Neuroscientists test a potential treatment for cognitive decline
A MESSAGE FROM LES HALL, SCHOOL OF MEDICINE

PLANNING OUR FUTURE, STRATEGICALLY

In this issue of South Carolina Medicine, the story of one individual’s recovery from serious heart disease highlights the miracles that occur when prepared providers deploy leading edge technology. We feature breakthrough research conducted in fields ranging from neuroscience to infectious diseases, and we share accomplishments from former students who are serving in four rural communities in South Carolina, helping to meet the needs of all within our state.

Even as we celebrate these recent successes, the School of Medicine has been busy planning for the future. Over the past 12 months, more than 200 of our faculty and staff members, students and key partners have thoughtfully participated in a comprehensive strategic planning process – identifying areas of focus for the next five years. The resulting School of Medicine Five-Year Strategic Plan (2017-22) positions us to fulfill our mission to serve the people of South Carolina and beyond through exemplary medical and health education, transformative research and compassionate patient care.

The plan focuses on five strategic goals: create a collaborative culture of discovery, innovation, and improvement that will transform health care within our health system and community; strengthen and leverage relationships with key partners to enhance educational, research, clinical and leadership programs; create an evolving, more clinically integrated curriculum for School of Medicine students, based upon the needs of students, patients, health systems and partners, and upon educational and clinical best practices; advance diversity and inclusion to enhance effectiveness and to prepare a diverse workforce for the people we serve; plan for new School of Medicine facilities as part of a newly developed USC Health Sciences Campus, positioned as part of a vibrant academic health center.

Our implementation of this strategic plan will be a systematic, multiyear effort. Just as the success we enjoy today is the result of prior planning, we believe the new strategic plan will position our School of Medicine for even better days in the years ahead.

Les W. Hall, M.D.
Executive Dean, University of South Carolina School of Medicine
CEO, Palmetto Health-USC Medical Group

On the Cover — Jim Fadel, Ph.D., and Larry Reagan, Ph.D., in the Department of Pharmacology, Physiology and Neuroscience are teaming up to study insulin’s effect on cognitive function.
Paging Rural Docs  4
Three primary care physicians share their practice experiences in rural areas, while the School of Medicine launches a plan to place more doctors in underserved areas.

Running for his Life  8
Ken Lowden couldn’t prevent the symptoms of heart disease, but the long-distance runner got a lifesaving assist from physicians at Palmetto Health-USC Medical Group.

Brain Booster  10
Two School of Medicine neuroscientists explore insulin’s potential as a bulwark against the ravages of cognitive decline.

Stopping the Bloodsuckers 12
School of Medicine researcher Tonya Colpitts is taking aim at the deadly mosquito-borne dengue virus.

Physician Assistant Program Launched  16
The newest academic program at the School of Medicine will help address the looming shortage of primary care providers.

Vital Signs, Faculty Focus, Alumni News  20

CONTENTS SUMMER 2017
SCHOOL OF MEDICINE INITIATIVE ADDRESSES RURAL-AREA PHYSICIAN SHORTAGE

Sometimes the perks of Travis Novinger’s job take the form of pound cake or fresh tomatoes.

Novinger, a family medicine practitioner at Palmetto Family Medicine of Cheraw, has been working in the small town on the Pee Dee River in Chesterfield County since graduating from the USC School of Medicine in 1999 and completing his residency at McLeod Family Medicine. Novinger and three nurse practitioners saw 20,426 patients last year in their office, a remodeled A&P grocery store in a downtown short on commercial real estate space.

“We took good care of a lady the other day, and she brought back two pans of lasagna for the staff,” Novinger says. “Those kinds of things are nice, and you can’t put a price on that.”

However, there are other, more measurable costs of doing business as a general physician in a rural area that are cause for concern.

According to the School of Medicine, only 10 percent of S.C.’s doctors have a primary practice site in a rural county. In 29 of the state’s 46 counties, at least half the population lives in a nonurban area, and 23 percent of the overall population lives in a rural county.

That means 1.2 million South Carolinians live in a primary care shortage area.

“We have an aging population, increasing rates of chronic illness, a very rural state and a dwindling primary care workforce,” says Bill Anderson, the School of Medicine’s chief medical officer and associate dean for clinical affairs. “There are some counties that have one or two [family practice] physicians, and that’s it. The scope of the problem is huge.”

To address the situation, the School of Medicine began a rural health initiative two years ago aimed at adding more physicians to the supply pipeline. The Improved Care and Provision of Rural Access to Eliminate Health Disparities (ICARED) program focuses on improving access to specialty clinical services in rural areas, increasing training opportunities and continuing medical education in primary care practices in underserved areas, and incorporating new technologies into rural health care.
A key element is the S.C. Center for Rural Health and Primary Care, a School of Medicine Center of Excellence for Rural Health. The umbrella coalition is designed to foster collaboration with community partners including the S.C. Office of Rural Health, the S.C. Area Health Education Consortium, the Department of Health and Human Services, the Department of Health and Environmental Control, the S.C. Hospital Association and other state health sciences institutions. Anderson says the center’s approach is cooperative, seeking to encourage communication and coordination and avoid duplication of efforts.

“This could be a launching pad for improved research and education opportunities for students and cooperation regarding the pipeline,” Anderson says. “It’s about creating that infrastructure and that support for care within a rural community, and it’s also about partnering with the community to know what its needs are.”

The ICARED vision has gotten the attention and support of state legislators. In the program’s first year, $1 million of the $2 million it received in state funding went to start a primary care residency in Sumter, one of 21 counties where there are only 1 to 2.9 family practice physicians per 10,000 residents.

In its second year, ICARED received $2 million and, in partnership with the S.C. Department of Health and Human Services and university health sciences schools, is expanding clinical services in the underserved areas of Orangeburg and Winnsboro, among others. The Winnsboro practice is the only obstetrics provider in Fairfield County, and it also offers rotations for USC residents and medical students.

Collaboration with Carolina health sciences schools, including pharmacy, social work, public health and nursing, consolidates the university’s expertise in research, education and clinical care, Anderson says, and the program’s fiscal future looks even brighter. The program has submitted a proposal to receive additional dollars for ICARED and for the Center of Excellence for Rural Health, and Anderson hopes a significant amount of those funds will be recurring.

“It’s an important program,” Anderson says. “It’s placing a focus on delivery of health care services in rural and underserved areas of the state.”

### Facing the challenges

The investment is paying off, as evidenced by the 11,000 doctor visits tracked so far in the program.

“The average no-show rate when we have patients who come from the surrounding rural communities is around 40 percent,” Anderson says. “That drops to somewhere around 15 percent to 20 percent when we actually provide care in the community.”

In Darlington County, there are 3 to 4.9 family practice physicians per 10,000 residents. That includes Leroy Robinson, an obstetrician/gynecologist who’s been in Hartsville since 1994. Robinson graduated from the School of Medicine in 1990.

“I had thought about general surgery, and OB/GYN was a good way to do a combination of primary care and surgery,” Robinson says.

A scholarship through the S.C. Department of Health and Environmental Control required Robinson to practice in an underserved area. He says such incentives are key to attracting more physicians to rural areas — a reality addressed in the $2.69 million in scholarships and loan repayments that made up ICARED’s 2016-17 budget, according to Anderson.

“Often in rural areas, people will have difficulty getting access to health care, so you may not make as much money as some of your colleagues in the bigger cities,” Robinson says. “With students coming out of medical school with loans and debt, they’re less likely to consider those areas.”

The demands on rural doctors go beyond the financial. Glenn Welcker, a 1991 School of Medicine graduate, ran Hampton Family Practice in Hampton County for 17 years before leaving to become the emergency room director and chief medical officer at Hampton Regional Medical Center in 2011.

“The biggest challenge was not patient care,” Welcker says. “The biggest challenge was dealing with paperwork. Closing the practice is probably the hardest decision I ever made in my life. It was very successful.
Welcker saw 70-90 patients in a typical day, which began around 6 a.m. and usually ended around 8 or 9 p.m. Those days threatened to become longer with health care reforms necessitated by the Affordable Care Act.

“It was my calling to come back to a small town to do primary care,” Welcker says. “But I’ve got two boys, an 18-year-old and a 10-year-old, and they were growing up without me in their life.”

The nitty-gritty end of the medical business also includes the reality of fluctuating Medicare and Medicaid reimbursement rates that can have a disparate impact on rural practices.

“I have to see Medicaid [patients] because I’m in rural South Carolina, and I get paid the same price as someone who’s in Columbia,” Novinger says. “There aren’t as many commercial insurances, so my best payer is Medicare.

“In Columbia, your best payer is probably Blue Cross and Blue Shield. There needs to be some kind of payment adjustment for seeing folks in rural America, and then all of a sudden doctors would show up.”

Reaping the rewards
Despite the challenges, Novinger says the benefits — including homemade treats — outweigh the drawbacks.

“When you practice in a small town, you become part of the community,” says Novinger, who lives one block from his office, two from his church and a half-mile from the hospital. Granted, he often runs into patients seeking advice while shopping or eating dinner, but the sense of family that permeates his practice makes that OK.

“You get to know these folks on a more personal level than if you were practicing in Columbia and saw the patient in your office and that was it,” Novinger says. “I’m here because I enjoy patients. I enjoy taking care of them.”

Even though he’s no longer in primary practice, Welcker still experiences that small-town connectivity in Hampton — a county that, like Darlington, has 3 to 4.9 family practice doctors per 10,000 residents.

“There’s such continuity of care,” he says. “I delivered a couple of babies last year in the emergency room, and I see the babies back for follow-up in six months. The tough part is when you get so attached to these people that you go through the illnesses with them and you bear part of their suffering and grieving.”

Welcker, Robinson and Novinger, all S.C. natives, say the emphasis on primary care at the School of Medicine prepared them well for their careers.

“It wasn’t even on his radar as a place to come, but I just got him here, let him hang out, meet the people and look around,” Robinson says. “That’s part of the issue, getting people just to look at small towns and see what they have to offer.”

The ICARED program aims to address that need, along with a laundry list of others in a state in which 23 percent of the physicians are age 60 or older and rapidly headed toward retirement.

“There aren’t enough physicians in the pipeline to replace them, and it is not just primary care,” Anderson says. “This is all physicians.”

Other facets of ICARED and the center include telehealth and tele-education services, pharmacy extension services and exploring options for extended-hour clinics to add services in rural areas where hospitals have closed.

“It’s daunting, but we’ve been having these conversations for a long time,” Anderson says. “It’s about the coordination of the areas in which we have expertise, and when we don’t, we bring in the partners that do.

“Our approach is: Let’s share. Let’s engage. Let’s collaborate. Let’s solve problems.”

"THE TOUGH PART IS WHEN YOU GET SO ATTACHED TO THESE PEOPLE THAT YOU GO THROUGH THE ILLNESSES WITH THEM AND YOU BEAR PART OF THEIR SUFFERING AND GRIEVING."
MODERN DISEASE IN THE ANCIENT ANDES

Tyler Goodwin and Casey Shumberger were experienced travelers, but last summer they found themselves in a wholly unfamiliar land.

Reaching toward the clouds at 11,200 ft. above sea level, Cusco, Peru, was once the center of the ancient Incan empire. Surrounded by soaring grass-covered mountains, herds of shaggy alpacas and crumbling Spanish relics, the city seems to be from another time.

It also has one of the highest cervical cancer rates in the world.

Goodwin and Shumberger, both rising second-year medical students, jumped at the chance to “pilot” the volunteer trip to a one-of-a-kind clinic that’s helping to stem the tide of the disease.

CervíCusco was founded in 2008 by Augusta, Ga., physician Daron G. Ferris to provide HPV vaccinations, cervical cancer screenings and surgical treatment for the region’s women, especially those who are poor and living in the most isolated and rural areas.

Before the clinic opened, this type of care was virtually nonexistent. The clinic is nonprofit, and all services are provided free of charge to those who need them.

“I was blown away when I saw it,” says Debra Krotish, maintenance of certification director. “The clinic is run by Peruvians – it’s totally integrated into the culture there.” Krotish discovered CervíCusco when her daughter, an OB-GYN physician and School of Medicine alumna, trained at the clinic during her residency.

Both students were able to perform pap tests – an exam that detects cancerous and precancerous cervical cells – in Cusco, and also in remote areas of the Andes Mountains where most homes are made from mud and have no electricity or running water. Because the majority of patients spoke Quechua, an indigenous nonwritten language, Goodwin and Shumberger had to communicate with them via hand signals or even by guiding them physically.

Shumberger says the experience provided insights into the logistical challenges of practicing medicine in a developing country and also gave him a newfound appreciation for the advanced health care system we have here in the U.S.

“We can have students treat low-income or homeless patients here in Columbia, but it’s not the same when you can go home at night,” says Krotish. “In Peru, they’re eating and living with the people. It changes their perceptions. They come back and look at things in a completely different light, and now they’re thinking about more ways they can help.”

Goodwin is helping in a couple of ways: he’s working to develop a custom guide for the students who will next travel to the clinic, and he has put a plan in motion to send mobile ultrasound equipment along with them. Experienced with the technology due to instruction at the School of Medicine’s renowned Ultrasound Institute, he realized it could greatly help students identify the health issues causing some of the most common symptoms he saw.

In the future, up to 20 students will have the chance to volunteer at CervíCusco each year, and working at the clinic will serve as an international elective course for fourth-year medical students.

Working alongside Ferris and other volunteers at CervíCusco was an honor, says Goodwin. And his experience treating the Peruvian patients has sparked his interest in other global opportunities. “The sense of fulfillment in knowing I helped deliver health care to such deserving people has left me eager to volunteer abroad again.”

Krotish says caring for patients from vastly different backgrounds increases empathy and cultural sensitivity, and the program affords students an opportunity to collaborate with other health science students and professionals in a real work setting.

But it’s also about helping people with fewer resources live longer and better lives, she says.

“These women don’t have to die of cervical cancer. The knowledge we have needs to be shared.”
RUNNING FOR HIS LIFE
Ken Lowden used to be so convinced he’d die of the heart disease that killed his father at 47 that he’d write secret notes to his children each year and stash them away with the Christmas decorations.

Now, at age 69, he’s training for his second triathlon nearly a year after undergoing a quadruple bypass.

“It’s not a bounce-back,” he says. “It’s a work-your-way-back, to regain the strength and confidence and stamina. My motto is ‘feel a little stronger, go a little longer.’”

Driven to outpace his family history, Lowden took up running in 1976 as part of a commitment to the healthy lifestyle he steadfastly maintained for 40 years. This past winter, after distance runs on three consecutive weekends, he was tempted to shrug off lingering arm and shoulder pain as typical residual soreness, but his elevated blood pressure made him make a doctor’s appointment.

He was more surprised than anyone when Palmetto Health-USC Medical Group cardiologist Richard Edelson told him he needed a heart catheterization.

“Heart disease presents differently for each person,” Edelson says. “Some people will just rub some dirt on it and they’ll keep pushing on. Mr. Lowden is an athlete. He really did give me the impression he was tough. He was Rambo. He was John Wayne.”

John Wayne, that is, with a blockage. Suddenly, Lowden faced major surgery. “I had just run three consecutive 15- to 18-mile runs, with no indication at all that I had any kind of issues,” Lowden says. “They said I had a heart attack, but they couldn’t tell me when, and I couldn’t tell you, either.”

Cardiovascular surgeon Jeffrey Martin performed Lowden’s bypass at Palmetto Health Heart Hospital on the Monday before Thanksgiving.

Given his top-notch physical condition, Lowden came through the procedure swimmingly. He credits his doctors and the Palmetto Health-USC Medical Group team with excellent, attentive care, but he still faced a long road back.

“It’s just hard when you can’t walk 100 feet,” says Lowden, who completed a triathlon in Chattanooga, Tenn., in 2015. He and his wife, Patti, began walking — first around the house, then outside. Friends organized a meal train, bringing dinner and companionship every day, and signed up for shifts on a ‘Walk with Ken’ calendar.

“In the beginning, it was a walk around the block — literally,” Lowden says. “By the time we finished, it was four miles.”

On New Year’s Day, a few friends volunteered to accompany Lowden on his first walk of 2017. He was standing outside his house with three or four when 70 more came around the corner. The festive occasion included a water stop complete with mimosas.

Lowden is now taking 30-mile bike rides and swimming in open water, though Ironman Florida will mark his first competitive ocean swim, a fact that will be foremost in his mind at the starting line.

“I’ll be thinking, ‘Lord, let me finish this swim,’” says Lowden, who turns 70 in June. “I’m going to be out there competing as a 70-year-old following cardiac surgery.”

Lowden isn’t sure if he’ll finish the November race. “My approach is going to be to train for it and just see where it takes me,” he says, but assuming he does, Lowden plans to share the medal he’ll receive at the finish line with Edelson and Martin.

“It’s not something I got. It’s something we got,” he says. “I’m going to look them square in the eye and say, ‘Look what we did.’”

Lowden’s fan club includes his son, who has qualified for the Boston marathon, and his daughter, who is training for a half-triathlon.

After his 47th birthday, Lowden stopped writing the annual Christmas notes to his children, and he’s tried to demonstrate by example the importance of taking care of yourself.

“You can be ultra, super healthy, and eventually your family history is going to catch up with you,” Lowden says. “If you’ve got any kind of heart disease in your family, don’t fear it. Be proactive. Get the tests done and see where you stand.

“I’ve known about this family history and was proactive with my doctors, and as a result I’ve been granted some extra time on this earth.”

Photo credit: George Fulton Photography
NEUROSCIENTISTS TEST INSULIN AS A POSSIBLE PREVENTATIVE FOR COGNITIVE DECLINE.

Jim Fadel’s grandmother began to show signs that something was wrong even before her family noticed she was forgetting things. “It really hit her after she fell and broke her hip,” Fadel says. “And this is what happens with a lot of elderly individuals; some kind of precipitating event like that seems to accelerate decline into dementia.”

Although his grandmother was never diagnosed with Alzheimer’s — it was the 1980s, when such diagnoses were rare — the School of Medicine researcher says that personal experience contributed to his interest in how physical changes can be a bellwether for future cognitive decline. “Looking back, my grandmother, even before she started to manifest severe memory loss, did have a lot of weight loss,” Fadel says. “If you asked if she was eating, she would say, ‘I forgot to eat’ or ‘I wasn’t hungry.’”

Fadel and fellow School of Medicine researcher Larry Reagan are combining their cognitive powers to see whether one answer for preventing this decline could be found in a chemical already in the body, but not found as much in the brain: insulin. Insulin is a neuropeptide that helps provide energy to cells and regulates blood-glucose levels. Too much insulin, and you have hypoglycemia, which can be deadly if untreated. Too little, and you have diabetes, which damages vital organs over a lifetime.

One important factor of the work Reagan and Fadel are doing, however, is in the delivery of the insulin. They want to see if a dose of insulin delivered through the nasal passages into the brain can stop or even reverse cognitive decline after it has started.

In it together
Reagan and Fadel started work at Carolina on the same day in 2002 in the Department of Pharmacology, Physiology and Neuroscience, and both say it is the collegial and cooperative nature of researchers at the university that drew them and have kept them here for the past 15 years.

Reagan’s research also looks at issues that often coexist with diabetes: depression and Alzheimer’s disease. Fadel studies the impacts of metabolic disorders, including diabetes, on parts of the brain that control physiological as well as cognitive function. Together, they were recently awarded a $100,000 grant to establish the John D. and Patricia L. Beckler Fellowship in Alzheimer’s and Cognitive Diseases Fund. The fellowship will provide a stipend for a neuroscience doctoral candidate to study the mechanistic basis of age-related cognitive decline.

Patricia and John Beckler lived in Columbia for most of the second half of the 20th century. He was a former president of Carolina Eastman Co. and was diagnosed with dementia, memory loss and possibly Alzheimer’s just months after his retirement in 1996. Patricia Beckler wrote a book, “The Long Goodbye,” about the last 14 years of their lives together following his diagnosis.

Fadel and Reagan say one of the best parts of the gift Beckler made to the School of Medicine is that it will support not only their research, but also the creation of a new Ph.D. in the field.

“Supporting the training of a new scientist who’s got a career interest in aging and cognitive decline is going to have a multiplier effect by supporting the development of that career downstream,” Fadel says.

The experiment
The first order of business will be to see how insulin, delivered intranasally, affects the hippocampus and other brain areas in rodent models.

“We will deliver insulin intranasally, and we’re going to see what parts of the brain are activated,” Fadel says. “We’re looking for a robust picture of how insulin, when it’s delivered intranasally, affects multiple brain areas and how does that play into cognitive function.”

They’re not just guessing here. Research already has demonstrated that insulin can affect cognitive function.

“So one of the hypotheses that has been put forward is that insulin activity in the brain is reduced in patients with Alzheimer’s, and that is the source of their cognitive dysfunction, among other things,” Reagan says. “I think even those of us who like that hypothesis and are working to test it believe there are lots of factors involved, but insulin certainly is one of the players.”

By looking at a narrow path, the researchers hope to find a cause and effect. Currently, Alzheimer’s can be diagnosed officially only after a patient has died and their brain is examined. Whether the lack of insulin activity in the brain is a cause or whether the brain becomes insulin resistant as a result of the Alzheimer’s is not clear.

“What you want to be able to do is to target the cause of the disease rather than...
treat the symptoms,” Reagan says. “With Alzheimer’s disease, if deficits in insulin signaling in the brain is just a consequence, then treating that might not help, whereas if it’s a cause, then absolutely it’s going to help.

“This is one of the things my lab is able to do: disentangle cause from consequence. It’s very difficult to do in the clinical setting.”

Figuring out the why
Reagan says there have been tests involving subjects with no cognitive decline and no other issues, like diabetes. The subjects showed an increase in cognitive function, compared with their own established baselines, after a dose of insulin taken intranasally. So scientists know that insulin can affect cognitive function; they just don’t know how or why.

“Some might say, ‘Who cares how it works as long as it works,’ and there is some validity to that,” Reagan says. “The patient who has Alzheimer’s doesn’t care how it really works.”

But if insulin’s effect can be established, it could apply to other central nervous disorders associated with diabetes and obesity.

“There is a nice continuum that the higher the body mass index is, the more likely a person is to show central nervous system deficits, whether that’s cognition or depressive illness,” Reagan says.

While people with diabetes might be at an increased risk of developing dementia, Alzheimer’s or other forms of cognitive decline, it’s not always the case that a brain that has become insulin resistant also belongs to a diabetic.

That is one reason for using the insulin through the nose: to keep it from affecting the rest of the body while delivering it right where it is needed. Under normal conditions, insulin does not cross the blood-brain barrier very well, Fadel says, and as a consequence very little actually makes its way to the brain.

“Basically you’re just activating a highway, which leads to increased activity in brain regions like the hippocampus,” Reagan says.

Early detection
Both men say their research is unlikely to be a silver bullet for the treatment of Alzheimer’s disease. But one key piece of the puzzle for any drug or treatment that might be indicated by their research will be starting it early enough to be effective.

“That’s really important because the drugs that we have to treat cognitive decline don’t work very well,” Fadel says. “And it’s probably because by the time somebody has severe memory loss or dementia and we put them on these drugs, the horse has left the barn, so to speak.”

Most of us will experience some deterioration in our memories and cognitive function as we age. Forgetting your grandchild’s name is one thing; forgetting you have a grandchild is quite another.

“There are changes in cognitive function that happen just as part of normal aging, but those tend to be pretty mild and don’t affect the ability of an otherwise healthy person to live independently, take care of him- or herself, have a normal social life,” Fadel says. “But when those things become more severe, that’s really an indicator of something else happening in the brain, and these are processes that aren’t normal. We can hopefully address those.”
SCIENTIST’S RESEARCH AIMED AT STIFLING DENGUE VIRUS SPREAD THROUGH MOSQUITOES

STOPPING THE BLOODSUCKERS
Tonya Colpitts’ profession is a real conversation starter — or ender. Colpitts, a molecular virologist and assistant professor in the School of Medicine, spends her days surrounded by mosquitoes.

“I’ll go to the neighborhood block party and say, ‘Well, here’s what I do,’” she says. “I start with ‘I’m a professor. I also do research in viruses.’ If anybody’s interested further, I’ll talk.”

Save for the large stuffed mosquito crawling up her window blinds in the Department of Pathology, Microbiology and Immunology, the critters Colpitts studies are confined to cages in the lab where she’s made strides in combating dengue, a virus that can lead to hemorrhagic fever and is especially dangerous for children and the elderly.

There is no vaccine or specific treatment for dengue. Initial exposure causes humans to produce antibodies that make it harder to fight off subsequent infections. So Colpitts concentrates on the source: the mosquito.

Having identified several proteins necessary for virus survival or infection, Colpitts and colleagues pinpointed a direct correlation between one — called CRVP379 — in the mosquito gut and the animal’s level of infection. They created antibodies to bind the protein, preventing infection from occurring after the mosquito slurps dengue-tainted blood.

Colpitts pursued a long-held fascination with viruses while earning her doctoral degree at the University of Texas and became further intrigued by mosquito-borne mysteries during postdoctoral work at Yale.

“They’re not passed human to human, so you can’t put a block there,” she says. “They’re not passed through food or water. It’s harder to stop them.”

ScienceDaily.com estimates that two billion people are at risk for dengue infection, mainly in tropical and subtropical areas in Asia, the Americas, Africa and Pacific and Mediterranean regions. Most U.S. cases occur in travelers to those areas, but recent outbreaks in Texas and Florida involved local transmission.

While the U.S. population is largely protected by widespread use of air conditioning and window screens, “it could spike here,” Colpitts says. “We have the mosquito that spreads it.”

In Colpitts’ lab, with its sealed windows, doors and floor drains, two types of mosquitoes — Aedes aegypti, the main dengue transmission vector, and secondary vector Aedes albopictus — emerge from dried eggs immersed in water.

Blood mixed with dengue virus goes into feeders containing skin heated to body temperature. Mosquitoes then dine on their specially prepared meal and are examined under a protective hood.

The skin comes from the Cooperative Human Tissue Network and the blood from expired stock. In her lab, Colpitts says, when a refrigerator has a No Food or Drink sign, “you really want to pay attention.”

Questions about the viability of a transmission-blocking vaccine remain. It’s unclear how long the binding protein lasts, and people receiving a vaccine would have to be sold on a shot that doesn’t protect them from disease but instead causes them to manufacture antibodies for mosquitoes.

“The virus can’t be controlled by controlling human behavior,” Colpitts says. “Controlling mosquitoes is much more daunting.
100 MD candidates entered the next phase of their training last fall, as they made a solemn commitment before their families, peers and School of Medicine leaders to protect the health of their future patients. The Arnold P. Gold White Coat Ceremony held at the University of South Carolina Alumni Center, marked the entrée of the Class of 2020 into the noble profession of medicine.

Ceremony speaker, interventional cardiologist and Class of 1991 alumnus Dr. Rodney Rhinehart noted that while the physician’s traditional white coat does make the wearer “look cool,” it also comes with considerable responsibility. “It’s not about me. My white coat represents the privilege of caring for patients…with compassion, clinical excellence and integrity,” he said.

He urged students to learn to communicate with patients in a way they will understand and stressed the importance of clinical empathy along with technical expertise. “Treat them as you would your own family.”
ALUMNI AWARDS

Each year, the School of Medicine presents a number of prestigious awards to its most dedicated and qualified alumni who have demonstrated outstanding achievement or service to the school.

ALUMNI AWARDS RECIPIENTS

*Distinguished Physician Alumni Award*
J.W. Randolph Bolton, M.D., Ph.D.

*Distinguished Young Physician Alumni Award*
Ken Iverson, M.D.

*Humanitarian Physician Alumni Award*
D. Gabe Simpson, M.D.

*Distinguished Doctorate Alumni Award*
Leah Reznikov, Ph.D.

*Distinguished Master’s in Genetic Counseling Alumni Award*
Emily E. Hardisty, M.S., C.G.C.

*Distinguished Master’s Alumni Award*
Richard Kordus, M.B.S.

*Alumni Association Honorary Life Member*
DyAnne M. Dunham

DEAN’S DISTINGUISHED SERVICE AWARDS

The awards recognize individuals who demonstrate excellence in service, leadership, advocacy and professional accomplishment.

DEAN’S DISTINGUISHED SERVICE AWARDS RECIPIENTS

*Career Achievement Award*
C. Warren Derrick Jr., M.D.

*Community Service Award*
Erik Van Eperen

*Dean’s Leadership Award*
James R. Stallworth, M.D.

*Diversity and Inclusion Leadership Award*
Mitzi Nagarkatti, Ph.D.

*Friend of the School of Medicine Award*
Representative G. Murrell Smith Jr.

*Sustained School of Medicine Service Award*
Rachel A. Peters

*Sustained School of Medicine Service Award*
Robert L. Price, Ph.D.

GILLESPIE AWARD RECIPIENT

Larry C. Knott II, director of facilities planning for the administration and facilities department, is the recipient of the 2017 William C. Gillespie Staff Recognition Award.

Named in honor of William Gillespie, a former staff member in the School of Medicine’s finance office, the award recognizes an outstanding staff member at the School of Medicine whose work performance stands out as an example for all to emulate.
The School of Medicine welcomed its inaugural class of physician assistant students earlier this year.

Interest has been strong — more than 1,200 people initiated the application process for 20 available spots — and with good reason. The profession is expanding rapidly and has been highlighted by national news media as one of the most promising jobs in the country. The U.S. Bureau of Labor Statistics recently reported that available PA jobs will increase 30 percent by 2022.

Director Amy Allen says the program may help expand access to care in the state. “South Carolina has a shortage of health professionals,” she says. “Our PA students will be primed to fill those gaps in underserved areas.”

Under the supervision of a physician, PAs are trained to perform a wide array of patient care services. Some can even assist with complex procedures such as cardiac bypass surgery.

One of the most appealing perks for students interested in health care is versatility. PAs have a range of options after graduation, and many will work in different areas of medicine during their careers.

Generally they can start practicing as soon as a month after graduation, though some will choose to pursue additional specialized training. “We have key clinical partners, excellent faculty with various backgrounds and expertise, and comprehensive support from the School of Medicine, the university and the community,” Allen says.

Ultrasound technology will be integrated into anatomy and physiology education from the beginning in partnership with the School of Medicine’s Ultrasound Institute. Allen says the opportunity to learn and use ultrasound is invaluable for future care providers.

“When they’re palpating the spleen, for instance, they feel it with their fingertips and can also see it on ultrasound,” she says. “It’s a huge aid in our training.”

PA students might also be able to participate in research during clinical rotations, which take place after 15 months of classroom work. Student Paige Perreault already has two years of experience in cardiovascular research, presenting her work with colleagues at the national American Heart Association conference last October.

Opportunities for interprofessional collaboration is a key part of the new PA program. Students will interact with medical, nurse anesthesia and biomedical science students at the School of Medicine and will have the opportunity to examine case studies with USC public health, pharmacy and nursing students.

“It will really help the medical students and other learners to start forming that team-based approach to medicine,” says Allen.

Perreault’s classmate Yvannah Garcia says the group has already begun to bond. She is leading the class’ collective volunteer efforts with Palmetto Children’s Hospital.

Their first project was collecting and delivering dozens of Valentine’s Day cards for the kids. She says she and her classmates are looking to form a strong relationship with the community.

The inaugural PA class is expected to graduate in May 2019.
BLACK TIE WHITE COAT GALA

THE SIXTEENTH ANNUAL GALA DREW 800-PLUS ATTENDEES AND RAISED MORE THAN $50,000 FOR THE SCHOOL OF MEDICINE SCHOLARSHIP FUND AND $25,000 FOR THE FREE MEDICAL CLINIC IN COLUMBIA. THE SCHOOL OF MEDICINE IS GRATEFUL TO ALL THE STUDENT VOLUNTEERS, DONORS AND SUPPORTERS WHO HAVE MADE THIS EVENT PERENNially SUCCESSFUL.


Students, Sarah Mae Lammert, Class of 2021, Angelo Sarmiento and Nico Limmogiannis, both Class of 2020.

Class of 2017: Kelley Shymkiw, J.D. Spearman, Erik Eadie, Sean Christensen, Elizabeth Kelly, J.D. Hammond, Paige Cisa, Kevin Mays and Laura Bagwell
Not pictured: Brewer Eberly.

Staff member Anita Samuel, and Class of 2019 students Karla Thurmond, Britney Ohnums and Krystal Carmichael.

Class of 2002: Emmet Maas, Sylvia Brook, Amy Hildreth, Michael Ferlauto, Debbie Truluck, alumni director, Suzanne Anderson, Addie Hunnicutt, and Andrea Johnston Mass
CLASS REUNIONS


3 Class of 1992: Chris Kennedy, David Koon, Butch Biggers, Tarek Bishara and David Stone.

4 Class of 1997: Keith Bridgers, Valerie Skinner, Laura Basile and Paul Espinoza.


[Images of reunions]
ORDER YOUR SCHOOL OF MEDICINE LICENSE PLATE TODAY!

DEMONSTRATE YOUR PRIDE IN THE UNIVERSITY OF SOUTH CAROLINA SCHOOL OF MEDICINE BY ORDERING OUR CUSTOMIZED LICENSE PLATE. THESE SPECIALLY DESIGNED PLATES INCLUDE THE SOM NAME AND LOGO. $40 FROM THE SALE OF EACH PLATE WILL DIRECTLY SUPPORT MEDICAL STUDENT SCHOLARSHIPS.

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3. Pay $70 by check or money order (make payable to SC DMV)
4. Mail form and check to the School of Medicine address below:
Debbie Truluck
Alumni Office, Bldg. 3
USC School of Medicine
Columbia, SC 29208

The School of Medicine must receive 100 applications before the DMV can process the plates.

Processing will take about three months, and new plates will be mailed to customers directly from the DMV.

Questions? Contact Debbie Truluck in the Alumni Office at 803-216-3303 or debbie.truluck@uscmed.sc.edu.
LUCKING OUT ON MATCH DAY

On March 17, the first group of eight University of South Carolina medical students who chose to complete their clinical rotations in Florence learned where they would begin their careers and continue their training.

The Florence program, part of a regional campus arrangement with Francis Marion University, was founded in 2015 to help address the shortage of health care professionals in rural and underserved areas of the state. It allows future physicians to train at the Luther F. Carter Center for Health Sciences Complex, McLeod Regional Medical Center and Carolinas Hospital System.

Along with the patient care preparation, the students also immerse themselves in the Florence community by connecting with local civic leaders and developing public service projects.

Because Match Day happened to fall on St. Patrick’s Day this year, most of the students wore green for a bit of extra luck.

LAURA R. AND WILLIAM M. CORBETT TRUST TO OFFER STUDENT SCHOLARSHIPS

The University of South Carolina School of Medicine recently received a substantial gift from the Laura R. and William M. Corbett Trust Scholarship Program.

Previously known as the Corbett Student Loan Program, the trust was established by the late William M. Corbett Jr., M.D., in memory of his parents. Founded years before the School of Medicine admitted its first class in 1977, the program was intended to provide educational loans for future medical students who wished to study in South Carolina.

Many USC medical students benefited from the Corbett Loan Program over the years. While it initially made a considerable difference in reducing student debt, the skyrocketing costs associated with the pursuit of a medical degree have made it nearly impossible for the loans to deliver the type of impact the donor had intended.

According to the Association of American Medical Colleges, in 2014 the average medical school student graduated with a debt burden of $180,000.

To fulfill the Corbetts’ original vision, the trust was converted to a scholarship program. The amount awarded to students will vary annually depending on market fluctuations, but the program is expected to provide at least $160,000 in scholarship funding each year. A total of $438,473 will be distributed in 2017. Scholarship recipients will be selected this spring.
The 2016 School of Medicine Genetic Counseling Symposium featured talks by leading geneticists and national researchers, along with a local family that has brought a rare genetic disorder into the public consciousness.

Eliza O’Neill was 4 when she was diagnosed with the terminal brain disease Sanfilippo Syndrome — sometimes called “childhood Alzheimer’s.”

A degenerative condition, the syndrome can look like autism at first. Trouble keeping up in school can quickly deteriorate to difficulties with speaking, walking and swallowing, and eventually complete dementia, feeding tubes and confinement to a wheel chair. Most children with Sanfilippo will not live past their teens.

Eliza’s mother, Cara O’Neill, M.D., was more knowledgeable and experienced in this area than the average parent as she happened to be a pediatrician specializing in the care of special needs children. But she said she never could have anticipated the need to leave her position as a practicing physician and assistant professor of clinical pediatrics at the School of Medicine to focus on the health of her own daughter.

After learning there was no cure for Sanfilippo, Cara and her husband, Glenn, launched the “Saving Eliza” campaign with a moving viral video that garnered national media attention. They raised more than $2 million, largely through social media and crowdfunding, to pay for the clinical trials that made it possible for their daughter to receive the only possible treatment for the syndrome.

Eliza received an experimental gene therapy delivered through a single injection to the central nervous system in May 2016.

The researcher who developed that therapy, Haiyan Fu, M.D., traveled to Columbia to present her work at the Genetic Counseling Symposium, where she was able to reunite with the O’Neills. Fu is a principal investigator at the Center for Gene Therapy — part of the Nationwide Children’s Hospital — in Columbus, Ohio.

After her talk, Fu and the family were on hand to talk with students, providers and medical professionals about their experience and hopes for the future.

“Genetic counselors can make a significant difference for families,” says O’Neill. “The counselor is often the family’s first point of contact and the person who can help them understand complex information and make informed decisions during an incredibly stressful time.”

Since Eliza’s therapy, the family reports that they have seen some improvement in her condition.
An interdisciplinary team of USC students, graduate students, medical students, researchers and faculty members led by Francis Spinale, M.D., Ph.D., associate dean for research at the School of Medicine, presented their most recent discoveries to more than 18,000 attendees at the 2016 American Heart Association Scientific Sessions Conference in New Orleans.

The team’s translational research aims to improve health and health care for S.C. patients and families affected by heart conditions and stroke. Several of the studies involve new interventions that can prevent or stop the progression of heart failure, including the use of growth factors, targeted electrical stimulation and the precise delivery of protective biomaterials.

Additional work includes 3-D imaging of the heart and a clinical study that offers a way to identify children at high risk for chemotherapy-related heart damage — before treatment begins.

The prestigious AHA Scientific Sessions conference features cutting-edge clinical research presented by the world’s leaders in cardiovascular disease. In addition to thousands of conference attendees from more than 100 countries, 2 million medical professionals participate remotely each year.

Competition to present is fierce, with research abstract acceptance rates below 20 percent. All eight of the abstracts the team submitted this year were accepted, and students will do most of the presentations.

Spinale says collaborating with leading institutions such as Yale University and the University of Pennsylvania, and working side-by-side with investigators from other USC fields, such as the College of Arts and Sciences (biology), the College of Engineering and Computing (mechanical engineering) and the Arnold School of Public Health, to find solutions for medical issues is a unique research experience that can lead to significant breakthroughs.

“When you have the increased capacity made possible by a truly multidisciplinary team, how can you lose?” he asks. “If we harness talents from across the university landscape, we can make big noise.”
ENGAGING ON CAROLINA DAY

Hundreds of USC stakeholders joined together for a day of advocacy Jan. 26, 2017, at the annual Carolina Day at the State House.

School of Medicine Executive Dean Les Hall and Carolina Day veteran R. Caughman Taylor, clinical professor and chair of pediatrics, led a team of medical students and faculty and staff members from the My Carolina Alumni Center to the State House for the opportunity to speak with legislators.

“Overall, this was a truly rewarding experience,” said second-year medical student De’Andra Seaberry. “It felt great advocating for medical education with Dean Hall and my fellow students.”

Hall and team talked with Sen. Thomas Alexander, chair of the state Labor, Commerce and Industry Committee, and thanked him for his support of rural health programs. Alexander said he wants to continue partnering with the School of Medicine and other entities to fill the critical need for primary care doctors across the state, especially in rural areas.

He was impressed that representatives from the school literally filled his office. “I’m so proud to see this great-looking group in here,” he says. “They are our future for health care.”

The students also had a chance to meet gregarious School of Medicine alumnus and Rep. Robert “Bobby” Ridgeway, M.D., on the State House floor and were able to leave handwritten notes for several other key legislators.

A bond bill that would provide funding for a new School of Medicine campus near clinical partner Palmetto Health Richland was the key issue of the day, along with the need for expanded residency opportunities in the state.

"From my understanding, South Carolina is graduating approximately 100 more medical students than we have residency positions,” says Seaberry.

“This means that some of the students who want to practice here will need to take their expertise to other states,” she says. “The number of residency positions must be increased so the talented students trained in our institutions can stay in South Carolina and give back to their communities.”

Seaberry also noted that funding the advancement of medical education would be a win not only for the S.C. students who will be entering the health professions, but also for their future patients.

“This investment will help the School of Medicine continue to attract and retain the best students from across the country and ultimately improve the quality of health care in our state,” she said.

LINKING PEOPLE WITH LIFE-CHANGING TECHNOLOGY

The S.C. Assistive Technology Program, part of the Center for Disability Resources in the Department of Pediatrics, aims to connect people with disabilities to technology that can help them lead more independent and productive lives.

The program’s 2017 expo at the Columbia Metropolitan Convention Center featured discussion panels, workshops and 72 exhibitors ranging from a company that develops eye-controlled communication systems to “Imagifriends” — colorful artwork created to spread autism awareness and acceptance.

The expo, the only event of its kind in S.C., drew hundreds of attendees, including providers, counselors, educators and families.
Norma Frizzell, Ph.D., assistant professor in the Department of Pharmacology, Physiology and Neuroscience, and Carole Oskeritzian, Ph.D., assistant professor in the Department of Pathology, Microbiology and Immunology, both received the 2017 USC Breakthrough Star award, which honors outstanding early-career faculty members. The Breakthrough awards, presented by the Office of the Vice President for Research, recognize USC faculty members and graduate students at different career levels for their research and scholarly excellence.

Meera Narasimhan, M.D., chair of the Department of Neuropsychiatry and Behavioral Sciences and associate provost for health sciences at USC, received the 2017 South Carolina Community Innovator Award for Telehealth at the fifth annual S.C. Telehealth Summit in March.

Narasimhan has led telehealth efforts for rural health care clinics, trained future physician leaders to effectively use telehealth platforms and serves as principal investigator for a statewide emergency department telepsychiatry initiative led by the S.C. Department of Mental Health.

Floyd “Tripp” Bell, M.D., assistant professor in the Department of Radiology and a School of Medicine alumnus, has assumed the role of chair of radiology. As leader of the department, he will oversee planning components of medical and graduate course curricula and assist with all radiology-related education. Bell’s radiology experience includes a diagnostic radiology residency at University of North Carolina Hospitals in Chapel Hill and a private practice position at a radiology group in Columbia.

Bell replaced past chair Francis Neuffer, M.D., as chair, who stepped down after 13 successful years in the role. While the number of medical students seeking a career in radiology has declined nationally, interest has increased among students at the SOM, thanks to Neuffer’s leadership and his team’s efforts to expand imaging experience opportunities for students and increase clinical contact between students and radiologists in the field.

James Augustine, Ph.D., has published the second edition of his textbook “Human Neuroanatomy: An Introduction.” The revised version of the book provides a comprehensive overview of the anatomy of the human brain and spinal cord for advanced students, researchers and clinicians — with new figures and illustrative case studies. Augustine, professor emeritus in the Department of Pharmacology, Physiology and Neuroscience, taught courses in gross anatomy, microscopic anatomy and medical neuroanatomy during his nearly 40-year career at the school.

Mitzi Nagarkatti, Ph.D., chair of the Department of Pathology, Microbiology and Immunology, has been named the SmartState Endowed Chair of the Cancer Drug Discovery Center. The appointment was recommended by the USC Committee on Named and Distinguished Professorships, with approval by the provost and president of the University of South Carolina. Nagarkatti has a long history of leading groundbreaking research focused on cancer immunology and immunotherapy.

Nagarkatti was recently awarded a five-year National Institutes of Health Research Project Grant for $2.4 million to study the connection between inflammation and post-traumatic stress disorder. Her
laboratory will study the changes PTSD can cause in the body’s immune response as these patients tend to be more susceptible to infection and at greater risk for cardiovascular, neurodegenerative and other inflammatory diseases. The research team’s overall goal is to develop new personalized therapeutic interventions that could enable early diagnosis, more effective treatments and even prevention of the disorder.

Robert Price, Ph.D., research professor in the Department of Cell Biology and Anatomy and director of the School of Medicine Instrumentation Resource Facility, has been named the new president-elect of the Microscopy Society of America. The society is the largest national organization focused on the advancement of research and education in microscopy and microanalysis, with more than 3,000 members and 30 local affiliate societies. Price has been an active member of the MSA since the 1980s.

Lucia Pirisi-Creek, M.D., professor in the Department of Pathology, Microbiology and Immunology, is part of a USC research team that has identified a new subtype of cervical cancer. Because this new type of cancer is not directed by the human papillomavirus virus, therapy targeting the tumors’ distinct genomic pathways may improve patient outcomes over standard treatment. The study was published online in the journal Oncotarget.

Professor and vice chair Lawrence Reagan, Ph.D., and professor and chair Marlene Wilson, Ph.D., both in the Department of Pharmacology, Physiology and Neuroscience, recently served as editors of the journal Experimental Neurology — New Perspectives in PTSD, which publishes original research in the field of neuroscience.

Richard Frierson, M.D., clinical professor of psychiatry and vice chair for education in the Department of Neuropsychiatry and Behavioral Science, received the prestigious 2016 Seymour Pollack Award from the American Academy of Psychiatry and the Law. The award recognizes distinguished contributions to the teaching and educational functions of forensic psychiatry. Frierson accepted the award at the 47th Annual AAPL Meeting in Portland, Ore.

Gregorio Gomez, Ph.D., and Tonya Colpitts, Ph.D., both assistant professors in the Department of Pathology, Microbiology and Immunology, have co-authored a study published in the Journal of Immunology demonstrating a new and critical role for skin mast cells — the type that cause allergies — in the systemic spread of dengue virus following injection by an infected mosquito.

Adam Hartstone-Rose, Ph.D., associate professor in the Department of Cell Biology and Anatomy, and USC College of Education colleagues recently received a $1.3 million National Science Foundation grant to study the best ways to encourage students to pursue careers in science, technology, engineering and math (STEM) through participation at informal learning sites. The grant also included a £800,000 award from the United Kingdom’s Wellcome Trust for Collaborative Research led by Goldsmiths, University of London. To conduct the research, the professors are teaming up with some popular Midlands educational facilities, including EdVenture and Riverbanks Zoo and Garden, as well as the Virginia Aquarium and Marine Science Center and three sites in England.
GREETINGS,
USC SCHOOL OF MEDICINE ALUMNI

What a privilege it is to serve as a physician! Our patients and their families trust us with their lives — I cannot imagine a greater privilege. A fellow alumnus, Caughman Taylor, instilled that message in me early when I was a young medical student, and I remain humbled to this day as I interact with my patients and their families. A faculty member you might remember, James Stallworth, taught me to listen to the family and look at the patient (can you hear his voice now?). This is no longer a paternalistic profession but rather a collaboration with our colleagues and the people we care for. I am reminded of these lessons daily; they have shaped me as a human and as a physician.

There are so many reasons to be a proud USC School of Medicine alumnus: the supportive and interprofessional learning environment for students, state-of-the-art ultrasound curriculum, beautiful campus, strong relationship with Palmetto Health, a dedicated administration and staff, and most importantly our amazing students and alumni!

How can we support USC’s School of Medicine? Nominate colleagues for Alumni Awards; attend the Black Tie/White Coat Gala and class reunion events; donate items to the Black Tie/White Coat Gala and Silent Auction; serve as a host for students interviewing or rotating in your area; advocate for the school when speaking with potential students and patients; attend an alumni tailgate; donate funds to support scholarships and endowments; include the school in your will; order an SOM license plate; attend biannual Alumni Association Board meetings; follow the school on Facebook and Twitter or send a personal or professional update.

I challenge you to make a positive difference for our school in at least one additional way this year. I am honored to serve as president of the School of Medicine Alumni Association Board, and to serve daily as a representative of this fine institution. Give back to your community, your mentors, your mentees, your profession and your patients!

Elizabeth H. Mack, M.D., Class of 2003
President, School of Medicine Alumni Association
FRIDAY, SEPT. 15
ALUMNI ASSOCIATION
FULL-MEMBERSHIP MEETING
Time: 3-4:30 p.m.
Location: Humphries Board Room,
VA Campus
All alumni are invited to vote on board
members and alumni awards.

SATURDAY, SEPTEMBER 16
TAILGATE | USC VS. KENTUCKY
Time: 3 hours prior to kickoff,
BBQ and fixin’s and drinks
Location: ETV on George Rogers Blvd.

FRIDAY, MARCH 9
ALUMNI ASSOCIATION
BOARD MEETING
Time: 3-4:30 p.m.
Location: Humphries Board Room,
VA Campus
All alumni and students are invited.

FRIDAY, MARCH 9
BLACK TIE/WHITE COAT GALA
AND SILENT AUCTION
Time: 6:30-11:30 p.m.
Location: My Carolina Alumni Center
Bidding ends at 9 p.m.
Heavy hors d’oeuvres, silent auction, dancing
to live band and photo booth
Net proceeds benefit the SOM Alumni
Scholarship Fund and The Free Medical Clinic
— the event has raised more than $750,000
since 2002.
Black tie optional.

SATURDAY, MARCH 10
CLASS REUNIONS DINNER
Time: 6-9:30 p.m.
Location: The Zone at Williams-Brice Stadium,
Casual attire.

To register for all alumni events, go to alumni.med.sc.edu, email debbie.truluck@uscmed.
sc.edu or call the Alumni Office at 803-216-3303.
Join the USC SOM Facebook group at facebook.com/groups/UofSCSOMalumni.

SOM ALUMNI NOMINATIONS
The Alumni Association Board is accepting nominations for the 2018 Alumni Awards
and self-nominations from alumni who are interested in serving on the board.
Contact debbie.truluck@uscmed.sc.edu or submit at alumni.med.sc.edu.
CLASS OF 1981
Dwight Reynolds, M.D. (pediatrics) — “I retired last year after knee replacement surgery. It took about six months to rehab enough to finish hiking the Appalachian Trail. So, after 14 years of section hiking, Debbie and I completed the most northern 325 miles by Aug. 31. The next adventure will involve a camper with proper amenities. I also became a great-grandfather in the fall — another first for the Class of ’81? Finally, I enjoyed sharing a medical service week in Haiti this summer with my fourth-year medical student son, Brice. It was an education for all of those involved.”

CLASS OF 1983
H. Griffin Cupstid, M.D. (family medicine), of Spartanburg, S.C., was appointed in 2016 for a four-year term as a member of the American Academy of Family Physicians’ Commission on Quality and Practice.

CLASS OF 1987
Nedra Jackson, M.D. (internal medicine), was elected to the USC School of Medicine Alumni Board at the full-membership meeting March 3.

CLASS OF 1993
Dr. and Mrs. Joseph A. DeStefano Jr. (internal medicine) Their son, Joey, a second-year medical student at USC School of Medicine-Greenville, was married on June 11, 2016, to Kayla, who they are excited to welcome into their family as their new daughter.

CLASS OF 1996
Mike Ribadeneyra, M.D. (internal medicine), was elected to the USC School of Medicine Alumni Board at the full-membership meeting March 3.

CLASS OF 1996
Robert A Sullivan Jr., M.D. (pediatrics) — “It is with great excitement that I announce that after nearly 20 years as a pediatrician I will be retiring from my practice with F. Read Hopkins in Lynchburg, Va. I have accepted a fellowship position in allergy and immunology at the University of Virginia. I look forward to beginning my new career as an allergist in two years in my community. My wife, Stephanie, will remain as partner and president of our group practice.”

CLASS OF 2000
Tim Grant, M.D., M.B.A., C.P.E. (pediatric anesthesiology), was appointed chief medical officer for Coliseum Health System. He will be responsible for quality and patient safety, medical education, strategic vision and physician executive leadership for Coliseum Medical Centers and Coliseum Northside Hospital.

CLASS OF 2001
James McCallum, M.D. (internal medicine), was elected to the USC School of Medicine Alumni Board at the full-membership meeting March 3.

CLASS OF 2002
Jean Ann Lambert, M.R.C., was elected to the USC School of Medicine Alumni Board at the full-membership meeting March 3.

CLASS OF 2003
Sharon Figer, M.N.A., C.R.N.A. — “I currently work at Duke Regional in Durham, N.C. I began running five years ago and have completed
three marathons, 30 half marathons and countless shorter races. My favorite long race was the Marine Corps Marathon in Washington, D.C., with 30,000 participants! I am engaged with plans to marry sometime this year.”

Willard Sharp, M.D. (emergency medicine) — “I just completed my NIH K08 award and was just awarded a five-year NIH R01 grant studying the effects of hypothermia on patients following resuscitation from cardiac arrest.”

CLASS OF 2004

Heather Evans Anderson, Ph.D. — “I will be leaving my associate professor position at Winthrop University to go to Stetson University in Florida, where I will be an assistant professor in health sciences. I also just had my third child, John Glenn. My other children are Evan, 9, and Annabel, 5. My husband is Matt Anderson.”

Edward R. Jackson II, M.D. (orthopaedics), was appointed team orthopaedic physician for Georgia Tech’s football team and other athletics in December 2016. He is presently director of sports medicine at Grady Memorial Hospital and assistant professor of orthopaedic surgery at Emory Sports Medicine Center in Atlanta.

Cory M. Smith, M.D. (family medicine), practices at Medical Plaza Family Medicine, which is part of McLeod Health. He works shifts at McLeod Urgent Care and enjoys traveling, spending time with his family and attending Cornerstone Baptist Church.

CLASS OF 2005

Tyler K. Smith, M.D. (pediatrics), celebrated the blessing of marriage to James B. Howells on Nov. 26, 2016, in Baltimore, Md. The couple honeymooned on the island of Maui.

CLASS OF 2006

Ellen Rhame, M.D. (anesthesiology) — “My husband and I had our first child, Robert, on Aug. 6, 2016. We are moving to San Francisco this summer. I will be practicing interventional pain medicine for the Permanente Medical Group, and my husband will be a vice president with Kaiser Permanente Health Plan and Hospitals.”

CLASS OF 2008

Jennifer Hucks, M.D. (internal medicine), was elected to the USC School of Medicine Alumni Board at the full-membership meeting March 3.

CLASS OF 2009

Ross Nesbit, M.D. (internal medicine) — “I am humbled to have received the London Award for teaching from our internal medicine residents [at the University of Tennessee]. It’s the greatest honor I’ve received in my medical career. It’s a true blessing to work with such amazing partners, work on the same campus as Melissa Sander Nesbit (and have lunch!) and have the opportunity to teach internal medicine trainees. I look forward to many more years of working with our residents and my colleagues throughout the Department of Medicine.”
CLASS OF 2010

Ray Comer, M.D. (obstetrics and gynecology), along with his wife, Caroline, welcomed a son, Nash Oatman Comer, born May 8, 2016.

Sloka Iyengar, Ph.D. (biomedical science), recently joined Boston Strategic Partners Inc., a global health care consulting firm that provides services pertinent to business and clinical strategy, medical communications and health economics and outcomes research. Iyengar was also elected to the USC School of Medicine Alumni Board at the full-membership meeting March 3 and is working with the American Museum of Natural History in New York City as a course scientist for “Seminars on Science — The Brain: Structure, Function and Evolution.”

William Palmer, M.D. FACP (gastroenterology and hepatology), has a new baby, Margaret “Maggie” Stuart Palmer, born Feb. 9, 2017.

CLASS OF 2011

Ross Hilliard, M.D. (internal medicine) — “I’m now an associate residency director for the Brown University Internal Medicine Programs. I love the chance to stay deeply involved in resident (and student) education!”

Khanjan Shah (Baxi), M.D. (internal medicine) — “Samir and I welcomed our son, Keval Samir Shah, in March. He fills our days with so much joy! We are still in Boston; Samir is a vascular surgeon, and I am finishing up my cardiology training. Go Red Sox!”

CLASS OF 2012

Gayatri Acharya, M.D. (internal medicine), received the American Heart Association Women in Cardiology Excellence in Training Award at the American Heart Association Scientific Session 2016. Eighteen female cardiology fellows from across the country were selected for the honor. Acharya is completing a cardiovascular diseases fellowship at the Mayo Clinic in Minnesota and will begin a subspecialty fellowship at Mayo in advanced multimodality cardiovascular imaging in July 2017.

Mark Wilson, M.D. (orthopaedic surgery), with his wife, Brittany, has a new son, Brady, Dec. 2, 2016. Their son Asher is 2-1/2 years old.

CLASS OF 2013

Joey Helm, M.D. (general surgery) — “I was recently elected administrative chief resident for the Medical College of Wisconsin general surgery residency.”

Allison Marshall Puechl, M.D. (obstetrics and gynecology) — “I matched into a three-year gynecologic oncology fellowship at Duke, starting last July.”

CLASS OF 2014

Meredith Calcina Davitte, M.D. (pediatrics) — “My husband, Steven, and I welcomed a baby boy to our family on March 2. His name is Sullivan. I also accepted a job at Matthews Children’s Clinic in Charlotte as a general pediatrician and will start in August after completing my residency in June. Hope all is well in Columbia.”
Alvin “Lee” Day, M.D. (internal medicine), is finishing an internal medicine residency at Palmetto Health/USC this year. In July 2017, he will start a rheumatology fellowship at the University of Alabama at Birmingham.

Cindy Oliva, M.D. (emergency medicine) and Harrison Smith, M.D., ’16 (internal medicine), were engaged in January 2016 while hiking Moana Falls in Oahu, Hawaii. She will be joining Harrison in Richmond, Va., in July at Virginia Commonwealth University to start a fellowship in advanced resuscitation.

Hunter Smith, M.D. (obstetrics and gynecology), married Hannah Kelly Smith.

CLASS NOTES
Submit class notes for the fall 2017 issue of South Carolina Medicine to debbie.truluck@uscmed.sc.edu.

ALUMNI VOLUNTEERS NEEDED!
We’re looking for alumni who are willing to be hosts for prospective students interviewing at the School of Medicine — either for a cup of coffee or an overnight stay. In addition, we need alumni who can provide shadowing opportunities for students or who can serve as speakers for student special interest group discussions. Interested? Go to alumni.med.sc.edu or contact debbie.truluck@uscmed.sc.edu or the Alumni Office at 803-216-3303.
WEAR YOUR SOM PRIDE ON YOUR SLEEVE and support your alma mater by purchasing School of Medicine apparel! Our caps, shirts, jackets and duffel bags make excellent and meaningful gifts.

Peruse our offerings at uscsom.logoshop.com.