“Select Step from an Anterior Cervical Discectomy and Fusion Procedure”
This newsletter is made possible from the generous contributions of MUSC Neurosciences faculty and staff. The success of this publication is dependent upon this support. Thank you for your interest, time and information. For inquiries, suggestions or submission information please email vought@musc.edu.
What seemed like only a minute ago, Ed Kosnik, M.D., was teaching his daughter how to ride a bike. The next, she was standing next to him in the operating room at MUSC. “It was a pretty awesome experience, when you think that someone whose diapers you changed is now capable of opening up your head and doing the right thing,” said Kosnik, who is an assistant professor in the Department of Neurosciences. “You just sit there and shake your head and say, ‘Oh, my God.’ But Libby’s always been one who has been ready to do something, in some ways.”

His very capable, now 35-year-old daughter, Libby Kosnik Infinger, M.D., was, until graduation June 14, the chief resident of MUSC’s neurosurgery program. She leaves Charleston later this summer to complete a one-year fellowship at Cincinnati Children’s Hospital, where she’ll specialize in pediatric neurosurgery, just like her dad.

Certainly, this isn’t the first time a daughter has followed in her father’s footsteps, but this situation is special. The Kosniks are the only known father-daughter duo in the pediatric neurosurgery specialty across the country who regularly operate side-by-side.

Kosnik, 69, suspended his retirement in 2013 and joined the neurosurgery department at MUSC, where Infinger had been training as a resident since 2007. He previously worked several decades as a pediatric neurosurgeon in Columbus, Ohio.

“It was great,” Infinger said. “It’s funny. We have very similar personalities. We’ve always done things together, gone fishing, projects around the house. It was different because, you know, you’re operating, but we’ve always had a close relationship.”

They operate on children together at least once a week: patients with spinal defects, brain tumors, babies born with water on their brain. Their last operation together, at least for the next year until Infinger returns to MUSC after her fellowship, was June 13.

“I think this is a very unique experience,” Kosnik said. “I’ve known a lot of neurosurgeons and — you look at all the numbers of neurosurgeons — I don’t think there are any other father-daughter combinations, certainly not in pediatrics.”

Even as a child, Infinger remembers she was curious about what her dad did for a living. “In second grade, there was a girl that sat in front of me that he did surgery on. Every day, I could look at her scar when she came back to school and that really got me interested in seeing what he did, and exactly what he did as a pediatric neurosurgeon.”

Kosnik remembers the patient, but tells the story differently. “I asked (Libby) what the scar looks like and she said, ‘Yuck!’ ”

The early aversion eventually wore off. While her dad never pushed her into neurosurgery, it turned out that’s what she enjoyed most in medical school. She also saw firsthand the kind of lifelong impact pediatric neurosurgeons had on their patients.

Kosnik’s fan base is huge, she acknowledged. In 2011, when her dad spent several weeks in an intensive care unit after heart surgery, the Caring Bridge website the Kosnik family set up to keep friends up to date on his progress received 80,000 hits. He estimates he performed some 15,000 operations during his career in Columbus.

“I had one family tell me once, ‘Thanks for giving up a little bit of your dad so he could be a dad to all these other kids out there,’ ” Infinger said. “But I never felt like he missed anything important. He was there whenever I needed him.”

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Father-daughter neurosurgeons operate on brains together

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Lauren Sausser // of The Post and Courier Staff

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It was June 1999. MUSC president, James B. Edwards, D.M.D., took time from his busy schedule to stroll the hospital halls shaking hands and returning hugs. On his way to visit a heart patient at the Palmetto Pavilion, Dr. Edwards asked a nurse if her lab had delivered her puppies yet and an orderly if the fish were biting over on the creek.

Both answered yes and lively conversation about family and life in the Lowcountry ensued.

This was a typical occurrence in the life of the medical university president who knew his people by name and enjoyed being among them. It didn’t matter what day or what floor, Dr. Edwards was always a welcomed caller and patients and employees alike were happy to see him round the corner.

After serving as South Carolina’s governor and secretary of energy in President Reagan’s cabinet, Dr. Edwards assumed the presidency of MUSC in 1983. For 17 years he committed his time and energy to the institution as president and another decade–plus working on special projects. In all the years he spent establishing programs and recruiting faculty, he never expected to be back on campus for such a personal reason: to thank doctors and nurses for saving his life.

On June 7 2013, at about 4:30 a.m., Dr. Edwards fell to the floor, unable to move his left arm or leg or get up. Still able to communicate, he called to his wife, Ann, a retired R.N., who recognized his complete paralysis on one side as a stroke. She immediately called EMS, although Dr. Edwards protested it wasn’t necessary.

“Jim argued that he was not having a stroke, as many stroke patients do. Time was of the essence. He was not in a position to call the shots, so I took control of the situation. During a medical emergency, there has to be a change in the chain of command,” she said. “The cardinal thing to do is to seek help.”

Mrs. Edwards also called to granddaughter, Catharine Wingate, who lives on their property. She came immediately to help. Wingate, who will graduate in August from the Physician’s Assistant program at the MUSC College of Health Professions, provided a great deal of assistance and support while they waited for EMS.

Fortunately, Dr. Edwards’ primary physician, Donald Fox, M.D., associate professor of medicine at MUSC, had given his private number to the Edwardses with instructions to call him if they needed him. And need him they did.

“I called Doctor Fox and told him Jim was suffering a massive stroke. He immediately called MUSC to alert them of the situation and his forethought directly affected Jim’s outcome.”

When Fox phoned ahead to MUSC, the Brain Attack Team was activated. The team, comprised of emergency physicians; neurology attending physicians, fellows, and residents; neurointerventionalists; a CT tech; pharmacist; and lab personnel, was literally waiting in the Emergency Department for Dr. Edwards’ ambulance to arrive.

Upon arrival, he had a CT scan and neurological exam, results of which showed he was suffering a life–threatening ischemic stroke. Subsequently, a CT angiography was performed. This made it easier for doctors to see his blood vessels and they determined that blood was not flowing in his carotid artery on the right side, indicating a complete blockage in his neck. A large clot had also made its way to the middle cerebral artery in his brain...

To read the rest of this story visit the Catalyst at: http://academicdepartments.musc.edu/catalyst/archives/2014/5-2edwards.htm
Controlling BP reduces chance of second stroke

HEATHER WOOLWINE // PUBLIC RELATIONS

CHARLESTON – Stroke survivors who consistently control their blood pressure may reduce the likelihood of a second stroke by more than half, according to new research in the American Heart Association journal Stroke.

Study authors, including Bruce Ovbiagele, M.D., MUSC Department of Neurology and Neurosurgery chairman and professor, found that among individuals with elevated blood pressure at baseline (systolic blood pressure over 153 mm Hg), second stroke risk was reduced by 54 percent among participants who kept their blood pressure under control more than 75 percent of the time, compared with those who kept it under control less than 25 percent of the time. Unfortunately, fewer than 30 percent of participants maintained consistent blood pressure control more than 75 percent of the time.

“Over time, a patient may average a blood pressure that falls within normal, but this study suggests that providers and patients should also factor in the proportion of time (or visits) in which that patient’s blood pressure stays within control versus not,” Ovbiagele said. “Since South Carolina has one of the highest stroke rates in the nation, and many strokes are readily preventable through good blood pressure management, targeting the maintenance of blood pressure control consistently over time following a stroke could be a helpful way to lessen the personal and public burden of stroke in our state.”

Researchers analyzed the results from the Vitamin Intervention for Stroke Prevention (VISP) trial, which enrolled 3,680 ischemic stroke patients ages 35 and older in 1996-2003. Ischemic strokes are caused by a clot in a blood vessel supplying the brain. Participants had been tested for several factors, including blood pressure levels at baseline, a month after the start of the study, at six months and every six months thereafter up to 24 months. The American Heart Association National Scientist Development Award funded this research.

Researchers determined results after controlling for age, sex and prior history of stroke, heart disease and other factors. Blood pressure was considered “controlled” at 140 mm Hg over 90 mm Hg or lower.

“Generally, when we have looked at the effect of blood pressure on stroke outcomes, we have looked at averages over time,” said Amytis Towfighi, M.D., study lead author and assistant professor of neurology at the Keck School of Medicine at the University of Southern California in Los Angeles. “But it’s not enough to control blood pressure some of the time. Averages do not take into account variability in blood pressure readings from one check to the next. Those fluctuations in blood pressure may be associated with greater cardiovascular risk. Changes in care management may be needed to ensure patients maintain consistent control of blood pressure.” Rather than check blood pressure during clinic visits only, it should done regularly, perhaps at home by machines that can remotely transmit the data, she said.

Reducing salt intake, eating a healthy diet (rich in whole grains, fruits and vegetables) and exercising regularly can also reduce stroke risk.

Study: Stroke hospitalization on the rise among some black patients

LAUREN SAUSSER // OF THE POST AND COURIER STAFF

New research shows that hospitalizations for black stroke patients younger than 65 in South Carolina jumped more than 17 percent between 2001 and 2010, while stroke hospitalizations among middle-age white patients did not change.

The study, published last week by the American Heart Association, also reports that stroke hospitalizations decreased in black and white patients older than 65 years.

The study analyzed more than 84,000 records for stroke patients discharged from South Carolina hospitals during that decade.

“Excess strokes among blacks as well as the lingering racial disparity in the younger groups represent a serious public health issue,” said Wuwei (Wayne) Feng, M.D., assistant professor, MUSC Department of Neurosciences, a neurologist and the study’s lead author, in a prepared statement.

South Carolina is included in a swath of Southern states called “the stroke belt.” The state has some of the highest rates of stroke and stroke-related deaths in the country.

MUSC’s telestroke program, founded in 2008, connects several rural hospitals across the state with specialists in Charleston, who can provide timely, remote care without transporting patients from their own community’s hospital.

The program intends to improve outcomes among stroke patients who live too far from acute, stroke-ready hospitals and primary stroke centers. Palmetto Health operates a similar program, connecting rural stroke patients with experts in Columbia.

Stroke is caused when a clot blocks a blood vessel in the brain, or the blood vessel ruptures, preventing oxygen flow to brain cells, according to a press release about the new study. Risk factors include high blood pressure, smoking and diabetes.

“Our results show the importance of staying healthy, exercising and eating well, and starting these healthy habits while you are still young,” Feng said.

Editor’s note: The article ran June 23 in The Post and Courier and is reprinted with permission.
Neurosurgeons and psychiatrists join ranks

DAWN BRAZELL // MUSC NEWS CENTER

Operating on patients’ brains on a daily basis, neurosurgeon Istvan Takacs, M.D., can be hard to impress.

When he talks of one unusual case at MUSC, though, there’s wonder in his eyes. The case involves a patient who has four electrodes in his brain to create “an electric cloud” to treat his obsessive compulsive disorder and Parkinson’s disease.

“It rocks to be a neurosurgeon when you get to do things like this,” he said of his collaboration with interventional psychiatrists at MUSC. Traditionally, psychiatrists and neurosurgeons have approached the treatment of the brain from polar–opposite perspectives.

“You traditionally think of psychiatrists as talkers or medicators. These psychiatrists are all beyond that,” he said of the brain stimulation techniques that are transforming the field and creating powerful, new therapeutic partnerships. “The more input you get from more people, it can only be good. When you get to work with people who chose to work in a completely different field of medicine, and then you spend decades of your lives learning things in different directions, and here we are. We are in this thing together for the same ultimate purpose.”

Nolan R. Williams, M.D., who is chief resident of Combined Neurology and Psychiatry and the patient’s interventional psychiatrist, agrees.

“There were probably 15 psychiatrists and neurologists and neurosurgeons packed into Dr. Takacs’ office planning the surgery. Everybody was equally excited, and everybody knows their role in all of it and respects one another for each other’s role,” he said. “That tells us a lot about how medicine is moving in general to a much more collaborative mentality.”

It’s a shift patients, such as this one with the bilateral DBS implant, depression for most of his life that medications have failed to treat adequately. Several rounds of electroconvulsive therapy also have failed to relieve his symptoms. In his 50s, the patient faced a new challenge: Parkinson’s disease. He agreed to have deep brain stimulation treatment, with two electrodes placed in his subthalamic nucleus. When the procedure brought him relief from his Parkinson’s symptoms, he wondered if it also could treat his lifelong obsessive compulsive disorder that has been so intense it compelled him to check the garbage, retrace his footsteps and feel hopelessly depressed.

Takacs, Williams and their colleagues thought it was worth a try since implanting the second set of electrodes would offer a unique opportunity to see how the bilateral electrodes would interact, especially given the placement into the patient’s nucleus accumbens, or reward circuitry portion of the brain. Beyond treating his OCD, the hope was this also could relieve the man’s depression and apathy, symptoms often seen in patients with Parkinson’s disease.

In July 2013, he received his second set of electrodes. Interventional psychiatrists have been adjusting his electrode settings through a “brain pacemaker” that is implanted in the chest and monitoring his reactions and progress. It takes months to see what effect treatment will have.

Williams said the patient is no longer having suicidal thoughts, his levels of depression and apathy have improved and the severity of his OCD has lessened. “He is doing much better. He went from compulsively calling the office daily to now checking in only during his scheduled visits. He states that his mood is better and he has been able to find joy in his life again.”

New Paradigm

Takacs said he’s glad to see the growth in the field of interventional psychiatry.

“It’s a whole new paradigm that’s been adopted. It’s very rare to have a psychiatry department and a neurosurgery department in sync where there’s an agreement that, on a carefully selected subgroup of patients, invasive procedures are OK and helpful and move both the patient’s lives and science forward. It is not something that exists in very many places, not in the United States and not worldwide.”

Williams said the strength of MUSC’s brain stimulation research lab is one reason MUSC is offering a new interventional psychiatry fellowship. It is for residents and psychiatrists who want to have an additional year of training in the wide variety of both invasive and non-invasive brain stimulation technologies that now are available, some of which have been pioneered at MUSC. MUSC also has a curriculum within the residency program called the interventional psychiatry track.

Attracted by a field that is fertile ground for the next leap in what psychiatric treatment can offer, Williams said the interventional fellowship program will expose trainees to all the latest brain stimulation technologies, teaching them how to use them so they will be able to push the field forward and reach patients who unfortunately have been unresponsive to traditional treatments.

“What we’re trying to say is that we still have a couch and a prescription pad, but we have other types of technologies including brain stimulators that we’re using to treat various psychiatric disorders. This is not to replace talk therapies or medications, but it’s an augmentation for people who are not responding to traditional treatments.”

For the rest of this story visit: http://academicdepartments.musc.edu/catalyst/archives/2014/6-13Brain.html
Departmental Highlights

Congratulations to Philip Lee. He was awarded the ABTA Medical Student Summer Fellowship (MSSF) from the American Brain Tumor Association. His project title is “Molecular Mechanisms of Cell Death by which DATS Regulates HDAC Activities and ACetylation of Histone/Non-Histone Proteins in Glioblastoma Cells.”

Congratulations to Kelly Kornegay, Epilepsy Inpatient Coordinator and Emma McCulloch, Clinical Unit Leader 9 West for being selected as among the 7 Nurses of the Year for MUSC.

MUSC selected 7 nurses as Nurse of the Year based on the values of the Nursing Practice Model. These values include accountability, advocacy, collaboration, expertise, innovation, integrity and leadership.

Kelly was selected for Advocacy and Emma for Leadership. The nominees were selected by an online vote by the nursing staff within MUSC. The Nurse of the Year for the other categories are Accountability (Michelle Cooper), Collaboration (Madeline Gehrig), Expertise (Melanie Ann Archer), Innovation (Savannah Galloway), and Integrity (Kathy Kurowski).

Kelly and Emma were presented with their award at the 2014 Nursing Excellence Awards Ceremony held at St. Luke’s Chapel. Gayle Wadford, Spine Center and Joint Replacement Program Manager was the guest speaker. A reception was held immediately following the ceremony in the Chapel Garden.

On July 17, 2014, MUSC Students and Faculty went to the Charleston Riverdogs Stadium for the annual “Stroke Out Stroke”. According to MUSC faculty organizer Professor Daniel Lackland DrPH, over a third of the attendees at the game have high blood pressure. While most of the fans participating in Strike Out Stroke are aware of their blood pressure levels, many do not know their actual blood pressure values. Likewise, many have not maintained contact with their healthcare provider and are not being treated for hypertension. Data has shown that approximately 10% of Strike Out Stroke participants will see a primary care provider within one month of taking part in the program. This innovative outreach and awareness program empowered over 150 patients to take control of their health and reconnect with their local healthcare providers. In the process, students received training as they educated fans on the connection between high blood pressure and stroke and how we can all make a difference to “Strike Out Stroke” in our communities.

Mr. and Mrs. Anderson thanked the NIR team for saving his life. He changed his license plate to “miracle” because that is what your team did! You and your team are miracle workers! Thank you Imran Chaudry for your sacrifices and dedication to becoming a life changer! ~Christine Holmstedt, M.D.
Departmental Highlights

- On July 1, 2014, Dr. Aljoeson Walker became Director of the MUSC Comprehensive Multiple Sclerosis (MS) Program. This program will provide a coordinated multidisciplinary approach to MS care, facilitating educational opportunities (e.g., clinic rotations) for residents and medical students in MS, explore opportunities for ‘home-grown’ translational research in MS, develop a dedicated drug infusion center, run clinical trials in MS, and systematically engage in outreach activities.

- On July 1, 2014, Dr. Jonathan Halford became Director of Industry and Patient Registry-Related Research for MUSC Clinical Neurosciences (Neurology and Neurosurgery). This position which reports directly to Chairs of Neurology and Neurosurgery will ensure that the organizational structure, staffing, infrastructure, auditing functions, surveillance monitoring, and training needs, are adequate to support the research enterprise for industry-funded clinical trials and unfunded patient registry studies within MUSC Clinical Neurosciences.

- Congratulations to our neurology PGY-3 residents for securing prestigious fellowship positions for July 2015. Dr. Jessica Hannah will be joining the MUSC Vascular Neurology Fellowship program, and Dr. Karan Karwa will be going to the Neuromuscular Disease Fellowship program at the Cleveland Clinic.

- The first and second issues of our Neurology Patient Newsletter entitled Brain Buzz are ready. This newsletter will be a quarterly brief update for our neurology patients, each time providing them with information about happenings/progress within a given neurology subspecialty at MUSC. This first newsletter highlights our Comprehensive Epilepsy Center and the second the Movement Disorders Program. It includes recent developments in treatments for patients, ongoing clinical trials, patient stories and promising technological advances. The newsletters will be distributed in our outpatient clinic waiting areas, posted permanently online, and potentially mailed out in a very targeted fashion. To read the latest issue please visit: www.musc.edu/neurosciences/news

- On May 15, 2014, the MUSC Board of Trustees approved the partitioning of the Department of Neurosciences. July 1, 2014, the new name of the clinical component became the Department of Neurology and Neurosurgery (DNN), and the name of the basic research component will be the Department of Neuroscience. DNN faculty will carry the title of Professor of Neurology or Professor of Neurosurgery corresponding to their primary area of expertise, emphasis or interest.

- Congratulations to our administrative assistant Tameka Burgess for recently completing her Associates in Arts in Business Administration.

- On July 1, 2014 Dr. Shelly Ozark took on the Directorship of our Neurology Residency Program. Dr. Christina Vaughan will be the Associate Residency Program Director. With both of these terrific individuals at the helm, we anticipate ever-increasing success in all areas of the general neurology training program.

- Residents Research Reunion Day, May 22, 2014, was a great success. Our Neurology and Neurosurgery Residents did an excellent job on their research and poster presentations. A special congratulations goes to the award winners:

  - Libby Kosnik Infinger, M.D. - Best Overall Presentation
  - Karen Karwa, M.D. - Best Neurology Presentation
  - Jan Vargas, M.D. - Best Neurosurgery Presentation
  - Nolan Williams, M.D. - Most Promising New Research (Neurology)
  - Avery Buchholz, M.D. - Most Promising New Research (Neurosurgery)
  - Irfan Ali, M.D. - Best Case Report
  - Stephen Lowe, M.D. - Best Presentation by a Junior Resident

- Please visit the following link to view photos from the Resident Research Reunion event, including images from the Robert J. Adams Visiting Professorship guest lecture by Dr. Martin Samuels: www.musc.edu/neurosciences/events/research_day

- Congratulations to the Winners of the 2014 Annual Neurology Residency Program Awards:

  - Dr. Alison Smock - Excellence in Care
  - Dr. Nolan Williams - Resident Teacher of the Year
  - Dr. Dong In Sinn - Highest In-Service Score
  - Dr. Ken Nozaki - Faculty Teacher of the Year

- Dr. Gonzalo Revuelta was recently awarded the SCTR K12 Clinician Scientist award for his project: Identification of Gait and Imaging Markers for Freezing of Gait in Parkinson’s Disease. Congrats and well done!

- Tina Dvoren-Baker, NP and Suzanne Pach, NP recently became Stroke Certified through the American Association of Neurologic Nurses.
Awards & Presentations

Appointments & Awards

- Daniel Lackland: Chair of the MUSC College of Medicine Appointments, Promotions and Tenure (APT) Committee
- Daniel Lackland: Director of the MUSC Master of Science in Clinical Research (MSCR) degree program
- Wayne Feng: Member, American Stroke Association (ASA) Rehabilitation and Recovery Committee
- Bruce Ovbiagele: Member, Food and Drug Administration (FDA) Peripheral and Central Nervous System Drugs Advisory Committee
- Bruce Ovbiagele: Vice Chair, International Stroke Conference (ISC) Program Committee
- Bruce Ovbiagele: 11th Class of Liberty Fellows
  The Liberty Fellows Program recruits diverse leaders, providing them with a forum to reflect on what makes a just society, deepening their knowledge and perspectives and enhancing their capacity to solve the problems facing leaders in South Carolina.
- Congratulations to Dr. Marc Chimowitz for receiving the MUSC Peggy Schachte Research Mentor Award. This award recognizes individuals at MUSC who have excelled in mentoring faculty in obtaining research support from private and public organizations or government agencies.
- Ekrem Kutluay, Member, American Clinical Neurophysiology Society (ACNS) Website and Social Media Committee
- Ekrem Kutluay, Member, American Clinical Neurophysiology Society (ACNS) Scientific Program Committee

Select Extramural Presentations

- **Tanya Turan**
  2014 ISACON in India
  - Risk factor management in ICAD (3-15-14)
  - MR imaging in intracranial atherosclerotic disease (3-16-14)

- **Marc Chimowitz**
  2014 ISACON in India
  - EC-IC bypass in symptomatic ICA occlusion – What is the current evidence? (3-14-14)
  - CABG and Carotid stenosis – Which to treat first? (3-14-14)
  - Stenting versus medical management for ICAD-post SAMMPRIS (3-15-15)

- **Robert Adams**
  8th Global Iron Summit March 14-16 in Greece
  Neurological complications in SCD

- **Dan Lackland**
  2014 Chronic Disease Prevention Winter Symposium, March 7-8 in Myrtle Beach
  - Prevention Strategies and the Decline in Stroke Risks: a public health and clinical success story
  - 2014 Treatment Guidelines from the JNC Appointed Panel
  - Risk Assessment in the Management of Risk Factors

- **Vanessa Hinson**
  American Academy of Neurology Annual Meeting, Philadelphia, PA
  - Course Director “Clinical usefulness of Botulinum toxin and treatment of dystonia”
  - “Psychogenic movement disorders, epidemiology and daphogenesis”
  - “Psychogenic movement disorders, update of treatment”

- **Bruce Ovbiagele**
  American Academy of Neurology Annual Meeting, Philadelphia, PA
  - “Cerebrovascular Disease and Interventional Neurology: Epidemiology/Risk Factors”
  - “Cerebrovascular Disease and Interventional Neurology: Rehabilitation, Recovery and Complications”
  - Bruce Ovbiagele - 6th Annual New York State Stroke Conference (sponsored by the New York State Department of Health):
Featured Publications


Alumni Profiles

Kimberly N Hutchison, M.D.  MUSC Neurology Residency, 2000-2004

Dr. Kim Hutchison attended Colorado College and the School of Medicine at the University of Kansas prior to her neurology residency at MUSC, where she served as Chief Resident. She completed a fellowship in sleep medicine at Vanderbilt University, and she joined the Vanderbilt faculty immediately after her fellowship.

She and her husband, Ryan, a family medicine physician, moved with their family to Saipan of the Northern Mariana Islands, where she established a sleep medicine program. She is now Assistant Professor of Neurology at Oregon Health Sciences University in Portland.

Dr. Hutchison’s clinical interests include general neurology and sleep medicine. She is heavily invested in teaching fellows, residents, and medical students. She leads the department’s efforts in telemedicine and continues to follow her patients in Saipan through that medium. Her research interests include the study of sleep deprivation through fMRI and care delivery systems.

Dr. Hutchison and her family enjoy the great outdoors in the Pacific Northwest, including white water rafting, fishing, and hiking. She emphasized her quest for work/life balance and her success in doing so: “it can be done!”

Looking back to her days at MUSC, she continues to cherish the close relationship between residents and attendings during her training. She cited the special place in her heart for Olivia Burch, whom she characterized as a “loving mama bear,” high praise indeed. She recalls fondly dinner at attendings’ homes, Dr. Aljoeson Walker’s tips on the management of headaches, and the beautiful backdrop of Charleston. She extended an invitation for residents to consider training at the superb, multi-disciplinary sleep program at Oregon Health Sciences University.

R. Norman Harden, M.D.  MUSC Neurology Residency, ’84-88

Dr. R. Norman Harden holds the Robert G Addison Chair in Pain Studies at the Rehabilitation Institute of Chicago, where he is Director at the Center for Pain Studies. He is also Professor in the Department of Physical Medicine and Rehabilitation and the Department of Physical Therapy and Human Movement Sciences at Northwestern University.

Dr. Harden came to MUSC after he earned his M.D. degree at the Medical College of Georgia, and he attended undergraduate school at Emory University. During residency he developed clinical and research interests in pain, leading him to a fellowship in pain studies at the Pain Control and Rehabilitation Institute of Georgia in Atlanta.

He has pursued his academic career at the Rehabilitation Institute of Chicago and at Northwestern University. His clinical interests include painful neurological and somatic disorders, including complex regional pain syndrome and myofascial pain. He is chair of the Clinical Affairs Committee of the Reflex Sympathetic Dystrophy Association and serves on the editorial boards of the Journal of Neuropathic Pain, the Clinical Journal of Pain, Current Pain and Headache Reports, and the Journal of Back and Musculoskeletal Rehabilitation.

As leisure activity, Dr. Harden’s interest in music extends back to his days at MUSC, and he still considers himself “a rock and roll musician!” He also enjoys gardening and sailing. Asked to reflect on his residency days at MUSC, he replied, “why did I ever leave!”

For more Alumni News please visit:
www.musc.edu/neurosciences/alumni
Academic Updates - Welcome New Residents & Fellows

Neurology Residency - PGY Level 5
(Left to right)
Royland Hamilton, M.D.
Clinical Neurophysiology
Devanshi Mody, M.D.
Clinical Neurophysiology
Lina Rodriguez Rosario, M.D.
Clinical Neurophysiology
Alison P. Smock, M.D.
Vascular Neurology

Neurology Residency - PGY Level 1
(Left to right)
Kumaraswamy Guttalu, M.D., Ph.D.
Gabriel Bonnell, M.D.
Laura Juul, M.D.
Ashley Rawls, M.D.
Danuel Snelgrove, M.D.

Psychiatry/Neurology - PGY Level 1
Joshua Brown, M.D., Ph.D.

Pediatric Neurology Residency - PGY Level 1
Pooja Patel, D.O.

Neurosurgery Residency - PGY Level 1
(Left to right)
Fraser Henderson, M.D.
Luis “Rick” Liogier-Weyback, M.D.
Academic Updates - Recent Graduates

Roland T. Hamilton, Jr., M.D.
A recent graduate of the MUSC Neurology Residency Program, he will continue on at MUSC as a Clinical Neurophysiology Fellow.

Alison Smock, M.D.
A recent graduate of the MUSC Neurology Residency Program, she will continue on at MUSC as a Vascular Neurology Fellow.

Nolan Williams, M.D.
A recent graduate of the MUSC Neurology Residency Program, he will continue on as an Instructor in Psychiatry at Stanford University.

Erin Ilkanich Sparks, M.D.
A recent graduate of the MUSC Neurology Residency Program, she will continue on in private practice.

Amandeep Kalra, M.D.
A recent graduate of the MUSC Neurology Residency Program, he will continue on as a Neuro-oncology Fellow at Memorial Sloan Kettering Cancer Center.

Wenyu “Andy” Sun, M.D., MPH
A recent graduate of the MUSC Neurology Residency Program, he will continue on in private practice.

Libby Kosnik Infinger, M.D., MPH
A recent graduate of the MUSC Neurosurgery Program, she will continue on as a fellow at Cincinnati Hospital.
Academic Updates - Welcome International Fellows

Hyung-Min Kwon, M.D., Ph.D.
Department of Neurology
Seoul National University Boramae Medical Center
Republic of Korea
Collaborating with Dr. Chimowitz in the Stroke Program.

Burak Pakoz, M.D.
Department of Neurology
Kent Hospital
Izmir, Turkey
Collaborating with Dr. Kutluay in the Epilepsy Division.

Employee Updates

Welcome New Employees

Ramin Eskandari, M.D.
Catrina Robinson, Ph.D.
David G. Clark, M.D.
Nicholas Milano, M.D.
Katherine Ruzhansky, M.D.
Joseph Krainin, M.D.
Ashley Jolliff
Becky Hamrick
Todd LeMatty

Cody Laverdiere
Jerri O’Banner
Julia Debenham
Charles Andrews, M.D.
Heather Norton, SCNP-BC
Shanna Amoroso, MSN, CRNP
Employee Spotlight: Dondra Rodd

Meet employee Dondra Rodd. Dondra has been with MUSC for fourteen years. She currently works as administrative specialist for Drs. Mimi Sohn and Aljoeson Walker. Recently, Dondra was selected as the recipient of the 2014 Neurology Administrator Staff Member of the Year Award. Comments regarding Dondra’s performance include, “She is reported by the patients to be therapeutic and comforting in her conversations...described as a clear bright jewel in the department.” “We are fortunate to have a caring, effective co-worker” “She is always very professional and polite to everyone. She maintains her sense of humor and provides encouragement to her co-workers. She is a role model for grace under pressure and dedicated to getting everything that her patients need”.

WORK

How are you changing what’s possible?
I collaborate with Kathryn Meltzer, PA-C, Mimi Sohn, M.D., and Aljoeson Walker, M.D. to provide excellent and innovative healthcare to our patients.

What do you enjoy most about your job at MUSC?
Helping the patients and learning more about Multiple Sclerosis.

TELL US MORE!

Where are you originally from, and can you tell us a fun fact about the city?
I am originally from Charleston. Charleston calls itself the Holy City because of the many places we have to worship.

What do you like to do in your free time?
Spend time with family and friends, read

What one food do you wish had zero calories?
I wish cake/cupcakes had zero calories.

When you were little, what did you want to be when you grew up?
I always wanted to be a teacher.

What would you like to be famous for?
I would like to famous for giving back to the youth at church and my community, and who knows possibly globally.
STARTING FROM TOP LEFT (GOING CLOCKWISE)

MUSC Students and Faculty at the Charleston RiverDogs Stadium participate at the annual “Stroke Out Stroke” · Dr. Ryan Kellogg and Dr. Jan Vargas at Residents Research Reunion Day · Strike Out Stroke blood pressure monitoring station · Dr. Libby Kosnik Infingers Graduation Dinner · Recent Grads of the Neurology Residency Program · Dr. Robert Adams and Guest Speaker Dr. Martin Samuels from Residents Research Reunion Day
Clinical Trials

Clinical trials, also called research studies, are managed by government agencies, educational institutions, private not-for-profit organizations, or commercial businesses, to develop, produce, and evaluate the effectiveness of new treatments and therapies for diseases. New trials are added on a routine basis, and many clinical trials accept only a limited number of participants. The following is a list of TRU clinical trials that are actively enrolling patients.

If you are interested in viewing additional clinical trials, not included in the list below, please visit the site links below:
South Carolina Clinical Trials - http://scresearch.org/
MUSC Hollings Cancer Center Clinical Trials - http://prc.hcc.musc.edu/portal/cto/ClinicalTrials/tabid/488/Default.aspx

### NEURO-ONCOLOGY:

<table>
<thead>
<tr>
<th>Trial Description</th>
<th>Investigator</th>
<th>Coordinator</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>A Phase II Clinical Trial Evaluating DCVax-Brain, Autologous Dendritic Cells (DC) Pulsed with Tumor Lysate Antigen for the Treatment for Glioblastoma</td>
<td>Scott Lindhorst, M.D.</td>
<td>Michele DeCandio, RN, OCN, CCRP</td>
<td>843-792-9016, <a href="mailto:decandio@musc.edu">decandio@musc.edu</a></td>
</tr>
<tr>
<td>An International, Randomized, Double-Blind, Controlled Study of Rindopepimut/GM-CSF with Adjuvant TMZ in Patients with Newly Diagnosed, Surgically Resected EGFRvIII-positive Glioblastoma</td>
<td>Bruce Frankel, M.D.</td>
<td>Michele DeCandio, RN, OCN, CCRP</td>
<td>843-792-9016, <a href="mailto:decandio@musc.edu">decandio@musc.edu</a></td>
</tr>
<tr>
<td>A Phase I-II Trial of Everolimus and Sorafenib in Patients with Recurrent High-Grade Gliomas</td>
<td>Scott Lindhorst, M.D.</td>
<td>Michele DeCandio, RN, OCN, CCRP</td>
<td>843-792-9016, <a href="mailto:decandio@musc.edu">decandio@musc.edu</a></td>
</tr>
<tr>
<td>Randomized, Double-Blind, Placebo-Controlled Trial of Lacosamide for Seizure Prophylaxis in Patients with High-Grade Gliomas</td>
<td>Scott Lindhorst, M.D.</td>
<td>Michele DeCandio, RN, OCN, CCRP</td>
<td>843-792-9016, <a href="mailto:decandio@musc.edu">decandio@musc.edu</a></td>
</tr>
<tr>
<td>Phase III Intergroup Study of Temozolomide Alone Versus Radiotherapy with Concomitant and Adjuvant Temozolomide Versus Radiotherapy with Adjuvant PCV Chemotherapy in Patients 1p/19q Co-Deleted Anaplastic Glioma</td>
<td>Scott Lindhorst, M.D.</td>
<td>Bo Keller, CCRP</td>
<td>843-792-1286, <a href="mailto:kellej@musc.edu">kellej@musc.edu</a></td>
</tr>
</tbody>
</table>

**Phase III Trial on Concurrent and Adjuvant Temozolomide Chemotherapy in Non-1p/19q Deleted Anaplastic Glioma: The CATNON Intergroup Trial**

Investigator: Scott Lindhorst, M.D.
Coordinator: Bo Keller, CCRP
Contact: 843-792-1286, kellej@musc.edu

**Imaging Biomarkers of Tissue Microstructure and Vasculature as Predictors of Glioblastoma Multiforme Response to Treatment with Bevacizumab for Progressive Disease**

Investigator: Scott Lindhorst, M.D.
Coordinator: Bo Keller, CCRP
Contact: 843-792-1286, kellej@musc.edu

**Phase I/II Adaptive Randomized Trial of Bevacizumab Versus Bevacizumab plus Vorinostat in Adults with Recurrent Glioblastoma**

Investigator: Scott Lindhorst, M.D.
Coordinator: Bo Keller, CCRP
Contact: 843-792-1286, kellej@musc.edu

**Phase II Trial of Oral Pazopanib Plus Oral Topotecan Metronomic Antiangiogenic Therapy for Recurrent Glioblastoma Multiforme (A) Without Prior Bevacizumab Exposure and (B) After Failing Prior Bevacizumab**

Investigator: Scott Lindhorst, M.D.
Coordinator: Bo Keller, CCRP
Contact: 843-792-1286, kellej@musc.edu

### APHASIA

**Transcranial Direct Current Stimulation and Aphasia Treatment Outcomes**

Investigator: David Bachman, M.D.
Coordinator: Sheri Davis
Contact: 843-792-2845, davshe@musc.edu
Clinical trials are the primary way breakthroughs in treating diseases are made.

**MOVEMENT DISORDERS:**

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Investigator</th>
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<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>Creatine Safety, Tolerability &amp; Efficacy in Huntington's Disease (CREST-E)</td>
<td>Gonzalo Revuelta, M.D.</td>
<td>Shonna Jenkins, MS</td>
<td>843-792-9115, <a href="mailto:jenkinsho@musc.edu">jenkinsho@musc.edu</a></td>
</tr>
<tr>
<td>A Clinical Study of Patients with Symptomatic Neurogenic Orthostatic Hypotension to Assess Sustained Effects of droXidopa Therapy (PHOENIX)</td>
<td>Gonzalo Revuelta, M.D.</td>
<td>Shonna Jenkins, MS</td>
<td>843-792-9115, <a href="mailto:jenkinsho@musc.edu">jenkinsho@musc.edu</a></td>
</tr>
<tr>
<td>A Phase 3, 12-Week, Double-Blind, Placebo-Controlled, Randomized, Multicenter Study to Evaluate the Efficacy of Oral Istradefylline 20 and 40mg/day as Treatment for Subjects with Moderate to Severe Parkinson’s Disease</td>
<td>Christina Vaughan, M.D.</td>
<td>Shonna Jenkins, MS</td>
<td>843-792-9115, <a href="mailto:jenkinsho@musc.edu">jenkinsho@musc.edu</a></td>
</tr>
<tr>
<td>Atomoxetine Treatment for Cognitive Impairment in Parkinson’s Disease</td>
<td>Vanessa Hinson, M.D.</td>
<td>Shonna Jenkins, MS</td>
<td>843-792-9115, <a href="mailto:jenkinsho@musc.edu">jenkinsho@musc.edu</a></td>
</tr>
<tr>
<td>A Randomized, Double-Blind, Placebo-Controlled Study of SD-809 (Dutetrabenazine) for the Treatment of Moderate to Severe Tardive Dyskinesia SD-809-C-20 (Pro00035069)</td>
<td>Christina Vaughan, M.D.</td>
<td>Shonna Jenkins, MS</td>
<td>843-792-9115, <a href="mailto:jenkinsho@musc.edu">jenkinsho@musc.edu</a></td>
</tr>
<tr>
<td>An Open-Label, Long-Term Safety Study of SD-809 (Dutetrabenazine) for the Treatment of Moderate to Severe Tardive Dyskinesia</td>
<td>Christina Vaughan, M.D.</td>
<td>Shonna Jenkins, MS</td>
<td>843-792-9115, <a href="mailto:jenkinsho@musc.edu">jenkinsho@musc.edu</a></td>
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</table>

**EPILEPSY:**

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<tr>
<th>Study Title</th>
<th>Investigator</th>
<th>Coordinator</th>
<th>Contact</th>
</tr>
</thead>
<tbody>
<tr>
<td>The Human Epilepsy Project</td>
<td>Jonathan Halford, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-3855, <a href="mailto:schnabel@musc.edu">schnabel@musc.edu</a></td>
</tr>
<tr>
<td>A Pivotal, Phase III Trial of Detecting Generalized Tonic-Clonic Seizures with a Seizure Detection and Warning System in Epilepsy Patients</td>
<td>Jonathan Halford, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-3855, <a href="mailto:schnabel@musc.edu">schnabel@musc.edu</a></td>
</tr>
<tr>
<td>fMRI in Anterior Temporal Epilepsy Surgery</td>
<td>Leo Bonhila, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-2845, <a href="mailto:davshe@musc.edu">davshe@musc.edu</a></td>
</tr>
<tr>
<td>Location of Seizures with Post Ictal MRI</td>
<td>Leo Bonhila, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-2845, <a href="mailto:davshe@musc.edu">davshe@musc.edu</a></td>
</tr>
<tr>
<td>Histological Analysis Epilepsy Surgery Tissue</td>
<td>Leo Bonhila, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-2845, <a href="mailto:davshe@musc.edu">davshe@musc.edu</a></td>
</tr>
<tr>
<td>Advance Brain Imaging</td>
<td>Leo Bonhila, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-2845, <a href="mailto:davshe@musc.edu">davshe@musc.edu</a></td>
</tr>
<tr>
<td>Neuropsychological Evaluation During Routine Intracranial Recording</td>
<td>Leo Bonhila, M.D.</td>
<td>Sheri Davis</td>
<td>843-792-2845, <a href="mailto:davshe@musc.edu">davshe@musc.edu</a></td>
</tr>
</tbody>
</table>

**SPINE:**

<table>
<thead>
<tr>
<th>Study Title</th>
<th>Investigator</th>
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<th>Contact</th>
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</thead>
<tbody>
<tr>
<td>A Double-Blind, Placebo-Controlled Study of AC105 in Patients with Acute Traumatic Spinal Cord Injury</td>
<td>Abhay Varma, M.D.</td>
<td>Angela Robinson</td>
<td>843-792-7118, <a href="mailto:robia@musc.edu">robia@musc.edu</a></td>
</tr>
<tr>
<td>A Prospective, Post-Market Assessment of Nanoss Bioactive 3D in the Posteriorlateral Spine</td>
<td>Abhay Varma, M.D.</td>
<td>Angela Robinson</td>
<td>843-792-7118, <a href="mailto:robia@musc.edu">robia@musc.edu</a></td>
</tr>
<tr>
<td>An Observational, Multi-Center, Non-Randomized (Single Arm) Registration of the PerX360 System</td>
<td>Stephen Kalhorn, M.D.</td>
<td>Angela Robinson</td>
<td>843-792-7118, <a href="mailto:robia@musc.edu">robia@musc.edu</a></td>
</tr>
</tbody>
</table>
## Grants (March - May 2014)

<table>
<thead>
<tr>
<th>PI</th>
<th>Title; Agency</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chimowitz, M</td>
<td>SmartState Stroke Countess Paolozzi Endowed Chair MUSC Fdn. (016318)</td>
<td>$93,661</td>
</tr>
<tr>
<td>Voeks, J</td>
<td>Carotid Revascularization Endarterectomy vs. Stenting Trial: Long Term Follow-up Rutgers University R01NS038384/Index #107881 (016500)</td>
<td>$89,127</td>
</tr>
<tr>
<td>Lindhorst, S</td>
<td>An Open-Label, Randomized, Phase 3 Trial of Nivolumab versus Investigator’s Choice Chemotherapy as First-Line Therapy for Stave IV or Recurrent PF-L1+ Non-Small Cell Lung Cancer Bristol Myers Squibb CA209-143-0023 (018287)</td>
<td>$199,449</td>
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<tr>
<td>Ovbiagele, B</td>
<td>Tailored Hospital-Based Risk Reduction to Impede Vascular Events after Stroke NIH/NINDS 5U01NS079179-04 (017411)</td>
<td>$509,099</td>
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<tr>
<td>Revuelta, G</td>
<td>An Open-Label, Long-Gterm Safety Study of SD-809 (Dutetrabenazine) For the Treatment of Moderate to Severe Tardive Dyskinesia - Protocol Number:SD-809-C-20 INNO Clinical Outcomes, LLC SD-809-C-18 (018312)</td>
<td>$176,955</td>
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<tr>
<td>Turan, T</td>
<td>Characterization of Intracranial Atherosclerotic Stenosis Using HR MRI NIH/NINDS 5K23NS069668-04 (016700)</td>
<td>$186,105</td>
</tr>
</tbody>
</table>

Thank you for your contributions.

For questions, comments or to make a submission please email:

vought@musc.edu