

SOUTH CAROLINA

SUMMER 2010



# MEDICINE

University of South Carolina School of Medicine



Sports, youth, and  
brittle bones:  
comprehensive care  
for female athletes

DEAN'S MESSAGE

FORGING AHEAD THROUGH DIFFICULT ECONOMIC TIMES

Richard A. Hoppmann, MD | Dean, School of Medicine



In my 20 years at the School of Medicine, we have had difficult economic periods, but with state funding cuts approaching 50 percent during the past two years, we have never experienced anything like today's economy. The budget reductions amount to more than \$10 million from 2008 to 2010.

While we are certainly tightening our belts and discovering new ways to reduce costs, we continue to remain true to our mission to improve the health of the people of the state of South Carolina through medical education, research, and the delivery of health care.

To help us get through this period, we rely on people like you, our alumni, our friends, and our community partners for support. You can help us by letting others know about the important roles the School of Medicine plays in providing health care to many of those in greatest need in the community and in training the next generation of health care providers to ensure the health of the citizens of South Carolina for decades to come. You can also offer your financial support or share your time and resources to sustain a host of mission-critical endeavors.

Despite the budget cuts, the School of Medicine continues to forge ahead. With success stories like our Department of Family and Preventive Medicine receiving the first Level-III certification for a patient-centered medical home to our very own Marion Burton, MD, being named president-elect of the American Academy of Pediatrics, the School of Medicine remains a recognized leader in medicine, locally and nationally.

Furthermore, we are continuing to make strides to conquer some of the most critical health care needs in our community such as stroke. We recently recruited one of the nation's leading neurologists, Souvik Sen, MD, to serve as chair of the Department of Neurology. His focus will be to create a full-service stroke center to serve patients in the Midlands. You can learn more about Sen and his vision for stroke care, as well as other important work by our scientists and clinicians, in this issue of *South Carolina Medicine*.

Finally, please remember to lend your support to the School of Medicine to help us continue to make our tradition of excellence prevalent in the South Carolina community and beyond. If you have questions or would like to find out how you can help, contact my office at (803) 733-3200.

Richard A. Hoppmann, MD  
Dean

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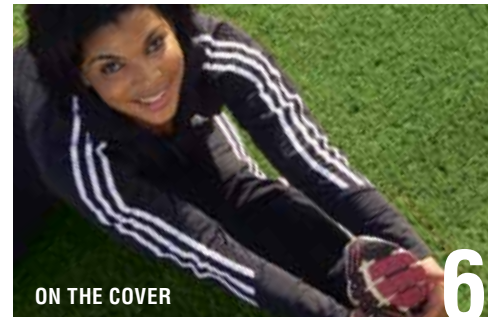
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BASIC RESEARCH IS  
BUILDING KNOWLEDGE ON  
WOMEN'S HEALTH ISSUES

# laying the foundation

**It doesn't often generate news headlines, but basic research often leads to important gains in scientific knowledge that form the foundation for future clinical breakthroughs.**

**School of Medicine scientists are hard at work in research efforts focused on the cardio-protecting qualities of estrogen and related implications for menopausal women and two common conditions that cause infertility.**

## THE ROOTS OF INFERTILITY

### **Basic science aimed at understanding underlying causes of common dysfunction**

Ten to 15 percent of couples who are trying to have children experience infertility issues, and Holly LaVoie, Ph.D., is trying to figure out some of the basic reasons for what goes wrong.

LaVoie, an associate professor in the Department of Cell Biology and Anatomy at the School of Medicine, studies how hormones affect genes that regulate the ovary's ability to produce viable eggs and support a full-term pregnancy.

Two common conditions cause female infertility, and both affect the ovaries. One is Polycystic Ovarian Syndrome, which occurs when follicles in the ovary don't develop enough for the eggs' release from the ovary. Another is Premature Ovarian Failure, which occurs when all of a woman's eggs are ovulated before age 40, leading to early onset menopause.

Polycystic Ovarian Syndrome sometimes runs in families, but it has also been associated with insulin resistance, which leads to Type 2 diabetes.

"We're seeing more women who have insulin resistance with the syndrome," LaVoie said. "The two seem to be associated with each other. So we study not only how the pituitary hormones regulate the ovary, but also how mediators of insulin action work on the ovary, too, and related hormones, such as insulin-like growth factors."

LaVoie conducts her research using animal ovary models, which are "very similar to the human one, and we think the information we get will be completely applicable to regulation of human genes," she said. "One eventual outcome of the research might be improved hormonal protocols for infertile women.

"Part of basic science research is just finding out what the normal condition is so you can understand when there is something abnormal happening."

Her research is funded by the U.S. Food and Drug Administration, which is interested in promoting a better understanding of the reproductive capacity of farm animals, maintaining livestock fertility, and managing reproductive defects.

LaVoie developed an early interest in medicine as a youth though she "never really liked blood" and "didn't have the personality to work with patients every day." Still, she wanted to do something that was medically relevant.

She attended the College of William and Mary as a biology major where an interest in endocrinology led to a master's in biology. A Ph.D. in endocrine-oriented physiology from the Medical College of Virginia followed, then a post-doctoral fellowship in the Endocrinology Division at the University of Virginia where she received most of the relevant training she draws on for her current research.



“Part of basic science research is just finding out what the normal condition is so you can understand when there is something abnormal happening.”

HOLLY LAVOIE, PH.D.



JOSEPH JANICKI, PH.D.

## CARDIOPROTECTION

### The role of female hormones in guarding against enlarged hearts

Joseph Janicki's focus on the role of gender in cardioprotection began serendipitously, but his work could one day help prevent heart attacks in post-menopausal women.

While working at a previous institution, Janicki and his colleagues developed a model of heart enlargement and failure in male animals.

"We developed this model to understand the mechanisms that underlie the heart actually getting bigger," said Janicki, who now chairs the Department of Cell Biology and Anatomy in the School of Medicine. "We stumbled on to the fact that a certain cell in the heart, referred to as the mast cell, was central in starting the process of enlargement. These mast cells secreted enzymes that would start to degrade the collagen fibrous skeleton in the heart."

Male animals used in the model began to show signs of heart failure in about eight weeks. At 20 weeks, almost 100 percent of the male models had died from heart failure.

But when Janicki used the model on female animals, he noticed a very different result. After eight and 20 weeks, the female animal models were thriving.

"They were perfectly happy," Janicki said. "The females never developed heart failure even though we used the same model to create volume overload. That got us to wondering why. Was it a mechanical thing? Why should the females be protected?"

"We started doing some experiments where we removed the ovaries and created the model, and just like the males, the ovariectomized females went into failure, just as we would expect. Obviously, female hormones were somehow protecting these hearts. Then we started wondering about the mast cells in the heart. Were they different in females versus males?"

To look for answers, a group of his graduate students took on the project. They experimented with isolated hearts from animal models with their ovaries intact, hearts from models from which the ovaries had been removed, and hearts from models whose ovaries had been removed but had received supplemental estrogen.

When the students chemically activated the hearts' mast cells, they found that the hearts did not enlarge in the models with their ovaries intact or supplemented with estrogen. The hearts of the animal models whose ovaries had been removed began to enlarge within 30 minutes after the mast cells had been activated.

"Clearly, estrogen affects these mast cells so they don't activate enzymes to degrade collagen and cause the hearts to enlarge," Janicki said. "We think that's how these hearts are protected."

Janicki also discovered the importance of phytoestrogens in the diet regarding cardioprotection in animal models whose ovaries have been removed. "We found that, in addition to supplementary estrogen to the rats that were ovariectomized, phytoestrogen, derived from soy beans, had to be included in their diet to obtain complete cardioprotection," he said.

In his most recent research, Janicki has focused on a cytokine referred to as tumor necrosis factor-alpha. In male animal models and females whose ovaries have been removed, mast cells contain the tumor necrosis factor-alpha.

"But in female models whose ovaries are intact, we couldn't find it. If it's there, it's almost undetectable," Janicki said. "Tumor necrosis factor-alpha will activate the enzymes that degrade collagen. We think that could explain the enlarged hearts."

More research needs to be done to learn how to protect women's hearts, especially after menopause.

"Like the cardioprotection found in female rats in these studies, human females very rarely have heart problems until after menopause, and you see these female rats protected whether they have ovaries or not. There's got to be some connection," Janicki said. "What can we do to protect women after menopause? We don't know. Hormone replacement therapy hasn't shown conclusive evidence.

"It's interesting that as human females go through menopause, their circulating levels of tumor necrosis factor-alpha go up. We know that post-menopause females don't have the cardioprotection they have before menopause. This could be one reason why: the estrogen level drops, and the tumor necrosis factor-alpha increases—but it's a big leap to extrapolate what we're doing with animal models to human females. We need to do more research." ■

MEDICAL SCHOOL TEAM HOPES PATENTED  
FORMULA BECOMES NEW LIFE SAVER

# resuscinex

## to the rescue

**Trauma surgeon Steve Fann, MD, has seen it all too often: multiple-injury victims rushed to the emergency room where surgery stops the bleeding but doesn't prevent death, days later, from shock.**

Nine million cases of severe hemorrhagic injury—the No. 1 killer of youth—are treated every year. Fann, a School of Medicine faculty member, has long wanted a better alternative to the IV fluids traditionally used to stabilize victims of severe blood loss. He soon might have it.

With two colleagues, Fann has helped develop a new IV fluid that in initial testing has proven to foster faster recovery with far fewer complications.

“We got a patent through the Intellectual Property Office, formed a company, and we're hoping to begin human trials later this year with our product,” said Mike Yost, Ph.D., director of research in the surgery department and chief operating officer of Vitasol LLC, which holds the license for the patented fluid called Resuscinex.

Resuscinex works by drawing water out of the microscopic spaces between cells and into the vascular system. This restores blood pressure, which always drops sharply in shock victims who have lost blood, and also restores normal heart rate.

In addition, the formula provides energy to cells and increases blood flow in capillaries, the tiny vessels that are critical for supplying oxygen and nutrients to tissue.

“You usually need to administer about three-times as much traditional IV fluid as the amount of blood that's been lost,” Fann said. “That restores blood pressure, but it causes a lot of other problems like inflammation, dilution of the blood and normal clotting, tissue injury, and stiffened lungs.

“We've found that Resuscinex is effective at one-tenth the dose of standard fluids; it reduces body-wide inflammation and doesn't create the nasty side effects that traditional IV fluids do.”

While human trials will provide the definitive test, Fann said, the product's ability to hasten recovery without complications could reduce stays in intensive care, lower the incidence of pneumonia, and generally cut costs associated with treating victims of hemorrhagic shock.

With Fann and Yost working the science side of Resuscinex, John Propst, who earned a Ph.D. in biomedical science from the School of Medicine and recently completes an MBA from the Darla Moore School of Business, has been developing the business end. They hope to



MIKE YOST, PH.D., AND  
STEVE FANN, MD

attract seed capital to develop a partnership, get FDA approval, and, ultimately, manufacture Resuscinex in South Carolina.

“This would have an immediate bedside impact, and it could be packaged for use on the battlefield to treat wounded soldiers,” Yost said. “We haven't just built another mouse trap with Resuscinex; this is a whole new paradigm for treating shock victims.”

Vitasol LLC's initial business development efforts were funded by a grant from SCLaunch, a collaboration among the S.C. Research Authority and the state's three research universities to facilitate applied research, product development, and commercialization programs. ■



Amberly Nesbitt, an M-II student in the School of Medicine, was a track athlete at the University of South Carolina during her undergraduate studies.

“We see fractures in runners, too, who put in a lot of miles on the road. The higher levels of impact involved in running put a lot of stress on their bones.”

CHRISTOPHER MAZOUÉ, MD

WHY ARE PHYSICIANS SEEING MORE STRESS FRACTURES IN YOUNG WOMEN ATHLETES, AND WHAT ARE THEY DOING ABOUT IT?

# skeleton crew

**Osteoporosis is a disease that, over time, thins bones and makes them prone to fracture. Long thought to be an elderly women's disease, osteoporosis has become a major public health threat for more than 28 million Americans, including increasingly higher numbers of young female athletes.**

Orthopaedic surgeon Christopher Mazoué, MD, is seeing more stress fractures in the young female athletes he treats. He attributes that to several factors, including osteoporosis.

"A stress fracture usually occurs due to a combination of the type of sport a young woman plays, hormones, biomechanical differences in a woman's body compared to a man's, and osteopenia, a low bone mineral density condition that many doctors consider to be a precursor to osteoporosis," said Mazoué, an assistant professor in the School of Medicine's Department of Orthopaedic Surgery and Sports Medicine.

"In our Sports Medicine Center, we most commonly see fractures in cross-country athletes and track athletes. Gymnasts are also susceptible and figure skaters—any sport where weight, appearance, and high levels of competition are issues. These young women are constantly being told in many ways that they have to keep their weight down to perform at their maximum level. They might feel pressured to be thin by coaches, society in general, or parents.

"We see fractures in runners, too, who put in a lot of miles on the road. The higher levels of impact involved in running put a lot of stress on their bones," Mazoué said. "What happens over time is they start not eating correctly, trying not to gain weight, which then alters the hormones in their body, particularly estrogen and progesterone. Estrogen is a peak component to bone health. So when you combine poor nutrition with lots of exercise and what often becomes menstrual cycle dysfunction, then you've set yourself up for injuries."

Mazoué and his physician colleagues work closely with other health professionals to treat athletes with these symptoms.

"Two of my sports medicine colleagues, Jason Stacy, MD, and Ramon Ylanan, MD, also work with athletes, with the School of Medicine's Department of Family and Preventive Medicine," he said. "We have an eating disorders division, which includes athletic trainers, nutritionists, psychiatrists, primary care doctors, orthopedic surgeons, and often a gynecologist. An endocrinologist might also become involved."

To illustrate this multi-model approach, Mazoué created a composite case.

"A 19-year-old young lady, a cross-country athlete, comes into the clinic with bilateral shin pain," he said. "Our team takes a patient history, conducts a physical exam, and follows up with X-rays, possibly an MRI or bone scan to diagnose her injury, with a high suspicion of stress fractures and bony injuries. We do a workup for bone injury and soft tissue injury, and look at underlying reasons for the injury. We look at her calcium levels and her thyroid and other hormonal levels. We get a bone mineral density workup. Armed with this information, we begin to treat her.

"She meets with a dietician to find out what proper nutrition is, what her energy needs are,



CHRISTOPHER MAZOUÉ, MD

and to help her to understand there is a problem. Maybe it is an illness, like bulimia, but often patients just aren't educated. They don't drink milk to build bone, or they drink too many soft drinks, which leaches calcium from the bones. And, certainly, you don't have to have an eating disorder to get a stress fracture, but it is a risk factor. If she suffers from an eating disorder, we have her meet with a psychiatrist or psychologist, too.

"The most important lesson we've learned is that we should become more aware of osteoporosis in every segment of the population," Mazoué said. "We are still lacking in diagnosing it and in getting bone density studies done. We need to continue our efforts to understand the effects of osteoporosis, especially fractures to the spine, hip, and wrist. These can be devastating injuries for women, young and old." ■

# implant improvements

MORE RESEARCH IS NEEDED TO SOLVE A CONDITION THAT AFFLICTS THOUSANDS.

**Breast implant surgery for augmentation or reconstruction is a popular procedure—but more research is needed to address a common complication.**

Breast augmentation is a popular procedure for women with more than 350,000 opting for it in 2008, and nearly 80,000 more electing breast reconstruction following breast cancer mastectomies.

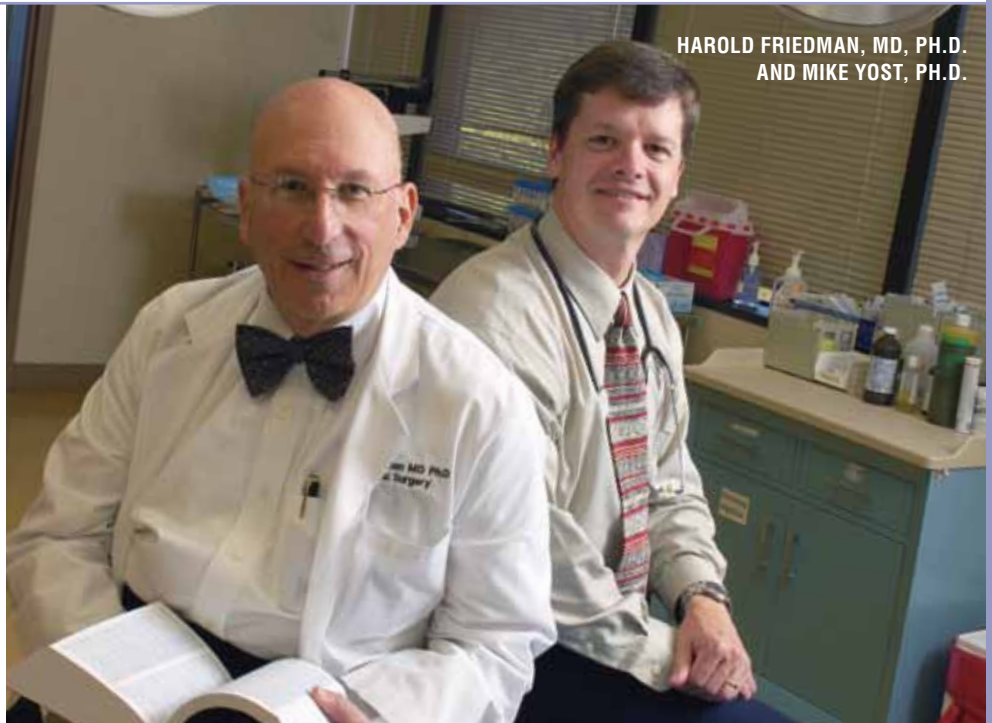
While the success rate for both procedures is relatively high, later complications sometimes result in a painful and physically distorting condition known as capsular contracture. Two faculty members in the School of Medicine Department of Surgery are conducting research to find a way to prevent or tone down the inflammatory response that's believed to cause it.

"The human body always forms a capsule of collagen fibers around a foreign body whether it's a breast implant or a cardiac pacemaker. That's a normal response," said Mike Yost, Ph.D., director of research in the surgery department. "About 25 percent of the time, the capsule will start contracting around the implant, squeezing it outward."

When that occurs in the case of a breast implant, the procedure must often be reversed and perhaps repeated.

"It's difficult to fix, especially if there is a lot of scar tissue to deal with," said plastic surgeon Harold Friedman, MD, Ph.D. "We're trying to understand the mechanism of how the capsule forms, the cellular sequence of events."

A thin, collagenous capsule surrounding an implant is, by itself, not a bad thing, Yost



HAROLD FRIEDMAN, MD, PH.D.  
AND MIKE YOST, PH.D.

and Friedman said. But when too many myofibroblasts are present, the capsule starts to contract and complications begin.

"We're manipulating the gap junctions where cells talk to each other to mute the initial inflammatory response to the implant, which might prevent capsule contracture later on," Yost said. "If you eliminate the inflammatory response totally, you won't get healing of the tissue. So we're decreasing it by 50 to 60 percent to try to end up with less contraction."

The researchers are collaborating with Rob Gourdie, Ph.D., at the Medical University of South Carolina, using novel peptides to disrupt the cell-to-cell signaling that's believed to rev up the inflammatory response and cause the myofibroblasts to congregate.

With Victor Giurgiutiu, Ph.D., a mechanical engineering professor at Carolina, the scientists are using specialized equipment to measure the stiffness of capsules that form and measuring the capsules' physical and morphological properties. They're also staining for specific cells that indicate the presence of myofibroblasts.

"We've published a lot of our findings in plastic surgery journals," Friedman said, "but there is still a lot more that has to be figured out before any procedure or therapy will be available for human trials." ■

# pocket sized patient care

SCHOOL OF MEDICINE STUDENTS WILL USE THE LATEST (AND SMALLEST) HAND-HELD ULTRASOUND DEVICES.

**As the health care environment evolves into a more technology driven system, physicians are relying more on diagnostic devices to quickly and accurately aide in providing quality patient care.**

A critical component of this shift in the medical landscape is the development of tools, like ultrasound technology, that allow physicians to react quickly in emergency situations and to provide early detection of health conditions.

Recognizing the rapid growth of ultrasound technology in medicine, the School of Medicine partnered with GE Healthcare in 2006 to incorporate ultrasound into its four-year medical curriculum—the first of its kind in the nation.

“As health care delivery and methods begin to change so quickly, it is important that we prepare our physicians-in-training to handle these challenges with a combination of clinical skills and technological solutions,” said Richard Hoppmann, MD, dean of the School of Medicine. “With four-years of ultrasonography education, our students are acquiring a unique set of skills and knowledge to help them become better clinicians.”

Numerous studies have shown the efficacy of portable ultrasound in screening for conditions such as abdominal aortic aneurysms, deep vein thrombosis, carotid artery stenosis, and left ventricular hypertrophy. In addition, ultrasound has been used to assess perinatal complications such as ectopic pregnancy and low-lying placenta and detecting various forms of cancer.

This year, the introduction of pocket-sized ultrasound devices is about to change the landscape again. Named one of *Time* magazine’s inventions of the year when it was introduced, GE’s Vscan is a new imaging device that puts the power of ultrasound technology in the palm of a doctor’s hand. The size of a smart phone but with a scanning transducer attached and weighing less than a pound, these machines are powerful enough to perform some of the same applications as full-sized ultrasound systems.

“By giving the physician a view into the body from the palm of his/her hand, we and many others believe that these units will one day become as indispensable as the traditional physician’s stethoscope in patient exams,” Hoppmann said. “It’s also important for early detection and treatment to help prevent progression of disease, which can result in better clinical patient outcomes and more cost-effective health care.”

GE has provided 30 pocket-sized Vscans to accompany the LOGIQ E laptops already in use by USC School of Medicine students. Use of the pocket-sized Vscans will be introduced in the second year of the curriculum and specifically applied to primary care use of bedside ultrasound.

“Ultrasound technology is amazing, especially the new machine that I can hold in the palm of my hand,” said Mousumi Medda, an M-III student. “I remember how fascinated I was the first time I looked at the heart and heart valves with the ultrasound machines. It really helped me understand in a more comprehensive way how the heart functions. I know that my training in



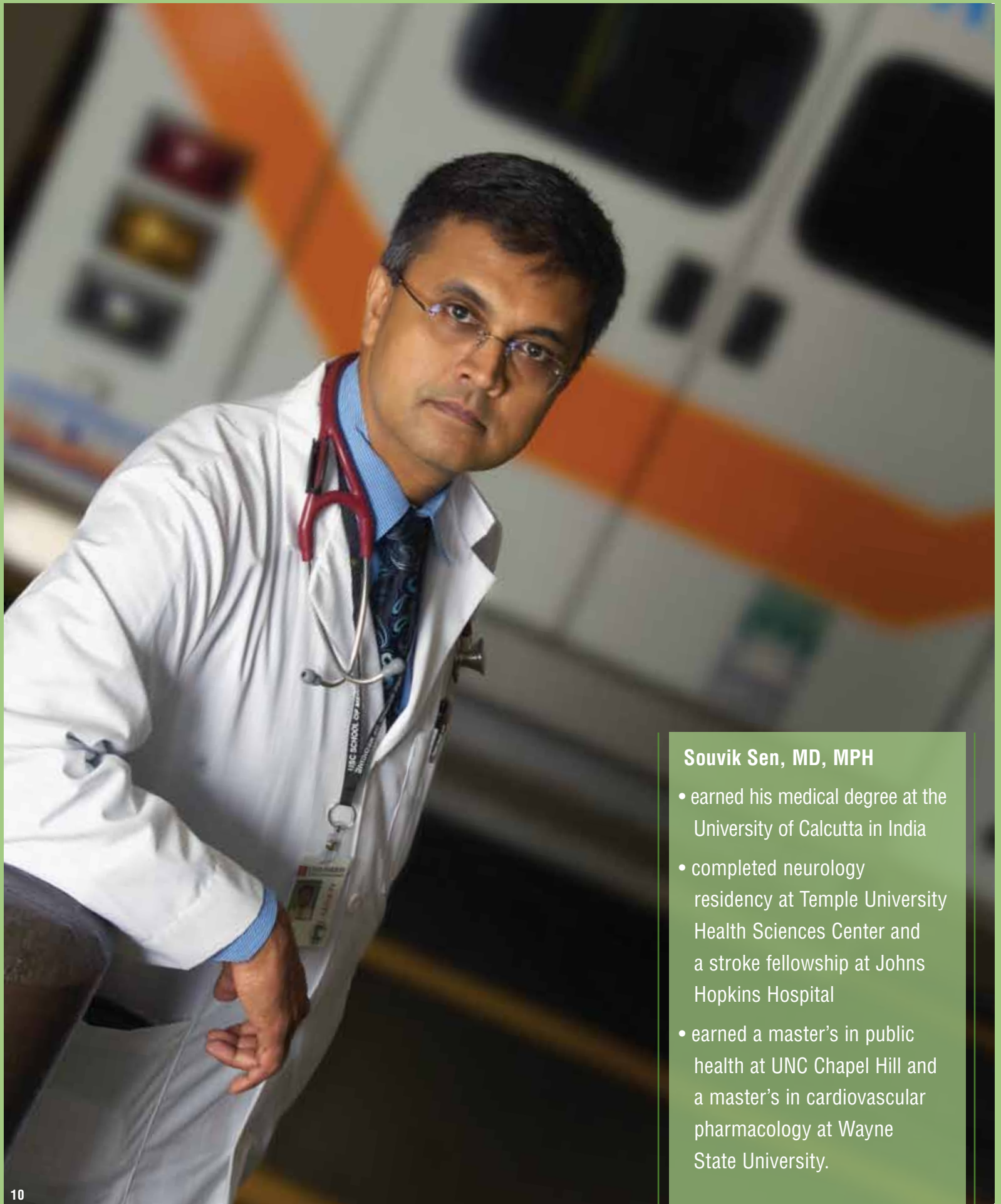
Dean Richard Hoppmann consults with M-III student Mousumi Medda on the use of the new GE Vscan.

ultrasound will be extremely beneficial to me as a resident.”

“We have a tremendous advantage with this advanced technology. But it would not be possible without the support of GE,” Hoppmann said. “We are excited about students having access to the technology that has such a profound impact on health care and how they will practice medicine.”

“Students choose to attend the School of Medicine because of the ultrasound curriculum. They are very excited to be a part of cutting edge technology and are eager to embrace it and learn the breadth of its capabilities,” said Victor Rao, MBBS, DMRD, RDMS, director of ultrasound education at the School of Medicine.

“The ultrasound curriculum will continue to be an important recruiting tool for the best and brightest students, especially with the integration of both the laptop and pocket-sized ultrasound devices.” ■



**Souvik Sen, MD, MPH**

- earned his medical degree at the University of Calcutta in India
- completed neurology residency at Temple University Health Sciences Center and a stroke fellowship at Johns Hopkins Hospital
- earned a master's in public health at UNC Chapel Hill and a master's in cardiovascular pharmacology at Wayne State University.

# containing NEW ENDOWED CHAIR SETS SIGHTS ON IMPROVING STROKE CARE AND PREVENTION IN THE MIDLANDS. a killer

**Stroke is the world's No. 3 killer, and in the Carolinas and Georgia—the so-called buckle of the U.S. stroke belt—stroke victims are more than twice as likely to die from stroke than those who live in other parts of the country.**

Those grim statistics—and the opportunity to help change them over time—attracted Souvik Sen, MD, MPH, to the University of South Carolina School of Medicine this past January to become the endowed chair of the Stroke Center. Sen was founding director of the University of North Carolina's Stroke Center in Chapel Hill.

"There are nine Joint Commission-certified primary stroke centers in South Carolina—seven of them in the vicinity of Charleston, one in Greenville, and one in Anderson, but none in the Midlands," said Sen, who is also a professor and chair of the Department of Neurology at the School of Medicine. "One of our first goals is for Palmetto Health Richland to become accredited by the Joint Commission as a certified stroke center."

Stroke centers provide fast, coordinated treatment for stroke victims, striving to assess a patient's condition and administering life-saving drugs or other interventions within one hour of arrival—the so-called "golden hour" for treatment. The window of opportunity for treatment of stroke victims with the clot-busting medication TPA is less than three hours after the onset of symptoms—but only 3 percent of stroke victims arrive at a hospital within that time frame. Recently, the treatment has been shown to work as much as four-and-a-half hours after symptom onset in a specific group of stroke victims.

"Most patients having a stroke either ignore the symptoms or hope they'll go away and delay seeking medical attention," Sen said. "By the time they come to the hospital, it's too late to use clot-busting medications like TPA or interventional treatments to remove or dissolve the clot."

Extensive training for physicians, paramedics, and other hospital staff in emergency treatment of stroke will be key to establishing a stroke center, Sen said. Already, a stroke team has been organized and includes several School of Medicine clinicians. Ongoing community education efforts will be important, too.

"Churches are one of the venues where we're hoping to set up stroke screening programs," Sen said. "That method was very effective in North Carolina, especially if someone in the church was passionate about stroke care. We want to get people thinking about reducing their risk factors—smoking, high blood pressure, diabetes, high cholesterol, physical inactivity, and poor diet—because if you treat those, you can prevent 80 percent of all strokes."

Since the advent of the clot-busting drug TPA in 1996, new interventional treatments such as MERCI [mechanical embolism retrieval in cerebral ischemia] and Penumbra have been FDA approved, both of which use catheter mechanisms to physically remove clots from blocked blood vessels in the brain. Sharon Webb, MD, an assistant professor of neurosurgery at the School of Medicine, specializes in stroke-related brain surgery and is training to perform specialized stroke interventions that might make a big impact on stroke treatment. This will complement

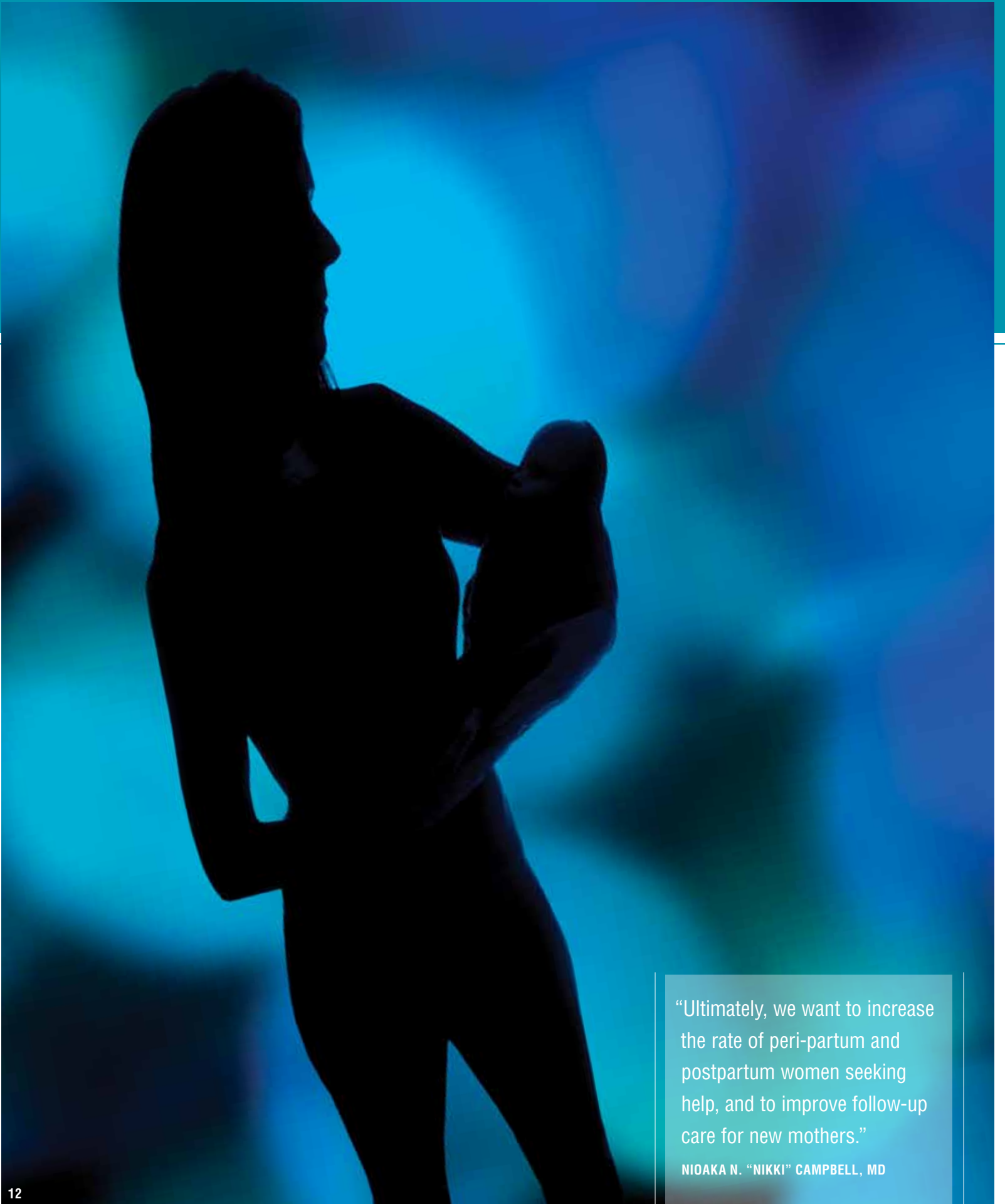
the capabilities of the existing stroke team at Palmetto Health Richland.

Several faculty members at the University of South Carolina are engaged in stroke-related research, including Susan Lessner, Ph.D., an assistant professor in the medical school's Department of Cell Biology and Anatomy who is studying plaque build-up in arteries—a precursor to stroke. Julius Fridriksson in the University's Department of Communication Sciences and Disorders is using fMRI to evaluate the effectiveness of new speech therapy techniques for those whose speech is impaired by stroke.

Sen's agenda for the Center for Stroke Research includes developing training programs for physicians who treat stroke and recruiting more clinical stroke researchers who, like him, are interested in health outcomes research. He also wants Palmetto Richland Hospital and the School of Medicine to engage in national clinical trials.

"There are new medications being tested in human trials that offer promise in treating stroke patients several hours after the onset of symptoms, lengthening the window of time for effective treatment. And new treatments are emerging for patients who have suffered transient-ischemic attacks or "mini-strokes" [which often are pre-cursors to full strokes]," Sen said.

Sen is also conducting research on HIV's ravaging effects on blood vessels and the brain and on a difficult-to-treat condition in which plaque accumulates in the aortic arch where it can break free and cause a stroke. He also plans to collaborate with two endowed chair professors at the Medical University of South Carolina who are studying stroke. ■



“Ultimately, we want to increase the rate of peri-partum and postpartum women seeking help, and to improve follow-up care for new mothers.”

NIOAKA N. “NIKKI” CAMPBELL, MD

# not just the baby blues

NEW PROJECT TO ADDRESS  
POSTPARTUM DEPRESSION

## **Packages of diapers, infant formula, a bassinet—the familiar signs of a newborn baby in the house.**

For more than 10 percent of new mothers, there is additional evidence: the symptoms of postpartum depression. While 70 percent of new mothers experience the “baby blues,” about 13 percent slip into postpartum depression, a serious condition that warrants immediate treatment. The causes of the condition include neurochemical imbalances following pregnancy, genetics, environmental factors, and other stressors.

“Mothers with postpartum depression are unable to provide adequate care to their newborn since depression may affect their attachment and response to the baby. Some cases are severe and can result in the mothers having thoughts of self-harm or of harming their little one. These cases need immediate professional care,” said Nioaka N. “Nikki” Campbell, MD, training director for psychiatry residents in the School of Medicine’s Department of Neuropsychiatry and Behavioral Science.

“We need to do a better job of reaching new mothers who are suffering from the symptoms of postpartum depression, which include fatigue, changes in appetite, confusion or difficulty concentrating, and—the big ones—lack of interest in the baby or fear of harming the baby or oneself.”

Starting August 1, School of Medicine third-year psychiatry residents will be integrated within the school’s resident obstetrics clinic at Palmetto Richland to provide psychiatric consults and care for patients who are

referred by the obstetrics program.

“There’s often a stigma of going to see a psychiatrist, and many new mothers won’t keep appointments to see a mental health professional when they’re referred by their obstetricians,” said Campbell, a 2000 graduate of the School of Medicine and 1996 graduate of Carolina’s Honors College. “By putting our residents in the OB clinic, much of the stigma is instantly removed: the women will receive the psychiatric care they need at the same clinic where their regular OB check-ups occur. They won’t have to explain to friends or family members the need for an additional appointment.”

If the new model is effective, Campbell’s department would consider reaching out to other disciplines for integrative community care using psychiatry residents in various settings, she said. “Ultimately, we want to increase the rate of peri-partum and postpartum women seeking help, and to improve follow-up care for new mothers. We hope to apply for grant funding in the future in order to ramp up these efforts in other community venues,” Campbell said.

Depression—not just the postpartum variety—is twice as common among women as compared to men. One in five women will experience an episode of major depression during her lifetime, and one in three will experience an anxiety disorder.

“There are social and environmental factors that may influence how a woman is able to cope with conditions such as depression,” Campbell said. “Women who have protective factors—family support, happily married spouses, fulfilling jobs or other social support networks—tend to have better predictive outcomes in regards to major depression.

“The wonderful news is that postpartum depression and depression in women is treatable. Providing an efficient and supportive environment within a unique setting such as this program will promote excellent care for women and healthy relationships for moms and their babies.” ■



NIOAKA N. “NIKKI” CAMPBELL, MD

## MEDICAL STUDENTS JOIN THE FIGHT TO HELP CLOSE THE HEALTH DISPARITIES GAP AT THE 5TH-ANNUAL COMMUNITY HEALTH FAIR



M-II student Jo Innes demonstrates the proper technique to self-examine breasts for lumps.

The School of Medicine Student National Medical Association (SNMA) hosted the 5th-annual Community Health Fair, February 27, 2010, at the Drew Wellness Center in Columbia. Nearly 100 community residents participated in the event.

The health fair is organized by M-II and M-III medical students and is a free community outreach effort to promote the importance of preventive care. Health fair participants receive several free health screenings, including blood pressure, body mass index (BMI), lipid and glucose, and vision screenings. More than 20 School of Medicine faculty physicians from the Department of Family and Preventive Medicine and Palmetto Health Richland participated in the fair to offer free medical advice and to mentor medical students.

Medical student lead organizer, Felicia Walker, M-II, was thrilled with the outcome of the event.

“The students worked really hard to make the event fun, informative, and helpful to the community,” she said. “It was truly gratifying to see what we are learning in medical school come to life with real people who have real health concerns.”

In addition to health screenings and other activities, participants learned how to incorporate fun exercise, like dancing, into a healthy lifestyle. Health fair participants, medical students, and faculty wrapped-up the day with a free lesson in line dancing from Southern Grooveline.

## FACULTY AND STUDENTS RESPOND TO THE NEED FOR HELP IN HAITI

The humanitarian needs of Haiti have been close to the hearts of the faculty, staff, students, and alumni of the School of Medicine for several years. Through several ongoing medical mission trips, the school has been involved with helping to bring expert medical care and much needed medical equipment to the people of Haiti.

In the wake of the devastating earthquake, the School of Medicine has responded by raising funds for and awareness of the ongoing needs of Haiti. M-I—M-IV medical students hosted a luncheon and art exhibit for School of Medicine faculty, staff, and students, which raised more than \$2,500 to benefit the Hospital Albert Schweitzer (HAS) in Deschapelles in the western part of Haiti—an organization with which the School of Medicine has a long-standing relationship.

As thousands of medical professionals poured into Haiti, Katy Close, MD, Class of 1988, was among the first to join the medical forces on the ground. Over the years, Close and her family have helped the people of Haiti in several ways, including improving schools, helping children, and developing jobs. While there, she shared her heart-wrenching experience from a physician and humanitarian point-of-view through a daily blog on the University’s Web site.

As she said in one of her messages, “the thing about being here at HAS (Hospital Albert Schweitzer) is that every time you start to throw in the towel and go home, something happens to make you never want to leave.”

Now, six months after the earthquake, the need for medical supplies, health care expertise, and rehabilitation needs of the country is still prevalent. The School of Medicine is committed to strengthening its long-term help to the people of Haiti to help them recover and rebuild—stronger and better. A University-wide campaign is underway to raise funds for the relief efforts in Haiti. For more information, contact Mechelle English, senior director of development, at (803) 733-1567 or [mchelle.english@uscmed.sc.edu](mailto:mchelle.english@uscmed.sc.edu).



Katy Close, MD, and Haitian physician Dianne Jean-Francois, MD

## SCHOOL OF MEDICINE/ PALMETTO HEALTH RECEIVE HIGHEST HONOR

Palmetto Health Family Medicine Center/University of South Carolina School of Medicine Department of Family and Preventive Medicine is the first primary care practice in the state to be recognized by the National Committee for Quality Assurance (NCQA) as a Level-III Patient-Centered Medical Home (PCMH)—the highest possible designation.

The NCQA's Patient-Centered Medical Home is a health care setting that emphasizes partnerships between individual patients and their personal physicians. The quality-focused model replaces acute illness care with care based on prevention, care coordination for chronic diseases, and a long term-healing relationship with a health care team that is centered on the needs of the patient and their family. NCQA recognizes practices that meet this designation nationally at three levels of activity and demonstrated outcomes. Primary care practices that receive a Level-III designation, like the Palmetto Health Family Medicine Center, must go through a rigorous assessment and review process.

"We are so proud of this accomplishment that validates our commitment to providing the highest level of care possible for our patients," said Richard A. Hoppmann, MD, dean of the School of Medicine. "Moving to the medical home model of patient care has proven to be beneficial for our patients because they receive better, more coordinated care; and for us, it means a more efficient, cost-effective method to operate the practice."

Ellis Knight, MD, senior vice president for ambulatory services at Palmetto Health adds, "This model of care can transform primary care in this community into a system that is more efficient in delivering quality patient care."

The PCMH model is coordinated by a team, led by a physician, using the latest in information technology and health information exchange. With the patient at the center of this approach, technology and electronic data allow physicians to track a patient's history, including lab tests and medications, which reduces costs, avoids duplication of tests/exams, and encourages proactive planning for both prevention and chronic disease care. Establishing a medical home for patients in the PCMH model emphasizes a more efficient appointment process and enhanced communication between patients, physicians and staff.

Through the implementation of a variety of quality improvement methods, including involvement of front-line staff and patients in decision-making and practice improvement efforts, the practice has seen increased patient, provider, and staff satisfaction. As a training site for medical students and residents, the Family Medicine Center also is involved in teaching the next generation of physicians about this model of care.

Elizabeth "Libby" Baxley, MD, chair of the department of Family and Preventive Medicine, is encouraged by what this designation brings to patients. "This helps us to eliminate the fragmented care of the traditional model and make patient care more streamlined and personal," she said. "Working in an environment where decisions are focused on enhancing quality outcomes and the patient's experience is very rewarding. It reenergizes the practice setting for all involved.

"Having a team of health professionals that encourage and coach patients to become more proactively involved in their own health care can only lead to improved health outcomes for our population."



## SCHOOL OF MEDICINE LIBRARIANS PUBLISH BOOK

Three librarians in the School of Medicine Library have published *Answers to the Health Questions People Ask in Libraries*, a new book that provides health consumers with reliable, authoritative answers to common health questions. The authors, Laura Kane (assistant director of information services), Rozalynn McConaughy (assistant director for education and outreach), and Steven Wilson (medical librarian), worked with a physician consultant, David Townsend, MD, to write the book. Each entry provides a clear, easy-to-understand explanation of medical conditions and treatment, and provides critical facts to support better understanding.

Readers will also discover tips, checklists for questions to ask health care professionals, and charts and other easy-access information to address their specific concerns and provide important background information as they determine the next appropriate steps for their care. When it comes to consumer-friendly, reliable health information and answers, this new reference book is just what the doctor and the librarian ordered!

*Answers to the Health Questions People Ask in Libraries* was published by Medical Library Association Publishing in cooperation with Neal-Schuman Publishers. To order, visit <http://www.neal-schuman.com>.

## NEW AND IMPROVED WEB SITES

Have you seen the School of Medicine and University Specialty Clinic's new and improved Web sites? Log-on now to get up-to-date information about what's happening within our labs, classrooms, and clinics.



School of Medicine [www.med.sc.edu](http://www.med.sc.edu)  
Specialty Clinics [universitiespecialtyclinics.org](http://universitiespecialtyclinics.org)

## SAVE THE DATE 2010 CAROLINA WOMEN'S HEALTH RESEARCH FORUM

The Department of Obstetrics and Gynecology will host the fourth-annual Carolina Women's Health Research Forum Oct. 29 from 10 a.m. to 3:30 p.m. at the Daniel Conference Center (Business Administration Building) in Columbia.

The forum will feature a keynote speaker addressing health policy issues affecting women's health, poster viewing session, selected oral research presentations, and an awards ceremony. The Scientific Committee will judge posters and select student and faculty award winners in categories of basic sciences, clinical sciences, and social sciences. A \$250 award will be presented to each winner.

A formal call for abstracts for poster presentations will be made in late August or early September. Poster presenters and attendees can register on the forum Web site (see below). There are no registration or attendance fees; a publication of the research abstracts will be provided to all participants.

The Carolina Women's Health Research Forum was started by the School of Medicine's Department of Obstetrics and Gynecology as an opportunity for faculty and students to showcase research in any aspect or discipline of women's health. Although the department continues to host the forum, members of the Steering and Scientific Committees now include faculty from other University schools and departments.

Past forums have averaged 50 poster presentations, and attendees and presenters have included researchers and students from medicine, public health, nursing, pharmacy, physical education, business, sociology, criminal justice, women's studies, and anthropology. Additionally, the forum has attracted participants from USC Aiken, the S.C. Department of Health and Environmental Control, Columbia College, Benedict College, and the PASOs program.

This forum provides an informal setting for discussion and networking across disciplines. Bringing together researchers with common interests has resulted in collaborative projects, grants, and publications. The forum also provides students with an opportunity to present their work and to experience interaction with judges.

Closer collaborations among researchers will position the University to be more competitive for extramural funding. Ultimately, stimulating and conducting quality research across disciplines will translate into improved health care for women and will reduce health care disparities that exist in South Carolina. For more information call 803-779-4928 ext. 266 or visit online at <http://whrf.med.sc.edu/index.html>.

## INAUGURAL WORLD CONGRESS ON ULTRASOUND IN MEDICAL EDUCATION

The world of medicine continues to evolve rapidly. This evolution commands medical professionals, scientists, and engineers to find new, inventive ways to provide health care cost-effectively, safely, and accurately. Ultrasound, the "stethoscope of the future," is the tool to make that happen.

Hosted by the School of Medicine, the inaugural World Congress on Ultrasound in Medical Education will convene **April 29 – May 1, 2011, at the Columbia Metropolitan Convention Center**. This event will bring together scientific innovators, health care professionals, medical students, and engineers from around the world to learn more about the impact that ultrasound has on medicine. The event will also feature a display of technologically advanced ultrasound devices, sessions led by world-renown physicians, and a culminating celebration for all attendees.

For more information visit the School of Medicine's Web site, [www.med.sc.edu](http://www.med.sc.edu), or call (803) 733-3200.



*William Palmer, MD, with his wife, Bo. Palmer will complete his residency in Internal Medicine at the Mayo Clinic in Jacksonville, Fla.*

## MATCH DAY 2010

On Thursday, March 18, 2010, 76 students of the University of South Carolina School of Medicine Class of 2010 joined nearly 30,000 other applicants across the country during Match Day.

School of Medicine students matched in excellent programs in Columbia, throughout South Carolina, and around the country. Nearly 40 percent will remain in South Carolina and 64.5 percent will enter the primary care field and areas of need in South Carolina, including family medicine, internal medicine, OB/GYN, psychiatry, emergency medicine and pediatrics.

## GENETICS LAB RECEIVES ACCREDITATION

The University of South Carolina School of Medicine Clinical Genetics Laboratory has received accreditation by the Accreditation Committee of the College of American Pathologists (CAP), the largest association composed exclusively of pathologists and the leader in laboratory quality assurance. To obtain this highly respected accreditation, inspectors examined the Clinical Genetics Laboratory's records, quality control procedures, staff qualifications, equipment, facilities, safety program, and record, as well as the overall management of the laboratory. Clinical Genetics is one of nearly 7,000 CAP-accredited laboratories nationwide.

## MOTT AND LESSNER SELECTED AS RISING STARS IN RESEARCH

The University of South Carolina remains on the cutting edge of research breakthroughs from music to engineering to medicine. To recognize the level of expertise and outstanding efforts of junior faculty, the University of South Carolina's Office of Research and Graduate Studies selected 17 Rising Stars in research from across the University's campuses. Two researchers from the School of Medicine were selected.

**David Mott, Ph.D.**, assistant professor, Department of

Pharmacology, Physiology, and Neuroscience, focuses on developing new therapies for treating epilepsy, the third most common neurological disease after Alzheimer's disease and stroke. Mott is also exploring better therapies for treating seizures, the hallmark symptom of epilepsy. Using animal models, he is attempting to stop seizure activity by using a specialized virus to target neurotransmitter receptors in the hippocampus, the brain region that is the most common site of seizure activity. He's also focusing on synaptic plasticity—the process by which neurons store information in the brain. Research in Mott's laboratory has revealed changes in synaptic plasticity in the epileptic brain that could contribute

to deficits in learning and memory seen in some people with epilepsy. **Sue Lessner, Ph.D.**, assistant professor, Department of Cell and Developmental Biology and Anatomy, is studying the structure and mechanical properties of plaque deposits to find ways of treating atherosclerosis either by converting the plaque into something benign or changing its character to make the plaque less likely to rupture. Funded by the American Heart Association, the National Science Foundation, and the National Institutes of Health, Lessner is working with Michael Sutton, a mechanical engineering professor at Carolina, to measure the properties of plaque deposits and to develop mathematical models to describe their biomechanical behavior. Lessner often incorporates research results in her classroom lectures at the medical school, and welcomes undergraduate students to work with her and her graduate students in the lab.



**Tan Platt, MD**, Department of Family and Preventive Medicine, received the Family Physician of the Year Award for 2010 the State of South Carolina from the S.C. Department of Health and Environmental Control (DHEC). The award is given annually by DHEC

to a physician for outstanding service to residents within the state. Nominees must be physicians or clinicians whose practice includes care for indigent patients.



**Morris J. Blachman, Ph.D.**, assistant dean, CME and Faculty Development, received the 2010 President's Award from the Alliance for Continuing Medical Education in recognition of his outstanding leadership and contributions to the organization. Blachman was also

recently appointed vice chair of the Member Section Relations Committee. The alliance is an international membership organization of more than 2,500 professionals devoted to designing and implementing continuing medical education opportunities and strives to improve health care outcomes.



**Elizabeth "Libby" Baxley, MD**, professor and chair of the Department of Family and Preventive Medicine, has been named an ACE Fellow for the academic year 2010-11. The ACE Fellows Program was established in 1965 to strengthen institutions and leadership in higher education

by identifying and preparing promising senior faculty and administrators for responsible positions in college and university administration. Baxley will spend the next year working with School of Medicine Dean Richard Hoppmann on medical school-related issues and learning more about the challenges and opportunities confronting higher education, specifically medical education.



## A MESSAGE FROM DR. JIMMY WILLIAMS, CLASS OF 1988

### PRESIDENT, SCHOOL OF MEDICINE ALUMNI ASSOCIATION

Dear Alumni and Friends:

Let me start by congratulating and thanking everyone involved in this year's Black Tie/White Coat Gala. Those of us who attend these events each year have become accustomed to a wonderful, entertaining evening, and this year was once again excellent. I got to see a bit of the behind-the-scenes action, and I am amazed at the dedication and hard work the students and our alumni staff put into this event. I encourage each of you to mark next year's event on your calendars—March 4-5, 2011—and attend if at all possible. We will be celebrating class reunions for graduates from 1981, 1986, 1991, 1996, 2001, and 2006.

This coming year will mark the 30th anniversary of our first graduating class, the Class of 1981. A number of special observances of this occasion are being planned so watch your e-mail and mailboxes for updates as plans are announced.

Speaking of looking ahead, I would be remiss if I did not mention the current uncertainty in our profession related to the political wrangling over health care reform. Much as I would like to, I am going to resist using this forum to express my own views on the process thus far. I am instead going to use this time of uncertainty to call for unity among our alumni. Whenever we are faced with an uncertain future, it is comforting to think back to simpler times, to friendships made and bonds that have been developed through shared experiences in school and residency. I urge all of our alumni to work together to preserve and strengthen our common bonds and look to one another for strength to weather the current storm. I hope that our Alumni Association can serve as an important link for each of us now and in the future.

As always, it is my honor to serve the Alumni Association as president this year.



Jimmy Williams, MD  
Alumni Association President

**CLASS NOTES: Keep in touch! Send your updates to the Alumni Office.**

**Debbie Truluck 803-733-1568, [debbie.truluck@uscm.edu](mailto:debbie.truluck@uscm.edu), Johnny Hakim 803-733-3311, [johnny.hakim@uscm.edu](mailto:johnny.hakim@uscm.edu) or online at [alumni.med.sc.edu](http://alumni.med.sc.edu)**

### CLASS OF 1982

■ **Jim Morrow, MD**— (family medicine) “I practiced family medicine from the time I finished residency in 1985 until April 2009. For the past 11 years, I used electronic records. In 2004, I won an award from the Healthcare Information Management Systems Society (HIMSS) for our successful implementation of the EMR. In 2006, I was awarded the HIMSS Physician IT Leader of the Year for the work I was doing nationally in the HIT world. In 2009, our ENR vendor, Allscripts, asked me to join them as their medical director. I left the practice then and have been involved in the recent increase in use of EMR and HIT in physicians’ offices across the country. Along with these duties, I am also involved in development of the next versions of our EMRs and am also working with our Government and Policy Division to shape the way Washington sees the use and implementation of HIT.”

### CLASS OF 1984

■ **Richard C. Mims Jr., MD** (anesthesiology)—“I am still in Macon with Ortho Georgia as we get settled into a brand new building on Northside Drive. The twins have turned 11, and we have survived the three-day celebration. Not much else exciting to tell as we await the birth of Richard Calvin Mims IV anytime now—that brings the grandbaby total to three boys and two girls.”

### CLASS OF 1985

■ **Dorn C. Smith III, MD** (thoracic surgery)—was elected as the new representative for Sumter, Lee, Williamsburg, and Clarendon counties on the University of South Carolina Board of Trustees.



■ **Erik Hartvigsen, MD** (family medicine), was presented the State of South Carolina’s highest honor for community service, the Order of the Silver Crescent, at a ceremony in the house chamber of the General Assembly in December 2009. Sen. Joel Lourie and Rep. Bill Cotty made the presentation.

### CLASS OF 1986

■ **David Hampson, MD** (emergency medicine)—“Here is a photo of my recent trip to Guatemala doing some medical work for the indigenous people there. I’m doing well, still in Walla Walla, Wash. Friends are always welcome to stop in on adventures to the Northwest.”



### CLASS OF 1988

■ **Richard Driver Jr., MD** (obstetric anesthesiology) has been appointed chair of the Department of Anesthesiology at West Virginia University following a national recruitment search. Driver has been a member of the WVU faculty since 1994 and during this time has variously served as the director of education, scheduling coordinator, chair of the Clinical Competence and Education Committees, and director of obstetric anesthesia. Driver assumed the directorship of the residency program in 2007. He completed training in anesthesiology at WVU in 1993 and continued training as a fellow in obstetric anesthesia at Wake Forest University before joining the WVU faculty. While serving as chair, Driver is continuing as residency program director. Currently the department has a complement of 18 residents, including two graduates from the University of



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# alumniNEWS

South Carolina. Driver also has an MS in biology from Carolina and received his BA from Lycoming College in Williamsport, Penn.

- **Richard L. Frierson, MD** (forensic psychiatry) received the Steven L. Von Riesen Lecturer of Merit Award from the National College of District Attorneys.

## CLASS OF 1989

- **Laurie F. Kohn, MD** (internal medicine)—“I work for the cardiology department at the Dorn VA Medical Center in Columbia and help cover the Cardiology Clinic, CHF Clinic, and stress tests. I also help cover call in the ICU every other month.”

## CLASS OF 1990

- **Tracy D. Gunter, MD** (forensic psychiatry)—“Since January 2009, I have been involved in academic psychiatry at St. Louis University. My primary appointment is associate professor of psychiatry in the forensic psychiatry division of the medical school’s Department of Neurology and Psychiatry. I hold a secondary appointment in the St. Louis University School of Law. In addition to patient care and education, I am involved in behavioral genetics and community corrections research. My areas of focus have been in antisocial personality, anxiety, mood, and substance use disorders. From 2003 to 2009, I received K-12 and foundation funding while at the University of Iowa and am currently an adjunct there. I am currently pursuing NIH, local, and foundation funding to continue my work at St. Louis University.”

## CLASS OF 1995

- **John Ryan, MD** (internal medicine)—“I recently left my position as one of the medical directors for Gilead Sciences after a dizzying five-and-a-half years during which I witnessed the company’s transformation from a small biotechnology firm into a major pharmaceutical powerhouse. I have transitioned back into academic medicine and am working as a transplant hepatologist at Cedars-Sinai Medical Center in the Beverly Hills area.”
- **Timothy Mott, MD** (family medicine)—“I’m in my 15th year of a four-year payback to the Navy for their medical school scholarship. USC School of Medicine’s training has proven invaluable and inspiring for my Navy career—from the only doctor in a town of Marines and their families in the high Sierras (think “Northern Exposure”), to taking care of sailors and Sicilians in Italy, to my academic medicine opportunities at the Naval Hospital at Pensacola. I have deployed twice—once to the Anbar Province of Iraq in 2004, and currently to Guantanamo Bay to provide safe, humane care to detainees. The Navy sent me through the University of North Carolina Faculty

Development Program, and I’ve progressed through academic medicine roles to become the department chair and program director for Pensacola’s Family Medicine Residency and selected to the Board of Directors for the Uniformed Services Academy of Family Physicians. For many years prior to medical school I knew that I wanted to be a “family doctor,” and it ended up being my venerated childhood family doctor who convinced me to look at USC. That is not necessarily interesting in-and-of-itself, except for the fact that my childhood family doctor was Dr. Tan Platt, and he was my family’s doctor in the Upstate—not Greenville or Spartanburg, South Carolina, but Cobleskill ... in Upstate New York.”

## CLASS OF 1996

- **Benjamin T. Griffeth, MD** (psychiatry)—“I am the associate program director for curriculum, Department of Psychiatric Medicine, and Carillion Clinic. I am also head of the ER Psychiatry at Salem VAMC and commander of the U.S. Navy Reserve Component.”
- **Donald W. Shenenberger, MD** (dermatology)—“I currently am a staff dermatologist on active duty in the U.S. Navy. I practice medical, laser, surgical, and cosmetic dermatology. I am active in graduate medical education and am planning on retiring from the Navy in about 2011 or 2012.”

## CLASS OF 1997

- **Laura Basile, MD** (pediatric neonatologist)—“I spent several weeks in Haiti providing medical care with a group called Heart to Heart International.”
- **Eve Tucker, MD** (gynecology)—“I’m still enjoying practicing gynecology (no obstetrics) in Chapin, S.C. My husband, Dan Brown, has been working as an ER physician at the Dorn VA for the past two years. These are our four-legged children: Bud (left), Charlie (middle), and Duke (right) Brown (they use their dad’s last name).”



### CLASS OF 1999

- **Gregory Scott Tallent, MD** (psychiatry)—“I’m in private practice, psychiatry; at same location since residency (past six years). I would say one thing the School of Medicine taught me—other than a solid foundation in all areas of medicine—that has stayed with me even now. It is a resiliency, which can’t really be taught as much as learned. I have become very interested in poetry the past two years and recently had one poem published. In January 2009, I attended the Delray Beach Annual Poetry Festival and had the poet Gregory Orr as our instructor. The student/teacher ratio was about 10:1. It was an amazing experience.”

### CLASS OF 2000

- **Caroline D. Brownlee, MD** (internal medicine), and **Noel Brownlee, MD** (2002/Anatomic and Clinical Pathology), had their second son, Benjamin Dillard Brownlee, who was born October 23, 2009, in Greenville, S.C. His big brother’s name is Luke.
- **Marcus Blackstone, MD** (internal medicine), moved to a new practice location as of April 1: Stoneview Internal Medicine, PA, 304 South Main St., Simpsonville, S.C., 29681.

### CLASS OF 2001

- **Del Prewette, MD** (child and adolescent psychiatry)—“I closed my private psychiatry practice and am now working in an underserved area of the state of South Carolina. My new position is chief of psychiatric services for Anderson-Oconee-Pickens Mental Health Center.”

### CLASS OF 2002

- **Christopher David Perry, MD** (pulmonary/critical care), joined Carolina Pulmonary and Critical Care in September 2008.

### CLASS OF 2005

- **Tiffany K. Goldsmith, MD** (OB/GYN)—“I perform gynecological care to underserved areas of Augusta, Ga. I am active in the Augusta OB/GYN Society and am a junior fellow in the American College of Obstetricians and Gynecologists, board eligible. The USC School of Medicine played a huge part in my decision to provide health care to underserved communities. The education I received is second to none. I strongly believe that the influence of the School of Medicine contributed to my selection as the chief resident of my program in 2008-09. I am also very proud to let people know that (we) have been accredited for eight years!”
- **Tyler Smith, MD** (pediatrics)—“I am a second-year general academic pediatrics fellow at Johns Hopkins University School of Medicine. I currently serve as secretary for the Section on Medical

Students, Residents, and Fellowship Trainees in the American Academy of Pediatrics.”

### CLASS OF 2006

- **Susan Skaff Hagen, MD, MSPH** (surgery)—“This fall I won a national award: The American College of Surgeons 2009 Resident Award for Exemplary Teaching.”



left to right: Glenn T. Ault, MD, FACS; L.D. Britt, MD, FACS; Susan Skaff Hagen, MD; Lamar S. McGinnis Jr., MD; Thomas R. Russell, MD, FACS

### CLASS OF 2009

- **Kathryn V. Monce, MD** (family medicine)—“I am very excited to be starting a new position in Huron, S.D. Still living in a rural area, still doing family medicine and delivering babies!”

### IN MEMORIAM

- **Andrew E. Bowling, MD** (Class of 2006), died February 15, 2010.
- **Luke D. “Buddy” Baxley, MD** (Class of 1982), died April 16, 2010.

Dean Richard Hoppmann, the faculty, staff, and students of the School of Medicine express their sincere condolences to the families of Dr. Bowling and Dr. Baxley. They will be missed dearly.

# alumniNEWS

## 9TH-ANNUAL BLACK TIE/WHITE COAT GALA AND CLASS REUNION MORE THAN \$55,000 RAISED FOR SCHOLARSHIPS AND COMMUNITY OUTREACH

The School of Medicine's signature event, the Black Tie/White Coat Gala and Class Reunions, held March 6, 2010, at 701 Whaley in Columbia, was a tremendous success. The record crowd of more than 500 guests also set a record in fund raising with more than \$55,000 to support the Alumni Scholarship Fund and the Free Medical Clinic in Columbia. In the nine years of the event, \$378,000 has been raised to support the fund and the clinic. This year's event featured several new additions, including an expanded auction to include a faculty, staff, and student art exhibit, a new location, and a new band. Additionally, the Class Reunion gifts totaled more than \$17,000 for the Alumni Scholarship Fund.

A special thank you to our M-III and M-IV medical students who co-chaired the event and the class reunion co-chairs.



# alumniPROFILE

EVA IMPERIAL, MD,  
CLASS OF 2000

**Accomplished physician, loving mother and wife,  
successful businesswoman**

## **Why did you choose to attend the University of South Carolina School of Medicine?**

For my undergraduate degree, I attended the Honors College at the University of South Carolina and was president of the Alpha Epsilon Delta Pre-med Honor Society (AED). I was impressed by the accessibility and support of Dr. Bob Sabalis, the USC School of Medicine associate dean. He was instrumental to me while I worked to expand the AED membership. The School of Medicine is a positive learning environment, and there's a sincere willingness for all medical students to succeed. As an undergrad, I participated in "A Day in the Life of a Med Student," and I could sense the camaraderie of the class. From that day forward, I knew that I wanted to be a part of the USC-SOM family.

## **What was your most memorable moment during medical school?**

Even though it was a challenging and stressful time for all of us, I have many great memories from medical school. One of my fondest memories came during a third-year clinical rotation. I was in the trauma room with fellow classmate Tanya Seawright. We were getting a report on a trauma patient by Dr. Raymond Bynoe, and I stated that the patient needed central venous access. Dr. Bynoe looked at me and said, "Then what are you waiting for?" and I did my first solo subclavian line without a hitch. That was such a high for me!

## **Do you keep in contact with your classmates?**

My plate is pretty full between Kulbersh Women's Center, Rejuvenations Medical Spa, associate medical director of a health-screening

company, and helping out at Doctor's Care to keep up my urgent care skills. However, I do try to make time for my friends because we are a tight support group for each other. It takes planning to get us all together with everyone trying to balance commitments and family. The "Spice Girls" of the USC SOM Class of 2000 get together during our annual Christmas dinner and gift exchange, as well as a few other alumni that have joined us over the past few years.

## **What is the most rewarding aspect of being a family medicine physician?**

There's not enough space for me to answer that. In a nutshell, it's being able to help those who are sick and to listen to the stories of the patients whose medical dilemmas have yet to be solved. I enjoy educating my patients on how to stay healthy, and I encourage them to be screened for disease. I love the challenging cases and have diagnosed a few unusual diseases and disorders by simply listening to the patient. Everyone has a story, and I think I have "tell me your story" written all over my forehead.

Being in medicine has also opened up doors for so many opportunities. I am honored to be serving as a member of the USC School of Medicine Alumni Association Board. Nikki Campbell and I served as reunion committee co-chairs for our 10-year USC SOM class reunion. I've been on a medical mission trip to the Dominican Republic, given support to organizations by attending galas or events for the Carolina Sunshine Foundation, Providence Heart and Sole, Juvenile Diabetes Research Foundation, and, of course, USC SOM events such as the Black Tie/White Coat Gala. I'm the youngest business partner of Medi Weightloss located in Irmo, S.C., and I just returned from their national corporate franchise convention. Every day is an opportunity to learn and grow.



## **How do you balance work and family?**

I like to think of myself as a Blackberry-toting, multitasking machine! I believe my parents passed that genetic trait to me. There would be no balancing act if it weren't for Chris, my awesome husband of six years. He has understood from the beginning that my patients and my career are a huge part of my life. Not to mention we are the proud, unbiased parents of Reyna, THE cutest 3-year-old who is not afraid to remind me, "Stop texting. Pay attention to me, Mommy." Chris makes sure we work hard, play hard, and laugh every day. As a family, we really focus on the quality of our time together.

## **What do you feel is your greatest accomplishment?**

I'll defer to that last question. Being able to balance work and family is my greatest accomplishment. It takes a lot of hard work, dedication, and perseverance to succeed professionally. I apply that same philosophy to my family life. I have to take time to celebrate each small success in my professional and family life ... and thank those who have supported me and encouraged me every step of the way. I am surrounded by my wonderful family, friends, neighbors, colleagues, and the Filipino community. Hmmm, maybe it takes a village to raise Eva? ■

# profiles of GIVING

## CATHY NOVINGER

**Executive, entrepreneur, community leader, philanthropist, mother, grandmother...and cancer survivor**

As a retired business executive who rose through the ranks from file clerk to senior vice president, Cathy Novinger has taken that same tenacity, determination, and drive to make a difference in the Midlands community.

She has been a community leader and advocate on a number of citizen concerns, including economic development, homelessness, civil justice reform, transportation, and health care.

An ovarian cancer survivor, Novinger is passionate about raising awareness of the signs and symptoms of that disease. Diagnosed in 2005, she learned that only 25 percent of ovarian cancer patients survive more than five years when diagnosed in later stages.

Taking her typical approach to the challenge, she founded the S.C. Ovarian Foundation Riverbanks Region to help eradicate and fund research for the disease. To help raise awareness and promote the group's efforts, University of South Carolina's First Lady Patricia Moore-Pastides serves as the spokesperson for the foundation. Five years after her diagnosis, Novinger continues her determination to beat the odds with the help of her family, friends, and faith.

"Finding a cure would be one of the most rewarding events of my life," Novinger said. "Imagine how many lives this would save!"

Novinger has been a long-time friend, supporter, and champion of the University of South Carolina School of Medicine. Under her leadership as co-chair of the Board of Advisors, she has led several initiatives to promote the medical school and its contributions to community leaders and businesses.

Novinger serves on a number of other community boards, but has a special place in her heart for the School of Medicine.



"The physicians and genetic counselors at the School of Medicine made it possible for me to fully understand the hereditary roots of my health," she said.

As the proud parent of an alumnus, Travis Novinger, MD, Class of 1999, Novinger appreciates the School of Medicine for its invaluable role in providing quality health care to all citizens in South Carolina.

"Travis would not have become the doctor he is today if it had not been for the education and mentoring he received during medical school," Novinger said. "He is a family medicine physician in Cheraw and is proudly fulfilling the mission of the School of Medicine to serve our rural communities."

Reflective of her dedication and enthusiasm for any issue or cause she takes on, Novinger is a philanthropist who is actively committed to doing what it takes to make the Midlands a better community. She has not only demonstrated her support of the School of Medicine through ongoing financial support and a planned gift, but also through her gifts of time and energy.

"I chose to make a planned gift because it is an easy and lasting way to continue my commitment to the School of Medicine," she said. "The medical school is a jewel in this community, and they are doing a fantastic service to this community by training doctors and taking care of the people of South Carolina."

Interested in making a planned gift to the School of Medicine? Contact Mechelle English at (803) 733-1567 or [mchelle.english@uscmcd.sc.edu](mailto:mchelle.english@uscmcd.sc.edu). Find more information online at [www.med.sc.edu/giving](http://www.med.sc.edu/giving). ■

# why philanthropy? why now?

**For many people, times are financially tough. We understand your need to know how philanthropic dollars are working to secure a healthy future for South Carolinians.**

Why philanthropy? Why now? are questions we address in this Q&A.

**Q: Why should I give to the University of South Carolina School of Medicine?**

A: Giving to the School of Medicine is important because the school receives only a modest portion of its total annual budget from state funding. Through September 2009, the medical school has experienced a 36 percent reduction in state funding since its highest funding level 10 years ago. Philanthropic contributions are critical to the school's continued success. We depend on private support so that we can continue to deliver the local impact, national influence, and global reach for which the University and School of Medicine are known.

**Q: Where should I designate my gift?**

**How much should I donate?**

A: The reasons for making a gift are personal to each donor, and the School of Medicine offers more than 200 giving opportunities to meet your personal goals. Call 803-733-1567 or 803-733-3221 to discuss your giving options. Your donations, no matter how large or small, can make the difference in finding a cure for cancer, developing policies to promote global security, or recruiting the best and brightest students and faculty. Even small contributions, when pooled with gifts from others, can achieve big results—and begin a lifetime of philanthropy.

**Q: Can I specify how my contribution is used?**

A: Yes. Donors can select from a variety of funds that support people and programs across the entire campus. Whether you choose to support students, staff, or faculty, or contrib-

ute funds toward academics or research programs, your donation will ensure a successful future for the School of Medicine.

**Q: Can I give over a period of time?**

A: Yes, donors often pledge gifts to be made through a series of payments. The Development Office staff will work with you to establish a pledge commitment over time that suits your individual giving needs.

**Q: How do I include the School of Medicine in my will?**

A: The USC School of Medicine Development Office will work with you and the University's Office of Planned Giving to address any inquiries you might have about including the School of Medicine in your will.

**Q: I can only afford a small gift.**

**What good will that do?**

A: The accumulation of small gifts has a big impact on the School of Medicine. Gifts both large and small convey gratitude, engagement, and commitment to the medical school's students, researchers, physicians, faculty, staff, and friends. We welcome all gifts, no matter the amount.

**For more information:**

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**[www.med.sc.edu/giving](http://www.med.sc.edu/giving)**

## Calendar of Events



### **MINI-MED SCHOOL** **OCTOBER 2010**

If you would like to gain insight into common health and social issues, join the USC School of Medicine for Mini-Med School 2010. Attendees have the opportunity to gain personal insight about their health from School of Medicine physicians through an open forum and question-and-answer session. Classes take place each Tuesday, October 5, 12, 19, and 26 at the medical school. For more information, visit [www.med.sc.edu](http://www.med.sc.edu)

### **FIRST GRADUATING CLASS** **30-YEAR REUNION** **MAY 5-6, 2011**

2011 marks the 30th year since the first class of medical students graduated from the School of Medicine in 1981. A weekend celebration is scheduled for May 5-6, 2011, in Columbia. For more information contact Mechelle English, senior director of development, at (803) 733-1567 or [mechelle.english@uscmed.sc.edu](mailto:mechelle.english@uscmed.sc.edu), and Debbie Truluck, alumni director, at (803) 733-1568 or [debbie.truluck@uscmed.sc.edu](mailto:debbie.truluck@uscmed.sc.edu). Visit online at [www.med.sc.edu/alumni](http://www.med.sc.edu/alumni).



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## WHITE COAT CEREMONY WELCOMES CLASS OF 2012 TO THE MEDICAL PROFESSION



The transition from preclinical studies to clinical health sciences marks one of the first important milestones in a student's journey through medical school.

At the White Coat Ceremony held in January, 78 rising third-year medical students received their traditional white coats, signifying their achievement and entry into the medical profession.

Keynote speaker LeRoy Robinson, MD, Class of '90 and an OB/GYN in Hartsville, S.C., advised the students that in life and the journey to become a physician there are a series of preparatory steps: find a mentor; be paranoid about the wealth and breadth of your knowledge; move to experience; know yourself; and believe in yourself and be confident without being arrogant.