

From coat to coat

A look behind the scenes at the day-to-day life of the MUSC president



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The good and the bad.

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An M.D. and a Ph.D. join
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Photo by Kristin Lee

Dr. Benjamin Toll will lead research for tobacco and nicotine.

Hollings researcher named president of the Society for Research on Nicotine & Tobacco

BY KRISTIN LEE

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As a young researcher fresh out of graduate school, MUSC Hollings Cancer Center’s Benjamin Toll, Ph.D. was thrilled to be among like-minded talent and present his research at the annual conference of the Society for Research on Nicotine & Tobacco (SRNT) in 2002. Fast forward 21 years and he’s now taking the helm. Toll was recently elected president of SRNT and began a three-year term in January.

“I’m just so excited to have this role –

that I’m going to go to the Hill. I’m going to go to the FDA. I’m going to be working nationally to increase our tobacco science,” said Toll. “I’ll have the chance to work more closely with the National Cancer Institute (NCI) and National Institutes of Health (NIH) to try to increase funding of this science. That’s really exciting to me.”

During his first year, Toll will be the president-elect and will have several duties, including working with the awards committee to ensure a rigorous peer-reviewed system for granting awards to scientists. This first year will also give Toll



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MUSC welcomes new CCMO Cathie Cannon

Staff Report

After a national search process, Catherine (Cathie) Cannon has accepted the role of enterprisewide chief communications and marketing officer and joins the organization on Feb. 10.

Cannon comes to MUSC from the University of Connecticut, UConn Health system, where she served as the assistant vice president for health marketing and with substantial experience developing strategic marketing plans, guiding communications work (internal/external) and translating insights into action through digital marketing and process improvement strategies.

She offers MUSC a strong collaborative mindset and understands the numerous demands and priorities that require communication efforts across the enterprise.

Cannon earned her Master of Business Administration from the



Photo Provided

Cathie Cannon

University of Massachusetts, Amherst, a Bachelor of Arts degree from Syracuse University and two certificates in leadership and business analytics from The Wharton School, University of Pennsylvania.

Welcome to MUSC!

time to formulate his plans for 2024 when he becomes sitting president.

“One of the things that I thought about that COVID really made me reconsider is just making sure that we’re financially stable. That’s something that all institutions are facing – being sustainable,” said Toll. “So, as sitting president I want to make sure that we can continue to grow and thrive as a society through new initiatives that create financial stability and by growing our memberships.”

In his final year, Toll will become past president with important duties including nominating the slate of candidates to run in the election of its next officers.

The SRNT includes researchers from all over the world, with a strong membership in the U.S., Europe and Oceania and a presence in over 40 countries. Members are a mix of professionals from cancer centers, medical schools and universities. The organization focuses exclusively on tobacco and nicotine research and publishes a journal called Nicotine & Tobacco Research, to which Toll has been a constant

contributor over his 20 years of service.

Toll is a licensed clinical psychologist, professor of Public Health Sciences and Psychiatry, co-director of the Lung Cancer Screening Program and chief of Tobacco Cessation and Health Behaviors at Hollings. He has received grants from the NIH and NCI and is the author of more than 130 publications related to the science and psychology of nicotine and tobacco. Toll’s NCI-funded research has focused on testing novel smoking cessation treatments and he has conducted numerous clinical trials on the topic. Many of his studies have also investigated the promotion of smoking cessation through new messaging and motivational interventions.

“As a member of a really outstanding group of tobacco researchers at Hollings, I think this new appointment as president will elevate our stature nationally,” said Toll. “I also think it’s going to enhance our grants, our connections and our reputation. I’m excited to get started.”

For 2023: Take the Move More Challenge

Did you know that cardiovascular disease occurs every 39 seconds and is the No. 1 killer of all Americans? Heart disease also kills more women than all forms of cancer combined. And congenital cardiovascular defects are the most common cause of infant death from birth defects. Seventy percent of all adult Americans lead unhealthy, sedentary lifestyles which increase the risk for chronic disease. The surgeon general recommends at least 30 minutes of moderately vigorous activity, such as brisk walking, each day.

During the month of February, MUSC continues its strong partnership with the American Heart Association to bring awareness to the leading cause of death in the U.S. We will be celebrating American Heart Month throughout February, culminating in the Lowcountry Heart Walk on Feb. 25.

Designed to promote physical activity and heart-healthy living, the AHA Heart Walk creates an environment that's fun and rewarding for the entire family. Why not take advantage of this year's walk and commit to raising money and losing pounds through training and preparation? Participants help to raise even more in their fight to save

lives. Walk with friends, family, coworkers or strangers you'll bond with along the way. Strollers, wagons and dogs are welcome.

We are currently the corporate leader, with more than 35 teams and over \$60,000 raised, but we can do more – so please encourage your friends and colleagues to register for the Lowcountry Heart Walk. If your department does not have a team, consider creating one or join the MUSC Health Promotion Team.

With only a few weeks to go, why not create a walking challenge to make sure everyone is ready for the three-mile walk? The sooner you get going, the more time you'll have to build up your endurance and make sure you'll really be able to enjoy the Heart Walk. Walking is simple, free and one of the easiest ways to get more active, lose weight and become healthier. Beginners can start walking anytime, and regular walking 30 minutes or more can contribute to better health. In addition to reducing risks for heart disease and stroke, walking helps with mental and emotional health by increasing the production of endorphins, boosting energy levels and reducing stress level.

Our Lowcountry chapter of the American Heart

MUSC Health & Well-Being

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



Association has made it even easier to work more steps into each day with the Move More Challenge, found on the Heart Walk mobile app. Simply search the Apple or Google app store and search for "heart walk." The Heart Walk app has the ability to track your minutes of activity right from your phone during the Heart Walk Move More Challenge. You've got 30 days to log your minutes – see if you can reach 150 minutes a week. Any way you move counts; you can walk, dance or even vacuum to stay moving. And keep an eye on your leaderboard. Top movers and fundraisers will be recognized on Heart Walk day.

Join us for the 2023 Lowcountry Heart Walk.

- ❑ Saturday, Feb. 25 at Brittlebank Park.
- ❑ Opening ceremonies start at 8 a.m.
- ❑ The 3-mile walk begins at 9 a.m. and is non-competitive.

Community walk raises awareness about suicide prevention

BY CINDY ABOLE

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According to the Centers for Disease Control and Prevention, suicide is the 12th leading cause of death in the United States. In 2020, nearly 46,000 Americans died by suicide, and that same year, there were an estimated 1.2 million suicide attempts. In an effort to build a community that supports suicide prevention through education and advocacy efforts, a group of MUSC employees volunteer their time every year to make a difference in this serious public health issue through the annual American Foundation for Suicide Prevention (AFSP) Charleston Area Out of the Darkness Walk.

On Oct. 16, these employees gathered with members of the community at Riverfront Park in North Charleston to

raise awareness about suicide and suicide prevention. The event drew more than 600 participants and supporters.

The 2022 event was organized by Regina Creech, Charleston Area walk chair and business health liaison at MUSC Health.

Multiple MUSC Health teams participated, including MUSC Endoscopy, Pharmacy and the Department of Psychiatry and Behavioral Health's Sciences team.

"It was a great success," said Creech. "I can't say enough about the level of support provided by MUSC for the walk and the importance of American Foundation for Suicide Prevention (AFSP) programs and services that are available in our community."

Meg Wallace, associate director for clinical operations for the National Crime Victims Research and Treatment Center in the Department of Psychiatry and Behavioral



Photo Provided

More than 600 participants gathered to raise money and support suicide prevention at the Charleston area Out of the Darkness Walk.

Sciences, is team captain for Psychiatry Department's team and spoke about the group's work and participation from MUSC in support of this event.

"Talking about suicide helps save lives

within communities," said Wallace, who joined in the effort following the death of her friend Kiki, who died by suicide in 2011.

See WALK on page 15

MEET DANTE



Dante Pelzer, Ph.D.

Department and how long at MUSC

Office of Student Engagement; 5 1/2 years

How are you changing what's possible at MUSC

I'm helping the University achieve its strategic goals and live its mantra of "Changing what's possible" by working collaboratively to create new programs and initiatives that address diversity, equity and inclusion needs, interests and challenges for our student population.

Family and pets

Wife, Josette, assistant professor of accounting (College of Charleston); daughter, Logan (7); and son, Cameron (4)

Hobbies and interests

I enjoy all things Florida State University Seminole football. I'm a bourbon/whiskey enthusiast, and I enjoy international travel.

Best thing about living in Charleston

Being able to see our family on a regular basis

Words of advice

I live and work by a simple motto: "Do good work." Producing good work and being a good person matters to me.

Training and Intercultural Education Opportunities
Department of Diversity, Equity and Inclusion

Spring 2023

Appreciating Diverse Experiences Saturday, January 21, 2023 9:00 am - 1:00 pm Wednesday, March 15, 2023 9:00 am - 1:00 pm Participants will receive 4 Hours of DEI Credit	Effective Allyship Wednesday, January 11, 2023 9:00 am - 11:00 am Thursday, April 13, 2023 12:00 pm - 2:00 pm Participants will receive 3 Hours of DEI Credit
Embracing Generational Differences Friday, February 17, 2023 10:00 am - 12:00 pm Friday, March 10, 2023 10:00 am - 12:00 pm Friday, April 14, 2023 10:00 am - 12:00 pm Friday, May 12, 2023 10:00 am - 12:00 pm Friday, June 9, 2023 10:00 am - 12:00 pm Participants will receive 2 Hours of DEI Credit	Having Difficult Conversations Thursday, February 9, 2023 9:00 am - 1:00 pm Wednesday, May 10, 2023 9:00 am - 1:00 pm Participants will receive 4 Hours of DEI Credit Hours
Recognizing and Challenging Unconscious Bias Tuesday, April 4, 2023 1:00 pm - 5:00 pm Participants will receive 4 Hours of DEI Credit Hours	Safe Zone Ally Training Thursday, March 2, 2023 9:00 am - 1:00 pm Wednesday, June 7, 2023 9:00 am - 1:00 pm Participants will receive 4 Hours of DEI Credit

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PRESENTED BY DORIS RUBIO, PhD
Assistant Vice Chancellor for Clinical Research Education & Training, Professor of Medicine
University of Pittsburgh

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CALL FOR NOMINATIONS

About this Award

The Office of Equity & the Department of Diversity, Equity, and Inclusion proudly hosts the Dr. Earl B. Higgins Achievement in Diversity Award. These annual awards are presented to two employees (University & MUSC Health) and a student in recognition of exemplary strides/ contributions in promoting diversity.

Submissions must be received by February 13, 2023.

Awards Ceremony

Please join us for the ceremony on:
Wednesday, April 5, 2023
5:00 pm - 7:00 pm
In Person (Pleasanton Auditorium)

Ready to Nominate?

For nomination information and more details [visit here!](#)

Contact Us

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MUSC
Medical University

MUSC Health-Lancaster Division CEO honored for culture of safety

BY HARRISON HUNTLEY

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Each year, the South Carolina Hospital Association (SCHA) recognizes a hospital leader that strives toward achieving zero harm in his or her facility. In 2022, J. Scott Broome, CEO of MUSC Health-Lancaster Division was named the Drive to Zero Harm Leadership Award winner.

The Lancaster Division encompasses MUSC Health Lancaster Medical Center and MUSC Health Chester Medical Center along with each of their medical practices and affiliates. After assuming the CEO post in July of 2020, a safety culture survey from Press Ganey in 2021 highlighted improvements in several categories and an overall +0.26 improvement from the 2020 results. Broome explained that he focused on three pillars to create a culture of safety: reporting, learning and Just Culture.

In order to create the culture of reporting, he said he makes it as easy as possible for

his care team members to bring up any concerns. Each week, members of the leadership team visit different departments within the facilities. This allows care team members an easy opportunity to report anything that could use attention.

"My simplistic thinking about it is if a nurse on the unit identifies a process that could lead to risk for a patient, by the time that nurse goes through normal channels, files an incident report that works its way through, gets studied, and leads to a change – too much time will have passed. I don't say this to discourage incident reporting. In fact, we strongly encourage it; however, we want to provide many inlets for information leading to improvement," Broome said.

When it comes to learning, Broome wants to make sure that his team feels comfortable reporting mistakes and problems when they happen – without fear of negative consequences. But the fear of consequences is only one reason care team members don't

See SAFETY on page 13



Photo by John Russell

Thornton Kirby, left, president and CEO of the South Carolina Hospital Association, holds the Zero Harm Award with recipient J. Scott Broome.



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The upsides, downsides of blockbuster weight loss drugs

By HELEN ADAMS

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With another blockbuster weight loss medication poised to come on the market this year, the director of MUSC Weight Management Center sat down with MUSC Catalyst News to talk about:

- ❑ The remarkable percentage of pounds dropped by people using the new weight loss drug tirzepatide in clinical trials.
- ❑ Other drugs already on the market, Wegovy and Saxenda, that have made a splash.
- ❑ How their popularity is causing medication supply shortages for people with Type 2 diabetes.
- ❑ Who qualifies for the prescription weight loss medications.
- ❑ Their side effects and costs.



O'Neil

That's a lot of ground to cover, but Patrick O'Neil, Ph.D., is more than up to the task. In addition to leading the Weight Management Center in the MUSC Health and Wellness Institute in Mount Pleasant, he's a professor in the College of Medicine at MUSC and a former president of The Obesity Society. O'Neil also studies and leads clinical trials on medications and treatments designed to help people manage their weight — including one drug discussed in this article.

THE NEW WEIGHT LOSS DRUG, TIRZEPATIDE

There's a lot of buzz about a weight loss medication expected to go on the market this year. Its manufacturer, Eli Lilly, hasn't announced the brand name yet, but the medication it contains is called tirzepatide.

Tirzepatide is already in a diabetes drug called Mounjaro. The weight loss drug might contain more tirzepatide than

Mounjaro does, to boost its power in helping people shed pounds.

That power is remarkable. O'Neil said tirzepatide worked so well in clinical trials for weight loss that it earned fast-track designation from the Food and Drug Administration (FDA). That speeds up the process of getting important new medications to the people who need them.

"In a phase 3 trial, they achieved weight losses as high as 20% of the person's starting body weight," O'Neil said. That was 50 to 60 pounds in some cases.

Tirzepatide works by helping the patient feel full on less food and slowing the passage of food through the digestive tract. There's no question the weight loss it leads to is beneficial for people who are overweight or obese. But there are some other factors to consider, which O'Neil addresses later in this article.

OTHER WEIGHT LOSS DRUGS ALREADY ON THE MARKET

Tirzepatide comes on the heels of two other injectable weight loss drugs that have made a splash in recent years. Like tirzepatide, they evolved from diabetes medications, reducing appetite and slowing the emptying of food from the stomach.

The first was liraglutide, brand name Saxenda, for obesity. It was originally only marketed for diabetes treatment under the brand name Victoza.

"What they found in clinical trials was that people with diabetes who were taking liraglutide also tended to lose weight. So they started studying it in a different dose, a higher dose for weight loss specifically, with or without diabetes. And they found that it had a significant effect on weight loss. It was an average loss of about 6 or 7% or more over a year," O'Neil said.

The next big weight loss drug to emerge was semaglutide, under the brand name Wegovy. As a diabetes treatment, it's called Ozempic. Again, the weight loss version includes more semaglutide than the diabetes treatment.

"It's basically mimicking a naturally



Photo Provided

More than 70% of people age 20 and up are overweight, including about 40% who are considered obese, according to the Centers for Disease Control and Prevention.

produced peptide that's made in the gut. It tends to help regulate glucose and contribute to a feeling of fullness. This is also true of liraglutide and tirzepatide," O'Neil said.

He played a role in ensuring Wegovy worked as it was supposed to. "MUSC participated in many of the trials for semaglutide. You see an average weight loss of about 15% to 16% of the person's starting weight. That's a much higher percentage than had ever been seen with any weight loss drugs previously approved by the FDA."

O'Neil said some scientists have called semaglutide a game changer. "It is a big deal. But it's not a cure-all. I want to stress that. You need to use FDA-approved obesity medications along with diet and exercise. So they're not intended to be a simple solution to a complex problem. But this is a substantially greater effect than we've seen from any previously approved obesity medication."

EFFECTS ON DIABETES DRUG SUPPLY

That game-changing reputation came

with a cost — for both people with diabetes and people who wanted to lose weight. High demand for Wegovy and off-label prescribing of Ozempic for weight loss led to shortages that have some patients scrambling for alternatives.

Mounjaro is on the FDA's drug shortages list, too. So is another diabetes drug called Trulicity, which is not a weight loss drug but is being prescribed off-label as well, because in some cases, diabetics who used it lost weight.

WHO QUALIFIES FOR THE PRESCRIPTION WEIGHT LOSS MEDICATIONS?

When it comes to the weight loss medications described earlier that are already on the market, there are qualifications. Saxenda is meant for adults with a body mass index of 27 or higher and kids 12 to 17 who are obese. Everyone who takes it is asked to cut calories and increase exercise.

Wegovy is for adults with a body mass index of 27 or higher as well. They're

From coat to coat

BY BRYCE DONOVAN

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There's a moment in the story when he's finally found the correct aisle.

His job — the sole task that his wife has given him that early spring morning — is to get one simple item. Though trust is a foundation of their 32-year marriage, evidently it doesn't apply to the grocery store.

About halfway down, on the left-hand side, he sees it. At the same moment, just a little farther down, he notices someone waving at him. As he gets closer, he realizes the smiling man is a high school football coach. He knows this, not because of anything he's wearing or because he's seen him on TV, but because, years ago, he saved the man's life.

From the front passenger seat of the SUV, the storyteller pauses a moment, looking out the window at the trees streaking by in the early afternoon light. "It was colon cancer," he says, almost as if he's forgotten you're there. "But we got it."

Then he continues.

"So, we're talking, you know, just catching up," he says, when another man, a little bit younger than the two of them, comes along. He's one of the coach's former players. The two men embrace. The coach tells him, "This is Dr. Cole. The guy who fixed me."

The former player hesitates for a

moment before chuckling in amazement.

"Small world," he says. "You fixed my mom, too." It's a moment MUSC President David J. Cole, M.D., FACS, says he'll never forget.

"It's not why we do what we do," he says, now turning slightly in his seat to catch you out of the corner of his eye, "But yeah, it was an incredible feeling. That's as good as it gets right there."

Even though he must be tired, he smiles. He's at the tail end of a nonstop MUSC Health Regional Hospital Network tour — Florence, Marion, Black River. Over the past 36 hours, Cole has set foot in three different MUSC Health hospitals, toured countless units and met hundreds of doctors, nurses and staff. It sounds like a lot because, well, it is. But it's a fair barometer of what a typical week looks like for the still-practicing oncology surgeon who just also happens to be the big boss to nearly 25,000 people across six colleges, 14 hospitals and 750-plus care locations statewide.

Back in the Mount Pleasant Publix, the three men — surgeon, coach, player — share a few more laughs before eventually shaking hands and going their separate ways. And that's when he sees her. Rounding the corner, coming down the canned vegetables aisle. Greeting her with the warmest smile he can muster, Cole attempts to explain to his wife Kathy what just transpired. It was a



Photos by Sarah Pack

Not a moment is wasted for Cole as he checks emails on the way to the cancer clinic.

moment, he explains. Like something out of a movie. But it doesn't matter. Because right now, he's not the respected surgeon or prestigious university president, he's simply the empty-handed husband.

With a tight smile, Kathy bends down and grabs it off the shelf.

"One job," she says.

"Honey, you don't understand," Cole recounts, stepping right back into that very moment, his voice raising an octave — no doubt exactly the way he would have said it to her then — "this was bigger than green beans!"

For several weeks, spanning November and December of last year, MUSC writer Bryce Donovan and photographer Sarah Pack shadowed the man entrusted with keeping a \$5.4 billion-a-year train on the rails. From the wood-paneled walls of board meetings to the bright lights of the operating room, they watched as he handled his colleagues, patients and everything in-between with a level-headed calm that's made him the perfect fit for a position he's held for the past nine years.

This is a sneak peek inside the life of MUSC President David Cole.

RUBBING ELBOWS

With the sun fading to indigo and high tide sparkling among the marsh grass, David and Kathy Cole stand on a nearby

veranda, shaking hands and trading smiles with legacy donors. Events like this are crucial, because even though MUSC is considered a state-funded organization, less than 4% of its annual budget comes from the government. That means people like these — the ones who the Coles are on hand to celebrate on this unseasonably warm autumn evening at Alhambra Hall — are key players in the growth and success of MUSC.

The schedule of a university president can be brutal. The meetings. The phone calls. Financial and personnel decisions. But for all the long hours and the stress, there are a few perks to the job. Like the big corner office. The ear of influential people. And nights like these. Because — and most university presidents will begrudgingly admit this — in hyper-specific circles, they enjoy a celebrity status of the highest order: the higher-ed equivalents of Taylor Swift.

So it should come as no real surprise that the hundreds of people milling about the black-tie event — some mingling, some dancing to a jazzy rendition of a Hall & Oates song — all have the same thing two things in common: a financial dedication to MUSC and the desire to talk to Cole. Even if some of them aren't 100 percent certain which one he is.

At that very same moment, on the

See **COLE** on page 8



Cole shares a light moment with MUSC director of Governmental and Community Outreach Quenton Tompkins before a meeting at MUSC's 22 WestEdge location.

COLE *Continued from Page Seven*

opposite side of the event space, a woman waiting in line for a drink strikes up a conversation with a short, bearded man. They laugh a bit, enjoying a rare warm Charleston evening with no sand gnats. The small talk ends with him getting a glass of wine and her applauding all he's done for MUSC. With a look of bewilderment, the man walks away to rejoin his friends at a nearby table, and with a wry smile says, "Please refer to me as Dr. Cole for the rest of the evening."

CHECKING IN

It's 11:09 a.m. as the gray SUV pulls out of the parking lot at Colcock Hall, a building Cole and other top-level MUSC executives call home base. Dating back to the Civil War, the red-and brown-brick structure was originally built to house small arms and do cannon repairs. Nearly 160 year later, the weapons have been replaced by computers and conference rooms. But at its core, the building still has the feel of a place where high-stakes preparations are made.

As Colcock Hall shrinks in the rear-view mirror, Cole, sitting in the passenger seat, grabs a folder and begins to leaf through his agenda for the next two days. It consists of meetings with staff, dinners with prominent



Photos by Sarah Pack

Cole prioritizes his own health, making time twice a week to get to MUSC's Wellness Center where he works with personal trainer Alicia O'Connor.

members of the community, facility tours – medical university president-type stuff. He turns his attention to his talking points for the first of several of meetings he'll have over the next 36 hours, only occasionally breaking the silence to share anecdotes on food courts or motion sickness.

Three hours and eight minutes later – with a quick bite to eat and a story involving his mother and her fascination with skim milk in between – the road trip culminates in front of MUSC Health Florence, one of four South Carolina hospitals purchased by MUSC nearly four years ago. Cole makes

it a point to visit these locations as often as his schedule will allow. Those visits aren't lost on the people who work there. After an informal Q&A with some of the Florence medical staff, one nurse tells Cole that before MUSC purchased the hospitals, previous leadership was never around. "So, for you to come from Charleston and check in, it means something," she said. "We feel heard."

Over the course of the next several hours, Cole, along with MUSC Health Florence CEO Jay Hinesley, chief operating officer Jason Cox and chief medical officer

Rami Zebian, M.D., makes the rounds. Along the way, the group checks out a new bronchoscope, some handheld ultrasound machines and a giant imaging system that looks like something right out of a Ridley Scott movie. Cole's eyes light up as he learns about each – a not-so-subtle indicator of his love of medicine.

Later that evening, at a dinner attended by MUSC Health Florence leadership and several key community members, Cole shares his central tenet as president of MUSC: "As long as I'm in this role, above everything else, the patient is going to be the center of what we do."

He's a medical university president, sure, but a physician first.

**"THESE ARE O.R. SHOES."
"OH, ARE THEY?"**

Leah Ladue can't hide her nerves. Lying helplessly in the hospital bed, her parents at her side, she knows the next few hours of her life depend on the man sitting to her right. With his arms resting on her bedrail and a blue surgical cap covering his white shock of hair, Cole searches her eyes, trying to ease some of those fears.

"Questions? Concerns? Mysteries?" he asks gently.

Thirty-one minutes from now, Cole and his team will begin a right mastectomy on Ladue – the entire procedure will take about



Like all experienced surgeons, Cole explains some of the nuances of Leah Ladue's upcoming procedure.



From left, physician assistant Jennifer Ridgeway, Cole and surgical resident Dr. Shockley Nunnery operate on Ladue.

three hours — removing multiple cancers in the process. It's a serious surgery — the breast tissue will be removed all the way to the muscle — but one Cole has performed hundreds of times in his career.

"Will I have to spend the night here?" is all Ladue can manage, dozens of heavier questions no doubt lingering behind those scared eyes.

Cole smiles, nods and then turns to her parents and says, "We'll take good care of her."

Moments later, as he walks back to the operating room, his wedding band and Apple watch carefully tied into the drawstring of his scrub pants and his black surgical dress shoes softly clicking on the linoleum — "A lot of surgeons wear those clogs," he says. "I prefer these. My son calls me an OG surgeon" — he chats amicably with a surgical resident and physician assistant Jennifer Ridgeway, both of whom will be assisting with the procedure. The stakes couldn't be higher now, and yet, Cole seems the calmest he's been in days.

But it's not really a surprise, after all, this is where he's happiest. Where it all began.

FOLLOWING HIS HEART

The basketball court in his driveway confirms what you already suspected. Yes, the six-foot-two New Mexico native loves



Photos by Sarah Pack

Cole; wife, Kathy; and six-month-old Cairn Terrier, Sassy, have a team huddle before Cole heads off to work.

hoops. Played power forward for his high school team, even got a few junior college offers. But the sport never really defined him. So when he instead chose to go to New Mexico State — a school that didn't offer him a basketball scholarship — it was with the mindset that his future lay somewhere off the hardwood.

At NMSU, he was on it. He graduated with honors and was named a Rhodes scholar finalist. Then it was off to Weill Cornell Medical College in New York. From there, things kicked into high gear. He did

a residency at Emory University Hospital in Atlanta. Worked his butt off. Fell for a pediatric bone marrow nurse named Kathy.

Four cities, three kids and several decades later, Charleston eventually became home court for the Coles. Recently, they've even recruited two new players to the roster: granddaughter, Emily, and six-month-old Cairn Terrier, Sassy.

The story was mostly roses until 2019, when a medical issue forced Cole into one of the scariest moments of his and Kathy's lives: he would need major surgery to

address a congenital heart defect. It was a gut punch to the family, but like all obstacles they had faced before, they would meet it head on. The hours-long open-heart procedure kept him out of commission for a while, but in the end, life got back to normal for the Coles. Only this time it came with a few lifestyle changes and some welcomed perspective.

Four years later, he still carves out time twice a week in his busy schedule to get to the Wellness Center and squeeze in a 60-minute workout.

"I love working with him," MUSC trainer Alicia O'Connor says. "He's fun because he's an athlete." Cole momentarily stops doing squats to interject: "Yeah, yeah. I just think she needed a reclamation project."

A NEW SHRINE

Almost symbolically, a lone sailboat navigates the Ashley River out the window below as Cole stands in a corner, gathering his thoughts. He turns and takes his seat at the table.

The room is filled with doctors, a few children and lots of men in fuzzy red hats. The reason they have all gathered on the 7th floor of MUSC Shawn Jenkins Children's Hospital is to announce the South Carolina Pediatric Burn Center, a joint affiliation

See COLE on page 10



Cole gets a kick out of a presentation at a dinner in Florence.



Cole shakes hands with care team members at MUSC Health-Marion during one of his periodic visits.

COLE *Continued from Page Nine*

between MUSC and Shriners Hospitals for Children.

Cole's job on this overcast morning is to welcome everyone and kick things off with a light anecdote. Making partnerships like this work are rarely as seamless as the events held to celebrate them make them seem. Oftentimes, years of planning, discussions and negotiations have gone on behind the scenes to make them a reality. And it can be a delicate balancing act. Sometimes it works out, sometimes it doesn't.

But as president, that's Cole job: to navigate the waters of diplomacy. Though admittedly more at home in a clinical setting, it's this dance, this tightrope between friendships and business partnerships where the man really earns his paycheck.

Today is a win, he says. A gamechanger for the people of South Carolina. On its face, it might sound a bit idealistic, but when you're the pitchman for his particular product — saving people's lives — there really isn't such a thing as hyperbole. It's just flat out true. When health care improves, a community benefits.

ANOTHER DAY BEGINS

There's just something funny about a grown man in a suit cleaning up after a dog. Maybe it's the absurdity of it, the blatant



A queue forms to speak to Cole after he and other state university presidents spoke during a conference on Kiawah Island.

Photos by Sarah Pack

dichotomy. Or maybe it's just reassuring to be reminded that that even the successful have to deal with, well, stuff.

It's 5:51 a.m. on a Tuesday morning, and Cole stands in his front yard, dressed to the nines, pleading with Sassy to go to the bathroom.

"Sometimes this feels like a pointless exercise," he says, trying to sound tough, his

smirk betraying how much he loves this tiny furball.

After finally hitting the jackpot, the duo head back inside, where Cole is greeted by his wife, wearing bedazzled, fuzzy slippers, gingerly nursing her coffee. His morning routine consists of a handful of variables — this morning, it's unloading the dishwasher — but always a few constants: morning news

on the TV and making his own lunch. Today it's pimienta cheese on Captain John Derst's bread. And, of course, there are the cookies — Lorna Doone, shortbread. Loved them since he was a kid, he says.

Kathy escorts him into the garage before kissing him goodbye. He tosses his bag in the back seat of his car, hops behind the wheel and fires up the engine. He throws the transmission in drive and puts on a pair of mirrored aviator sunglasses. The only thing missing is the "Days of Thunder" soundtrack. Instead, from the radio emanates a mellow number by Boz Scaggs, probably more fitting, even if a tad disappointing.

As he deftly navigates the morning rush-hour merge onto the Ravenel Bridge, the sun shines brightly on his face, marking the beginning of another long and arduous day rising on the horizon for the man running MUSC.

"This job can be exhausting," he says a few minutes later, as he backs into his parking spot at Colcock Hall. "But I'm constantly reminding myself we're trying to make a difference in people's lives. And that's not an easy thing. So I try to focus on the journey, the path to changing people's futures for the better, because that's what gets me up in the morning."



Cole steals a moment to deal with a pressing situation before trudging through the rain to make rounds on his patients.



President's Council is a weekly meeting between Cole and some of his colleagues where they discuss many of the most important matters related to MUSC.

Respecting tradition, innovation: Head and neck cancer surgeon strives to provide holistic care

BY LESLIE CANTU

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Alexandra Kejner, M.D., radiates wonderment when she talks about head and neck anatomy.

"I think some of the most beautiful anatomy is in the head and neck. It is just gorgeous. You look at the picture in the textbook, and it actually does look like that in the neck," she explained.

Even better than simply observing the anatomy is being able to help head and neck cancer patients by using tissue from elsewhere in the body to reconstruct parts of the head and neck that had to be removed along with the cancer, a technique called free-flap surgery.

"Free flaps are just amazing. It almost defies logic that you're taking this big piece of tissue, and you're relying on a single artery and a single vein to feed that tissue to make it live," she said. "And it's like a little miracle every time it happens. It's beautiful."

Kejner is an otorhinolaryngologist — an ear, nose and throat doctor — who cares for head and neck cancer patients. She joined MUSC Health in September. Unlike many newcomers to Charleston, she didn't cite the location as one of the draws, despite its overwhelming beauty and culture. Rather, she said she was drawn to MUSC Hollings Cancer Center and MUSC Health by the people who work here and by the mission of furthering cancer care throughout South Carolina.

Although her specialty is surgery, Kejner thinks it's important to consider more than the surgery itself when caring for patients. She likes that cancer providers tend to build lifelong relationships with patients. She was inspired, as a resident, to see a patient returning 20 years after his treatment, just to say "hi."

"One of the things that is really important to me is that when we get people in to treat them for cancer, we're treating the whole person," she said. "So not just, 'There's a tumor; we will fix it.' But also looking at other underlying issues that have come into play and that have gotten us to this point, so looking at things like nutrition, smoking cessation and even genetics."

Cancer care is multidisciplinary, and that's especially true for head and neck cancer, where doctors collaborate with speech language pathologists, physical and occupational therapists, social workers, nutritionists and more.

Head and neck cancer patients, in particular, are more likely to have mental health struggles after treatment, which can radically change their appearance or control over muscles for swallowing and talking. Kejner said one of her goals is to get patients "as close to their baseline as we can," so that they feel comfortable going out in public and participating in social activities.

To that end, she's always interested in advancing treatments and innovations in care — even if those innovations involve new medicines and medical treatment, rather than surgical intervention.

"One of my favorite sayings is 'Respect tradition but embrace innovation,'" she said. "So you realize the lessons and techniques that we have had for years and marry those with advances in technology and the cutting edge of science. Research is probably one of the most important aspects in cancer care because that's how we push the envelope. That's how we figure out better ways to take care of people and get them back on their feet, get them back out to be with their families and to enjoy life again."

Kejner's past research has delved into health disparities and outcomes in larynx cancer patients. She's also involved in a clinical trial studying a therapeutic vaccine



Photo by Clif Rhodes

Dr. Alexandra Kejner said she enjoys working at an academic medical center where she is surrounded by people who are passionate about learning, research and teaching.

in combination with immunotherapy.

For all of those reasons, she likes being at an NCI-designated cancer center housed within an academic medical center.

"At academic centers, you tend to attract

people who are really passionate about learning and research and teaching," she said. "I think it's the innovation that's available when you have academics coming together."



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Academic research and clinical care come together

By HARRISON HUNTLEY

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"Scientist and M.D. come together." That's how Katherine Chetta, M.D., described, in a nutshell, the project that she and Mindy Engevik, Ph.D., have come together to tackle. Engevik's description was a bit more specific.

"The best research team of all time!"

Chetta is a neonatologist at MUSC Shawn Jenkins Children's Hospital in the neonatal intensive care unit (NICU), specializing in the nutrition of the preterm infant. Engevik, an assistant professor in the MUSC College of Medicine (COM) in the Department of Regenerative Medicine and Cell Biology, runs a lab focused on gut microbiota. Together, Chetta said, they make up a powerful combination. "I feel like we're like an M.D.-Ph.D., but we're two people," she elaborated, half-jokingly. "I'm a full-fledged M.D. that has a lot of research interests, but she has the background to do these experiments."

The pair is currently taking on necrotizing enterocolitis. It's a big problem in the NICU, Chetta said, especially in preterm infants whose gastrointestinal systems can't determine whether bacteria is good or bad. The disease inflames and eventually kills tissue in the intestines, forcing the young patient to undergo surgery and antibiotics. She explained that necrotizing enterocolitis is fatal in about 50% of patients. "Infants can get colonized with really bad bacteria just from being in the hospital," Chetta said. "We really don't know why they can't modulate their own bacteria, like in adults and kids' guts, and respond to these bacteria but don't have the ability to allow good bacteria and not allow the bad."

Chetta decided to take this quandary to Engevik, who she met through a mutual colleague. The two found that they had a lot in common. For one, they both studied at Baylor College of Medicine in Houston but didn't know of each other. Engevik remarked that the two were like the proverbial "ships passing in the night." More importantly now, though, the two found a mutual interest in bacteria in the human gut and a mutual lack of concern for their own

egos.

It turned out that Engevik's lab was the perfect place for Chetta to seek answers. She brought infant stool, breast milk and formula from SJCH along with tissue samples from a partnership with the Hollings Cancer Center Biobank.

"You can grow their intestine [from the tissue] as little organs called organoids," Engevik explained. "So we have these little infant organoids, and the thought is that we can then test out how these bacteria, after responding to nutrients that modulate the gut bacteria, and then, do preterm infants behave differently than term infants? Are their guts more mature?"

"There's so much we don't know about preterm infants," Chetta said. "That's why work of this nature is so important. Studies on the gastrointestinal systems of these vulnerable babies is kind of novel. Not a lot of people are doing the kind of work we do."

While it's still early in the research, the questions they are asking are already bearing fruit. Chetta said that the research has already allowed her to eliminate possible causes and focus more fully on more promising theories. "For example, we saw that introducing extra sodium didn't cause a reaction. Now I can stop worrying about salt with my patients," she said.

"Eventually," Engevik said, "we want to set up a clinical trial and send it to the NIH for funding, which would allow us to sign patients up."

In doing this kind of innovative work, there's always a temptation to use the project and its success to grow your own legacy. But when doctors collaborate like this, legacy building goes out the window.

"We're not the first people who have ever done this," Chetta said about their collaboration. "But a lot of successful collaborations are from someone who is a clinician and someone who is a Ph.D. that have come together and decided to answer a problem together. But one of the barriers to people working together is that they want it to be their project. Working together can bring a ton of success, but it makes you humble."

Though, as a researcher, she works on the academic side of MUSC, Engevik said



Photos by Sarah Pack

Neonatologist Dr. Katherine Chetta, left, and Dr. Mindy Engevik, Regenerative Medicine and Cell Biology, work in the lab to find a cure for necrotizing enterocolitis in babies, particularly preterm babies.



Dr. Chetta looks at breast milk samples in Dr. Engevik's lab.

she wants to help real people instead of just publishing papers.

"I can do as much microbiology as I want, but if I don't have any clinical applications, what really does it do for the world? I don't really need more papers. I'd rather get better treatments for patients."

Engevik is also quick to point out that this project has the potential to help more than just NICU patients. She said that necrotizing enterocolitis is similar to an

adult condition like inflammatory bowel disease, which also currently has no cure.

"I think all of us have experienced or know someone with gut issues," Engevik said. "I think that these are really valuable questions, and I think if we can help people overcome these really bad GI issues, that we'll be better as a society," she added, referring to gastrointestinal conditions.

And for Chetta, she said that her venture

See GUT on page 15

SAFETY *Continued from Page Five*

report issues. Broome explained that care team members may not believe that their reports matter. He strives to make sure reports aren't just heard but are also acted upon.

"If we ask people to report, they have to feel the freedom to do that, and they have to have confidence that we're going to use the information constructively for our process improvement and education," Broome said.

The third pillar, maintaining Just Culture, is about evaluating human agency – a person's ability to make choices in a given environment and shape one's life – in errors in a constructive manner. "Humans make mistakes, and as an organization, there can be an accumulated wisdom from reporting these mistakes, learning from them and developing processes to mitigate the risk of human error," said Broome.

"We have to be committed to identifying error-prone processes and minimizing the risk associated with them," he said. "If it's human error, what things can we put in place to provide error-proofing so it doesn't happen again? Or if it was a process issue, we must identify what step in the process failed."

Under Broome's direction, hospital leaders completed Just Culture training to learn how to categorize errors and how to address them most effectively. The training teaches that errors can be categorized according to behaviors from simply human error to at-risk behaviors and, infrequently, reckless behavior.

"When human error occurs, we need to avoid negative consequences for the individuals involved, learn from it and provide reeducation as needed," he explained.

The second category involves behaviors that may be defined as at risk, whether intentional or not. This type of error may occur when someone knowingly skips a step, often with best intentions, but is still acting against protocol. This category may also involve growing desensitization to protocols based on the repetitive nature of some tasks. In either case, unintentionally, risks are introduced. Broome also sees these as learning experiences for his staff.

"In these cases, we need to reeducate,

explain the step that was missed and that the step is part of the process for a reason, and its inclusion can prevent bad things from occurring."

While the Just Culture training includes a third category for reckless behaviors, Broome said occurrences resulting from these errors are exceedingly rare in his experience.

"In more than 20 years in the field, perhaps there have been some, but I can't remember any situations where there was intentional harm or something like that. Our issues are almost always in the first or the second categories," he said.

Care team members within the MUSC Health-Lancaster Division indicate buy-in with this approach, and Broome's focus on Just Culture is making a difference in the safety culture of their division. In the Press Ganey survey, the statements with the most improved responses were:

- ❑ When a mistake is reported, it feels like the focus is on solving the problem, not writing up the person (+0.50).
- ❑ Communication between physicians, nurses and other medical personnel is good in this organization (+0.46).
- ❑ Mistakes have led to positive change here (+0.44).

Those improvements did not go unnoticed. Karen Reynolds, SCHA executive director of Innovation, said that zero harm is not simply a goal, it's a practice – one that Broome exemplifies.

"J. Scott Broome's commitment to ensuring high reliability and a culture of safety is at the center of MUSC Health-Lancaster Division, and the demonstrable success the organization has had stemming from his efforts is a testament to what can be accomplished when that philosophy is put into action."

And though he said he's honored by the award, don't expect Broome and his team to rest on their laurels. They always see room for improvement. MUSC Health Lancaster Medical Center and MUSC Health Chester Medical Center received 11 Zero Harm awards this year under Broome's leadership. Next year, he'd like to earn even more.

"There are plenty of additional things that we can add to that list," said Broome. "We want to sustain the awards we got, plus add some additional awards to that list."

DRUGS *Continued from Page Six*

supposed to eat less and move more, too. The FDA recently approved Wegovy for kids 12 and up who have a high body mass index.

SIDE EFFECTS AND COSTS

O'Neil said just about every drug has side effects, and weight loss medications are no exception. "These drugs that I've been talking about are all gut drugs, basically. They're mimicking hormones that are produced in the gastrointestinal system. And so their side effects tend primarily to be GI side effects. Many complain of some nausea, less frequently, vomiting, diarrhea or constipation."

He said patients should start with a low dose, gradually increasing the dose to the target level.

"What we found in the studies is that we do see the side effects, such as diarrhea and nausea and so on, tend to be generally transient. So over time,

people tend to get over them. We have had very few people have to come off the drugs in studies because of side effects."

He said gallstones and gallbladder problems are also potential problems. But the discomfort may not be just physical. The medications are expensive, O'Neil said – more than \$1,000 a month. "Most insurance plans do not cover medication or any kind of treatment for obesity. So it is a medical condition that's really discriminated against in a lot of different ways."

It's also a condition that's being carefully studied as the number of people who are overweight or obese grows. "I always stress that no drug, no obesity medication works for everybody. No obesity medication's going to work by itself without you doing your part. And they only work when you take them. But people need to treat these medications as serious treatments for a serious condition."



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New treatment option for kids with genetic tendency to develop allergies

BY KIMBERLY MCGHEE

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Kids with atopy have a genetic tendency to develop allergic diseases such as asthma, eczema and eosinophilic esophagitis (EoE), or inflammation of the esophagus. Their parents know too well the toll atopy takes on their children's lives. They hear the labored breathing of their child with asthma. They see the rashes that cause relentless itching in their child with eczema. They witness firsthand the difficulty their child with EoE has swallowing.

Thanks in part to two pediatric clinical trials that enrolled patients at the MUSC Shawn Jenkins Children's Hospital, more kids with eczema and EoE now have a new treatment option. Dupilumab works by blocking the signaling of cells that drive the inflammation that causes many of the symptoms of these conditions. It had previously been approved for some children with asthma, for children 6 years and older with eczema and for adults, 18 years and older, with EoE. MUSC was also a site for the trial in children age 6 to 12 with eczema.

The two trials helped to expand the age range for which the new treatment was approved to include anyone 6 months or older for eczema/atopic dermatitis and expand the clinical indication to EoE for adolescents and adults.

The MUSC site for the atopic dermatitis trial was led by pediatric dermatologist Lara Wine Lee, M.D., Ph.D., and the MUSC site for EoE was led by pediatric allergist Kelli Williams, M.D.

Dupilumab is injected under the skin – monthly for younger children with moderate-to-severe atopic dermatitis and weekly for adolescents with EoE. The shots are administered at home, either by the patients themselves or by parents. Wine Lee and Williams offer to give the first shot in-office so that they can provide training to parents and patients who desire it.

ATOPIC DERMATITIS/ECZEMA

Before the approval of dupilumab, the mainstay for eczema treatment had been prescription topical anti-inflammatory medications, but they didn't work for all children.

For more severe cases, systemic immunosuppressive therapies were available, but they knocked back the immune system as a whole, leaving patients vulnerable to infection. In contrast, dupilumab blocks only the part of the immune system known to be involved in inflammation and allergic responses, providing a more targeted approach.

"Unlike other kinds of medications that take the whole immune system down, dupilumab just gets control of that arm of the immune system that is involved in these diseases," said Wine Lee. "The approval of dupilumab is really revolutionary in terms of my ability to treat patients with moderate to severe atopic dermatitis."

Nationwide, the atopic dermatitis trial enrolled 161 children, age 6 months to 6 years, with moderate to severe disease and confirmed that the drug was effective in reducing the severity of disease while showing no new safety concerns in children. The most common side effects seen in both adults and children were irritation at the injection site, eye dryness or irritation and reactivation of oral herpes.

EOSINOPHILIC ESOPHAGITIS

Dupilumab also offers adolescents and adults with EoE a much-needed treatment option. Traditional approaches to EoE include dietary restrictions and medical management. Teenagers can resist being told what to eat and some find it difficult to comply with dietary restrictions.

"A lot of the treatments before this drug were strict dietary avoidance," said Williams. "And some teenagers didn't like to do that. It can be difficult and distressing for them because they're in high school; they are eating



Photo by Sarah Pack

Dr. Lara Wine Lee, a pediatric dermatologist, and Dr. Kelli Williams, a pediatric allergist, led the two trials of dupilumab at MUSC.

with their friends, and they just want to fit in. For those reasons, adolescents with EoE are a particularly challenging group to manage."

The national trial of dupilumab in EoE enrolled a total of 240 patients, 72 of whom were adolescents. Tissue studies showed that the dupilumab markedly reduced the number of inflammatory cells, or eosinophils, characteristic of the disease. Patients administered dupilumab also reported fewer problems swallowing at week 24. As with atopic dermatitis, the safety profile of dupilumab was similar in adults and teens. The most common adverse effects were injection site irritation as well as upper respiratory tract and herpes infections.

The approval of dupilumab to help to control EoE in adolescents could not only improve their quality of life but lessen the disease's impact on the rest of their lives, said Williams.

"EoE is a disease that can last a lifetime, but it often starts early in childhood," she said. "And now that this drug is approved for adolescents, and we can intervene and treat it right when it starts and decrease the inflammation, I think it could change the

trajectory and natural history of this disease. It could mean that fewer adults will suffer from the disease or have less-severe disease."

MAKING MUSC AN ATTRACTIVE SITE FOR CLINICAL TRIALS

Williams credits the South Carolina Clinical & Translational Research (SCTR) Institute with helping to make MUSC an attractive clinical trial site for industry sponsors such as Regeneron, which manufactures dupilumab.

"For a big sponsor like Regeneron, you have to cross all your t's and dot your i's, and SCTR really helps us get a good handle on moving patients through the trial and following up on good patient care," she said. "SCTR was really instrumental in making sure that this study was a success at MUSC."

Williams said she is particularly grateful for the expertise of SCTR study coordinator Natalie Naylor, who kept the trial running smoothly.

SCTR also helped Wine Lee to launch her trial and transition it to study coordinators in the Department of Dermatology.

See ALLERGY on page 15

ALLERGY *Continued from Page Fourteen*

THE IMPORTANCE OF PEDIATRIC CLINICAL TRIALS

Since most clinical trials are conducted in adults, pediatricians are often left to use their own best judgement about how to adapt approved therapies to kids. Both Wine Lee and Williams agree that pediatric clinical trials are needed to clarify the dosing and safety of drugs approved in adults for use in kids.

“In pediatric dermatology and pediatrics in general, we sometimes prescribe off-label. For example, you have a medication like this one that was previously approved for 6 and up, but you have a 5-year-old, and you just really feel like it’s still the best option,” said Wine Lee. “We had the ability to use it, but now we have the weight of a clinical trial behind us, which provides us greater confidence in its safety and proper dosing in these populations.”

Williams couldn’t agree more. “Children are a vulnerable population affected by a great deal of chronic disease, whether it be asthma, atopic dermatitis

or food allergy,” she said. “Doing clinical research to move the treatments for these diseases forward is crucial for improving the quality of care that we can provide to our patients.”

GUT *Continued from Page Twelve*

into academic research is good for both her patients and her own mental health. She said that seeing the potential for cures in the lab helps her to keep going when she feels burnt out working in the NICU.

“At the end of the day, I’m doing the same thing over and over,” Chetta said. “Then I want to come [to the lab] and do something long term and bigger than just the day to day. So it’s a good balance – to get out and do some research on this. It gives me hope.”

Editor’s Note: Chetta’s work is funded by the Laura and David Stone Foundation, for neonatal research. Their joint work is supported by the MUSC Digestive Disease Research Core Center (DDRCC) and COBRE in Digestive Liver Disease (P30DK123704).

WALK *Continued from Page Three*

In 2013, she captained the MUSC Psychiatry team and later joined Creech in helping to organize the Charleston Area Out of the Darkness Walk.

“Several MUSC employees played active roles in our group’s planning and event preparation. Volunteers assisted with the setup and break down, plus other event responsibilities to support those who are impacted by suicide,” Wallace said.

The walks fund education, research, survivor support and public policy advocacy for suicide prevention within South Carolina and nationally. One specific program, “Talk Saves Lives,” provides updated research and data on suicide and prevention efforts in the community. Offered to communities in both English and Spanish, the program helps people to talk openly about suicide.

According to Creech, the AFSP is dedicated to achieving their bold goal of reducing the annual suicide rate in the United States by 20% by 2025.

“Now, more than ever, we are building

“Now more than ever, we are building a community that is smart about mental health by emphasizing that mental health contributes to an individual’s overall health and that reaching out for help is the strong thing to do.”

Regina Creech

a community that is smart about mental health by emphasizing that mental health contributes to an individual’s overall health and that reaching out for help is the strong thing to do,” Creech continued.

The 2023 Charleston Area Out of the Darkness Walk will be held Sunday, Oct. 29 at Riverfront Park in North Charleston.



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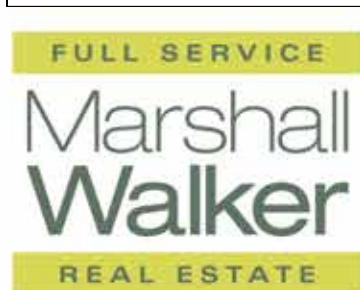
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INAUGURAL CELEBRATION OF MUSC NURSING EXCELLENCE



MUSC Health-Charleston nurses celebrated nursing excellence at the Jan. 26 event held at 22 WestEdge in Charleston. The event was led by interim chief nursing officer Dr. Susan Pastor and MUSC Health-Charleston Division CEO Dr. David Zaas. Leaders honored nurses who received 2022 Nursing awards as well as Nursing Excellence's newest "Leading with Heart" awards: nurse manager of the year (Janie Shaw); emerging nurse leader (Jason Smith, pictured far left); and emerging nurse educator (Josh Moran). Also pictured, center, Carrie Moore was recognized among the 2022 Health Care Hero with the Charleston Regional Business Journal.



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