

Winter 2011

# HOLLINGS HORIZONS



A National Cancer Institute -  
Designated Cancer Center

Medical University of South Carolina  
Charleston, South Carolina

## Clinical Trials Issue

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### Ask About Clinical Trials



Ed Bostain



Teresa Barret

**Hollings launches clinical trials awareness campaign. See page 3.**

Hollings Cancer Center  
<http://hcc.musc.edu>  
1.843.792.0700

## CLINICAL TRIALS: ■ Bringing Patients and Research Together

At academic cancer centers like Hollings, there are two equally important missions. First, we treat and care for patients with every type of cancer today. Second, we investigate cancer from every angle so we can develop and deliver better therapies as quickly as possible or even prevent cancer from happening at all.

At the intersection of these two missions lie clinical trials.

Clinical trials are the primary way breakthroughs in treating diseases are made. They show what does and doesn't work in people and shed light on new ways to detect, diagnose, and reduce risk of disease. Every drug that has ever made a difference was once tested in a clinical trial.

South Carolina, in the heart of the nation's tobacco and obesity belts, suffers from some of the nation's highest rates of cancer incidence and mortality.

The state's sky-high cancer statistics are largely linked to smoking, diet, alcohol use, and physical inactivity. Each year, cancer claims the lives of more South Carolinians than homicide, suicide, motor vehicle crashes, and drug and alcohol use combined. And in a few years, cancer will overtake heart disease as the leading cause of death.

As South Carolina's only National Cancer Institute-designated center, Hollings is in the best position to change this with its research program. This includes delivering discoveries from the labs to patients in the form of clinical trials, as well as taking clinical observations back to the labs for investigation.

"It is incumbent upon academic cancer centers to responsibly bring as many clinical trials as possible to patients," said Melanie Thomas, MD, an oncologist and associate director of clinical investigations at Hollings. "Trials can and do save many lives today, but more important, they are the only way that better therapies become standard."

At Hollings, about 11 percent of all patients, or about 250 each year, enroll in therapeutic trials. Therapeutic trials are specifically designed to eliminate cancer cells in the body. And at any given time more than 1,200 patients are on various trials at Hollings, including prevention, diagnostic, and quality of life trials.



*Barbara Tanner, 62, represents the life-saving potential of clinical trials. Tanner, a Hollings clinical trials participant and leukemia survivor, is flanked by Daniel J. Fernandes, PhD, director of translational research, and Robert K. Stuart, MD, her physician. Fernandes and Stuart collaborated on research that resulted in a clinical trial that led to the remission of Tanner's cancer.*

Clinical Trials  
continued on page 2

## ■ From the Director

In states like South Carolina, which faces some of the grim-est cancer rates in the US, the role of centers with National Cancer Institute (NCI) designation has never been more important. We lead the way in research, training, and education. And in the spirit of the NCI, we must make collaboration - with other institutions, our legislators, and the community - the rule rather than the exception.



In 2011, nearly 21,000 South Carolinians will be diagnosed with cancer, and almost 9,000 will die from it. To significantly change the cancer outlook in our state we must:

- Continue recruiting stellar researchers and physicians;
- Offer lab space equipped with modern technology to talented researchers;
- Participate in leading-edge research such as exploring the link between cancer stem cells and recurrence.

Hollings cannot do these alone. It will take a concerted effort and require support from our partners and the legislature. We are all obligated to give our residents care equal to that available any other place. On our end, I make the following promises. Hollings will be a worthy steward of the funds we are to receive from the cigarette tax. Tobacco-related cancers comprise most of cancers in South Carolina, and we're attacking them head on.

And we will bring the very best physician researchers here to develop a robust clinical trials program, especially Phase I trials, that will enhance the vital exchange between laboratories and clinics.

Finally, Hollings is seeking the NCI's highest level of recognition – Comprehensive Cancer Center status. Comprehensive status is available only to centers holding the NCI designation we currently hold, and the requirements are rigorous. Only 40 centers in the US have earned Comprehensive distinction, and Hollings aims to join them.

Hollings is thankful for its partners in fighting cancer and looks forward to new alliances in the future. In the meantime, I wish everyone a healthy and happy new year!

Sincerely,

Andrew S. Kraft, MD  
 Director, Hollings Cancer Center  
 William H. Folk, MD Chair in  
 Experimental Oncology

### Clinical Trials *continued from page 1*

Patient participation should be higher and is low for many reasons – a complicated regulatory process, insurance reimbursement issues, insufficient resources at centers to support numerous trials, high volume of patient-to-physician ratios that limit the time physicians have to participate in trials, and low awareness by patients about trials.

### Pediatric Trials: A Model for Success

For years, pediatric cancer clinical trials have been a model in some respects for bringing patients and trials together. Nationally, at least 80 percent of eligible child cancer patients enroll in trials.

At MUSC's Children's Hospital, the figure is closer to 85 percent of eligible patients, according to Michelle Hudspeth, MD, director of pediatric hematology/oncology at MUSC. "Historically, pediatric oncologists have been trained to look for a trial for every patient, and this is always a part of our discussions with parents," Hudspeth said. "Awareness of clinical trials is very high, and this makes a huge difference."

There are also a number of national pediatric cancer cooperatives working to improve access to trials. As a result, there are more trials available to more patients, which in turn leads to therapies that weren't available just a few years ago.

**“Every drug that has ever made a difference was once tested in a clinical trial.”**

*- Melanie Thomas, MD*

### Statewide Collaboration

For treatment and research to be effective, they need to include everyone. This is important in a state with a diverse population like South Carolina's, where 68 percent of residents are Caucasian and 30 percent are African American. There are significant differences in how cancer affects different ethnic groups.

To address these disparities and to extend our research as widely as possible, Hollings established the Clinical Trials Network (CTN) in 2005 with cancer programs in community hospitals and private providers throughout the state. This network brings clinical trials to patients where they live and allows Hollings to develop population-based research. One of our CTN members is Gibbs Cancer Center at Spartanburg Regional Hospital. A major focus of Gibbs, which serves upstate South Carolina and parts of North Carolina, is cancer disparities and addressing gaps in treatment and outcomes, said James Bearden, MD, Gibbs director.

Gibbs plays an important role by offering clinical trials to smaller medical sites and by contributing to a statewide tissue biorepository, led by Hollings. The biorepository stores cancer tissue from consenting patients which enables researchers to learn more about factors influencing cancer to develop more targeted therapies.

"The future of treatment is in personalized therapies," Bearden said. "What we learn from the tissue is used to develop new drugs that are offered first in clinical trials. This is the best roadmap we could have to highly-individualized treatment."

Gibbs is an important ally in ensuring trials are available in the upstate.

### The Next Breakthrough Could Be Yours

Even though only 20 percent of patients are eligible for trials during the initial phase of treatment planning, it's important that patients and physicians keep them in mind. A change in staging or a new development could mean a trial becomes an option.

This is why Hollings has launched an exciting campaign called "The Next Breakthrough Could Be Yours," to raise awareness about clinical trials and to remind patients to discuss them with their doctors. The campaign features cancer survivors who participated in clinical trials at Hollings. Each survivor believes that a clinical trial may have saved his or her life and could do the same for others. This is how breakthroughs happen.

## The Next Breakthrough Could Be Yours

In early 2011, Hollings launches *The Next Breakthrough Could Be Yours*, a campaign to raise awareness about clinical trials. The campaign features survivors who participated in clinical trials. For more information about clinical trials at Hollings, visit <http://hcc.musc.edu/research/clinicaltrials>

*MUSC's Ann Ramsdell, PhD, and son Griffin. Ramsdell participated in a breast cancer clinical trial.*



### Dr. Kraveka Recognized

Jacqueline M. Kraveka, DO, a pediatric oncologist and researcher, received a Hyundai Hope on Wheels Hope Grant for her research on neuroblastoma. Kraveka, who treats patients at the MUSC Children's Hospital, will use the \$100,000 award for research on the biology of neuroblastoma and the role of bioactive sphingolipids in neuroblastoma pathogenesis. Neuroblastoma is the most common cancer found in infancy and has one of the lowest survival rates of all pediatric cancers.

Hyundai Hope on Wheels is an independent 501(c)(3) nonprofit organization supported nationwide by more than 800 Hyundai dealers. By the end of 2010, Hyundai will have donated more than \$23 million to help kids fight cancer.



*(l-r) Hyundai's David Senft and MUSC's Jackie Kraveka*

## Patient Profile: SHANA'S STORY

**I**ntuition is a powerful thing, as Shana Brown will attest. In October 2009, Brown, a married mother of two, noticed pain and swelling under her left arm. At the age of 32, she thought it could have been anything. Maybe soreness from gym workouts or something hormonal.

Statistically, Brown knew odds favored a simple explanation, but it played on her mind. "It came and went. I did some research and started getting suspicious that something abnormal was going on."

A clinical breast exam by her primary physician quickly led to an ultrasound, a mammogram, a second ultrasound, and then a biopsy that ultimately revealed she had triple negative breast cancer (TNBC), an aggressive, difficult-to-treat subtype that affects African American women disproportionately to Caucasian women.

And while black women are less likely than Caucasian women to get breast cancer, they are three times more likely than white women to develop TNBC, which also affects young women disproportionately. Within days of her clinical breast exam, Brown was discussing treatment options with an oncology nurse and a surgeon, who suspected lymph-node involvement and suggested Brown first see Rita Kramer, MD, a Hollings breast oncologist.

"It was Breast Cancer Awareness Month, and there were signs, pink ribbons, and advertisements everywhere," Brown recalled. "I tried to put on a brave face for everyone else, but by the time I got to Dr. Kramer, I was pretty frazzled."

Kramer suggested Brown consider a national trial sponsored by the National Surgical Breast and Bowel Project evaluating neoadjuvant therapy, or how breast cancer tumors like Shana's respond to several different chemotherapy combinations.

"Everything I read was so disheartening. It seemed like a death sentence," she said. "But Dr. Kramer gave me a little more hope with this trial. I had no hesitation. I signed on the spot."

Brown is thrilled with her progress. Surgery in May revealed no remaining measurable cancer and lymph nodes and tumor margin tissue free of cancer, Kramer said.

"Shana's participation in this trial will provide information for us to treat all women who come behind her," Kramer added. "She has helped us learn what the next best therapies might be."

Brown said she is now a vocal advocate for clinical trials. "I felt it was the best thing I could have done," she said. "I don't know how successful my outcomes would have been without the trial."



*Patient Shana Brown (front) with members of her care team: (l-r) Judy Horton, RN, Rita Kramer, MD, and Katherine Halloran, clinical trials study coordinator*

## ■ Q & A: ROB STUART, MD

WHEN ROB STUART, MD, BEGAN STUDYING MEDICINE 36 years ago at Johns Hopkins, a cancer diagnosis was a “death sentence” and the practice of oncology so new that he likened it to “climbing Mt. Everest without oxygen.”

Since then, Stuart hasn’t stopped finding summits to conquer. He performed the first bone marrow transplant in South Carolina; founded adult cancer clinical trials at MUSC; and helped establish the state’s only pediatric blood and marrow transplant program. He also cycled across the US with Lance Armstrong to raise awareness about cancer.

Stuart is a physician, researcher, cancer survivor, husband, father, and grandfather. With many of these roles in mind, he talks about the importance of clinical trials and where he sees them headed:

■ **Q** *What was happening with cancer clinical trials in South Carolina and at MUSC when you arrived in 1985?*

It was pretty quiet. Cancer clinical trials were largely confined to pediatric cancers via a national group. On the adult side, we began collaborating with Wake Forest University. Through them we had access to adult clinical trials sponsored by their cancer center and a national leukemia group, and the momentum built from there.

■ **Q** *Twenty-five years later, how would you assess the state of cancer clinical trials at Hollings?*

The program at Hollings is robust. We have a large menu of trials available for patients covering almost every cancer. About 11 percent of our patients participate in therapeutic clinical trials, and we plan to increase this by 25 percent. In my area, hematological malignancies (blood cancers), almost all patients are treated on clinical trials.

■ **Q** *Does being a kidney cancer survivor yourself and also seeing your wife diagnosed with acute myeloid leukemia change the way you consider cancer research?*

I have always been a believer in clinical trials. I remember my very first cancer patient on the first day of my oncology fellowship in 1976. He was a teenager with advanced Hodgkin’s lymphoma. My faculty supervisor thought his case was hopeless. I treated him on a clinical trial, and not only did he survive, he eventually invited me to his wedding! I had no hesitation in recommending a clinical trial for my wife when she needed one.

■ **Q** *What are the top barriers to enrolling patients in clinical trials? How is Hollings addressing these?*

First, the regulations required for protecting patients on trials are very involved, and this discourages some physicians. At Hollings, the Clinical Trials Office (CTO) helps physician investigators by taking on a lot of the work required in the regulatory process. A strong CTO like ours is crucial.

Second, many patients aren’t informed about clinical trials and don’t appreciate the potential advantages of participating. At Hollings, we’re working to change this with a new campaign to make sure that all of our patients are aware of clinical trials here and elsewhere.

We want our patients to ask their doctors, “Is there a clinical trial for my situation?”

■ **Q** *You are among a handful of physicians leading the way in enrolling patients in clinical trials. What factors contribute to this?*

First, I scrutinize each trial before offering it to patients. I have to feel that the therapy offered is at least as good as what I can prescribe outside of a trial.

Second, I earn the patient’s trust by making it clear that his or her well-being is the most important thing. I recommend a clinical trial only if I believe the patient will benefit from participation. At a minimum, I know that my patient will receive the best possible care during treatment because our staff triple-checks everything. Frankly, I welcome the help; the last thing I want to do is make a mistake!



Third, I carefully review what happens to my patients on trials. Since most trials are offered at multiple places, I can eventually compare our results - such as remission rates, complication rates, and survival - to other trial sites. I’m pleased to say that we consistently have better results in acute leukemia than the group of participating centers as a whole.

■ **Q** *Predictions for the next 25 years of treatment and research at Hollings?*

We will continue to hammer at the group of diseases we call “cancer.” We have made progress by learning what’s different among different types of cancer, even those we thought were all the same.

For instance, there are many subtypes of breast cancer, lung cancer, colon cancer, and so on. We will learn to match treatments to the biology of the specific patient’s cancer. It may matter more what genes are mutated in a cancer than what organ it started in. So instead of a cure for breast cancer, we may have a cure for any cancer that has a mutated “X” gene. Most of the progress will come from individualized therapy.

And there will be surprises. When I had kidney cancer, I knew that if it was not all removed by surgery, I was in trouble because there was no specific chemotherapy for kidney cancer. Once it spread to vital organs, it would be fatal. Now there are multiple approved agents for kidney cancer that offer hope even if the disease has spread.

## Foreign Service

Most physicians at the Medical University of South Carolina say they chose academic medicine because they want to heal the sick while training and developing the next generation of doctors. It is this dedication that leads some physicians to give of their time and expertise in less developed countries. Places where often the needs are great but the resources scant.

A number of Hollings physicians volunteer beyond US borders every year. Here are a few in their own words:

### William Creasman, MD

Distinguished University Professor  
Gynecologic Oncology

*I recently returned to Honduras as part of a medical team teaching at San Felipe Hospital, the cancer hospital in Tegucigalpa. This was international outreach conducted by the Society of Gynecologic Oncologists, and we were there to teach surgical oncology residents how to deal with malignancies throughout the body, not just gynecologic cancers.*

*Since their training is not as in-depth as that of US institutions, we spent our time demonstrating surgical techniques as well as lecturing. We also helped with pre-operative and difficult cases.*

*In non-industrialized countries, cervical cancer is the most common gynecologic cancer. The hospital's radiation therapy department is busy, but they don't have some of the most current standard treatments, such as brachytherapy. Although care is not optimal, the surgical residents are very enthusiastic and are very interested in learning all they can. This opportunity for increasing knowledge with these residents will continue, and we hope to return some time in the near future.*



William Creasman, MD, (seated center right) and Clifford Wheeler, MD, of Johns Hopkins, with surgical residents in Honduras



Melanie Thomas, MD, with students at San Felipe Hospital

### Melanie Thomas, MD

Associate Professor  
Grace E. DeWolff Chair in Medical Oncology  
Gastrointestinal Oncology

*In August, I spent two weeks in Honduras, also teaching at San Felipe Hospital. I was there with the American Society of Clinical Oncology. The program's goal is to assist with training local physicians who want to become oncologists. This is not exporting American medicine to Honduras; rather it's helping the country train its own doctors. I think I learned as much as any student. One resident told us about treating patients in the barrios (neighborhoods) of Tegucigalpa. Many barrios are run by gangs, whom he had to befriend to get permission to vaccinate children. He did this by promising the gang leaders priority access at local clinics. It seems access to healthcare is important to everyone regardless of where they live.*

*I also learned that 80 percent of gynecologic cancers in Honduras are cervical. These are totally preventable with the HPV vaccine. The cost of not preventing cervical cancer is so steep – women undergo expensive treatment, and the ones who don't survive often leave their children orphaned. We've got to work on this problem.*

### Jennifer Young, MD

Assistant Professor  
Gynecologic Oncology

*This year, I made my third trip to Arusha, Tanzania. I've been working with Dr. Peyton Taylor at the University of Virginia to establish a cervical cancer screening program for women in rural Tanzania at the base of Mt. Kilimanjaro. This year's trip was the culmination of three years of work.*

*We took a team of seven with equipment to try a new rapid human papillomavirus (HPV) screening test that will likely replace the Pap smear in developing countries and possibly around the world. We found that the careHPV test seems as effective as the most sophisticated equipment available. We hope this pilot study will lead to a larger project in this part of Africa. It would be the first of its kind. I love caring for my patients at Hollings, but this research adds perspective. In the US, we can cure most cervical cancers, but in Tanzania most women die of their disease. Whatever we can do to diagnose women early will save the lives of these women and safeguard their families.*



Jennifer Young, MD, (right) with a Tanzanian hospice volunteer

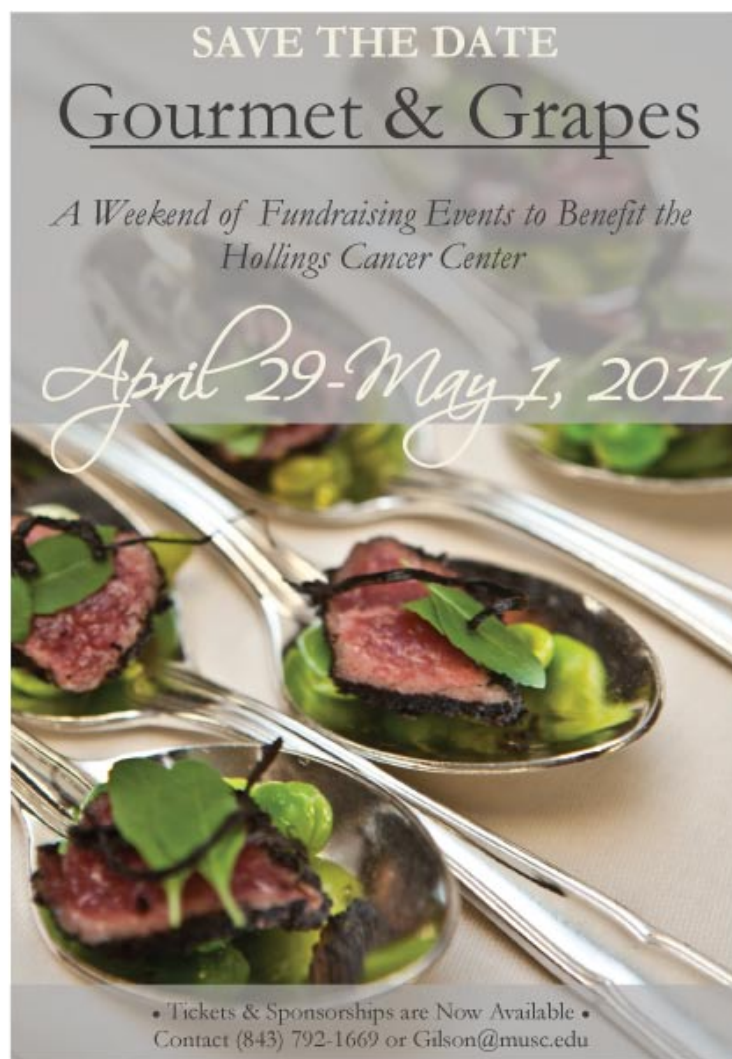
■ **Philanthropy**



*Andrew S. Kraft, MD, Hollings director, Larry Lipov, Edwin Pearlstine, Bruce Cohen, Jan Lipov, Lisa Cohen, Doris Lend, Phyllis Cohen*

**New Addition to the Edwin and Barbara Pearlstine Healing Garden**

Bruce Cohen and his wife Lisa made a special gift of metal art to the Honor/Memorial Brick Walkway in the Pearlstine Healing Garden. The pieces “Tree of Life” and “Circle of Life” were given in recognition of Jan and Larry Lipov’s generosity, friendship, and commitment to the community and in memory of Bruce’s father, Harris Cohen, and Lisa’s father, Phil Lend, respectively.



**Mark R. Green, MD, Distinguished Endowed Visiting Professorship in Thoracic Oncology**

**H**ollings announces the Mark R. Green, MD, Distinguished Endowed Visiting Professorship in Thoracic Oncology in honor of Green’s contributions to the field. The endowment also provides for an annual educational event advancing thoracic oncology.

Green received his MD from Harvard University and trained at Harvard’s Beth Israel Hospital, the National Cancer Institute (NCI), and Stanford University. In 1976, he joined the University of California, San Diego (UCSD), where he held the Edwin and Evelyn Tasch Chair in Cancer Research, established in his honor, and served as director of the UCSD Cancer Center. In 1986, he led the center to its first NCI National Core Grant Award.



In 1996, Green joined MUSC as director of the Hollings Cancer Center and the Gilbreth Professor of Oncology. He holds the title of Professor of Medicine Emeritus at MUSC. He is recognized as an outstanding clinical investigator, clinician, and teacher/mentor. His research interests include clinical investigation with a focus on lung and pancreatic cancer.

The Mark R. Green, MD, Distinguished Endowed Visiting Professorship was made possible by a gift from Green’s wife, Judith, and daughters, Rebecca Heinowitz, PhD, and Hillary Green. Additional support was given by friends and colleagues who join in recognizing Green’s achievements.



*Save the Date*

*MARK R. GREEN, MD  
DISTINGUISHED ENDOWED VISITING  
PROFESSORSHIP IN THORACIC ONCOLOGY*

*Seminar By*

*Everett E. Vokes, MD  
Interim Dean and CEO, Biological Sciences Division,  
University of Chicago*

*And 2011 Mark R. Green, MD,  
Distinguished Endowed Professor  
in Thoracic Oncology*

**CHEST ONCOLOGY RESEARCH  
IN THE CALGB -  
A THIRTY-YEAR EFFORT AND  
LASTING LEGACY**

*FRIDAY, JANUARY 21, 2011  
12:00 NOON*

*Hollings Cancer Center, Room 120*

## ■ Highlights

### Hollings Named Breast Imaging Center of Excellence

Hollings was named a Breast Imaging Center of Excellence by the American College of Radiology (ACR). ACR recognizes centers that have earned accreditation in all of the College's voluntary breast-imaging accreditation programs, in addition to the mandatory Mammography Accreditation Program.

Hollings breast imaging services are fully accredited in digital mammography, stereotactic biopsy, ultrasound and ultrasound-guided biopsy. Peer-reviewed evaluations determined that Hollings met high practice standards in image quality, personnel qualifications, facility equipment, quality control procedures, and quality assurance programs.

### Hollings Partners with Baylor on \$1.4 Million Award

Hollings researchers have partnered with Baylor College of Medicine in Houston, Texas, on a \$1.4 million Department of Defense grant to enhance breast cancer research at MUSC. Carola Neumann, MD, assistant professor of Cell and Molecular Pharmacology, will lead the program that will explore translating laboratory findings into the clinics via clinical trials. The program will also focus on racial disparities in breast cancer.

### Hollings Receives Avon Grant

The Avon Foundation awarded a \$125,000 grant to support Hollings Breast Cancer Navigation Program. The program addresses the unmet needs of underserved women who are at risk for and/or have been diagnosed with breast cancer. Linked to the Hollings Mobile Health Unit and breast cancer clinics, the program follows women from screening through diagnosis and treatment of breast cancer.

## Hollings and Pfizer Explore Drug Discovery



*Back row (l-r): Paul Bailey, PhD, Pfizer; Ray Jurgens, PhD, Pfizer; Diana Giorgio, PhD, Pfizer  
Front row: Kalpana Patel, PharmD, Pfizer; Teresa McShane, PhD, Pfizer; Melanie B. Thomas, MD, Hollings; Matthew Cotter, PhD, Pfizer; Bárbara Wicki, MD, Pfizer; Chuck Smith, PhD, Hollings; Ken Tew, PhD, Hollings*

A team of researchers from Pfizer Inc. partnered with Hollings investigators to lead a 3-D Oncology seminar exploring the drug discovery and development process. About 25 Hollings physicians and researchers completed a full day of simulated exercises, including submitting projects to a mock-FDA panel.

Pfizer's 3-D Oncology program is designed to teach researchers how to navigate the complex, costly, and competitive drug development process.

### SC Tobacco Collaborative Awards Grant

The South Carolina Tobacco Collaborative awarded more than \$16,000 to Hollings to conduct tobacco-cessation outreach in rural and underserved areas of the state's Lowcountry region. The partnership will link with existing community programs to offer cessation education and services to African American, Hispanic, and Native American communities.

### Alberg Receives NIH Award

Anthony J. Alberg, PhD, MPH, Professor in Biostatistics & Epidemiology and the Blatt Ness Endowed Chair in Oncology, has received a merit award for service on the National Cancer Institute's Physician Data Query Cancer Screening and Prevention Editorial Board. These awards are given in recognition of exceptional service in developing and maintaining evidence-based PDQ cancer information summaries.



## Planting it Pink in Hilton Head

Hollings affiliate Hilton Head Regional Hospital welcomed a new garden to the hospital's grounds recognizing the fight against breast cancer. The Avid Gardeners of Hilton Head Island created the Plant it Pink garden with support from the National Garden Club and Susan G. Komen for the Cure. The garden features pink blossoms arranged in the shape of a ribbon.

*(l-r) Virginia Herrmann, MD, a Hollings breast surgeon who leads the Breast Health Center at Hilton Head Regional Hospital; with Sandy Stern and Sharon Jaunsem of The Avid Gardeners of Hilton Head Island*



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## Hollings Welcomes New Physicians

*A number of talented physicians from across the U.S. have joined MUSC, augmenting our clinical and research capabilities.*



**Whitney Graybill, MD**  
Assistant Professor  
Gynecologic Oncology;  
Recruited from University of Texas



**Jennifer Jaroscak, MD**  
Assistant Professor  
Pediatric Hematology/  
Oncology; Recruited from  
University of North Carolina



**Yubin Kang, MD**  
Assistant Professor  
Hematology/Oncology  
(hematologic malignancies);  
Recruited from Duke  
University



**Zihai Li, MD, PhD**  
Associate Professor  
Hematology/Oncology  
(hematologic malignancies);  
Recruited from University of  
Connecticut



**George Simon, MD**  
Associate Professor  
Hematology/Oncology  
(thoracic); Recruited from  
Fox Chase Cancer Center

## Hollings Joins Social Media Revolution

Facebook:  
<http://facebook.com/muschollings>

Cancer Connections Blog:  
<http://blogs.muschealth.com/cancerconnections>

Twitter:  
<http://twitter.com/muschollings>

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