NIH Lecture To Feature Sherwin Nuland

Bestselling author Dr. Sherwin Nuland, professor of surgery at Yale University School of Medicine, will deliver the next NIH Director's Cultural Lecture. Titled "To See Ourselves as Others See Us: The Artist Looks at the Doctor," the lecture will take place at 3 p.m. on Tuesday, Apr. 25, in the Clinical Center's Masur Auditorium. Nuland will present his reflections on ways in which artists have seen the medical profession since the time of the Renaissance.

Nuland is the author of How We Die: Reflections on Life's Final Chapter, for which he received the 1994 National Book Award. A testimonial to the belief that the dignity we seek in dying must be found in living life to the fullest, the book appeared on the New York Times bestseller list for 17 weeks.

After graduating as a New York State regents' scholar (summa cum laude) from New York University, Nuland completed his medical training at Yale. He is an accomplished surgeon, having been trained in general surgery, cardiovascular surgery and cardiothoracic surgery. He is also a member of the bioethics committee at Yale-New Haven Hospital and has written numerous professional articles on various aspects of surgery and on the history of medicine.

Nuland serves as literary editor of Connecticut Medicine and is chairman of the board of managers of the Journal of the History of Medicine and Allied Sciences. At Yale, he teaches surgery and the history of medicine.

He is also the author of Doctors, The Biography of Medicine, and The Origins of Anesthesia, and has contributed numerous articles to the New Yorker, the New Republic, Discover, and the New York Review of Books.

This lecture has been approved for continuing medical education credit.

Gene Amplification May Revive Prostate Cancer

Researchers believe they have discovered why treatment of advanced prostate cancer so often fails after months or even years of what seems like success. The cancer cells, they found, respond to the treatment by generating extra copies of a gene that helps fight off the therapy's destructive effects on the tumor.

The basic treatment for advanced prostate cancer is androgen deprivation, a dramatic reduction in the male hormones that stimulate tumor growth. A team of researchers from Finland and the National Center for Human Genome Research found that after this treatment, tumor cells often exhibited multiple copies of the gene encoding the androgen receptor (AR), which binds the hormone to the cell. Tumors taken from the same patients before treatment contained only the usual single copy of the gene, they announced in the April issue of Nature Genetics.

The scientists suggest that the AR gene is amplified during androgen deprivation therapy because additional copies of the gene help tumor cells soak up what little hormone is available, and so keep growing even when androgen concentrations are low.

Slavkin To Direct NIDR

Dr. Harold C. Slavkin has been named new director of the National Institute of Dental Research. He currently is director of the Center for Craniofacial Molecular Biology at the University of Southern California School of Dentistry. He will assume his new position in July. Slavkin replaces Dr. Harald Loe, who retired in June 1994.

"I am very pleased that Dr. Slavkin has agreed to assume leadership of the NIDR," said NIH director Dr. Harold Varmus, who made the appointment. "His credentials as a scientist, his experience as administrator of an academic research center, and his standing in the oral health research community will be invaluable in guiding the NIDR's important research agenda."

Researchers Identify Hip Fracture Risk Factors

A host of readily identifiable factors, many of which can easily be modified, increase the risk of hip fracture in older women, according to researchers participating in the Study of Osteoporotic Fractures (SOF). The study, funded by NIH, involves more than 9,500 women age 65 and older and suggests that there are a number of steps women can take that may decrease their fracture risk. These include staying active, walking for exercise, getting treatment for osteoporosis, and taking steps to maintain bone density, including estrogen replacement therapy or other treatments.

The researchers found that women who have five or more risk factors have an especially high likelihood of suffering a hip fracture. Previous results from this group and others show that women with low bone density have a greater risk of hip fracture. This new study finds that assessing risk factors in addition to bone density further improves the ability to predict a woman's risk.

Bond Campaign Kickoff, May 3

"Invest in Your Future Today" is the theme of the 1995 U.S. Savings Bond campaign, sponsored by NCRR. The kickoff will be held Wednesday, May 3 at 11:45 a.m. on the patio outside Bldg. 10's B1 level cafeteria. Featured will be jazz music, free raffle and a soccer scrimmage between the Washington Warthogs and some NIH’ers. Don't miss it!
Slavkin was identified as a top candidate for the NIDR directorship by a committee that conducted an extensive national search. As NIDR director, Slavkin will oversee a staff of about 400 scientists and administrators and an annual budget of more than $174 million. He will direct a research program that covers the full range of oral health concerns. This research is carried out by investigators at public and private institutions across the country and internationally.

"Many of us in the biomedical research community sense that investigator-initiated research must be defended and maintained, and that new horizons never before contemplated must be explored, in order to advance American leadership in fundamental and applied biology," said Slavkin. "In this regard, I plan to do everything possible to be proactive for the biomedical research community and to continue the process of broadening the scope of craniofacial-oral-dental research. I am delighted and privileged to serve as the sixth director of the NIDR at this unique time of opportunity and challenge."

As head of the USC Center for Craniofacial Molecular Biology, he directs a team of scientists investigating the genetics of normal and abnormal craniofacial, oral, and dental development. His own studies focus on the developmental processes underlying a number of congenital and acquired craniofacial and oral defects. In addition, he teaches molecular biology at the graduate level and biochemistry and nutrition at the USC School of Dentistry. Slavkin was responsible for creating the first Ph.D. program in the nation in craniofacial biology, a program he chaired for 10 years.

He is also active in programs to support and strengthen precollege science education in Los Angeles. He helped initiate a program sponsored by the National Science Foundation that gives high school students an opportunity to work on a research project at a university. Together with his wife, Lois, who is executive director of the USC Center to Advance Precollege Science Education, he has supported programs to promote science appreciation and literacy at the elementary, middle, and high school levels. He served as executive producer and writer for a Public Broadcasting Service film called A Lifetime of Change, shown at the 10th annual conference of the International Society of Developmental Biology and the Academy of Motion Pictures, Arts and Sciences in Beverly Hills. He also collaborated with PBS on the production of Genetic Engineering: Why in the World? and with other educational film companies in the making of Development and Differentiation and Intercellular Communication.

Slavkin has many longstanding ties to NIDR and NIH. An institute grantee since 1966, he is currently the recipient of a MERIT (Method to Extend Research in Time) award. This award, given to senior investigators, provides long-term research grant support based on an outstanding research and productivity record over a long period of time. He also serves as principal investigator on an NIH-sponsored center grant, program project grant, and an R01 grant. He has been a member and chair of NIDR's board of scientific counselors, he served as acting chief of NIDR's Laboratory for Developmental Biology and Anomalies, and he presented an NIDR Kresher Lecture, an honor given yearly to recognize outstanding scientific accomplishments in basic and clinical research. Recently, he served on the NIDR blue ribbon panel that formulated recommendations to shape the future of the NIDR Division of Intramural Research.

Slavkin is the immediate past president of the American Association for Dental Research. He belongs to numerous professional organizations, including the International Society of Developmental Biology, the American Association for the Advancement of Science, the American Dental Association, the American Association of Anatomists, the American Society of Cell Biology, the International Association for Dental Research, and the American Cleft Palate Association. He serves on the editorial boards of the International Journal of Developmental Biology, Differentiation, Oral Diseases, and Current Opinion in Dentistry.

He received his undergraduate degree from the University of Southern California in 1961, and his D.D.S. from USC in 1965. He received an honorary doctorate in science from Georgetown University in 1990.
U.S. Results

Preterm Delivery, Infant Mortality Linked

Newborn babies in at least 20 countries have a better chance of surviving than those born in the United States. Reasons for this are unknown, but a paper published in a recent JAMA may provide a clue. A study by an international team of researchers suggests that high rates of preterm delivery in the U.S. may be a serious problem. The researchers compared babies born in the U.S. and Norway and showed that if the U.S. could lower its rates of preterm delivery to Norway's level, infant mortality here would be as low as Norway's, one of the lowest in the world.

This study was carried out as a collaboration among scientists at NIEHS; University of Bergen, Norway; National Center for Health Statistics; and Free University of Brussels, Belgium.

"The most surprising thing," said NIEHS' Dr. Allen Wilcox, who directed the study, "is that even if we could reduce our preterm deliveries in the U.S. and lower our mortality, our birth weights would still be lighter than Norway's."

For many years, researchers in the U.S. have focused on birth weight as a crucial component in U.S. infant mortality. Babies in Norway and other Scandinavian countries are heavier, and this was thought to be why more of their babies survived. "Our results suggest that birth weight itself is not the problem," says Wilcox. "This idea is not going to be popular with some of our colleagues."

However, he points out that these findings are consistent with international trends. Japan and Singapore have passed the Scandinavian countries in achieving the lowest infant mortality rates in the world. This has occurred despite the fact that babies weigh less in the Asian nations than in Scandinavia or the U.S.

"We still don't know why the U.S. has more preterm deliveries than other countries," says Wilcox. "We don't even understand what causes labor to begin. But we do think these are the right questions to be asking. If we could aim more of our research towards figuring out how to prevent preterm deliveries, we might be able to make some real headway in lowering infant mortality."

Tax Seminar for Foreign Folks

Attention guests from foreign lands— you may be here for only a short stay, but are you liable for U.S. and state income taxes? Come to a free seminar at noon on Monday, May 1 in Lipsett Amphitheater, Bldg. 10, to discuss: What is unique about your visa? Does your visa exempt you from U.S. income taxes? Does the U.S. have a tax treaty with your country? What effect does your residency have on your income tax filing requirements in the U.S. and worldwide? Are you subject to U.S. estate and gift tax laws?

This seminar, sponsored by R&W, will be presented by the international accounting and consulting group Watkins, Meegan, and Drury & Co., International. A detailed complimentary outline will be provided to all participants.

Left-Handed Grandparents Sought

Is human hand utilization specified genetically or culturally? To answer this question, scientists need to know the hand utilization of children and grandchildren of biological grandparents, where both members of the grandparental couple are left-handed. You can help this study by providing the address and phone numbers of any couples (grandparents) you know who are left-handed. Respond by mail, phone or email to: Dr. A. Klar, ABL-Basic Research Program, Laboratory of Eukaryotic Gene Expression, P.O. Box B, Bldg. 539, Frederick, MD 21702-1201, (301) 846-5916 or -1638, email klar@cerfv2.ncifcrd.gov.

The Position of Positional Cloning Outlined by Collins

Positional cloning—the hot technique for identifying genes not by function, but solely by pinpointing their position in the genome—is about to give way to a more streamlined and expeditious strategy, according to NCHGR director Dr. Francis S. Collins. He calls this new tack the "positional candidate" approach.

"This strategy relies on a combination of mapping to the correct chromosomal subregion (generally using linkage analysis) followed by a survey of the interval to see if attractive candidates reside there," he says. Among the disease genes recently identified with positional candidate methods are those for Alzheimer's disease, amytrophic lateral sclerosis, Marfan syndrome, and hereditary non-polyposis colon cancer.

The greater challenge ahead for cloning techniques, Collins predicts, will be identification of genes that predispose people to complex, but common, disorders. Among them are diabetes, asthma, hypertension, many cancers, and the major mental illnesses.

Collins' review of progress in positional cloning appears in the April issue of Nature Genetics.

Office Depot 5K Race at NIH

On Monday, May 15 at 7 p.m., the Office Depot 5K race takes place on the NIH campus. Call the R&W activities desk, 6-4600, for a race application.

Cancer Prevention Fellowship Program Opens, Apply Now

The Division of Cancer Prevention and Control (DCPC), NCI, is accepting applications for the Cancer Prevention Fellowship Program. The purpose of the program is to train individuals from a variety of health science disciplines in the field of cancer prevention and control.

The program provides:
- Master of public health training (at accredited university programs);
- Participation in the DCPC Cancer Prevention and Control Academic Summer Course;
- Brief field assignments in cancer prevention and control projects;
- Working at DCPC directly with individual preceptors on cancer prevention and control projects;
- Selected relocation and travel expenses, paid federal holidays, and participatory health insurance. Applications are due Sept. 1, 1995.

To receive a fellowship application catalog or to get more information, contact Barbara Redding, 6-8640, fax 2-4863 or email reddingb@dcpceps.nci.nih.gov.
GENE AMPLIFICATION MAY REVIVE PROSTATE CANCER
(Continued from Page 1)

Overexpression of amplified genes often accompanies acquired resistance to cancer therapies in vitro, but this is the first time the mechanism has been implicated in tumor progression in patients undergoing treatment. "These findings tell us that some recurrent prostate cancers are highly dependent on low levels of androgen," said Dr. Tapio Visakorpi, the paper's lead author and NIH visiting scientist who conducted the study. "We may need to look more carefully at whether complete androgen blockage is helpful for some people with prostate cancer."

Androgens, which include the hormone testosterone, produce the secondary sex characteristics of males. The testes secrete about 95 percent of the body's androgens, while the adrenal gland generates the rest.

Testicular androgens, in particular, play an important role in some cancers of the prostate, the small male gland near the bladder that helps liquefy semen. Because many prostate cancers cannot be removed surgically, doctors often advise their patients to undergo hormone therapy or removal of the testes to block testicular androgens from the tumor. While this treatment does not cure the disease, a recent study showed it does produce temporary and at least partial remission in up to 80 percent of newly diagnosed patients.

But once treatment fails in a few months or years, long-term patient survival is poor. Indeed, over 32,000 American men die each year from prostate cancer, making it the second-leading cause of cancer death in males.

These grim statistics have sparked a longstanding debate about whether total androgen shut down, including adrenal androgens, would hold the cancer in check longer. Clinical trials have suggested some survival benefits. But they are associated with higher treatment costs and increased side effects.

The new findings offer compelling evidence to the debate. Visakorpi and his colleagues at Tampere University Hospital found that the androgen receptor gene was overproduced, or amplified, in several recurrent human prostate cancers. Androgen receptors are proteins that bind androgen and help the hormone signal the DNA to produce specific proteins.

The group found that the AR gene was amplified in seven of 23 recurrent tumor samples. Amplification rates varied, ranging from 3.8 to 21.5 gene copies per cell. In one case, 40 AR copies were detected in a tumor cell. Normally, cells have just one copy of the AR gene.

The results are particularly striking, Visakorpi said, because he and his coworkers found that the AR gene was not amplified in tumor samples taken from these same patients prior to treatment. "It may be that just as a fisherman has a greater chance of catching a fish if he casts more than one line, androgen-dependent cancer cells increase their chances of binding androgen by generating more receptors," explained Visakorpi.

He said total androgen blockade might not be helpful for all prostate cancer patients. But DNA screening tests, he suggested, could be used to target those who amplify the AR gene and so might benefit from total androgen blockage.

These results also provide an excellent case study of how genome science is helping to offer new insights into old clinical problems. The researchers began screening the DNA from recurrent prostate cancer samples, hoping to identify an unusual molecular event linked to the tumor. They soon found increased gene activity on the long arm of chromosome X. Based on previous genome studies, the researchers knew the AR gene was located on this region of the chromosome and decided to focus their attention on it.

NIAID, Modell Promote Research on Immune Diseases

NIAID and the Jeffrey Modell Foundation have announced collaborative efforts to further research on primary immune deficiency diseases, inherited illnesses that affect an estimated half million Americans.

The public/private foundation partnership will award a first-year total of $500,000 for gene-transfer research grants to investigators to isolate and characterize defective genes that cause these diseases and develop techniques to correct the defects. In a second collaboration, NIAID and Modell will award a first-year total of $64,000 for two postdoctoral fellowships for underrepresented minority investigators to research the cause, development, diagnosis and treatment of primary immune deficiency diseases.

An estimated 500,000 individuals in the United States are affected by these diseases, of whom 5,000 to 10,000 people, mainly children, are severely impaired and may die. "The illnesses, deaths, medical and social costs for severely affected individuals and their families are extremely high," said Dr. Robert A. Goldstein, director of the NIAID Division of Allergy, Immunology and Transplantation (DAIT), the division that will oversee the collaborations. "We intend that this research partnership with Modell will help decrease some of these costs."

Primary immune deficiency diseases usually become apparent in the early months of life with the waning of a child's immunity, conferred by the mother's antibodies. The conditions often are identified by an individual's increased susceptibility to infection, caused by a failure of one or more parts of the immune system. Most primary immune deficiencies are inherited and due to defects within the immune system itself. In contrast, acquired immune deficiency diseases such as AIDS are caused by invading microbes that compromise the immune system.

Primary immune deficiencies include Wiskott Aldrich syndrome, a severe disease in which the immune system's T cells respond ineffectively, and x-linked agammaglobulinemia, in which the body does not have enough immunoglobulin, the antibodies that fight and help destroy infectious microbes.

In a recent success story, NIAID-supported researchers and their colleagues have cloned the gene responsible for x-linked agammaglobulinemia. "However, the genes that cause most primary immune deficiency diseases have yet to be identified," noted Dr. Howard B. Dickler, chief of the DAIT Clinical Immunology Branch and coordinator of the joint research efforts. "Such advances in the isolation of genes, as well as information about the ability to transfer them to patients to correct the defects, give us incentive to conduct our gene transfer collaboration with Modell," he continued. "Our other effort will foster the interest of minority scientists in these diseases while answering important research questions."

NIAID and Modell invite investigator-initiated applications for both research efforts. Selected applicants will receive the awards in 1996. For the postdoctoral fellowships, they specifically seek racial/ethnic minority individuals, women and persons with disabilities.

The Modell Foundation is a nonprofit organization founded by Vicki and Fred Modell in memory of their son, Jeffrey, who died at age 15 of a primary immune deficiency disease. —Mary Jane Walker
DCRT Hosts Internet Information Expo, May 9 at Natcher Conference Center

The Information Superhighway. The National Information Infrastructure. The Internet. NIHnet. The Local Area Network.

No matter what name you use, computer networking now fills a growing role in day-to-day research and administrative functions at NIH. The global interconnection of computer resources known as the Internet offers wide-ranging information services that can be of great value to NIH. With this new emphasis on networking, many NIH'ers are interested in learning more about the Internet and its services.

On May 9 in the Natcher conference center, the Division of Computer Research and Technology will host the "Internet Information Expo." A full day is planned, starting at 8:30 a.m. with the keynote address and continuing with presentations until 4 p.m. The expo will include introductory sessions designed for network novices as well as more advanced sessions describing Internet services applicable to research and administrative efforts. In addition, there will be question and answer periods, panel discussions, and a hands-on opportunity for attendees to try out exciting Internet applications like Gopher and Mosaic.

Slated sessions will cover Internet-related topics with an NIH perspective:

- Internet concepts;
- The information services of the World Wide Web (WWW), with separate sessions for scientists and for administrators;
- DCRT WWW and Gopher services for information providers;
- The NIHnet wide area network;
- Getting on the Internet;
- Using Gopher to access information resources across the Internet;
- Electronic mail topics, including the NIH Email Directory and POP mail service;

Chamber Music Concert Set

The Rock Creek Chamber Players will perform Tartini's G minor violin sonata, the cello sonata by Frank Bridge, Debussy's sonata for flute, viola, and harp, and Dvorak's Bagatelles for two violins, cello, and harp at 3 p.m. on Sunday, Apr. 23 in the 14th floor assembly hall, Bldg. 10. This concert, sponsored by the Clinical Center's recreation therapy section, is free and open to all. For more information, call (202) 337-8710.

New Rockledge Fitness Center

Look for the grand opening of the new Rockledge Fitness Center (6705 Rockledge Dr.) in mid-May. The state-of-the-art facility will feature Lifecycles, Stairmasters, Trotter treadmills, Schwinn Air Dyne, Concept II rowing ergometer, Paramount and Body Masters weight training equipment, aerobic studio with suspended flooring and complete locker rooms. For more information, call Brian, 6-TRIM.

Electronic discussion forums, including USENET news groups and LISTSERV mailing lists;
- Dial-up access to the network from home or travel;
- The PUBnet public file services.

In addition, there will be a panel discussion on network security, including the grand concepts of security on the Internet, how to make information more secure, and potential problems.

Give yourself a network boost! Come to DCRT's Internet Expo on May 9 in the Natcher Conference Center. Pick up literature on Internet topics and copies of session notes. Go to the "hands on" area to try out some of the resources described in the expo seminars. Tour exhibits that illustrate Internet from cable connections to web connections. Then, visit the demonstration area to see how NIH is using Internet in novel and interesting ways. With a cafeteria on the premises and some repeat sessions from which to choose, you can plan your own day's schedule at the expo.

For more information, call 4-DCRT (4-3278), or, if you are already using the Internet, open the Universal Resource Locator (URL) address: http://www.nih.gov/dcrt/expo.

Have You Got a Great Site?

If you have an interesting or novel use of the Internet via the World Wide Web, Gopher, or other Internet service, and you would like to demonstrate it, DCRT is interested in hearing from you. Send a description of your application and the person's name to contact for more information.

Contact DCRT by email to hotdemo@helix.nih.gov or by using the fill-out form at http://www.nih.gov/dcrt/expo/hotdemo.html.

You will need to bring your own computer equipment for the demonstration. Due to space limitations, DCRT may not be able to honor all requests, but it wants to include as many exciting ideas as possible to show how Internet can be used to advance the NIH mission.

Kinnard Named Extramural Associates Program Director

Dr. Matthew Kinnard recently assumed the role of director of the Extramural Associates Program within the Office of Extramural Research, OD. Established in 1978, EAP is designed to provide opportunities for greater awareness of and participation in PHS-sponsored biomedical and behavioral research at minority and women's institutions throughout the country. The program offers either a 5-month or 10-week residential training program to science faculty or science administrators from these eligible institutions. In addition to formal didactic training and hands-on program and review experience in NIH extramural program offices, each EA is assigned a mentor who provides guidance to the EA while here at NIH and later upon return to his/her institution.

Beginning in fiscal year 1994, funding has become available to provide the EA with some resources for establishing or enhancing an Office of Sponsored Projects at the home institution, and for support for seminars, pilot studies and other areas of research infrastructure improvement. This Extramural Research Development Award is being administered for the OD by NICHD.

Kinnard comes to EAP from NIDR where he was director of the oral soft tissue diseases and AIDS research area. In addition to his program responsibilities in NIDR, he served as the institute's extramural minority programs coordinator. In this post he developed and managed minority oral health research and training activities, including the initiation of NIDR's Regional Research Centers in Minority Oral Health Program.

A native of Tennessee, Kinnard is the fifth of nine children, all of whom received a baccalaureate degree from Tennessee State University. He also received his master's degree from Tennessee State, and a Ph.D. in biophysics from Georgetown University.

Kinnard's federal service career began in 1963 as a biologist with NIMH. In 1973 he became a health scientist administrator in NIDR following completion of the 1-year Grants Associates Training Program. In 1979, he left NIH to become director of field operations for medical research, and later special assistant to the director for medical research service, Veterans Administration. He returned to NIDR's extramural programs in 1985 and was appointed head of its oral soft tissue diseases and AIDS research area in 1991.

In addition to his program responsibilities over the years, Kinnard has served on numerous trans-NIH committees and in recent months has twice moderated the fundamentals of extramural activities seminar and directed one of the core courses in the newly established Extramural Scientist Administrator's training program.

Dr. Matthew Kinnard
RISK FACTORS FOR HIP FRACTURES IDENTIFIED
(Continued from Page 1)

The results are reported in the Mar. 23 issue of the New England Journal of Medicine by Dr. Steven R. Cummings of the University of California, San Francisco (UCSF), and his colleagues at UCSF and four participating clinical centers in Baltimore, Minneapolis, Pittsburgh, and Portland, Ore. SOF is a multicenter study in which over 9,500 white women age 65 and above and not living in nursing homes have been participating for 6 to 8 years to help understand who is at risk for hip fracture. The study is supported by grants from NIAMS and NIA.

"The finding that there are many things that a woman can do on her own that may decrease her risk of hip fracture is extremely important," says Dr. Michael D. Lockshin, acting director of NIAMS. "Also important is the idea that in the future it may be possible to identify specific women—and perhaps men—who are at especially high risk for hip fracture, and target them for intensive prevention efforts."

"Avoiding hip fracture is a life and death issue for many older people. It's a devastating injury," says Dr. Richard J. Hodes, director of NIA. "One of every six white women will have a hip fracture during her lifetime. Of the more than 250,000 people each year who have hip fractures, up to 20 percent will not survive more than a year. Of those who do survive, many are left unable to walk and are forced to enter a nursing home. "Focusing on the prevention of hip fractures is an important element in our efforts to promote independence and an enhanced quality of life for older people," says Hodes.

Researchers at the four participating clinical centers did tests for bone density and assessed other potential risk factors through physical examinations, questionnaires and interviews in 9,316 older women who had no previous hip fracture. They contacted these women at 4-month intervals for an average of 4.1 years to determine the frequency of hip fracture. The SOF investigators identified 16 independent factors besides bone density that increased the risk of hip fracture in older women. The effect of most individual risk factors was modest, but together their impact was substantial. Fifteen percent of the women in the study had five or more risk factors (not including low bone density); these women had an 18 times greater occurrence of hip fractures than the 47 percent of women with two or fewer risk factors. "A very small number of women with a lot of the risk factors plus low bone density account for most of the fractures," Cummings says. "The six percent of women who had five or more risk factors in addition to low bone density accounted for one-third of the 192 hip fractures we observed during the study period."

Because many of these risk factors can be identified by a simple physical examination and patient interview, they can provide

health-care practitioners with valuable and easily obtained information that can help identify those older women who most urgently need to take steps to reduce their fracture risk.

Cummings and colleagues found that a woman whose mother suffers a hip fracture has twice the risk of hip fracture, and that this risk factor is independent of a woman's bone density. "Everyone has believed that family history is important, but this is the first time anyone has shown that it is in fact important and just how important it is," says Cummings. "What's surprising is that if your mother broke her hip, you're at higher risk of breaking your hip regardless of what your bone density is." Cummings emphasized, however, that "although you can't change your family history, you can reduce your risk in other ways. Taking precautions to reduce the risk of hip fractures is even more important for those with a family history."

Other factors that increased the risk of hip fracture were poorer health as rated by the women themselves, a history of hyperthyroidism, a history of any other fracture since age 50 and therapy with anticonvulsants or certain long-acting medications commonly taken for anxiety or insomnia. As caffeine intake increased, so did the risk of hip fracture. Women who spent less than 4 hours a day on their feet had twice the risk, while women who regularly walked for exercise had a 30 percent lower risk of hip fracture. "Risk tendency to decrease as the distance walked per day increased. Smoking was also a risk factor, probably because smoking limits normal weight gain and has adverse effects on health, physical fitness and exercise patterns."

Nerve-Muscle Group Meets
If you are interested in nerve-muscle interactions, you may want to join a new interest group at NIH. The group plans to meet for informal presentations of ongoing work, discussions on topics or techniques of general interest to the group, etc. Meetings (which began Apr. 5) will take place on every second Wednesday at 8:30 a.m. For information about the location of future meetings, contact Matt Daniels, NHLBI, 6-2898 (mdaniels@codon.nih.gov) or Evelyn Ralston, NINDS, 6-1296 (esr@codon.nih.gov).
Scientist Emeritus Rall Retires After 37 Years of Service

By Jane DeMouy

Dr. Wilfrid Rall, senior research physiologist, Mathematical Research Branch, NIDDK, has retired after 37 years of service with NIH and more than 40 years of research on the theoretical foundation of dendritic function in neurons.

“He is a pioneer in using mathematics to illuminate the functions of the nervous system,” says Dr. John Rinzel, chief of the Mathematical Research Branch, NIDDK. The Journal of Computational Neuroscience last June dedicated its inaugural issue to Rall, recognizing him as “one of the pioneers who established the new discipline of computational neuroscience.”

To recognize Rall’s contributions and their significance, colleagues Rinzel, Idan Segev and Gordon M. Shepherd have collected Rall’s most significant papers with commentaries in The Theoretical Foundation of Dendritic Function (1995). Friends celebrated the publication with a book signing at the annual meeting of the Society for Neuroscience in November 1994. The book jacket pictures an abstract head, reminiscent of Easter Island sculptures, that Rall sculpted in 1976. Rall the scientist wryly notes that this work by Rall the artist represents a “reduced model of an important biological structure.”

Rall is best known for developing a theory and methodology that draws on anatomy, biophysics, and electrophysiology to elucidate the integrative functions of neuronal dendrites. His research provided foundations for neurobiology in general and computational neuroscience in particular. Prior to his work, anatomists had found that most synapses onto a neuron were distributed over the branching dendritic tree, but didn’t understand the significance of the dendrites for neuronal integrative function.

Rall’s mathematical work laid the groundwork for interpreting somatic recordings made at the cell body, and for demonstrating that the input-output behavior of neurons depends crucially on the dendrites’ electrical cable properties. His research showed how different spatial-temporal patterns of synaptic input lead to different responses and how the variety of recorded synaptic potentials can be explained by a distribution of inputs at different distances from the nerve cell body, or soma.

Rall was also one of the first to recognize the potential of computers for simulations for neurobiology; he constructed the first computer-based models of the neuron complete with its dendrites. He also derived mathematical formulas for estimating a neuron’s electrical parameters. For numerical simulations of voltage transients in general branching trees, Rall adapted computer software (SAAM) developed at NIH for modeling enzyme and metabolic kinetics, introducing to neural modelers the compartmental method. Rall’s formulas and the compartmental method are now considered standard in the field and are used worldwide. The equivalent cylinder reduction, including a soma compartment, which Rall formulated, is often called the “Rall neuron model.” A man whom Rinzel describes as “incredibly generous and fostering, who shares his ideas freely,” Rall has always encouraged young scientists, and has mentored many highly esteemed neuroscientists at top-ranking institutions.

He received his B.S. from Yale University in 1943, his M.S. in biophysics from the University of Chicago in 1948, and his Ph.D. in physiology from the University of New Zealand in 1953. Between 1943 and 1946, he worked at the University of Chicago as a mass spectrographer on the Manhattan Project.

Although Rall will continue his research as scientist emeritus, Rinzel says he will miss Rall’s daily input and advice. “He exemplifies the importance of using strong physical intuition, along with mathematical expertise, to gain insight into neuronal function,” Rinzel adds.

HIV/AIDS Study in Homosexual Men Renewed

The Multicenter AIDS Cohort Study (MACS), a long-term study of HIV and AIDS in more than 5,000 gay and bisexual men, has received NIAID funds to establish two-state-of-the-art laboratories and renew the four clinical sites and data center. First-year funding of the 4-year grants together totals $6.2 million.

“The MACS is one of the longest and most rigorous epidemiologic studies of HIV infection in the world,” said NIAID director Dr. Anthony S. Fauci. “The MACS biological specimens and database, with more than a decade of valuable HIV-related information, are exceptional resources for advancing HIV and AIDS treatment and prevention strategies worldwide.”

The new laboratories will bring together scientists with expertise in immunology, virology and molecular biology to study the factors that contribute to the progression of HIV disease and destruction of the immune system as well as those factors that may prevent or protect against HIV disease progression, noted Dr. Lewis K. Schrager, project officer of MACS.

MACS directors and the four clinical sites are: Dr. Alfred Saah at Johns Hopkins School of Public Health in Baltimore; Dr. John Phair at Howard Brown Memorial Clinic/Northwestern University in Chicago; Dr. Roger Detels at the University of California, Los Angeles; and Dr. Charles Rinaldo at the University of Pittsburgh.

The new MACS pathogenesis research laboratories are at Johns Hopkins, directed by Dr. Joseph Margolick, and at UCLA, directed by Dr. Janis Giorgi. The Center for the Analysis and Management of MACS Data, at Johns Hopkins, is directed by Dr. Alvaro Muñoz.

MACS focuses on HIV disease and related infections, immune responses to the virus and the impact of anti-HIV treatments. MACS accomplishments and findings include the following:

• Identification of more than 60 HIV-infected men who are long-term nonprogressors, many of whom have served as critical sources of information on this phenomenon in studies conducted at several U.S. laboratories.

• Prevention of Pneumocystis carinii pneumonia can delay the first AIDS-defining illness by 6 to 12 months.

• Zidovudine (AZT) therapy given with acyclovir may significantly increase survival of AIDS patients.

• The response of CD4+ T cells to AZT predicts AIDS-free time and survival among HIV-infected patients. For example, increases in CD4+ T-cell counts after patients begin AZT therapy correlate to longer times to AIDS and death.

• Risk factors for AIDS-related dementia include anaemia, lower body mass, older age and having such symptoms as fever, fatigue, diarrhoea or thrush before an AIDS diagnosis.

• Symptoms of depression do not independently predict poorer outcomes to HIV infection.

Begun in 1983, MACS enrolled its first participants in 1984. Of the 5,579 men who entered the study, 2,191 were infected with HIV. During the study, 488 men have become HIV infected. The men come to the clinical sites twice a year for exams and laboratory testing as well as to answer questions about any preventive and treatment medications they take. Since enrollment, 1,362 men have developed AIDS, of whom 1,158 have died. Another 101 HIV-infected men died, but before they developed AIDS. At enrollment, MACS men included 83.1 percent whites, 10.1 percent African Americans, 5.3 percent Hispanics, while the rest were from other or unknown racial groups. The men ranged in age from 18 to 70, and more than half had college degrees.
Spit Tobacco Strikes Out

Ask a major league baseball player why he uses spit tobacco, and he will likely tell you that it helps him play better. But a study sponsored by the National Institute of Dental Research found no connection between spit tobacco use and player performance. The findings did show, however, a link between spit tobacco, also called smokeless tobacco, and an increased risk of oral health problems. Scientists at the University of Washington, Seattle, and the University of California, San Francisco, studied the onfield performance of 175 professional ballplayers. Forty-four percent had never used spit tobacco, 44 percent were current users, and 12 percent were former users. Improved playing performance was one of the main reasons given for using spit tobacco products.

For the 88 fielders in the study, performance was measured by batting, slugging, and fielding averages; strike-outs, runs batted in, runs, stolen bases, and home runs. The 87 pitchers were evaluated on strike-outs, hits, and walks per inning; earned run averages; and winning percentages. For all players, scientists found no significant differences in onfield performance among nonusers and users of spit tobacco.

Other findings confirmed that spit tobacco use can have harmful effects on oral health. Forty-nine percent of the users in the study had oral leukoplakia, white patches on the gum and cheek that, over time, can become cancerous. Previous studies have linked spit tobacco use to leukoplakia, permanent gum recession, and oral cancer. Spit tobacco comes in two forms: snuff and chew. Snuff is a finely ground tobacco. Users put a pinch of snuff (called a dip or rub) next to the gum and hold it there. Chewing tobacco is bulkier and, as its name suggests, is chewed. It is estimated that about 6 percent of adult males in the United States use spit tobacco products.

Police Branch Offers Women's Self-Defense Course in May

The Office of Community Policing, NIH Police Branch, Division of Security Operations, will be hosting a self-defense course for women. The course is designed to teach basic self-defense techniques and highlight preventive measures that can be used to avoid becoming a victim.

The initial course will consist of both lecture and physical techniques. During the last session, students will participate in real-life scenarios.

Space is limited. There is no charge for this course. Classroom instruction will be held on three consecutive Tuesdays: May 9, 16 and 23 from 5 to 9 p.m.

Additional classes will be formed as necessary. Preregistration is required. To register, contact Cpl. Thomas Hayden, community policing coordinator, 6-5685.

Six New Members Named to Child Health Council

Six new members were recently appointed to the National Advisory Child Health and Human Development Council. They are: Stephen Isaacs of New York City; Dr. E. Albert Reece of Philadelphia; Theresa G. Schwantes of South Milwaukee, Wisc.; Dr. Joe Leigh Simpson of Houston; Lois Zenkel of Greenwich, Conn.; and Dr. Stephen M. Garramone, Andrews Air Force Base, Maryland.

Isaacs is director and professor of public health in the department of developmental law and policy program at Columbia University School of Public Health. He is known nationally and internationally for his broad-based expertise in law, management, and economics and will provide the council with legal expertise as it relates to population, family planning, and health care management.

Reece is a clinician-scientist who represents a combination of outstanding clinical and basic science skills in the fields of obstetrics, gynecology, and maternal-fetal growth in diabetic pregnancies. Since 1991, he has been chairman of the department of obstetrics, gynecology, and reproductive sciences at Temple University.

Schwantes is a prominent civic leader who has devoted her life to advocacy issues for patients with osteogenesis imperfecta (OI). She has been cited by both the Bush and Clinton administrations for the depth of her support and the contributions she has made not only to the health of her child, Brianne, who has OI, but to all children.

Simpson is nationally recognized as an early founder of obstetrical genetics. He currently serves as chair of the department of obstetrics and gynecology at Baylor College of Medicine.

Zenkel is founder of The Women's Group, which helps single mothers on public assistance to avail themselves of resources in the community, to develop their self-esteem, and to improve their lives and the lives of their children. She previously served as a parenting counselor and currently serves as president, Zenkel Foundation, which deals with homelessness and minority education.

Garramone has been appointed the new ex officio member representing the Department of Defense. He is currently assigned as chairperson, department of pediatrics, Malcolm Grow Medical Center, Andrews Air Force Base.

International Conference on Regulatory Proteins

From Apr. 19 to 21, the Fogarty International Center and the National Heart, Lung, and Blood Institute will sponsor an international conference on "Structure and Function of Regulatory Proteins" in the new Natcher conference center (Bldg. 45). The organizers of the program, Ernst Helmreich, former Fogarty scholar-in-residence from the University of Wurzburg, Earl Stadtmann, NHLBI, and George Hess, Cornell University, have attracted an outstanding line-up of speakers and session chairpersons, including five Nobel laureates.

The program will cover a wide range of topics: structure of membrane-bound proteins; molecular approaches to the study of signal transduction; x-ray structures of GTP-binding proteins; G proteins and effector regulation; receptor-effector recognition; visual signal processing; molecular control of channel function; and the relevance of advances in this field to medicine. In addition, scientists from eight countries will present posters.

Preregistration for the conference is recommended. Those wishing to do so should contact Sheila Feldman, 6-2968; fax 6-8496.
Blood Pressure Screening Offered to Employees

High blood pressure is a silent killer, causing damage to the body in a wide variety of ways. Also called hypertension, the condition increases the risk for stroke, heart attack and kidney damage—all potentially life-threatening.

Because high blood pressure usually does not cause any signs or symptoms, you can have hazardously high blood pressure and not even know it. The only way to know your blood pressure is to have it measured. Checking blood pressure is quick and painless. Each year, the Occupational Medical Service (OMS) sponsors a Blood Pressure Screening Program. Screenings are held at a variety of locations and times (see schedule). In addition, OMS offers routine screening and monitoring year-round as described in the schedule. During the screening program last year, 774 employees had their blood pressure checked. Twelve employees were detected with dangerously elevated blood pressure. Overall, almost 40 percent of the employees screened had some elevation in their blood pressure.

What can you do? Have your blood pressure checked regularly, especially if you are at higher risk for developing high blood pressure—African-American, over 50, overweight, or a smoker; reduce your risk for developing high blood pressure by maintaining a healthy weight, decreasing dietary saturated fats and sodium (salt), stop smoking, regularly participate in physical activities; if you develop high blood pressure, your personal physician can prescribe treatment to help you avoid devastating consequences of hypertension.

Blood Pressure Screening Schedule

<table>
<thead>
<tr>
<th>Building</th>
<th>Room</th>
<th>Day</th>
<th>Date(s)</th>
<th>Time(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bldg. 1</td>
<td>Wilson Hall</td>
<td>Wed.</td>
<td>Apr. 19</td>
<td>1-3 p.m.</td>
</tr>
<tr>
<td>Bldg. 10</td>
<td>6C306</td>
<td>Mon.</td>
<td>Apr. 17, 24</td>
<td>7:30-11:30 a.m. &amp; 1-7 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thurs.</td>
<td>Apr. 20, 27</td>
<td>7:30-11:30 a.m. &amp; 1-7 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Thurs.</td>
<td>May 4, 11</td>
<td>7:30-11:30 a.m. &amp; 1-7 p.m.</td>
</tr>
<tr>
<td>Bldg. 12A</td>
<td>3036</td>
<td>Fri.</td>
<td>May 5</td>
<td>10:30 a.m.-noon</td>
</tr>
<tr>
<td>Bldg. 13</td>
<td>G904</td>
<td>Wed.</td>
<td>Apr. 19, 26</td>
<td>8:15-11:15 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fri.</td>
<td>May 5</td>
<td>1:15-3:15 p.m.</td>
</tr>
<tr>
<td>Bldg. 14G</td>
<td>Conf. Rm. 102</td>
<td>Fri.</td>
<td>May 10</td>
<td>8:15-11:15 a.m.</td>
</tr>
<tr>
<td>Bldg. 21</td>
<td>237</td>
<td>Wed.</td>
<td>Apr. 26</td>
<td>1-3:30 p.m.</td>
</tr>
<tr>
<td>Bldg. 29A</td>
<td>1A07</td>
<td>Tues.</td>
<td>Apr. 18</td>
<td>1-2:30 p.m.</td>
</tr>
<tr>
<td>Bldg. 30</td>
<td>117</td>
<td>Fri.</td>
<td>Apr. 28</td>
<td>8:30-11:30 a.m.</td>
</tr>
<tr>
<td>Bldg. 31</td>
<td>B2-B57</td>
<td>Tues.</td>
<td>Apr. 18</td>
<td>8:30-11:30 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tues.</td>
<td>Apr. 25</td>
<td>8:30-10:30 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tues.</td>
<td>Apr. 25</td>
<td>10:30-11:30 a.m.</td>
</tr>
<tr>
<td>Bldg. 36</td>
<td>1B07</td>
<td>Tues.</td>
<td>Apr. 25</td>
<td>1-2:30 p.m.</td>
</tr>
<tr>
<td>Bldg. 38</td>
<td>Billings Aud. B1E08</td>
<td>Fri.</td>
<td>Apr. 21</td>
<td>8:30-11:30 a.m.</td>
</tr>
<tr>
<td>Bldg. 45</td>
<td>Conf. Rm. G-1</td>
<td>Fri.</td>
<td>Apr. 21</td>
<td>1-4 p.m.</td>
</tr>
<tr>
<td>Bldg. 49</td>
<td>Conf. Rm. B</td>
<td>Fri.</td>
<td>Apr. 28</td>
<td>1-4 p.m.</td>
</tr>
<tr>
<td>EPN</td>
<td>103</td>
<td>Tues.</td>
<td>May 2</td>
<td>1-2 p.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fri.</td>
<td>May 12</td>
<td>8:30-11:30 a.m.</td>
</tr>
<tr>
<td>Federal</td>
<td>1C05</td>
<td>Thurs.</td>
<td>Apr. 20, May 4</td>
<td>1-3 p.m.</td>
</tr>
<tr>
<td>Poolesville</td>
<td></td>
<td>Tues.</td>
<td>May 9</td>
<td>8-11 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Tues.</td>
<td>May 9</td>
<td>12-2 p.m.</td>
</tr>
<tr>
<td>Solar</td>
<td>1A07</td>
<td>Tues.</td>
<td>May 2</td>
<td>8:30-11:30 a.m.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Fri.</td>
<td>May 12</td>
<td>1-3 p.m.</td>
</tr>
<tr>
<td>N. Stonestreet</td>
<td>Conf. Rm. 2, Rm. 102</td>
<td>Wed.</td>
<td>May 2</td>
<td>1-3:30 p.m.</td>
</tr>
</tbody>
</table>

Routine Blood Pressure Screening & Monitoring

Blood pressure screening and monitoring are available regularly without an appointment: Bldg. 10 OMS Clinic, 6C306, Mon.-Fri. 5-9:30 p.m.; Mon. 1:15-4:15 p.m.; Thurs. 8-11 a.m. Bldg. 13 OMS Clinic, G904, Wed. 8:15-11:15 a.m.; Fri. 1:15-3:15 p.m. Federal Bldg., 1C05, Thurs. 1-3 p.m.

Self-Service Blood Pressure Readings: Vita-Stat Machines are available at these locations: Bldg. 31 by cafeteria; Bldg. 38A lobby; EPN Rm. 103

DCRT Update on Computer Procurements

Do you want to learn more about how DCRT plans to support NIH computing and networking during the next several years? If so, plan on attending a Project CERTAN briefing on Apr. 20. The briefing will take place in the Natcher Conference Center, Rms. E1 & E2 from 2:30 to 4:30 p.m. CERTAN (Computer Equipment Resources and Technology Acquisition for NIH) was initiated by DCRT to provide information technology resources for DCRT to meet the scientific and administrative requirements of NIH's ICDs beginning in fiscal year 1996 and extending into the 21st century. Some of these resources, particularly in the support services area, will be made directly available to ICDs.

This briefing will be used to bring employees up to date on the status of the four contracts that make up Project CERTAN: NIH Corporate Computer Systems, Information Technology Support Services, Scientific Systems and Distributed Resources. It is also an opportunity for employees to ask questions. This session is intended for scientists and administrators from both the intramural and extramural programs. It should be of interest to current users of DCRT services and to all those who are concerned about future support for scientific computing, personal computers, LANs, databases, Internet-based services, and replacements for DCRT's mainframe and scientific computer.

Because of the procurement-sensitive nature of this meeting, only government employees will be admitted, and government identification cards will be required. Plan to arrive early enough to sign in before the meeting.
OD EEO Advisory Committee Sets 1995 Agenda

With NIH streamlining and reinvention efforts, the OD equal employment opportunity advisory committee (OD EEOAC) has pledged to help improve morale, and to encourage development of jobs that are challenging and that result in personal growth and career advancement.

The committee’s approach is spelled out in its 1995 work plan approved by NIH deputy director Dr. Ruth Kirschstein at a recent formal signing ceremony.

The 21-member advisory body developed the plan at an all-day work session held recently. As a group, members determined several areas that would be their target for the calendar year.

Survey and Training Subcommittee—This group seeks to determine the extent of employee understanding of EEO concepts and programs, as well as to identify what employees would like to know about EEO. Steps planned include development of a general information brochure on the advisory committee with an attachment asking for feedback from OD employees on EEO matters. Seminars and workshops will be conducted based on employee responses.

Reinvention Subcommittee—Members will seek to define more clearly the roles and responsibilities of the OD EEOAC to serve OD employees better. Steps include revising the committee bylaws, and instituting a committee budget process; surveying ICD EEO advisory committees to identify and recommend new approaches that may assist the full committee; and developing a communications plan to increase awareness of committee activities among OD employees.

Subcommittee on Disabilities—The group will develop recommendations to Kirschstein and the full committee to ensure that OD employees with disabilities are afforded the opportunity to reach optimal performance, growth, and advancement. Members will collect data from focus groups, analyze focus group reports, and propose an action plan for the next few years based on results of the analysis.

The purpose of the OD EEOAC is to advise the NIH deputy director on implementing and maintaining an equal employment opportunity/affirmative employment program in the Office of the Director. Committee objectives are to:

* Help identify and resolve problems unique to the status of minorities, women, and people with disabilities in OD;
* Promote development of ongoing EEO programs in OD to address these problems;
* Inform employees of the many workplace policies and procedures that exist concerning their employment in OD, and the reasons for them;
* Assist OD management in evaluating progress toward accomplishing EEO objectives;
* Recommend and help publicize OD-wide EEO activities.

Members of the OD EEO advisory committee represent a cross section of employees in all divisions, series and grades. Monthly meetings are held on the second Wednesday from 10 to 11 a.m., and are open to all OD employees. Call the OD EEO office for meeting location, 2-4158.

Blue Cross/Blue Shield Day

Blue Cross/Blue Shield of the National Capital Area will be on the NIH campus Tuesday, Apr. 18 to assist BC/BS enrollees who have claims or enrollment problems. A BC/BS representative will be available from 10 a.m. to 2 p.m. on that day in Bldg. 31, Conf. Rm. 9 (C wing, 6th floor) armed with a laptop computer to directly access the enrollee’s records at BC/BS headquarters.

No appointment is necessary. Assistance will be provided on a first-come, first-served basis. It is anticipated that BC/BS will schedule more service days in the future.

DCRT Training Classes

| Developing Data Entry Applications with SAS/FSP | 4/13 |
| Getting Started with Windows | 4/13 |
| Distributed Computing Environment (DCE) Facilities for Users | 4/13 |
| KINEMAGES: Desktop Interactive Molecular Graphics for Publication, Teaching and Research | 4/14 |
| Relational Database Design | 4/19 |
| Introduction to Networks | 4/20 |
| Database Technology Seminar | 4/21 |
| C Language Fundamentals | 4/24-4/28 |
| Tools and Technology for Client/Server | 4/25 |
| Database Access at NIH | 4/25 |
| PC Trouble Shooting | 4/26-4/27 |
| Windows for Workgroups Overview | 5/1 |
| DB2 Database Administration | 5/2-5/3 |
| PC — Mainframe Communications with Kermit | 5/2 |
| Perspectives on Management | 5/3 |
| Genetics Computer Group Sequence Analysis | 5/3-5/5 |
| Scientific Computing Resource Center Overview | 5/4 |
| Advanced Network Topics | 5/4 |
| ENTER BBS-the Bulletin Board System on the Mainframe | 5/8 |
| DCRT Support for UNIX Workstations | 5/9 |
| Internet Information Expo | 5/9 |

All classes are on the NIH campus and are given without charge.
**TRAINING TIPS**

The Division of Workforce Development, OHRM, offers the following courses:

**Courses and Programs** | **Starting Dates**
--- | ---
Management and Supervisory, 6-6211 | 4/18
Preventing Sexual Harassment at NIH | 5/15
Practical Management Approaches | 5/4
Interacting with Difficult Employees | 5/15
Effective Listening & Memory | 5/15
EEO Training, 6-6211 | 4/18
Preventing Sexual Harassment at NIH for All Employees | 4/18
Special Courses, 6-6211 | 4/19, 5/8, 6/14
NIH Retirement Seminar | 4/19
Administrative Systems, 6-6211 | 5/8
Delegated Acquisition Training Program | 5/17
Basic Time and Attendance (Manual Process) | 5/17
Buying from Small and Large Businesses on the Open Market | 5/31
IMPACT A-Train | 6/25
Administrative and Skills Development, 6-6211 | 5/16
Improving Telephone Skills | 5/16
Creating and Maintaining Filing Systems | 5/17
Editing: An Introduction | 5/22
Scientific & Medical Editing | 5/1
Personal Computing, 6-6211 | 5/28
Intro to Windows | 5/28
Advanced Windows | 5/24
WordPerfect 5.2 for Windows | 5/19
Intro to Paradox 4.5 for Windows | 5/8
MS Access 2.0 for Windows | 5/15
Intro to WordPerfect 6.0 | 5/18
Intro to Lotus 123 Rel 2.4 (DOS) | 5/8
PageMaker 5.0 for Windows | 5/16
Intro to Harvard Graphics Rel 3.0 | 5/17
Intro to CRISP | 5/19
MS-Mail for Windows | 5/8
Macintosh Courses:
- Welcome to Macintosh | 5/4
- Introduction to Pagemaker 5.0 | 5/13
- Kaleidograph 3.0 | 5/13
- Intro to Excel 4.0 | 5/22
- Eudora Mail for Macintosh | 5/15

Personal computer training is available through User Resource Center self-study courses. There is no cost to NIH employees for these hands-on sessions. Additional courses are available by completing the “Training By Request” form in the back of the DWD Catalog. For more information, call DWD, 6-6211, or consult the catalog.

**R&W Has Orioles Tickets**

Attention baseball fans—the strike has ended and the Orioles home opener has been set for Tuesday, May 2 vs. the Milwaukee Brewers. R&W will begin ticket sales to all home games on Wednesday, Apr. 12 at 8 a.m. at its gift shop in Bldg. 31, Rm. B1W30. Lower box seats are $42/pair; terrace box seats are $34/pair; and there is a four-seat terrace set for $68.

R&W also has prime season’s tickets to all Frederick Keys and Bowie Baysox home games. The Keys tickets are $30 for four seats, and the Baysox box seats are $15/pair. These minor league game tickets are also available at the Bldg. 31 R&W store.

**NIDCD Council Gains Five New Members**

Five new members were named to the NIDCD advisory council recently. They are Dr. Joseph B. Nadol, Dr. Bonnie P. Tucker, Dr. Rachel E. Stark-Seitz, Dr. Rudolpho R. Llinas and Annette L. Posell.

Nadol is chief of otolaryngology, Massachusetts Eye and Ear Infirmary and the Walter Augustus Lecompte professor of otology and laryngology at Harvard Medical School. His research interests include the ultrastructure of the inner ear, sensorineural hearing loss, and understanding the basic biophysical mechanisms responsible for improved hearing and speech production provided by cochlear prostheses.

Tucker is law professor at Arizona State University College of Law. Her work has focused on the legal rights of persons with disabilities, particularly individuals who are deaf or hard of hearing.

Stark-Seitz is professor and former head of the department of audiology and speech science at Purdue University. Her research has focused on speech perception in children with hearing impairment and language disorders.

Llinas is the Thomas and Suzanne Murphy professor of neuroscience, and chairman of the department of physiology and biophysics at New York University School of Medicine. His current research involves immunohistochemistry and electrophysiology of sensory systems.

Posell is the manager of corporate development of the Captions Center at WGBH-TV in Boston. She is a member of the Massachusetts Commission for Deaf and Hard of Hearing Individuals and the President’s Commission on the Employment of People with Disabilities.

Three of the five new NIDCD advisory council members meet with institute director Dr. James B. Snow, Jr. (second from r). They are (from l) Dr. Joseph B. Nadol, Dr. Bonnie P. Tucker, and Dr. Rachel E. Stark-Seitz.

**Orientation to Extramural Staff at NIH Offered, June 15-16**

The Extramural Staff Training Office will present an NIH orientation course entitled “Fundamentals of NIH Extramural Activities” on Thursday, June 15 and Friday, June 16.

All new extramural staff are welcome and encouraged to attend; intramural staff will be accepted if sufficient space is available. The course will be held in the Natcher Bldg. (#45), in the El & 2 conference room. Registration is at 8 a.m. each day and the course ends at 5 p.m. each day.

The course will include an overview of NIH organization and history; missions and goals of the ICDs; the process of extramural grant and contract support; and a discussion of special issues and programs.

Participation will be limited to 60 people. Course applicants are to submit: form HHS-350 (Training, Nomination and Authorization) or equivalent A-train form, to FEA Course, Bldg. 31/Rm. 5B41; a self-addressed return envelope in order for your notification of application status to be sent to you. Following are instructions for completing the Form HHS-350: item 10 - list your complete office address, not your home address; item 14 - "no cost"; item 18 - send vendor’s copy to FEA Course, Bldg. 31/Rm. 5B41; item 20a. - type “8” (not “9998”) c. “1” d. “N/A”; be specific in items 16 and 17 and indicate how long you have been in the NIH extramural area; item 21 - "N/A"; item 22 - “9998”. All other instructions are on the back of the HHS-350.

To be considered, applications must be received by May 12. Applicants will be informed of the decision concerning their application, provided the self-addressed return envelope has been included with the vendor’s copy of the HHS-350.

Questions about the course may be directed to Brian Weatherly, (301) 460-3679.
The Record

April 11, 1995

Research Festival Plans Take Shape

Mark your calendars for the 1995 NIH Research Festival, scheduled for the week of Sept. 18-22. Jim Battey, scientific director for NIDCD, chairs this year’s organizing committee.

The annual festival features NIH’s intramural research programs. Organizers plan to include 2 days of scientific meetings on Sept. 18 and 19, with 2 major symposia, 24 workshops, and 4 poster sessions.

The week concludes with a Scientific Equipment Show, sponsored by the Technical Sales Association. Displays and information booths are held in the Research Festival tents located in parking lot 10D.

“The festival has always been a popular format for NIH researchers to develop new contacts and establish networks,” said Tom Flavin, chairman of the committee that coordinates the festival each year. “It’s a great chance to connect real people and faces with the names you read in research papers.”

Researchers from all ICs are invited to submit an application to display posters at the festival. This year, the workshops are organized according to the broad interest groups already formed by NIH researchers. Poster sessions will correspond closely with the workshops, and the workshop chairs will determine poster selection. Poster applicants may also be asked if they wish to speak at the related workshops.

An application for posters and workshops is being distributed desk-to-desk. This year’s application requires a 120-word poster abstract. Interested researchers should apply as soon as possible. Deadline for entry is 5 p.m., Friday, June 2.

For more details, call Gregory Roa at the NIH Visitor Information Center, 6-1776.

NIH Observes Support Staff, Secretaries Week, Apr. 21

The Office of Equal Opportunity and the NIH advisory committee for women will sponsor an observance on Friday, Apr. 21, from 11:30 a.m. to 1:30 p.m. in Wilson Hall, Bldg. 1, in recognition of the dedication and perseverance of support staff and secretaries in furthering the NIH mission. The theme for this year’s observance is “Traveling the Superhighway to Success.”

The program will feature a panel of four NIH employees whose professional careers began in a support/secretarial role. The panel will consist of Diane Wax, acting associate director, Office of Legislative Policy and Analysis, OD; Beverly Wyatt, chief, treatment, contract section, National Cancer Institute; Elsa Carlton, contract specialist, NCI; and Felicia Brice, administrative officer, National Eye Institute. The panelists will address the benefits of having served in a support position, strategies for coping with career transitions, and performance characteristics that make a difference. They will also offer advice and guidance for attaining success now and in the future.

For more information, call Shirley Everest, 6-4627. Sign language interpretation will be provided. For reasonable accommodation, call Carlton Coleman, 6-2906 (TTY).

Support staff, secretaries and their supervisors are encouraged to attend.

Lenardo Gives Director’s Talk

The NIH Director’s Seminar Series continues this month with a lecture by Dr. Michael Lenardo on Friday, Apr. 28 at noon in Wilson Hall, Bldg. 1. His topic will be “The Regulation of Antigen-Induced Programmed Death of Mature T Cells in Health and Autoimmune Disease.”

Wednesday Afternoon Talks

The Wednesday Afternoon Lectures continue this month with talks by several distinguished scientists. The lectures are held in Masur Auditorium, Bldg. 10.

On Apr. 19 at 3 p.m., Dr. Edward E. Harlow of the molecular oncology laboratory at Massachusetts General Hospital Cancer Center will address “The Retinoblastoma Protein.” Host for the event is the Cell Cycle Interest Group.

On Apr. 26 at 2:30 p.m., Dr. Stanley Prusiner, professor of neurology at the University of California, San Francisco, will discuss “The Present State of Prions.” This lecture is also the eighth Paul Ehrlich Lecture, sponsored by FAES.

For more information, call Hilda Madine, 4-5595.

20 Years and 100 Miles

20th Running of Parklawn Classic, Apr. 28

Friday, Apr. 28 will mark the 20th anniversary of the Parklawn Classic, a 5-mile race and 2.5-mile walk that has become a PHS tradition. The walk/run, whose theme this year is “20th Annual Run and Still Having Fun” will begin at 11 a.m.

This annual event is an integral part of the Parklawn Worksite Health Promotion Program and is sponsored by the Public Health Service and the Parklawn Recreation and Welfare Association.

The Parklawn Classic is the oldest continuous race of its kind in the nation. Initiated by a handful of Parklawn employees, the race was originally named the Parklawn Marathon and included a running event only. The walk was added later to allow greater participation. To encourage more involvement by all PHS components, an agency participation award was also added. Over the years the event has grown to include thousands of PHS employees from all over the Washington metropolitan area.

The NIH running club, Health’s Angels, has traditionally supported this event and our runners always make a good showing. Last year our own Dr. Harold Varmus came across the finish line with a very impressive finish time.

The Parklawn Classic committee invites all interested NIH employees to participate in either the run or walk, or even as enthusiastic spectators. To register, call the Parklawn Classic Hotline, 3-5350. Registration forms will be sent by fax. Sign up early. Don’t miss this historic event.

R&W and Health’s Angels To Hold Relay, Picnic

On Wednesday, May 17, the NIH Health’s Angels Running Club will hold the 18th Annual NIH Institute Relay. All NIH employees and Parklawn Bldg. employees are invited to participate in the relay race. This year, in conjunction with the race, the NIH R&W Association is sponsoring a spring picnic on the grass in front of Bldg. 1. Picnic festivities begin at 11 a.m. with the race starting at noon.

The relay race will include team competition in five divisions: open (runners age 39 and under), master (runners over age 40), all male, all female, and mixed (teams with at least two female runners). The names of the winning teams in each division will be inscribed on the Allen Lewis Memorial Trophy, and all participants will receive commemorative ribbons. Each relay team is comprised of five runners, each of whom runs a half-mile loop around Bldg. 1. The picnic will include a lunch, a tug-of-war, and three-legged races with fun and lots of prizes for everyone.

There is a $5 team entry fee for the relay race that will be used to help defray the cost of the race. Entry forms for the relay race and instructions are available at the R&W activities desk located in Bldg. 31, Rm. B1W30. Teams entering the relay must return their completed entry forms with the entry fee to the R&W activities desk by 4 p.m. on Friday, May 12.

Picnic lunch tickets are available at all R&W locations. Those interested in finding out more about the race or in volunteering their help should call either Dr. Peter Pentchev, 6-3285, or Jerry Moore, 6-4606.

For more information about the picnic and lunch tickets, call R&W, 6-4600.