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Statement from the Chairs – February, 2010

The Department of Neurosciences continues to increase its national and local profile by producing new knowledge and providing quality patient care. Clinical income is increasing; we now offer gamma knife treatment, our researchers are receiving prestigious awards, including a NIAAA merit award (John Woodward) and a Fogarty Fellowship (Ron See); and our overall research awards are increasing. Our researchers continue to push the envelope in everything from controlling genetic expression in the brain in order to stimulate specific brain circuits with laser light, to watching neurons make and break connections in the living brain, to exploring the use of deep brain stimulation for treating obsessive-compulsive disorder. These highlights only scratch the surface of the daily efforts by department faculty, staff and trainees to bring excellence to our department and to MUSC. Amazingly, we have accomplished this academic growth in excellence following an over 40% reduction in our state budget, quite remarkable!

How is this advancement and growth possible in an environment of punitive reductions in our state budget? There are two general answers. First and foremost, our clinical income has increased thanks to expanded service and everyone more efficiently managing all aspects of clinical activity. These increased revenues are helping replace the lost state revenue. Our clinical faculty and staff are department heroes in this period of contracting state funding, and are the engine that allows us all to have the resources to continue to grow and excel. Second, our researchers have attracted millions of dollars in federal stimulus monies to support our research enterprise. With these monies we have both been able to make sustainable recruitments, as well as provide stipends for research training. Yes, stimulus money does create jobs!

Because of the excellence in our faculty, staff and trainees, we have much to look forward to for the remainder of this year and beyond. We anticipate significant academic growth in our epilepsy and cognitive neuroscience programs, each moving rapidly towards stronger research and clinical translation. Our long awaited renovations on the 3rd floor CSB will begin in this next quarter, and with a little luck should have all phases completed by the beginning of next year. We have three remarkable candidates for Dean of the College of Medicine who are programmed to begin July 1, 2010. Dean Reves provided a founding inspiration for the department, and continues to support us financially, politically and through his sincere friendship and collegiality. We will miss Dean Reves support and guidance, but also look forward to working with the new Dean.

As always, thanks to everyone for all of your support and helping to make this a wonderful place to work.

~ Peter Kalivas, PhD

Editors:
Dr. Patel, Dr. Kalivas, Rachel Beard, and Emma Vought

Illustrations and Design:
Emma Vought
John Woodward, PhD, Awarded the Conversion of NIAAA RO1 to a Merit R37

John Woodward, PhD, Professor of Neuroscience in the Center for Drug and Alcohol Programs, has just been awarded the conversion of NIAAA RO1 to a Merit R37. Dr. Woodward, originally from Texas, attended Texas A&M for undergrad and majored in Wildlife and Fishery. He then obtained his MS and PhD from the University of Washington. Dr. Woodward has been a member of MUSC’s Department of Neurosciences since 2001.

See below, the interview regarding this award between Emma Vought and Dr. John Woodward:

Could you tell me about your career; your field and focus?
My career has always revolved around science although in a somewhat circuitous fashion. I was always interested in knowing how things work and in using tools and assays to probe the function of biological systems. Performing research at the basic science level is pretty much the same no matter what field you are in. I have found that anything is interesting once you learn something about it. The other key to being successful is adapting new techniques, ideas, and approaches to your research, which means you have to be willing to develop a new way of doing things once the old ways are obsolete.

Tell me about your research; describe your work, your goals, the purpose, your hypothesis?
My laboratory is primarily interested in how alcohol and abused inhalants affect ion channels that regulate the activity of brain neurons. In our alcohol research, we focus on the effects that alcohol has on a subtype of glutamate receptor called the NMDA receptor. One of the goals of our research is to identify the sites of action for alcohol on the receptor by using molecular biology techniques to modify the type of amino acid present at key parts of the receptor. We then use this information to generate genetically modified mice that express NMDA receptors that are resistant to the acute effects of alcohol. In related work, we are investigating how alcohol affects the function of neurons within the prefrontal and orbitofrontal cortex of the brain. These brain areas are involved in decision making, working memory and other higher cognitive functions that are impacted by acute and chronic alcohol. This work uses electrophysiological and imaging techniques to monitor activity in these brain areas. In our work on abused inhalants, we first identified which of the many ion channels subtypes are affected by these compounds in order to better understand how brain function and behavior is affected when someone voluntarily inhales a solvent for its intoxicating properties. This work involved expressing specific subtypes of ion channel subunits in cell expression systems and then studying their function with electrophysiology. We are now examining the effects of solvents on neurons within the addiction neurocircuitry of the brain and how neurons and neuronal circuits adapt to repeated exposures to solvents.

What is your goal for the distant future of this research?
Based on our results to date, I think it is possible to develop a much better understanding of how the brain adapts to alcohol and why individuals show varying degrees of sensitivity to alcohol. Our work with the NMDA receptor will allow us to generate experimental animals that express receptors that show differential sensitivity to alcohol - some will be insensitive and some will be super-sensitive. These animals can then be used to probe the role that these receptors play in the many actions of ethanol on the brain. Like most academic investigators, I am driven by the desire to explore new ideas, make new discoveries and to get my grants re-funded. This means accomplishing the aims of the research plan and writing up interesting papers for publication. All of this work is a team effort with many students, post-docs, technicians and other faculty participating in the work. Being part of a larger neuroscience community with interests in alcohol and drug abuse research was a major reason why I decided to come to MUSC.
John Woodward

continued...

How do you feel your work will affect the scientific community?
I am just one of a large number of individuals who are interested in knowing how alcohol affects the brain. We are focused on a very small piece of this research that we hope someday will have an impact on the way that people use alcohol and the way that people with alcohol related problems are treated. I feel that we are still just at the beginning of our understanding of this area and that much work remains to be done.

Would you describe, in your own words, the significance of the award conversion of NIAAA R01 to a Merit R37?
For me, the conversion of the R01 to the R37 mechanism represents a recognition that our work is important and should be continued. It is a nice validation that what we have been doing for many years has generated some useful information and is likely to continue to do so.

Gamma Knife Center Opens in the Main Hospital
The Gamma Knife© has become a gold standard of non-invasive radiosurgical management for benign and malignant brain tumors, vascular malformations and other abnormalities of the head and neck areas. Only a handful of elite neuroscience centers in the country can offer such an extensive range of expertise and technology in a truly collaborative program, and MUSC is now one of them. The centerpiece of the new facility is the Leksell Gamma Knife Perfexion, which represents the most recent technological advances in stereotactic radiosurgery.

Takacs, Neurosurgeon, the MUSC Gamma Knife Center takes a multidisciplinary approach involving the collaboration of radiation oncologists, physicists, neuro-oncologists, and neurosurgeons. Some of the major benefits of treatment with Gamma Knife include:
Open skull incisions are unnecessary, healthy tissues surrounding tumor sites are undisturbed; ability to treat surgically inaccessible tumors or tumors near sensitive parts of the brain such as the brain stem or the visual and auditory cortices (accuracy of 0.15mm); effective for patients who are too frail for standard surgical techniques. The Gamma Knife is a sophisticated tool for delivering a therapeutic dose of radiation to a carefully defined area of the brain without injuring healthy tissue. It ablates the targeted lesion by precisely focusing up to 192 individual beams of gamma radiation from as many cobalt-60 sources. Tissues in the path of a single beam receive too small a dose to be affected, but where the beams converge, their combined power provides a highly effective therapeutic effect.

For consultation or a referral, call MEDULINE at 1-800-922-5250 or 843-792-2200. You can also e-mail us from the MUSC Radiation Oncology Web Page found at http://clinicaldepartments.musc.edu/radonc/ scope.htm.
New Treatment for Patients with Obsessive-Compulsive Disorder

On January 19th, 2010, MUSC became the first center in the U.S. to provide Deep Brain Stimulation (DBS) Therapy for OCD clinically to a patient with severe, chronic, treatment-resistant obsessive-compulsive disorder (OCD). This team effort was lead by Dr. Ziad H. Nahas, from Psychiatry and Behavioral Medicine, and Dr. Istvan Takacs, Director of Functional and Stereotactic Surgery, Radiosurgery Division of Neurosurgery. In total, the surgery took three and a half hours.

This surgical procedure places a lead with electrodes along the anterior limb of the internal capsule in each hemisphere, ending in the nucleus accumbens. One of the major advantages of this procedure is that it is reversible.

“Yesterday’s DBS for OCD clinical implant went flawlessly and I am hopeful we will be able to help this patient.” “...we have worked tirelessly for several months and have provided a patient with a treatment not otherwise available anywhere else yet.”

-Dr. Ziad Nahas.

How it works:
The Leksell Gamma Knife® PerfexionTM system consists of several parts, physically separated into an Office side in the control room and a Medical side in the treatment room.

The office side consists of a control station and the medical side consists basically of the radiation unit, a patient positioning system, and a set of covers.

The radiation unit contains eight independently movable sectors, containing 24 Co60 sources each, moved by 8 servo drives. The sectors are mounted on the collimator body containing collimators (diaphragms designed to define the dimension and direction of a beam of radiation). Depending on the sector position the individual beam collimator size is varied or blocked/off, thereby modulating the shape and intensity of the radiation “shot”.

Images showing target area for deep brain stimulation procedure. P - Putamen, GP - Globus Pallidus, IC - Internal Capsule, T - Thalamus, NC - Caudate Nucleus, F - Fornix, AC - Anterior Commissure
## Grants Awarded

<table>
<thead>
<tr>
<th>Agency 1</th>
<th>Agency 2</th>
<th>PI Full Name</th>
<th>Title</th>
<th>Total Direct</th>
<th>Total Indirect</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>St. Jude Children's Hospital</td>
<td>NIH/NHLBI</td>
<td>Adams, Robert J.</td>
<td>Stroke with Transfusions Changing to Hydroxyurea (SWITCH)</td>
<td>99,369</td>
<td>42,289</td>
<td>141,658</td>
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<td>NIH/NINDS</td>
<td></td>
<td>Banik, Naren L.</td>
<td>Inflammation and Degeneration of Optic Nerve in EAE</td>
<td>11,875</td>
<td>0</td>
<td>11,875</td>
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<td>NIH/NIDA</td>
<td></td>
<td>See, Ronald E.</td>
<td>Translational Research in Addiction Center (TRAC) Year 04</td>
<td>549,430</td>
<td>202,946</td>
<td>752,376</td>
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<tr>
<td>Alzheimers Assoc.</td>
<td>NIH/NIA</td>
<td>Pappolla, Miguel A.</td>
<td>A Pilot Trial of Long-Term Melatonin in AD</td>
<td>97,766</td>
<td>9,777</td>
<td>107,543</td>
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<tr>
<td>NIH/NEI</td>
<td>Smith, Amena</td>
<td>Role of Calpain in the Pathogenesis of Experimental Optic Neuritis</td>
<td>31,725</td>
<td>0</td>
<td>31,725</td>
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<tr>
<td>Johns Hopkins Univ.</td>
<td>NIH/NIA</td>
<td>Mintzer, Jacobo</td>
<td>Citalopram Treatment for Agitation in Alzheimer's Disease - Administrative Supplement</td>
<td>20,000</td>
<td>9,500</td>
<td>29,500</td>
</tr>
<tr>
<td>Childrens Hospital Research Fdn.</td>
<td>NIH/NIGMS</td>
<td>Cook, James A.</td>
<td>Role of PPAR gamma and PPAR gamma Agonists in Septic Shock</td>
<td>48,000</td>
<td>22,080</td>
<td>70,080</td>
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<tr>
<td>Health Sciences SC</td>
<td>Duke Endowment</td>
<td>Adams, Robert J.</td>
<td>REACH-MD PILOT: Telemedicine/Stroke Care System</td>
<td>136,361</td>
<td>0</td>
<td>136,361</td>
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<tr>
<td>Northwestern Univ.</td>
<td>Genentech, Inc.</td>
<td>Giglio, Pierre</td>
<td>A Phase II Study of Bevacizumab and Tarceva after Radiation Therapy and Temozolomide in Patients with Newly Diagnosed Glioblastoma Without MGMT Promter Methylation</td>
<td>24,343</td>
<td>5,460</td>
<td>29,803</td>
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<td><strong>Total Amount</strong></td>
<td></td>
<td></td>
<td></td>
<td>2,933,267</td>
<td>806,214</td>
<td>3,739,481</td>
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</tbody>
</table>

## Clinical Trial Highlight
Malignant Glioma, recurrent:
A Phase I/II Study of Intraventricular DepoCyt (Orphan Drug Designation 06-2348) in Patients with Recurrent Glioblastoma
Principal Investigator: Bruce Frankel, MD

Current treatments for Glioblastoma Multiforme (GBM), the most common and malignant primary brain tumor are inadequate and as such, the median survival for most patients with GBM is on the order of months, even after cytoreductive surgery, radiation and chemotherapy. This study aims to develop a new treatment for GBM.
by suppressing glial progenitor cells that surround the ventricular system in patients with these aggressive tumors because it is these regions that appear to act as an incubator for future recurrences resulting in patient death. Considering the lack of significant treatment options for patients with this uniformly fatal disease, this is an important translational clinical study to perform.

**Medical University of South Carolina/Hollings Cancer Center**  
**Brain Tumor & Spine Tumor Program Clinical Trials Updated 1-14-2010**

<table>
<thead>
<tr>
<th>Glioblastoma, adjuvant:</th>
<th>Malignant Glioma, recurrent:</th>
<th>Quality of Life Studies:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Randomized, Factorial Design, Phase II Trial of Temozolomide Alone and in Combination with Possible Permutations of Thalidomide, Isotretinoin, and/or Celecoxib as Post-Radiation Adjuvant Therapy of Glioblastoma Multiforme.</strong></td>
<td><strong>1. Open-label Dose Confirmation and Dosimetry Study of Interstitial 131I-chTNT-1/b MAb (Cotara®) for the Treatment of Glioblastoma Multiforme (GBM) at First Relapse</strong></td>
<td><strong>A Randomized, Phase III, Double-Blind, Placebo-Controlled Trial of Memantine for Prevention of Cognitive Dysfunction in Patients Receiving Whole-Brain Radiotherapy.</strong></td>
</tr>
</tbody>
</table>
| Principal Investigator: Pierre Giglio, MD  
Tel: 843-792-6592  
E-mail: giglio@musc.edu | Co-Principal Investigators: Sunil J. Patel, MD & Kenneth Spicer, MD  
E-mail: patels@musc.edu  
Tel: 843-792-2423 | Principal Investigator: Joseph Jenrette, MD  
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E-mail: giglio@musc.edu |
| Study Coordinator: Alan Brisendine  
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Email: brisend@musc.edu | Study Coordinator: Bonnie Muntz-Pope, RN.  
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E-mail: muntzpob@musc.edu | Study Coordinator: Alan Brisendine  
Tel: 843-792-9007  
Email: brisend@musc.edu |
| Coordination Site: Clinical Trials Office (Hollings Cancer Center) | Coordination Site: Translational Research Unit (Neurosciences) | Coordination Site: Clinical Trials Office (Hollings Cancer Center) |
| Trial Source: Brain Tumor Trials Collaborative/ Schering Plough Status: Active | Trial Source: Peregrine Pharmaceuticals, Inc. Status: Active | Trial Source: Brain Tumor Trials Collaborative/ Genentech Status: Expected Activation: February 2010 |

<table>
<thead>
<tr>
<th>Low Grade Glioma, adjuvant:</th>
<th>Malignant Glioma, recurrent:</th>
<th>Quality of Life Studies:</th>
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</thead>
<tbody>
<tr>
<td><strong>ECOG E3F05, “Phase III Study of Radiation Therapy With or Without Temozolomide for Symptomatic or Progressive Low-Grade Gliomas”</strong></td>
<td><strong>2. BTTC 08-01: A Phase II study of Bevacizumab and Erlotinib after Radiation Therapy &amp; Temozolomide in patients with newly diagnosed glioblastoma without MGMT promoter methylation</strong></td>
<td><strong>A Randomized, Phase III, Double-Blind, Placebo-Controlled Trial of Memantine for Prevention of Cognitive Dysfunction in Patients Receiving Whole-Brain Radiotherapy.</strong></td>
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Tel: 843-792-9007  
Email: brisend@musc.edu |
| Coordination Site: Clinical Trials Office (Hollings Cancer Center) | Coordination Site: Clinical Trials Office (Hollings Cancer Center) | Coordination Site: Clinical Trials Office (Hollings Cancer Center) |
| Trial Source: ECOG (Study E3F05); RTOG endorsed Status: Active | Trial Source: NIH funding. Status: Active | Trial Source: RTOG (RTOG-0614) Status: Active |

<table>
<thead>
<tr>
<th>Meningioma, adjuvant:</th>
<th>Malignant Glioma, recurrent:</th>
<th>Quality of Life Studies:</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2. BIBW 2992 with or Without Daily Temozolomide in the Treatment of Patients with Recurrent Malignant Glioma</strong></td>
<td><strong>2. BTTC 08-01: A Phase II study of Bevacizumab and Erlotinib after Radiation Therapy &amp; Temozolomide in patients with newly diagnosed glioblastoma without MGMT promoter methylation</strong></td>
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| Coordination Site: Clinical Trials Office (Hollings Cancer Center) | Coordination Site: Clinical Trials Office (Hollings Cancer Center) | Coordination Site: Clinical Trials Office (Hollings Cancer Center) |
| Trial Source: Boehringer Ingelheim, Inc. Status: Active | Trial Source: Boehringer Ingelheim, Inc. Status: Active | Trial Source: Boehringer Ingelheim, Inc. Status: Active |

**Status:** Active
Aging Research Day 2010
The South Carolina Aging Research Network (SCARN) is an organization “tasked with an initiative to breakdown inter-institutional barriers by promoting collaborative research across the state of SC”. SCARN has several funded research projects such as the Geriatric Education Center and Senior Smart. SCARN consists of all Health Sciences South Carolina (HSSC) members and two appointed SCARN members from MUSC, the Medical University Hospital, University of South Carolina, Clemson University, Palmetto Health Hospital System, and Greenville Hospital System.
The South Carolina Aging Research Network hosts an annual Aging Research Day with attendance of over 150 basic, social, and clinical researchers from South Carolina and Georgia as well as students and others interested in aging research. This research conference focuses on aging and age-related diseases and can play a major role in raising awareness and disseminating research regarding age-related health issues, not only in South Carolina but throughout the Southeast region of the U.S. Because of these factors, Aging Research Day was initiated in 2004 with subsequent meetings taking place annually. Every third year this conference is hosted by MUSC’s Center on Aging and this spring we will host this event on February 19th, 2010 in Folly Beach, SC. The focus of this conference will be on age-related disorders, in particular stroke, and is entitled “Stroke: Unbuckling the Stroke Belt”. To register, submit an abstract or learn more about Aging Research Day, go to www.musc.edu/aging.

First Epilepsy Boot Camp at MUSC; A Great Success
This two day event, which was held in the beginning of January, provided an intense, comprehensive epilepsy course for health care providers. This event was presented by the Medical University of South Carolina, MUSC Comprehensive Epilepsy Program, MUHA Neuroscience Service Line, MUSC Department of Neurosciences and the Office of Continuing Medical Education. Lectures and content materials were provided by several faculty and staff members from Neurology. In attendance were 170 people of various health care backgrounds. There are plans in the future to hold another Epilepsy Boot Camp possibly in 2012.

Illustration from the cover of Handbook of Epilepsy: Diagnosis and Management

Carroll A. Campbell Jr. Neuropathology Laboratory
The Medical University of South Carolina has developed the Carroll A. Campbell Jr. Neuropathology Laboratory to serve as a statewide resource for patients, families, and researchers. This facility is named in honor of former South Carolina Governor Carroll A. Campbell, who battled Alzheimer’s disease for several years. The focus of this laboratory is to acquire human brain tissue and use it to study aging-related diseases such as Alzheimer’s disease, Parkinson’s disease, and stroke.
The Campbell Laboratory will be the link between scientists and clinicians involved in aging research. The primary goal is to improve the diagnosis, care, and treatment of individuals suffering from neurological diseases. To accomplish this task, we must obtain brain tissue through donations from persons with neurological disorders as well as those without so that we may study the mechanisms responsible for these devastating illnesses.
For more information about the Campbell Laboratory or to become a donor, please call Nicholas Gregory at 843-792-7867 or go to our website at www.musc.edu/aging.
**Department of Neurosciences Residency Interview Season**

We are in the midst of “Interview Season” for MUSC Neurology and Neurosurgery residents. The interview process begins in October and lasts through February, with matches to be made in March.

**Neurosurgery Stats:**
- Applications Received: 166
- Applicants Invited: 66
- Interviewed: 42
- Slots to fill: 1

**Neurology Stats:**
- Applications Received: 296
- Applicants Invited: 68
- Interviewed: 35
- Slots to fill: 4

**Congratulations to 9 East**

9 East achieved a 97% inpatient satisfaction for the months of October and December, the highest in the main hospital.

**Golden Apple Awards**

The Golden Apples were awarded December 2, 2009 by our College of Medicine students to teachers and others who assist our students along the way to becoming physicians. A select few of our faculty, residents, and staff have been nominated for Golden Apples, and to be nominated by our students is a great honor. To actually receive the award is an accomplishment that demonstrates without question how effective and admired our faculty, residents, and staff are by the students they serve in their respective capacities. Please join me in congratulating our colleagues on their remarkable achievements on behalf of our students and our College at large. Their successes truly benefit us all.

Neurosciences Nominees of Golden Apple Awards 2009-2010:

- **Dr. Leonardo Bonilha** for special appreciation and house staff award
- **Dr. Pierre Giglio** for Special Appreciation

**Fundraising News**

Thank you to everyone who has been a part of our fundraising efforts within the department of Neuroscience. From identifying prospects to making presentations to donors, it’s a team effort and I’m grateful for all of your help. Currently we are close to the half way mark of our $4 million goal for this fiscal year. Recent notable gifts in support of Neuroscience include:

- **Mr. and Mrs. John Zimmerman in support of the Murray Center for Research in Parkinson’s Disease**
- **The JDM Foundation to support Pediatric Neurometabolic Disorders**
- **BlueCross/BlueShield for Aging Research Day**
- **The Estate of Mary C. Evans for Parkinson’s disease research**
- **Mrs. Mary Ellen Sutton for Alzheimer’s disease research**

Last year a group of volunteers hosted a golf tournament to benefit Parkinson’s research in honor of their beloved coach, Tim Touchberry of Summerville. This year, Putting for Parkinson’s will be held May 15 at the Club at Pine Forest. If you are interested in playing or supporting this event please visit http://www.facebook.com/profile.php?id=1286748921&ref=profile#!/group.php?gid=257286131055&ref=ts

**Debbie Bordeau**

*Director of Development*

*Neuroscience Institute, Center on Aging*

*843.792.4342*

*bordeau@musc.edu*

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*Dr. Ray Greenberg with Mark Davis, Richard Davis, Dr. Dilan Ellegala and Nicki Davis at the Summit Club in Columbia, SC. Richard Davis is a grateful patient of Dr. Ellegala’s who hosted an awareness reception to help raise support for our work in neurosurgery at MUSC.*
Welcome New Employees
Sarah Kaufman - A.N.P. - Neurosurgery
Christine Holmstedt, D. O. - Stroke Center
Shannon Vaillancourt, RN - Pediatric Neurology
Christa Lizzi, RN - Neurosciences
Monica Deas - Regional Scheduling Rep
Emma Vought, MS - Neurosciences
Yolanda Elbert - Administrative Assistant
Dale Williams - Administrative Specialist, Epilepsy Program
Emily Nelson - Administrative Assistant
Katrina Mrugala, PA - Neuro-Oncology
Meg Haley - Program Asst I
Kathy Bradbury - Research Nurse II
Gerald Wallace - Research Specialist I
Andrew Novak - Research Specialist I
Clifford Chan - Research Specialist I
Katherine Herrick - Research Specialist II
Cathleen Miret, RN - TRU
Jennifer Burton - Administrative Specialist

Goodbye and Good Luck
Denae Burke - Administrative Specialist
Sandy Spence - Admin Spec II
Megan Edge - Fiscal Tech
Shane Wing - Research Specialist I
Amanda King - Research Specialist I
Ale Bitto - Visiting Scholar
Yoichiro Otsuka - Visiting Scholar
Ashlee Brown - Administrative Assistant

Medical Illustration at MUSC’s Neurosciences Department
Medical Illustration in the Neurosciences department at MUSC is now being provided by Emma Vought. She has a Master of Science in Medical Illustration from the Medical College of Georgia and specializes in visual storytelling. Emma provides a variety of services including illustration, graphic design, and animation. For more information you may contact her by email at vought@musc.edu or by office phone at (843) 792-6038.

After receiving specifications for an illustration, you as a client will receive an initial sketch, which includes basic outlines for your review. After revisions have been made tone is added and then color. Illustrations can be made using line, greyscale/tone or color.
Best Wishes

Congratulations to Dr. Ryan LaLumiere and his wife, Laura on their new baby: Anna Claire. She was born November 18, 2009 - 8lbs, 5oz. (Ryan is a Research Assistant Professor in the Research Division)

Congratulations to Sheila Whaley on her new baby, Jordyn Danielle, born on January 6, 2010, 6lbs, 11oz.

Congratulations to Christine Nangle, NP on her marriage to husband Jim Houser in October 2009.

Congratulations to Dr. Pritchard on the birth of his Granddaughter, Julia Crawford, born January 5, 2010, 7lbs, 10 oz.

Congratulations to Dr. Dilan Ellegala and his wife, Carin, on the birth of their daughter Else. She was born January 22 - 7lbs 6oz.

Photos from the Neurosciences Holiday Party

Carin and Else Ellegala

Dr. LaLumiere and Anna Claire
February, Journal of the SCMA
It reviews the existing regulations that govern driving privileges for people with seizures and non-epileptic events. We focus on informing health care providers what they can do to promote patient awareness and limit the provider’s own liability related to seizure-related accidents.

Seizures, Non-Epileptic Events, & Driving in South Carolina
Julie DesMarteau, MPAS, PA-C, Joseph C. Good, Jr, JD, Jonathan C. Edwards, MD


Ziad Nahas, Berry S. Anderson, Jeff Borckardt, Ashley B. Arana, Mark S. George, Scott T. Reeves, and Istvan Takaes, Bilateral Epidural Prefrontal Cortical Stimulation for Treatment-Resistant Depression. Biol Psychiatry, August 2009

Thank you for your contributions.
For questions or submissions please contact:
Emma Vought at vought@musc.edu
or
Rachel Beard at beadr@musc.edu

MUSC Health
http://www.muschealth.com