishes of each child in attendance; the surest sign that the holidays are here.



Photos by Sarah Pack

MUSC employees with bags of gifts for children whose families need a helping hand this year. MUSC adopted half of the 2,000 children whose families applied for the Salvation Army's Angel Tree program.




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Christmas Day Buffet







Menu Christmas Day Buffet

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Rice Pile	Assorted Dessert & Salad Bar
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Adults \$39.99 Children \$14.99 Age Under 12
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The Restaurant & Lounge will be CLOSED after 4pm in observance of Christmas






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Rudolph the red-faced (and self-centered) reindeer

EDITOR'S NOTE: This is part of an ongoing series of columns by MUSC writer Bryce Donovan. "Trust Me, I Know a Doctor" takes us inside Bryce's mind as he experiences the interesting aspects of life at MUSC, all told through his own lighthearted lens.



Being the grand marshal of a holiday parade is a real honor.

The glamour. The prestige. The crowd chanting your name in unison.

Lincoln!

Lincoln!

Lincoln!

Chances are you just double-checked the byline on this column and said, "But wait, your name isn't Lincoln." And you're right. I'm Bryce. Lincoln is the name of the kid who stole my spot at the front of the MUSC Angel Tree Parade of Toys last week. Not that I'm bitter or anything.

Look, I'm no expert, but I'm pretty sure Santa asked Rudolph and his shiny red nose to lead his sleigh, not some spunky 6-year-old who's just beaten cancer. Amirite? Seriously, sing the song in your head. I'll wait. See? Not one word about oncology in there anywhere. So I'll ask you, sane reader: Which makes more sense as the centerpiece of a holiday-themed hospital festival and parade? An adorable kid in a snowman hat surrounded

by his loving family or a jaded 47-year-old balding man wearing an ill-fitting reindeer suit?

Ok, you know what? Now that I see it in writing, it totally makes sense. The kid probably was the right choice.

In my defense, however, I might have been a little misled by parade organizer and MUSC Health Volunteer Services coordinator Melissa Kubu, who called me earlier in the week. As proof, here's a transcript of our phone conversation:

ME: "Hello?"

KUBU: "Hey, Bryce, it's Melissa."

ME: "Hey, Melissa!"

KUBU: "So, I've got a proposition for you: How would you like to dress as Rudolph and be in the holiday parade?"

ME: "Like, as the grand marshal?"

KUBU: "No. Like, just as Rudolph."

ME: "Rudolph the grand marshal?"

KUBU: "Rudolph the red-nosed reindeer."

ME: "I would be honored to be your grand marshal."

KUBU: "You're not listening."

ME: "Thanks."

KUBU: "Bryce, under no circumstances ..."

click



Photos by Sarah Pack

For this year's MUSC Holiday Parade, Rudolph (not pictured) took his role very seriously. This clown in a reindeer costume, however, acted like a complete knucklehead.



Lincoln and his dad, Richie; mom, Tiffany; and brother, Bishop (wisely hiding from the Grinch).



The 2022 MUSC Angel Tree Parade of Toys took to the streets of downtown Charleston for the first time since 2019.

All right, I'm starting to see how maybe I'm not coming off as the greatest guy right now. Sure, I was disappointed not to be grand marshal, but that feeling went away the minute I met Lincoln Mullins, the 6-year-old who was going to be filling the role I had my sights set on.

Turns out, Lincoln is an awesome kid. He's cute, smiley and goofy. Like most 6-year-old boys, he likes playing with trucks and Legos. He laughs a lot and gets in trouble for wrestling with his little brother. Unlike most other 6-year-old boys, earlier this year, Lincoln got sick. Like, really sick.

His mother Tiffany Mullins, R.N., who is an operating room nurse at Shawn Jenkins Children's Hospital and has seen her share of sick kids, remembers the afternoon when Lincoln stopped playing with his friends,

sat down on the front porch and just quietly watched. "My chest hurts, Mommy," he told her.

A week later he was diagnosed with B-cell acute lymphoblastic leukemia, and life for the Mullins family changed forever.

"I thought I had perspective working at the children's hospital, but when it affects you directly, it's different," Tiffany said.

Playdates were replaced by clinic visits. Kindergarten became a class of one. It was a tough stretch for the entire family. Lincoln asked why other kids didn't have cancer. Why he was different. His mother put on a brave face and said it was because he was special. And in a way, she was right. Because not every kid is lucky enough to have the story

*See **RUDOLPH** on page 15*



Two-year-old Natalyn Mann “freezes” her aunt Sara Cathey, who she later received a lifesaving kidney from.

Back Together 2022 Better Together

James Ngoyi, left, and Amber Roberts cross the stage after both announced their matches for internal medicine. At right, Rocket Man Dr. Terrence Steyer looks on.



Innovation



MUSC Health expanded advanced MRI exam access statewide. The syngo Virtual Cockpit MRI machine can be operated remotely. Patients can visit their nearest health providers and have real time scans performed with technologists stationed at MUSC.

An interdisciplinary MUSC research team won an inaugural Blue Sky Award, which provided \$100,000 in funding for its project to restore vision in patients with age-related macular degeneration (AMD) by recharging the eye cells’ batteries. The Blue Sky Award was created to encourage high-risk, high-reward research that has the potential to make a profound impact on patient care but is unlikely to attract traditional funding due to the difficulties of the projects.

Designer and inventor Joshua Kim, who in 2019 helped to launch the Human Centered Design Program at MUSC, realized his lifelong dream of becoming a doctor when he was accepted to MUSC’s College of Medicine.



Impact



The Navigation Center partnered with MUSC to create the MUSC Health CARES Clinic, an in-house telehealth-based free clinic.

Dr. Evan Graboyes was the lead author on a recent paper in the Journal of the National Cancer Institute that outlined the current state of knowledge about transportation insecurity as well as potential policy steps and research questions.

Things were warm in more ways than one on a steamy August day as the MUSC Health-Midlands Division celebrated its first anniversary. There were hugs and smiles and applause as people gathered in Midlands' four locations to mark the occasion.

Athletes with devastating injuries safely returned to sports through the Bridge Program, a science-based, transitional program for injured athletes who finish traditional physical therapy but aren't ready to return to sports safely.



Influence



MUSC and Shriners Children's announced an affiliation to elevate pediatric burn care and research at the MUSC Shawn Jenkins Children's Hospital, a part of the South Carolina Burn Center.

Dr. Donna Roberts studied how zero gravity and microgravity affect people's brains, finding that changes in blood flow volume may be at the heart of worsening eyesight. Roberts and her team found that astronauts with SANS had increased intracranial dural venous volumes compared with their MRI scans taken just before flight.

In Our DNA SC, a community health research program offering insight about genetic health risk, expanded across South Carolina and will be available no cost to 100,000 people. The program, introduced in September of 2021, was initially available as a pilot to existing patients in select locations, resulting in an enrollment of 1,800 people.

PJ Loudon was part of a photo project that spotlighted patients with special health care needs at James B. Edwards College of Dental Medicine's Delta Dental of South Carolina Accessible Treatment area.



MUSC plays key role in study to analyze coronary artery disease

By HELEN ADAMS

adamshel@musc.edu

A noninvasive way of testing for and analyzing coronary heart disease – a method already in use at MUSC Health because it showed such early promise – proved better than traditional testing in a large, international clinical trial that MUSC was part of.

Joseph Schoepf, M.D., director of Cardiovascular Imaging at MUSC Health, led MUSC’s part of the PRECISE trial, enrolling more patients than most other study sites in the U.S. PRECISE stands for Prospective Randomized Trial of the Optimal Evaluation of Cardiac Symptoms and Revascularization.

“This process has just drastically changed the management of patients who are suspected of having coronary artery disease. It makes it much more specific. FFRCT technology is a very elegant and non-invasive method,” Schoepf said, referring to fractional flow reserve – computed tomography.

Normally, fractional flow reserve involves inserting a tube called a catheter to measure blood pressure and flow through a coronary artery. But Schoepf said the new process called Precision Pathway, developed by the company HeartFlow, starts with a standard heart scan. The radiologist then uploads the CT images so that artificial intelligence can build a model of the patient’s arteries, showing what is or is not going wrong without going under the skin.

“We can tell without subjecting that patient to any invasive tests whether this patient will benefit from an interventional procedure or not. And that is obviously good for the patient because it helps many of them avoid invasive procedures,” Schoepf said.

“There was some doubt lingering whether this technology is truly superior to the traditional way, like nuclear medicine testing, treadmills, things like that. Until now, we lacked definitive proof that this technology does what we always believed it does, giving us the ability to safely differentiate patients who should undergo invasive treatment and those who should not.”

The trial, which involved more than 2,000 patients with suspected coronary artery disease, found the new system improved non-invasive diagnostic accuracy, reduced

Symptoms of coronary artery disease include:

- Chest pain.
- Weakness.
- Lightheadedness.
- Nausea.
- A cold sweat.
- Pain/discomfort in the arms or shoulder.
- Shortness of breath.

Source: CDC

unnecessary tests and was 75% more likely to identify patients who needed treatment than traditional tests were.

The system offers a new solution to an old problem that plagues millions of Americans. Coronary artery disease, the most common type of heart disease, is caused by the buildup of cholesterol and other substances in the wall of the arteries that carry blood to the heart. That makes it harder for the blood to get through and over time can lead to heart failure if untreated.

Schoepf said if someone feels those symptoms and suspects heart trouble, they should contact MUSC Health’s Heart and Vascular Center or another hospital with expertise in this area. MUSC Health was recently ranked among high performing hospitals by U.S. News & World Report for its track record in treating heart failure.

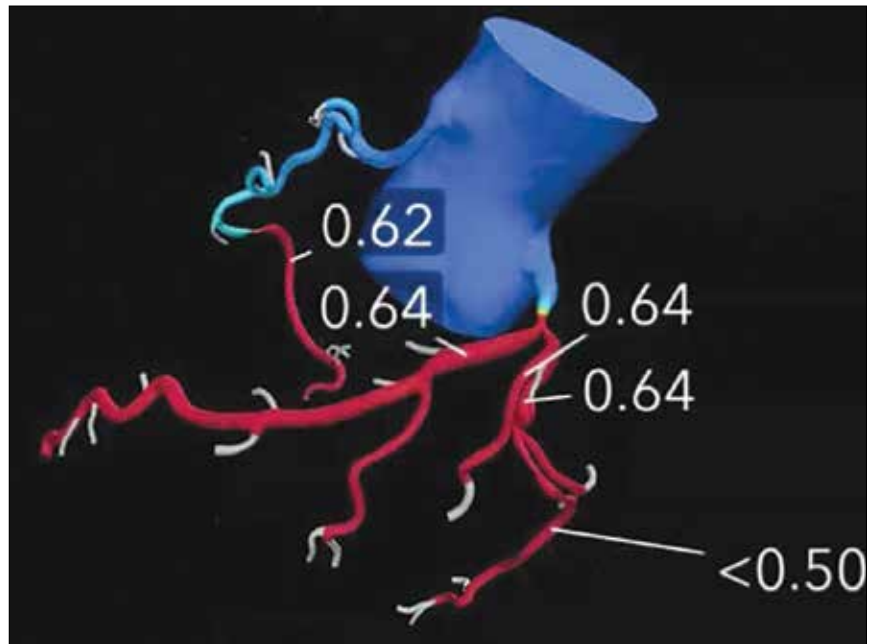
Schoepf, a professor with appointments in radiology, cardiovascular medicine and pediatrics at MUSC, also serves as Vice Chair of Research at the Department of Radiology and Radiological Science. He said MUSC Health strives to stay on the cutting edge of cardiac imaging technology such as the HeartFlow system.

“We have so many firsts. We were the first institution in the United States to receive advanced dual source CT technology. Just in July of last year, we were the first – with the Mayo Clinic in Rochester – to take



Photo by Sarah Pack

“We can tell without subjecting a patient to any invasive tests whether this patient will benefit from an interventional procedure or not,” says Dr. Joseph Schoepf.



FFR-CT analysis of a 55-year-old man with three-week history of exertional chest pain. Red colors indicate critical narrowings of all three major vessels supplying the heart muscle. The patient underwent successful bypass surgery and is now free of symptoms, Dr. Schoepf said.

delivery of one of the first photo counting CT scanners in the nation. So what I wanted to make sure is that with these non-invasive techniques, MUSC remained at the forefront

of cardiac care and that we can deliver best possible technical innovation to our patients.”

Mail Services manager remembered for his smile, caring leadership

By CINDY ABOLE

aboleca@musc.edu

James F. Pinckney Jr., 45, assistant director of Business Operations for MUSC Mail Services, died on Nov. 21 after a long illness. Originally from Ridgeville, Pinckney attended Trident Technical College, earning multiple degrees in culinary arts, hospitality and business. He earned his bachelor's degree in criminal justice from Florida A&M University and a master's degree in business from Strayer University. He earned degrees in theology from the Richmond School of Divinity and a doctrines of scientific psychology. Pinckney pastored Faith Tabernacle Church of Zion in North Charleston and previously served as fellowship pastor for Zion Apostolic Christian Fellowship. He was also involved in other Christian programs.

Pinckney began his career at MUSC in 2015 and has worked in Mail Services for six years. He was the 2017 recipient of the Finance and Administration's Cindy Garmon PEER of the Year Award and the 2018 Finance and Administration's Employee of the Year winner.

Postal specialist Jasmine Edwards shared her thoughts about Pinckney. "He always provided a listening ear and definitely didn't mind telling me when or if I was wrong about anything - I loved and respected him for always keeping it real with me. I admired how successful and humble he was. He had a smile that would light up a room and told jokes and would always make me laugh. As a supervisor, he always made sure our staff always felt appreciated. He never missed holidays and birthdays," said Edwards.

Fellow postal specialist Debbie Felder said Pinckney's absence is already felt by his



James Pinckney Jr.

colleagues. "I am going to miss Mr. James' words of encouragement. Anytime I needed to talk to someone, he would be the one I would go to. Also, I miss his smile and the way he always treats everyone with respect and a giving heart.

Postal employee Mechelle McClelland called him one of the best bosses she or anyone could have. "I knew James outside the office as my pastor-apostle. We worked together scheduling revivals in Tallahassee, Florida. He was smart, intelligent and understanding but stern when needed. I could write a book about him. We miss you, James. Rest in peace," said McClelland.

Mail Services director Ed Smalls echoed fond sentiments about his coworker and friend. "There are so many things to say about James' impact on University Mail Services. He was highly respected and thought of in the area of mail service and Finance and Administration for his honesty and integrity. On a personal note, James was a trusting friend and confident. We would discuss things going on in our personal lives, hopefully giving each other good advice for the situation. I will miss him."

Pinckney is survived by parents, Deacon James F. Pinckney Sr. and Patricia Pinckney; children, Chasity Pinckney, James F. Pinckney III and Jeremiah Pinckney; a grandchild, Kamilah Ritter; plus other family.

Valet parking fee to increase at MUSC Health-Charleston

Effective Jan. 2, 2023, the valet parking fee will increase from \$10 to \$12 at the entrances of the garages listed below.

- Ashley River Tower (6 a.m. to 6 p.m.)
- Rutledge Tower (5:30 a.m. to 5:30 p.m.)
- Hollings Cancer Center (7 a.m. to 5:30 p.m.) for patients and families/visitors of patients.

EMPLOYEES *Continued from Page Eleven*

MUSC Health employees: 30-50 years (con't.)

Ann Benton, Therapeutic Services; Brenda J. Brown, Med/Surg (Unit/Floor 7); Donna N. Brown, Cardio-Cath Lab; Elnora H. Brown, Environmental Services; Gretchen Brown, Radiation Oncology/Combined; Johnnetta L. Buncum, 7 East Med Surg Unit; Tracy R. Burgess, Star - Ladson; Angela W. Coleman, Laboratory-Clinical Laboratory; Miles E. Davis, Cardiac Surgical Step-Down Unit; Traci L. Dennis, Administrative & General; Charlie W. Devlin, MCP Providence Heart Camden; Cassandra A. Dickerson, Registration Admin; John R. Evans, Bedboard; Melanie Brown Feaster, AMB Preop Clinic; Jeffery Allan Felesky, IS Infrastructure Operations; Mary Hughes Fischer, Clinical Informatics & Reg/Compliance; Donna E. Gallahorn, SJCH 1 Outpatient Services; Gilbert Neal Gilmore, Plant Maintenance; Terri D. Hall, Inpatient Acute - PT; Teresa Ann Harrison, Radiology Business Administration; Patsy R. Hawkins, Inservice Education; Pansy R. Henry, Standard Nur Home Care Hall 2; Shelia L. Hicks, Labor & Delivery; Crystal Deese Howell, MCP Flor Physician Practices Admin; Janet W. Hyman, Corp Quality - Flo Direct; Karen C. Isgett, MCP Pamplico Primary Care; Norma M. Khoury, MCP Providence Heart; Laurel ST; Alexander Lee King, Application Integration; Rebecca P. Lawrimore, OB; Mary Martschink McCall, Perfusion Services; Dorothea D. Mauzon, MCP Providence Heart Columbia NE; Janet Mcowan, Operating Room; Sharon B. Mcleod, Nursing Supervisor; Sonja B. Muckenfuss, CH After Hrs & Spec Clinics S'ville; Charles R. Parker, Plant Operations; Karen Brinker Pregnall, Laboratory Svcs Education Program; Denise Katherine Robinson-Mcgee, CT; Gabriella F. Robosson, MCP Kershaw Shp-Camden Primary Care; Lisa Sand, MCP Providence Heart Columbia DT; Martha Smith, Bruce Hall / Detox; Michelle Audrey Vandermaas, Child Life Pediatrics; Francisco C. Vila, Open Heart Surgery Unit; Carolyn M. Wagner, Nursing Supervisor; Stacie C. Ward, Cardiac Rehab; Catherine Williams, Respiratory / PFT

MUSC-P: 30-40 years

40 Years — Bonnie T. Jones

30 Years — Bridget H. Conklin; Constance E. Elrod; Karen S. Majors; Angela Z. Malphrus; Priscilla A. Miller Laviscount; Teri W. Moody; Sharon D. Rakes; Donna D. Simmons; Pandora M. Speights; Rebecca M. Walker; Tasia Georgianna Walsh; Penelope D. Washington

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Hollings clinical trials provide hope, lifelong friendship for local breast cancer survivor

BY KRISTIN LEE

leekris@musc.edu

As adults, it's not every day we make a new friendship that we know will last the rest of our lives. As Rachael Leppert sat in a room at MUSC Hollings Cancer Center facing a brand-new breast cancer diagnosis in May of 2021, it was the last thing she expected.

But in walked Alexandria Green. "Something about your presence – it made me feel like I could breathe for a minute," recalled Leppert through tears, thinking back on the moment they met. "Your kindness that day meant so much to me."

Green, a senior program coordinator for clinical trials at Hollings, reached out and grabbed Leppert's hand as she explained feeling a similar connection. The day they met, which was shortly after Leppert received her diagnosis, Green visited to pitch her a simple clinical trial. The trial would record a first-time patient's surgical consult to help future patients to prepare themselves better for the information they were going to receive. Leppert signed on without hesitation.

"I walked into the room because Rachael was a candidate for an audio recording trial but then I fell in love with such a sweet person," said Green. "I love all my patients, but sometimes you meet a special one who just embeds themselves in your heart, and Rachel is definitely one of those special ones."

Green now vows that someday when she gets married, Leppert will be there to watch her walk down the aisle. She's not even engaged.

PUTTING HER HEALTH ON THE BACK BURNER

Months earlier, Leppert thought she felt a lump in her breast but ignored it at first. "I kind of pushed it to the back burner because I'm always healthy," she said. "Nothing goes wrong."

It was after her first granddaughter was born that she realized something was wrong. One day, while the baby was laying in her lap kicking her legs, she kicked Leppert in the chest.

"It was honestly the worst pain I've ever felt in my life," said Leppert. "It had gotten so

"I love all my patients, but sometimes you meet a special one who just embeds themselves in your heart, and Rachel is definitely one of those special ones."

Alexandria Green

big, so fast."

That moment was what made Leppert go to the doctor and what led to a HER2 positive breast cancer diagnosis. HER2 positive means that the breast cancer cells have higher levels of a protein, called HER2, that causes them to grow quickly. These cancers tend to grow and spread faster but are much more likely to respond to treatment with drugs that target the HER2 protein.

"It's crazy how quickly things happened," said Leppert. "It was just appointment after appointment after appointment. And then you just start chemo. I don't think people realize you don't even have time to process what is happening to you."

A NEW TRIAL

Leppert embarked on six rounds of TCHP chemotherapy, which is a combination regimen for early-stage breast cancer that targets the HER2 receptor. She then had a double mastectomy. It was after surgery that Green reappeared in her life.

"I was happy that her name came across my desk again after surgery," said Green. "Her surgical pathology had qualified her for this new clinical trial. I was eager to help."

Leppert had qualified for the Compare HER2 clinical trial. All patients enrolled in this trial start on 14 cycles of TDM1, which is a standard of care treatment for HER2 positive breast cancer. In addition, some patients will receive a drug called tucatinib. Researchers believe, and this trial is working to confirm, that adding tucatinib helps keep the cancer in remission.



Photo by Kristin Lee

Breast cancer survivor Rachael Leppert, left, and clinical trials coordinator Alexandria Green formed a lasting friendship while Leppert participated in a clinical trial for HER2 positive breast cancer.



Photo Provided

Rachael Leppert with her granddaughter, Ellison.

"It's randomized, so we don't actually know if Rachel is on tucatinib or a placebo," said Green. "But Rachael did really well, and that makes us very happy."

The long-term goal of this trial, which is still active and enrolling, is to confirm that the addition of tucatinib is beneficial to patients and keeping their cancer in remission. If successful, it could become part of a new standard of care treatment for patients like Leppert and she's thrilled to be playing a part in something that could help others who haven't even been diagnosed yet.

"I think about with HER2 – the targeting drugs were a big deal. That's what keeps the cancer from coming back. And I remember Dr. Brescia saying that 15 to 20 years ago, we'd be having a different conversation," Leppert explained, referring to Frank Brescia, M.D., a medical oncologist. "I thought about all the women who did the trials for that targeting drug that saved my life, and I knew as soon as Alex asked me, I wanted to do it – because someone else did it for me."

See **SURVIVOR** on page 16

UPDATE *Continued from Page Three*

private partnership off the ground. The MUSC team and Florence community have been working hard to do creative things to ensure that this training program brings providers to that community who will work to meet the specific health care needs of that community. I predict that this is a model that others will emulate because it can serve as a springboard to create tangible and positive impact for the community.”

Patrick J. Cawley, M.D., MUSC Health System CEO and executive vice president for Health Affairs, University, received approval from the board to pursue an expansion of clinical space at the MUSC West Ashley Medical Pavilion to support the need for more endoscopy procedure rooms, as well as approval to pursue a certificate of need to relocate clinical services and physician offices currently at Rutledge Tower, an aging facility, to a new facility that would be constructed on the corner of Bee and Courtenay streets. This project would occur in parallel with the construction of the new College of Medicine building planned nearby to achieve efficiencies and cost-saving goals for the enterprise.

The board also voted to approve the MUSC 2023

Commencement speaker, Theresa S. Gonzales, D.M.D. An award-winning educator and administrator serving the dental profession for more than 40 years, most recently she served as the executive director of the American College of Dentists.

After more than 30 years of distinguished military service, she retired from the United States Army with the rank of colonel. She was the nominative selection as the director of strategic communications for the Army Surgeon General in Washington, D.C. and commanded formations in Africa, Europe and the U.S. Prior to her successful command selections, she served as the director of Orofacial Pain Management and as a staff oral and maxillofacial pathologist at Tripler Army Medical Center in Honolulu and as an oral and maxillofacial pathologist at Walter Reed Army Medical Center. A highly decorated military officer committed to veterans’ causes, she received the Order



Gonzales

of Military Merit and the Surgeon General’s designation for clinical excellence, as well as the Outstanding Clinician and the Outstanding Dental Leadership awards from the James B. Edwards College of Dental Medicine. She graduated with distinction from the College of Charleston and received her dental degree from MUSC. She began her military career at Fort Jackson as a resident in the Advanced Education in General Dentistry program and completed her residency training in 1992 at the National Naval Medical Center in Bethesda. In 2006, she completed a two-year fellowship in orofacial pain at the Naval Post Graduate Dental School and completed her Master’s of Science in Health Care from George Washington University. Gonzales has published more than 75 articles in peer-reviewed journals, 11 book chapters and served as a reviewer for seminal publications in her area of expertise.

The MUSC/MUHA Board of Trustees serve as separate bodies to govern the University and hospital, normally holding two days of committee and board meetings six times a year. For more information about the MUSC Board of Trustees, visit academicdepartments.musc.edu/leadership/board/index.html.

TOOLKIT *Continued from Page Four*

withdrawn on June 15, 2020.

WORKED LESS WELL AS THE VIRUS EVOLVED

MONOCLONAL ANTIBODIES

Against the original virus and the Delta variant, “the monoclonal antibodies approach worked well,” said Flume, whose team ran the trials led by Eric Meissner, M.D., Ph.D., which showed the efficacy and safety of monoclonal antibodies produced by Regeneron. However, many monoclonal antibodies, including those produced by Regeneron, quit working or worked less well against Omicron strains. The monoclonal antibody bebtelovimab remained active against many of the circulating Omicron variants but does not work against the new subvariants BQ.1 and BQ.1.1 and should not be used when they are the dominant variants

in a region.

Regeneron has developed new monoclonal antibodies that could be effective against Omicron, and Flume is interested in opening a trial at MUSC into its use in patients with compromised immune systems, such as cancer patients undergoing chemotherapy.

“Our approach at vetting these trials is we’re willing to pursue a trial if it’s going to make a difference for a population of patients,” said Flume. “From what I’ve heard from our infectious disease and cancer doctors, this is a group that has been badly affected. That’s why we’re pursuing that study.”

REMAIN EFFECTIVE IN SUBSETS OF PATIENTS

PAXLOVID

In most patients with COVID-19 who are not hospitalized and not receiving oxygen, treating the symptoms with over-the-counter

medications is enough. However, for those at high risk of severe disease, the NIH panel recommends Paxlovid. Some patients taking Paxlovid may experience a second onset of symptoms after initial symptoms resolve.

REMDESIVIR

Remdesivir remains the only antiviral approved for the treatment of COVID-19 in both patients who are hospitalized and those who are not. The NIH panel recommends it as their second choice, after Paxlovid, for nonhospitalized patients at high risk of developing severe disease and their first choice for hospitalized patients not receiving oxygen who are at high risk of developing severe disease. The panel recommends it, along with the steroid dexamethasone, for hospitalized patients receiving conventional oxygen.

STEROIDS

Because safety and efficacy data are currently lacking, the NIH panel recommends against steroids such as dexamethasone in patients not receiving supplemental oxygen, whether hospitalized or not. In the UK RECOVERY trial, the use of dexamethasone did not affect survival rates among hospitalized patients who did not require supplemental oxygen. However, the NIH panel recommends dexamethasone, together with remdesivir, for most hospitalized patients receiving conventional oxygen and, together with one of two drugs used to treat rheumatoid arthritis – baricitinib and tocilizumab – for patients on a respirator. The RECOVERY trial showed that steroid treatments increased survival in

patients requiring conventional oxygen or mechanical ventilation.

MISINFORMATION ABOUT VACCINES THREATENS TO UNDERMINE OUR BEST PROTECTION AGAINST VIRUSES

As is true for other diseases brought under control by vaccines, the number of effective treatment options for COVID-19 is relatively low. That’s why Flume believes it’s all the more important for people to be vaccinated against COVID and to boost those vaccines to be sure they remain effective as variants arise. Bivalent boosters, shots that are effective not just against the original strain but also against Omicron, are currently approved for anyone over the age of 5 or 6, depending on the brand.

“As I tell my patients when they ask me in the clinic about whether they should get the booster, my answer to them is ‘I got it,’” said Flume.

Unfortunately, misinformation on social media about the COVID-19 vaccines has hurt vaccination and booster rates and led to a growing distrust about vaccination in general. (See infographic above for Flume’s tips on how to recognize bad science.) The consequences are real, said Flume.

“Because some are choosing not to have their children vaccinated, you are beginning to hear about cases of polio in America and measles outbreaks,” said Flume. “People today who are having kids have no memory of how bad it was. And we don’t have therapies to treat those viruses, and so vaccination is the single most effective strategy.”

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INNOVATION STATION

RUDOLPH *Continued from Page Seven*

Lincoln has had since his diagnosis. Today, he's in remission. His body is finally beating back the bad cells. Winning the ultimate wrestling match. Last week, he returned to in-person school for the first time in almost a year. Naturally, Lincoln was a little scared. So was his mom.

"The relief I had when, after the first day back, he came running out saying how fun it was. I cannot tell you how good those words were to hear," Tiffany said.

Over the past year, all of his visits to the hospital, coupled with his cheery attitude, have earned Lincoln quite the fan base at SJCH. And so, when the call for the position of grand marshal of the holiday parade went out, he was the obvious choice. Which is how I ended up, on an uncharacteristically warm day in December, walking alongside Springfield Elementary School's most popular first grader.

At his side were mom, Tiffany; dad, Richie; and 3-year-old brother, Bishop. Also on the float were several Disney princesses along with MUSC President David Cole, M.D., FACS, and his wife, Kathy. Though it was Lincoln who stole the show, the president was clearly impressed by my level of commitment, even singling me out to the head of Public Safety, saying, "That rabid therapy dog right there keeps stealing all the candy bars I'm trying to throw to the kids."

As we made our way along Calhoun Street, flanked by the City of Charleston Police Pipe and Drum Unit and the Coastal Belle singers, I took a moment to appreciate the scene. The vibe was upbeat and joyful. Patients, care team members, even random people who just stopped to watch, waved and smiled



Photos by Sarah Pack

The "rabid therapy dog" chooses its next victim.

as we passed, sharing in the holiday spirit, even if for just a few moments.

And that's when I realized Melissa Kubu knew exactly what she was doing all along. I thought she had shortchanged me, but as it turned out, she had given me the best job in the entire parade.

Because for 60 minutes, I got to be Lincoln Mullins' sidekick. And that's as grand as it gets.

Got an idea for Bryce's next column? Send him an email at donovanb@musc.edu.



Fun By The Numbers

Like puzzles? Then you'll love sudoku. This mind-bending puzzle will have you hooked from the moment you square off, so sharpen your pencil and put your sudoku savvy to the test!

Here's How It Works:

Sudoku puzzles are formatted as a 9x9 grid, broken down into nine 3x3 boxes. To solve a sudoku, the numbers 1 through 9 must fill each row, column and box. Each number can appear only once in each row, column and box. You can figure out the order in which the numbers will appear by using the numeric clues already provided in the boxes. The more numbers you name, the easier it gets to solve the puzzle!

Level: Beginner

			9		4			3
3					8			
6	2	8		1				9
						5		
5	9		8	6	2		1	4
	3	1		9			8	2
	5			3				
8		4	1		9			
	6		2			4		

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SURVIVOR *Continued from Page Thirteen*

Leppert finished the 14 weeks of treatment and underwent radiation. In late September this year, she was given the news that she was in remission.

Her friendship with Green, who was by her side through it all, has grown.

“Just you being there every time for those cycles – it meant so much to me. Seeing your smile really lifted me,” Leppert gratefully told her friend. “You are so perfect for your job. I know this clinical part is important, but the way you make us feel is just as important and I appreciate that.”

Green admits that she originally took her position for the opportunity to move up in her career and make more money. She now realizes that the real opportunity is to bring hope to patients fighting the biggest battle of their lives.

“Clinical trials are an extra chance,” said Green. “They bring hope. It’s another opportunity to strive to overcome this scary thing – the scariest time in someone’s life.”

She admits that the work is not always easy. The outcomes are not always good. She sometimes loses a patient she has made a connection with. “It hurts my heart,” said Green glancing at Leppert. “But I get tears of



Photo Provided
Green and Leppert share their story.

joy when I think about you – because we made it!”

Made it they have. Two clinical trials, two lives changed, two hearts connected by a shared experienced. For Leppert, the scariest time in her life has been lightened by not only the added hope of a clinical trial but by a friendship she treasures.

“You’re in my heart forever and ever,” said Green still gripping Leppert’s hand.

“And I love you for that,” Leppert replied, holding back tears.

“I love you too,” said Green.

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