Kabat To Give Dyer Lecture March 14

Dr. Elvin A. Kabat, professor of microbiology and of human genetics and development at Columbia University, will deliver the R.E. Dyer Lecture on Wednesday, Mar. 14, at 8:15 p.m., in the Masur Auditorium.

Dr. Kabat's talk, entitled Structural and Genetic Approaches to the Study of Antibody Complementarity, will introduce recent directions of his work to define the precise molecular structures of antigens and antibodies, utilizing the basic techniques of quantitative immunochemistry in conjunction with organic and physical chemistry.

Dr. Kabat's analyses have been critical in establishing the nature and identity of the hypervariable regions of the immunoglobulins.

Encouraging Results' Reported In NCI-Supported DES Study

Encouraging results from a study of several thousand women whose mothers took the estrogenic hormone diethylstilbestrol (DES) during pregnancy were reported in this month's issue of Obstetrics and Gynecology and at the meeting today of the International Academy of Pathology's U.S.-Canadian Division in San Francisco.

Information from the National Cancer Institute-supported study may lower fears of the medical community and of women exposed before birth that DES exposure poses a serious threat of cancer of the genital tract.

The findings were presented at the meeting by Dr. Stanley J. Robboy, a Massachusetts General Hospital pathologist, associate professor of pathology at the Harvard Medical School, and a principal investigator in NCI's DESAD (DES and Adenosis) project. Adenosis is the presence in the vagina of a noncancerous glandular tissue that normally disappears during the development of the genital tract before birth.

Among the 1,275 women in the study whose DES exposure was identified by review of their mothers' obstetrical records:

- No cancers were discovered;
- Occurrence of abnormal squamous cells (which are not cancerous) in either the vagina or cervix was rare;
- Changes in the lining or the wall of the vagina, including adenosis, were found in 34
The first meeting of the expanded HEW Recombinant DNA Advisory Committee was held Feb. 15-16 at NIH. This Advisory Committee is distinct in that its 25 members include those interested in the legal, ethical, and environmental areas of DNA research, as well as the scientists involved in the management or conduct of such research.

At its February meeting the committee considered specific interpretations of the NIH guidelines for DNA recombinant research.

A major consideration was whether to approve the use of certain host-vector systems, among them yeast. Also discussed were 16 to 18 other proposals for action.

NIH Director Dr. Donald S. Fredrickson will review the Advisory Committee recommendations and his decisions, based upon his review, will appear in the Federal Register at a later date.

**R&W Sponsors 6-Week Course On How To Cope With Stress Beginning Friday, March 16**

A 6-week series on How to Relax and Accomplish More will introduce a variety of techniques for coping with everyday harassments and stress. Classes begin on Friday, Mar. 16, and will be held from 11:30 a.m. to 12:30 p.m. in the Clinical Center 14th Floor auditorium.

The instructor, Anita H. King, a psychotherapist with 15 years of clinical experience, has studied eastern and western approaches to achieving self regulation. This introductory course can be followed by advanced classes upon demand.

The course fee is $25. Sign up now at the R&W Activities Desk, Bldg. 31, Rm. 1A-18. For further information about the course, call 530-2866.

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**CFC Booster Effort Helps NIH To Reach 83 Percent of Its Dollar Goal**

The 1-week Combined Federal Campaign’s Booster effort, which ended Feb. 13, produced $3733.25 more in contributions by NIH employees for a total of $229,753.76.

NIH achieved 83% of the $277,195 dollar goal. The contributions by 6,142 employees represented a participation rate of 60%. The Booster campaign—requested by HEW Secretary Joseph A. Califano, Jr., CFC chairman—was directed to those employees who wanted to give but did not have the opportunity during the regular campaign period.

Last year NIH created two CFC trophies to be awarded annually to the B/I/D organizations reaching the highest percentage of dollar goal and the other for the B/I/D unit with 100% participation and the greatest number of contributors.

Last year’s and this year’s trophies were won by the same organizations: the Fogarty International Center will receive the trophy for 207% of dollar goal achieved. It also had 100% employee participation.

The Division of Research Resources will receive the trophy for having the greatest number of employees for an organization achieving 100% participation. DRR also exceeded 100% of the dollar goal.

The National Institute on Aging also exceeded its dollar goal and had 100% participation.

Other organizations reaching or exceeding the dollar goal were: National Institute of Arthritis, Metabolism, and Digestive Diseases, National Eye Institute, and the Division of Research Grants.

The following offices within the Office of the Director, NIH, reached or exceeded 100% of their dollar goal but were considered ineligible for the B/I/D trophies: Office of Communications, Office for Protection from Research Risks, Office of Program Planning and Evaluation, Division of Personnel Management, Division of Financial Management, Division of Contracts and Grants, Division of Management Policy, Division of Management Survey and Review, Division of Engineering Services, and the Division of Equal Opportunity.

The latter also had 100% participation.

The immediate Office of the Director, NIH, had 203% of goal and 98% participation.

The most active B/I/Ds during the Booster campaign were: the National Cancer Institute, National Institute of Child Health and Human Development, National Institute of Arthritis, Metabolism, and Digestive Diseases, National Institute of Allergy and Infectious Diseases, Clinical Center, and the Division of Research Grants.

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**History of Medicine Society To Meet at Walter Reed**

The next meeting of the Washington Society for the History of Medicine will be held on Thursday, Mar. 15, at 8 p.m. in the Russell Auditorium of the Armed Forces Institute of Pathology, Walter Reed, in D.C.

Prior to the meeting, the AFIP Museum, the oldest medical museum in the country, will be open from 7 to 8 p.m. for members and guests of the Society.

The program features a film, "Homeopathy," with commentary by Dr. Ray Kondratus, assistant curator, Medical Sciences, National Museum of History and Technology.

Also, Dr. William L. Fox, a historian, will discuss Harvey W. Wiley, M.D., and His Search for American Sugar Self Sufficiency. For more information about the meeting, call 496-5961.
New NIH ‘Unique’ Zip Codes Promise Speedier Mail Delivery

On Jan. 31 the U.S. Postal Service provided a “unique” Zip Code for exclusive use by NIH. The old Zip Code, Bethesda, Md. 20014, has been replaced by Bethesda, Md. 20205 for NIH, and Bethesda, Md. 20209 for NLM.

The new “unique” Zip Codes will facilitate mail operations for NIH effecting speedier delivery. Several processes previously involved in Postal Service handling of NIH mail will be eliminated, allowing for more direct routing.

The U.S. Postal Service changed its procedure for processing NIH mail effective Feb. 19 so all NIH correspondence can reflect the new Zip Code at this time, particularly mail addressed to NIH.

In order to assist NIH activities, B/I/D’s will be supplied with copies of a notice, which should be included in communications from NIH to inform correspondents of the Zip Code change.

The notice may be reproduced as needed, especially for multiple and contracted mailings. This procedure should be followed until all stationery, mailers, and labels stocked by NIH are replaced by items with the new Zip.

All requests for printing of mailing material should include the new Zip Code. Orders previously placed and not yet delivered should be reviewed to determine if printing has commenced and, if not, a request should be made to change the Zip Code.

Pen-and-ink or typewriter changes are allowable and appropriate for mailing materials on hand.

If there are any questions about making the changeover at the earliest possible date, please call Billy C. Arnwine, 496-6876, or Jim Thompson, 496-1950.

Copies of these notices are being distributed to B/I/D’s, and additional copies may be available at the Central Mail Room, Bldg. 31, Rm. B1E-18.

University of Brussels Honors Achievements Of Drs. Evarts and Goldin

Dr. Edward Evarts, chief of the Laboratory of Neurophysiology of the National Institute of Mental Health, and Dr. Abraham Goldin, assistant director for International Treatment Research, Division of Cancer Treatment, National Cancer Institute, were recently honored by the University of Brussels, which conferred upon them the title of Docteur Honoris Causa.

The two scientists were among 15 persons who received honorary degrees from the university. The awards, which originated in the 1930’s to honor the Belgian royal family, are presented approximately every 4 years to recognize both Belgian and foreign persons who have made significant contributions in the fields of science, the arts, and politics.

Dr. Evarts was honored for his scientific achievements and collaboration with investigators at the university.

Among his outstanding contributions to neuroscience, Dr. Evarts has pioneered the development of a number of important techniques which have influenced present-day concepts and approaches to understanding the functioning of the brain.

He has a major interest in the cerebral mechanisms underlying sleep, electrophysiological correlates of behavior, and neurophysiology of movement.

Since he first came to NIMH in 1953, Dr. Evarts has received a number of honors and awards, including the DHEW Distinguished Service Award and election to the National Academy of Sciences.

Dr. Goldin was honored by the university’s Faculty of Medicine and Pharmacy for his pioneering work in the field of chemotherapy.

Dr. Goldin has developed quantitative methodology for assessing drug effectiveness against cancer in animal models.

He has done extensive research with the anticancer drug methotrexate and is credited with showing that high doses of the drug can be used safely when followed by the timely administration of citrovorum factor, an antidote. This treatment has been utilized successfully against many forms of human cancer, including a bone sarcoma of young adults.

More recently, Dr. Goldin has been instrumental in establishing international collaborative chemotherapy and information exchanges with cancer research institutions on a worldwide scale.

The recipient of numerous honors and awards, Dr. Goldin has been at NCI since 1949.

Scientists honored in past ceremonies by the University of Brussels include Albert Einstein, Ivan Pavlov, Sir Alexander Fleming, and Jacques Monod.

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R&W Offers Variety Of March Activities

The Recreation & Welfare Association is planning a variety of activities for NIH employees this month. Some of these activities are listed below.

On Thursday, Mar. 8, from 6:30 to 8:30 p.m. in Bldg. 10, Rm. 15-207, a workshop begins on Creative Problem Solving Through Movement and Body Awareness, conducted by Sheila Litwin, 4 sessions for $40.

Ms. Litwin is also conducting new jazz dance classes beginning Thursday, Mar. 15, 5:15 to 6:15 p.m., Bldg. 10, 14th floor auditorium. The charge for 8 sessions is $36.

On Sunday, Mar. 11, from 4:30 to 8:30 p.m., there will be an Italian buffet (all you can eat) at Vesuvio’s Italian Restaurant in Adelphi, Md., with diners dancing or listening to original arrangements of the Nation’s greatest bands by Tony D’Angelo and his 15-piece orchestra. The cost is $10 per person with the proceeds to be donated to the Patient Emergency Fund.

The R&W is also offering tickets to two shows, “Bedroom Farce,” on Thursday, Mar. 15, at the Kennedy Center’s Eisenhower Theater at a cost of $11.90 plus service charge, and “Tintypes,” at the Washington Arena Stage, which makes the ragtime era come alive. The cost of the trip is $12, with buses leaving Bldg. 31 C at 5:15 p.m.

For tickets and further information on these functions, please call the R&W Activities Desk, 496-4600.

USDA Grad. School Registration

Registration for spring evening courses offered by the Graduate School, U.S. Department of Agriculture, will be held Mar. 19-24.

For information, call 447-4419.
Mgmt. Intern Program Receiving Applications Through April 6

Applications for the 1979 HEW Management Intern Program are being accepted through Apr. 6. Trainees enter the 3-year management development program at the GS-7 level and qualify for permanent positions at the GS-12 level upon successful completion of the program.

Employees are eligible to apply if they: 
- Are serving in a career or career-conditional appointment, or an excepted appointment under Schedule "A" authority 213.3102 (U).
- Are eligible for grade GS-7 when the training program begins July 15.
- Are able to demonstrate real potential for managerial achievement and development.
- Have successfully completed one of the following:

Requirements Noted

- A 4-year course in an accredited college or university leading to a bachelor's degree and 1 year of graduate study beyond the bachelor's degree; or
- 4 years of experience in administrative, professional, technical, investigative or other responsible work which has provided a general background for a management position; or
- Any time-equivalent combination of such education and experience.

Vacancy announcements outlining application procedures are available through B/I/D personnel offices and the Career Development Branch, Bldg. 31, Rm. B2C-39.

NIH ‘Radiation Safety Guide’ Undergoes Revision; Reflects Changes in Regulations and Dosages

The National Institutes of Health Radiation Safety Guide has been revised by the Radiation Safety Branch, Division of Research Services, to reflect changes that have occurred since the last edition in 1973.

This document is the basic reference for all radiation users at the NIH. It covers a wide variety of topics, including responsibilities of radiation users, policies and procedures for radionuclide use areas, radioactive waste handling, procedures for nursing and patient care staff, radiation producing machines, and radiation sources.

Appendices to the Guide contain useful information: a glossary of terms used in work with radiation, information related to the hazards of various radionuclides, and radioactive decay correction tables.

Also included are Guidelines for Maximum Permissible Doses and copies of regulatory documents of importance to radiation workers at NIH.

In addition, information sessions in which current interns will give details on the program are planned for Monday, Mar. 12, Bldg. 10, 14th floor auditorium, 4-5 p.m. and Wednesday, Mar. 14, Bldg. 31, Conf. Rm. 4, 12:15-1:15 p.m.

Interested employees are urged to attend.

The current Guide contains some major revisions. Changes in allowable radiation doses to human in certain research uses of radiopharmaceuticals will be important to physicians as will a brief discussion of simplified internal radiation dosimetry performed according to the methods of the Medical Internal Radiation Dose Committee. New regulatory documents, promulgated since the last issue of the Guide, are also included.

It is important that all users of radiation at NIH review the Guide and conduct their activities in conformance with it. In particular, the Guide actually becomes a part of the license issued to NIH by the U.S. Nuclear Regulatory Commission, and activities that are not conducted according to the Guide may constitute violations of the license.

The Radiation Safety Branch is in the process of distributing copies of the Guide to interested groups and individuals. All registered radionuclide users will be sent a copy. Additional single copies may be requested by calling the Radiation Safety Branch, 496-5774.


VISITING SCIENTIST PROGRAM PARTICIPANTS

2/14—Dr. Jane E. Croft, United Kingdom, Laboratory of Pharmacology. Sponsor: Dr. Richard M. Philpot, NIEHS, Research Triangle Park, N.C.

2/14—Dr. Heide Oertel, Germany, Laboratory of Clinical Investigations. Sponsor: Dr. Michael Kaliner, NIAID, Bldg. 10, Rm. 11N250.

2/14—Dr. Toolsee Singh, Canada, Laboratory of Molecular Biology. Sponsor: Dr. Mark Willingham, NCI, Bldg. 37, Rm. 4B15.

2/15—Dr. Stefano Govoni, Italy, Laboratory of Preclinical Pharmacology. Sponsor: Dr. Erminio Costa, NIMH, St. Elizabeths.

Dr. Saffiotti Sponsor

2/20—Dr. Enrico Cortesi, Italy, Laboratory of Experimental Pathology. Sponsor: Dr. Umberto Saffiotti, NCI, Bldg. 37, Rm. 3A17.

2/20—Dr. Eve Devinoy, France, Laboratory of Pathophysiology. Sponsor: Dr. Pradman K. Qasba, NCI, Bldg. 10, Rm. 5B54.

2/20—Dr. Steven K. Dower, United Kingdom, Immunology Branch. Sponsor: Dr. David Segal, NCI, Bldg. 10, Rm. 3N103.

2/20—Dr. Yoichiro Hirokata, Japan, Laboratory of Toxicology. Sponsor: Dr. Theodore E. Gram, NCI, Bldg. 37, Rm. 5B22.

2/20—Dr. Sumio Suda, Japan, Laboratory of Cerebral Metabolism. Sponsor: Dr. Louis Sokoloff, NIMH, Bldg. 36, Rm. 1A27.

2/21—Dr. David Ingvar, Sweden, Laboratory of Cerebral Metabolism. Sponsor: Dr. Louis Sokoloff, NIMH, Bldg. 36, Rm. 1A27.
Woman Employee Wins Discrimination Case

In a recent U.S. District Court decision, an NIH employee, Rosalind Marimont, was granted backpay and attorneys' fees by Judge Harold Green as a result of her allegation that she had been discriminated against in being denied a promotion from the GS-13 to GS-14 level in June 1971.

Although subsequently promoted to GS-14 in October 1973, Ms. Marimont pursued her case through the courts which culminated in the Jan. 30, 1979, decision by Judge Green.

In his written opinion, Judge Green articulated eight factors in support of his decision, including his determination that "the standards by which plaintiff's promotion recommendations were judged were ill-defined and adhered to with different degrees of faithfulness and understanding by members of the Board of Scientific Directors."

Judge Green concluded that although "none of these factors is direct proof of discrimination on account of sex, and all of them in combination do not conclusively prove such discrimination . . . the court finds that on the basis of circumstantial factors enumerated above, plaintiff has established a prima facie case."

Motion Rejected

In addition to the individual relief sought, Ms. Marimont also requested a broad injunction requiring hiring and promotion goals, the establishment of objective promotion criteria, and improved promotion procedures.

Despite his finding for the plaintiff, Judge Green rejected the motion of broad hiring or promotion goals citing that there was "no proof of broad scale discrimination against women at NIH . . . and that plaintiff's statistical case was undermined by (the NIH) expert who demonstrated that, absent consideration of the relevant labor market, it is impossible to draw significant conclusions from plaintiff's statistics."

The court likewise rejected the demand for adoption of objective promotion criteria, citing that "the imposition of rigid performance and promotion standards is inappropriate in the context of the responsibilities exercised by the Board of Scientific Directors of NIH."

Conclusions Noted

The court did, however, agree with the request for improved promotion procedures noting that "fair and definite procedures constitute a safeguard against abuse . . ." As a result, Judge Green concluded that:

- The role of the Board of Scientific Directors must be formalized;
- Members of the board must give consideration to the Research Grade Evaluation Guide (an OPM classification standard);
- NIH must clarify the extent to which promotions to some or all scientific positions at higher levels will be based on individual achievement or potential, usefulness of the employee to the unit to which he is assigned, or usefulness of the employee's work or background to the overall NIH mission;
- The Scientific Directors must consider at a minimum the report of any peer review committee, the employee's job description, and the employee's publications and scientific recognition.

The court has given NIH 45 days to comply with the above mandate although an extension of that time period may be granted.

Data Tape Users Conference Will Be Held in May

A Data Tape Users Conference sponsored by the National Center for Health Statistics will be held May 22 and 23 at the Sheraton Silver Spring Motor Hotel.

General sessions, workshops, and discussion groups will provide an opportunity during the 2-day meeting for tape users to share their experiences and problems, obtain technical assistance from NCHS staff, and learn from outside speakers of other uses and applications of the NCHS computer tapes.

Workshops and discussion groups will be organized around each major survey or data collection system to ensure that users with similar problems or concerns can meet together with appropriate NCHS staff.

Technical and substantive issues such as sample size and weighting, imputation schemes, management of large data files, how to deal with missing information or records, tape and record format, the application of national data to local areas, and other issues and problems will be discussed.

This first conference of NCHS tape users is designed for current or potential tape users to handle specific questions and problems and to gain additional insight into the types of analysis or applications which can be made with NCHS public use tapes.

For further information, contact: Alan Kreger, Division of Operations, National Center for Health Statistics, Rm. 1-57, 3700 East-West Highway, Hyattsville, Md. 20782; (301) 436-8569.

and the employee's publications and scientific recognition.

The court has given NIH 45 days to comply with the above mandate although an extension of that time period may be granted.
DES STUDY (Continued From Page 1)
percent of the women (much less than had been suspected in some previous investigations):
- Women 26 years of age or older had changes in the vagina less frequently than did younger participants, suggesting that some effects of DES exposure may have less consequence as women grow older.

Although these findings concerning DES-exposed daughters are optimistic,” said Dr. Arthur C. Upton, Director of the National Cancer Program and NCI, “we must keep in mind that these women have not yet reached their forties. We cannot yet be sure that DES exposure before birth may not adversely affect exposed daughters in later life.

“Therefore, study of the long-term risks of exposure to DES during pregnancy and before birth is continuing. Physicians should be alert to possible effects of DES exposure, and exposed individuals should continue to have regular examinations, as recommended by Secretary Joseph Califano and the DES Task Force last year.”

Reassuring reports based on data from examinations of the total study group of 3,339 young women exposed before birth to DES are included in the two papers by scientists of the DESAD project in the March issue of Obstetrics and Gynecology.

The DESAD group comprises investigators at the Baylor College of Medicine, Houston; Massachusetts General Hospital, Boston; the Mayo Clinic, Rochester, Minn.; and the University of Southern California, Los Angeles.

NCI’s Division of Cancer Control and Rehabilitation commissioned the DESAD study in 1974 to determine the risk of developing DES-associated conditions by daughters whose mothers took DES during pregnancy to avoid miscarriage.

Drs. Arthur Herbst, Howard Ulfelder, and David C. Poskanzer of Massachusetts General Hospital reported in 1971 that the mothers of seven of eight female children who had developed clear cell adenocarcinomas of the vagina had taken DES while pregnant.

Data from the DESAD study have been analyzed according to the three ways in which the participants were recruited. In addition to the large group of DES-exposed daughters identified by reviewing their mothers’ obstetrical records, participants include women referred to the study by physicians because of their documented exposure, and “walk-ins” with known genital tract abnormalities associated with DES exposure before birth.

Because identification of DES-exposed patients by obstetrical record review does not select out any isolated group of DES-exposed daughters, “reliable inferences to the general population of DES-exposed daughters should be based on the examination of this segment which most clearly represents the overall DES-exposed offspring,” said Dr. Peter C. O’Brien, Mayo statistician and senior author of one paper.

Only four participants in the entire study had clear cell adenocarcinoma, a rare type of cancer with an unusual glandlike appearance when viewed with a microscope. These four had been referred to the study by physicians or were “walk-ins.” In two of the patients the cancers were discovered as a direct result of the study examinations. Each patient’s cancer was in a very early stage, with a high likelihood of cure.

Confusion Possible
No cancers were detected in daughters identified by record review. A benign condition called microglandular hyperplasia (a proliferation of small glands often associated with oral contraceptive usage) was found in five DES-exposed daughters in the study. This condition (which is not harmful) can be confused with clear cell adenocarcinoma.

The finding of a 34 percent frequency of changes in the vagina among 1,275 women identified by record review is in contrast to changes in 65 percent of participants referred to the project by physicians, and in 59 percent of women who had personally requested enrollment in the study because of their known exposure. These results indicate that patients who come to a center, or are recommended by physicians, represent a biased population. Many other reports have been unduly biased by the methods of recruiting patients to be studied, Dr. Robboy said.

Among the study participants found to have changes in the vagina and from whom biopsy tissue specimens had been obtained, 45 percent had adenosis.

Vaginal changes appear to be most common among women whose exposure to DES started during or before the 18th week of their

(Continued on Page 7)
OMB Revises Definition Of Clinical Investigations

On Dec. 22, 1978, the Office of Management and Budget revised the definition of clinical investigations it uses in administering the Federal Reports Act of 1942. This Act requires that certain data forms used in intramural and contract supported research projects be reviewed and approved by the OMB prior to use.

The effect of the recent revision in the definition of clinical investigation, exemption 9(c), is two-fold: first, to broaden the class of projects that are exempt from the forms clearance requirements; and second, to accelerate the review process for those forms that remain subject to OMB review and approval.

NIH procedures for obtaining exemptions for clinical investigations or laboratory research will be published by the Office of Extramural Research and Training in an upcoming Instruction and Information Memorandum.

Questions regarding the new OMB directive should be referred to Carol Watkins, NIH project clearance officer, 496-4716.

Beginning Jan. 1, 1979, the following have been exempt from OMB approval:

• Collection of information exclusively for purposes of research on the etiology, diagnosis, or treatment of a clinical disorder (excluding substance abuse), or for direct treatment of that disorder, from patients (and appropriate control subjects) receiving or about to receive medical care for that disorder or undergoing a standard medical examination.

• Collection of information from patients mothers’ pregnancies, and involved a large cumulative dose of the drug administered over a long duration.

In the past, other investigators had reported identification of adenosis in nearly all women exposed to DES, but the new DESAD data corroborated findings at the Massachusetts General Hospital reported in 1975.

"Adenosis itself does not appear to be harmful," Dr. Robboy said. He stressed that doctors have been concerned that clear cell adenocarcinoma may arise from adenosis, because almost all vaginal cancers are accompanied by adenosis.

Many experts now believe, however, that if adenosis does become adenocarcinoma, the transformation will occur in a miniscule proportion of DES-exposed daughters, possibly as low as one in several thousand.

“At this time no treatment is prescribed for adenosis,” said Dr. Raymond H. Kaufman, chairman of the department of obstetrics and gynecology at Baylor College of Medicine and co-author of both papers. “In our experience in the project, covering several years, no patient with adenosis has developed a cancer. On this basis perhaps the most prudent approach is to be conservative and simply re-examine these young women on a periodic basis.”

That older woman had vaginal changes less frequently than younger women was described by Dr. O’Brien as an “important and encouraging finding.”

This fact has become evident because DESAD project participants now include women as old as 32 years of age, whereas participants in earlier studies generally had not exceeded 25 years. Efforts will be made to identify the factors responsible for the decreasing frequency of changes in older DES-exposed daughters.

In addition to Drs. O’Brien, Robboy, and Kaufman, authors of the DES reports include Drs. Ann B. Barnes, Jaime Prat, William R. Welch, and Robert E. Scully of the Massachusetts General Hospital; Drs. Kenneth L. Noller and Thomas Gaffey and Ms. Barbara C. Tilley of the Mayo Clinic; and Dr. Duane E. Townsend of the University of Southern California.

Also, Drs. Ralph Richart and Cecilia M. Fenoglio of Columbia University; and Dr. Rodelino Virata of the Gundersen Clinic, LaCrosse, Wis. (Columbia University and the Gundersen Clinic are subcontractees to the University of Southern California and Mayo Clinic. Drs. Prat and Welch are junior faculty fellows of the American Cancer Society.)

The year 1979 has been declared by the United Nations as the International Year of the Child (IYC). This logo in Spanish and English is symbolic of the UN call to all Nations to give renewed focus to their children’s needs (see page 1 story, The NIH Record, Dec. 12, 1978).

shortly after the collection begins. OMB will examine these documents in January 1980 to determine whether effects of the broadened exemption and compliance with the directive merit a permanent modification to Circular No. A-40.

According to Richard Eisinger, OMB, this new definition is only a temporary measure. It will be in effect for a period of 15 months, and the provision of OMB Clearance Memorandum 77-1 will not apply during this period.

Moreover, this directive does not automatically exempt epidemiological studies from OMB clearance. Departments are encouraged to request OMB advice in situations where 9(c) applicability is unclear and to comment on the new OMB directive no later than Nov. 30, 1979.

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FIC Scholars Sponsor Seminars on Evolution Beginning March 13

The Fogarty International Center Scholars-in-Residence Program will sponsor a seminar series on Evolution, From the Prebiotic to the Present, to be chaired jointly by Fogarty scholars Dr. Sidney A. Bernhard and Dr. Michael Feldman. Dr. Bernhard is professor of chemistry at the University of Oregon and a member of the Institute of Molecular Biology, University of Oregon, Eugene. He is a specialist in the physical biochemistry of proteins, particularly enzyme catalysis. At present, he is writing a book on The Structure and Function of Proteins.

Feldman, Bernhard Lead Series

Dr. Feldman is a distinguished immunologist and cell biologist. He is professor and head of the department of cell biology, The Weizmann Institute of Science, Rehovat, Israel.

Dr. Bernhard will lead the early part of the series. Dr. Feldman will lead the later series on polymorphic evolution. Lectures will be presented by both intramural and outside authorities. The seminars will be held at the Stone House Conference Room (Bldg. 16) at 8 p.m.

Speakers and topics for the March programs are—

Tuesday, Mar. 13, Dr. George Weatherall, department of terrestrial magnetism, Carnegie Institution, History of the Earth.

Tuesday, Mar. 20, Dr. Stanley Miller, University of California at San Diego, Prebiotic Synthesis of Organic Molecules.


The programs for April and May will be announced shortly. Those interested in attending any of the series should contact: Rita Levitan, Bldg. 16, NIH, Bethesda, Md. 20205, or telephone (301) 496-1213.

Emphasis on Special Quality of Care Urged By NIH Consensus Development Panel

An NIH consensus development panel on Feb. 16 issued a list of recommendations for the health care system regarding the management of terminal illness. The panel was part of a 2-day meeting on Pain, Discomfort, and Humanitarian Care, organized under the Federal Interagency Committee on New Therapies for Pain and Discomfort.

In general, the panel urged that a special emphasis be placed on the quality of care rather than on the traditional concern for a cure, when the patient is terminally ill. Pain should be suppressed continuously; drugs for pain should not be provided on a p.r.n. (as needed) basis, according to the consensus panel.

Other recommendations were:

- A multidisciplinary approach in the integration of treatment for the psychological and spiritual preparation for death for the patient and family is needed. Physicians, nurses, nutritionists, social workers, mental health professionals, humanists, volunteers, pharmacists, physical therapists, occupation and speech therapists, and others all should be involved in care for the terminally ill.

- Adequate funding is needed to support studies dealing with the epidemiology of dying. Specific methods of treating pain—such as the effects of long-acting analgesics—also should be the subject of research. Bereavement counseling and pharmacologic methods of treating pain are other topics that need to be studied.

- Medical school and nursing students should be counseled about “dying care.” This portion of the medical community currently receives little training in the care for the terminally ill. There also is an urgent need for all health professionals to be updated on the present state-of-the-art of the management of terminally ill patients in general and treatment of pain in particular.

- When decisions are made on the mechanisms for caring for the terminally ill, the role of existing health care institutions, health professionals, and society must be reassessed in view of the emergence of the hospice concept. Hospice, in this context, refers to a type of care, rather than a physical facility.

The principles of care for the terminally ill should be incorporated into the health care delivery system.

The conference on management of pain and the consensus panel were sponsored by the NIH Office for Medical Applications of Research; National Institute on Aging; National Cancer Institute; National Institute of Neurological and Communicative Disorders and Stroke; National Institute on Dental Research; Fogarty International Center; National Institute on Drug Abuse, ADAMHA; and the Bureau of Drugs, FDA.

The NIH consensus program brings together biomedical research scientists, practicing physicians, consumers, and others in an effort to reach general agreement on the status of a medical technology and whether it has been validated for safety and efficacy. The consensus development panel on the management of the terminally ill was the first in a series of more than 25 such exercises planned for 1979.