Sexually Transmitted Diseases Commonly Overlooked in Clinical Medicine, Holmes Reports

By Rich McMamus

There are more than 30 sexually transmitted infections known to medicine so far, and many people in the United States have at least one, reported Dr. King Holmes during Clinical Center “Great Teachers” Grand Rounds on Mar. 9. A number of STIs, chiefly those associated with gay male sex, are reemerging in the United States after a period of quiescence, he told a packed house at Lipsett Amphitheater.

In the first of eight cases he presented for attendees’ consideration, Holmes, who is professor of medicine and director of the Center for AIDS and STD at the University of Washington, described a patient with proctitis caused by lymphogranuloma venereum (LGV), which has re-emerged in the San Francisco Bay area, Amsterdam and other parts of the developed world. The disease is caused by C. trachomatis, or chlamydia, which remains very common in the U.S.

Holmes’ cases illustrated either medicine’s advancing diagnostic acuity or medicine’s advancing diagnostic acuity or medicine’s advancing diagnostic acuity or medicine’s advancing diagnostic acuity or medicine’s advancing diagnostic acuity or medicine’s advancing diagnostic acuity.

For people concerned about carrying too much weight, nothing beats a simple maxim: eat less and move more. The diets that work—even as the scientific jury remains out on a number of variables—are clearly those that include robust servings of fruits, vegetables and whole grains. Perhaps the single best take-to-the-table message from a Feb. 8 STEP forum on diet and weight control came from Dr. Gary Foster, who said “a little weight loss goes a long way.”

Dr. Susan Yanovski, director of the Obesity and Eating Disorders Program and co-director, Office of Obesity Research, NIDDK, reported that the average weight of Americans across all age groups and both genders has increased steadily for more than two decades. The nation, she said, “faces an epidemic of obesity.

Dr. Antonio Scarpa was recently named new director of the Center for Scientific Review. Currently serving as the David and Inez Myers professor and chair of the department of physiology and biophysics at Case Western Reserve University in Cleveland, Scarpa plans to join NIH on July 1.

Consulting Stakeholders

“I’ve been a reviewer for nearly 20 years and a grantee for 30 years, so I know the system from the outside,” says Scarpa. “But I’m sure I’ll be surprised when I get to work.” Before making any decisions, he says he wants to listen first. “For the next 3-4 months, I will use vacation days from Case to spend some time each week at NIH, talking with everyone I can to learn first hand the needs and opportunities that exist.”
**STEP Forum on Nanotechnology**

The staff training in extramural programs (STEP) committee will present a Science for All forum on the topic, “Nanotechnology: Promise and Potential,” on Tuesday, Apr. 26 from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A.

NIH is moving to invest considerable new resources in nanomedicine research and development. What exactly is nanotechnology, and how is it being applied to problems in medicine today? Do the potential benefits of nanoscale materials outweigh the possible risks? This STEP forum will explore the current status and future directions of nanomedicine. Participation in this session earns ESA training credits.

**Mirkin Lectures in Nano Series**

Dr. Chad A. Mirkin, George B. Rathmann professor of chemistry, professor of medicine, professor of materials science and engineering and director of the International Institute for Nanotechnology at Northwestern University, is the next featured speaker in NCI’s Nanotechnology Seminar Series. The lecture will take place Tuesday, Apr. 26, from 3 to 4 p.m. in Masur Auditorium, Bldg. 10.

Mirkin has pioneered the use of biomolecules as synths in materials science and the development of nanoparticle-based biodiagnostics. Many of the concepts and materials developed within his laboratories are now the basis for commercial detection and lithography systems.

The presentation will be webcast at http://videoCAST.nih.gov. Sign language interpreters will be provided. For other reasonable accommodation, contact Travis Earles at (301) 496-1550 or earlesr@mail.nih.gov. For more information on the lecture, visit http://nano.cancer.gov/events_nanotech_seminar_series.asp.

**Plain Language Awards Given, Apr. 27**

NIH director Dr. Elias Zerhouni and author Judith Viorst will celebrate the power of clear writing at the fifth annual NIH Plain Language Awards ceremony on Wednesday, Apr. 27, at 2 p.m. in Lipsett Amphitheater, Bldg. 10. All staff are welcome to join this tribute to colleagues whose works best exemplify clear and concise writing. Sign language interpretation will be provided. To request other reasonable accommodation, call (301) 496-1461. For more information about the plain language initiative, visit www1.od.nih.gov/execsec/plainlanguage.htm.

**Day of Prayer Marked May 5**

Congress established the annual National Day of Prayer as the first Thursday in May. This year’s observance at NIH will be held May 5, 11:30 a.m. to 1 p.m., on the lawn in front of Bldg. 1. All people of any faith are invited to pray for the goodwill of the country and its leaders. The event is sponsored by the Noontime Christian Fellowship.

**Sickle Cell Anemia Outreach Event**

The Clinical Center and NHLBI sickle cell clinical research team are hosting a sickle cell anemia outreach event aimed at communicating information about the disease, symptoms and complications, diagnosis and treatment. Representatives from the team will share information and answer questions on the latest medical knowledge, scientific advances and current research efforts on sickle cell disease. New therapies will also be presented.

The free event takes place Saturday, Apr. 23 from 10:30 a.m. to 2 p.m. in the CRC first-floor atrium. For more information call (301) 435-2345.

**FNH Offers Free Subscriptions**

Beginning with the Mar. 31 issue, more than 1,200 subscriptions ofNature have been provided for free to the intramural research laboratories at NIH, courtesy of the Foundation for the National Institutes of Health.

Each copy of the Mar. 31 issue was accompanied by a letter from Charles A. Sanders, chairman of theFNH board. “We hope that this and future issues ofNature will be received as a small token of the appreciation that directors, donors and staff of this foundation have for the dedicated intramural researchers of the National Institutes of Health,” he wrote. “The same spirit that animates your efforts gives life to the work of the foundation in support of your research mission, but it is you who are indispensable for its realization. So, from us to you, thank you.”

**NIH Hosts Environment Workshop**

The 4th annual Environmental Workshop, sponsored by HHS and including the Departments of Agriculture, Commerce and Transportation, will be held in Lister Hill Auditorium, Bldg. 38A, on May 3-4 from 8 a.m. to 4 p.m. each day. The theme is “Environmental Management System (EMS)... Tying It All Together.” The workshop is free. Registration is on a first-come, first-served basis, and should be done by Apr. 26. Contact Michelle Coley at (301) 496-3537 or send email to coleym@mail.nih.gov.
On Mar. 28 the National Library of Medicine welcomed back a former NIH director to lecture in honor of Women’s History Month. A history-maker herself, Dr. Bernadine Healy was the first woman to be appointed director of NIH, launching the groundbreaking Women’s Health Initiative during her tenure.

Today, Healy is a medical and health columnist for U.S. News & World Report, and in a recent column she took issue with Harvard President Lawrence Summers’ suggestion that the fewer women than men in the sciences may reflect men’s greater “intrinsic aptitude” for the field. Drawing on that article, Healy suggested in her lecture that evolutionary studies that describe gender differences between our cave-dwelling ancestors actually tell us very little about men and women today. As she put it, the image of man as hunter-gatherer and woman as hearth keeper may be “intriguing stuff—and cute fodder for jokes about women reading maps and men not asking for directions—but does it really tell us why girls don’t grow up to be scientists?”

Healy remembered personally experiencing some of the social factors that contribute to gender inequalities in the sciences in the late 1960s. “As a medical student at Harvard, out of an all-female Vassar, I wondered whether I would be dazzled by male genius,” she recalled. “What struck me was that men, who made up most of the student and faculty bodies, were pretty smart but had no special edge. However, men were the anointed normative standard as both doctors and patients, and women had little choice but to buy in.”

When Healy made her debut in 1991 as director of the National Institutes of Health, she joked that she might have been offered the post only because things were so bad that no man would take the job. At the time, scientists were leaving in record numbers and the agency had been accused of sexism and racism in hiring and promotion. NIH had been without a director for almost 2 years, and her appointment was viewed especially positively because of her experience as former deputy director of the White House Office of Science and Technology Policy.

Aware of the tendency to see male physiology as the norm in clinical trials and treatment regimens, Healy went on to launch the Women’s Health Initiative, the first large-scale study of women’s health (involving more than 150,000 participants) ever undertaken. The results have shown that standards developed from the study of men do not always apply to women. But do physiological differences translate into any significant differences between men and women’s brains?

Although there is some evidence that men and women may excel in different types of problem-solving, Healy said she believes the sexes are intellectually equal. She explained that we can have “a constructive discussion about small differences that show men score a bit higher in spatial reasoning,” but we need to remember “that women excel with words—and in overall school performance.” The solution, she said, is to develop new educational models that would help all students to master these skills.

Healy ended with remarks from a recent column she had written about the legal treatment of Terri Schiavo. Calling for scientists to take on a more active role in helping the public understand the complexities in medical decision-making, she noted that the decision to withdraw food and water was made without an independent medical review of the patient’s case—instead, the judge relied upon neurological reports from 2002. Furthermore, Healy pointed out, the reports reflected attempts by each side to “win the case. The winner in court is usually the one with the most convincing medical witnesses, who speak with the greatest confidence and authority.” The expert’s opinion is pitted against another’s, and the judge has to figure out which to believe.” Healy suggested the competition will fail all the family members, preventing everyone involved from reconciling themselves to a decision that should be made in the best interests of the patient.

Discussing some of the most controversial issues in science and medicine today, the former NIH director encouraged attendees to consider their own contributions to public understanding. How do we explain conflicting data or medical ethics to non-specialists, who receive a barrage of good and bad health information from the media? Those of us in the know, she concluded, have a special responsibility to help others develop an informed opinion.
therapeutic innovation. They also yielded behavioral insights. For example, “up to 90 percent of people with an STD who are asked to bring their sex partners to the STD clinic for testing and treatment don’t do it.” Holmes, Dr. Matt Golden, and their colleagues at the Seattle-King County health department have taken to providing kits containing drugs for chlamydia and gonorrhea to patients with STDs to deliver to their partners. So effective has this approach been that two pharmaceutical chains in the Northwest have cooperated by distributing the kits, together with information about the treatment for the partners. Holmes also said that partner notification efforts, which receive federal money devoted to STD control, are widely regarded as inefficient and in need of upgrading—as recommended in a past report from the Institute of Medicine.

His fourth case might give pause to parents sending their kids off to college in the fall. A study that followed the 4-year progression from freshman year to senior year at the University of Washington showed that 75 percent of the undergraduate women acquired genital human papillomavirus (HPV) infection by the time they earned their diplomas. “It’s a very common infection,” Holmes noted.

There are more than 40 types of HPV that cause genital infection, he explained, and some patients are infected with multiple varieties. The infection is just as common in men as in women, and was 10 times more prevalent than any other STD in a new study of a random sample of some 3,200 young U.S. women whose urine was analyzed for HPV, chlamydia, gonorrhea and trichomonas infection. Had the researchers used the more sensitive method of cervical swab instead of urinalysis, even more infections would undoubtedly have turned up, Holmes suggested.

Some variants of HPV have been shown to increase cancer risk. A randomized controlled trial of condom use or no condom use by couples in which the female had cervical dysplasia showed that condom use led to significantly faster regression of the dysplasia and disappearance of the HPV infection. A current prospective study of University of Washington female students being conducted by Rachel Winer and Dr. Laura Koutsky is also encouraging in suggesting that consistent, correct condom use offers protection against acquiring HPV infection.

Also on the prevention front, “Merck and Glaxo are testing HPV vaccines, and early results indicate a significant reduction not only in acquisition of HPV, but also in risk of cervical dysplasia,” Holmes reported.

Herpes simplex virus (HSV) was the culprit in several case studies Holmes presented. The risk of acquiring HSV-2 dramatically increases with the number of sex partners one has, he showed. As with HPV, condom use is effective in reducing risk, although many HSV-infected people opt for suppressive antiviral therapy, in addition to condoms. Such suppressive therapy also significantly reduces the risk of transmission to an uninfected partner.

Holmes alerted the audience that “syphilis is back—you’ve got to start thinking about it.” It is a resurgent infection, mostly in men, he noted, where rates in some places are back up to what they were in the pre-AIDS era.

Holmes’ take-home message was sobering: Most people have had at least one sexually transmitted infection; in aggregate, these infections can affect any organ; physicians ought to consider them in many differential diagnoses; there have been important advances in etiological studies, diagnostics, therapy and prevention; and lastly, “Don’t forget about them!”
NCRR's Vaitukaitis Is Named a Senior Advisor to NIH Director

Dr. Judith Vaitukaitis, director of the National Center for Research Resources, has been named a senior advisor on scientific infrastructure and resources to NIH director Dr. Elias Zerhouni.

"With research becoming more complex, teams of investigators from diverse scientific fields require more sophisticated research tools and technologies," said Zerhouni. "In view of these needs, I have asked Dr. Vaitukaitis to advise me of the critical choices that will contribute to solving tomorrow’s research challenges. Since 1993, she has provided outstanding leadership, ensuring that NCRR is a catalyst for discovery for NIH-supported investigations throughout the nation."

Under Vaitukaitis’ leadership from 1993 to 2005, NCRR’s budget almost quadrupled and program areas expanded to include a broad range of cutting-edge research resources, state-of-the-art technologies and critical biological models of human disease.

“Scientific trends and research needs change at an astonishing pace, yet effective research resources for addressing investigators’ needs cannot be generated overnight,” said Vaitukaitis. “One of our greatest challenges is to ensure that a lack of resources does not impede research progress. I hope to be able to offer my insights on how to track cutting-edge advances and identify emerging trends across biomedical research so that resources are in place when they are needed.

“The NCRR portfolio is multifaceted—from building research capacity at academic institutions to providing clinical research, biotechnology and comparative medicine resources,” Vaitukaitis continued. “During my time as director, I developed the greatest admiration for the work and dedication of the NCRR staff. Because of their commitment, we have been able to go beyond conventional approaches to find innovative resource solutions for researchers across the nation.”

Prior to her service as NCRR director, Vaitukaitis’ extensive basic research on the mechanisms controlling hormonal action and metabolism at the cellular level and her clinical research in reproductive endocrinology led to the development of the first specific pregnancy test. The pregnancy assay she developed continues to be used in modified forms as over-the-counter early pregnancy-detection products. The assay also provides a method for monitoring patients with tumors that developed from either placental tissue or testicular germ cell lines.

Previously, Vaitukaitis held positions as NCRR deputy director and director of the NCRR General Clinical Research Center (GCRC) Program. Prior to joining NCRR, she was professor of medicine at Boston University School of Medicine, where she also directed the GCRC and headed the section on endocrinology and metabolism at Boston City Hospital.

Dr. Barbara Alving, deputy director of NHLBI and director of the Women’s Health Initiative, will serve as acting director of NCRR. ☛

May is Healthy Vision Month

Each May, the National Eye Institute sponsors Healthy Vision Month (HVM) to make vision a health priority for the nation. HVM 2005 is dedicated to raising awareness among people with low vision and their family, friends and caregivers about the benefits of vision rehabilitation services and adaptive devices. The theme of this year’s observance is “Promoting independence through vision rehabilitation.”

With low vision, a person can experience physical, economic and psychological changes that diminish his or her quality of life. Low vision can cause difficulty recognizing the faces of friends and relatives; performing everyday tasks such as reading, cooking or sewing; picking and matching clothes; and reading street signs, even with regular glasses or contact lenses. However, through vision rehabilitation these people can regain some of their independence. Rehabilitation services are designed to help people make the most of their remaining vision and enhance their quality of life.

With the aging of the population, vision loss is becoming a major public health concern in the United States. More than 14 million Americans currently have low vision, an impairment that cannot be corrected with standard glasses, contact lenses, medicine or surgery. Low vision is most prevalent among older Americans. Certain racial and ethnic groups, including Hispanics/Latinos and African Americans, are also at an increased risk for low vision.

State and local organizations have been working together to improve the nation’s eye health. For more information, visit the HVM 2005 website at www.healthyvision2010.org/hvm.
These days, even our pets are overweight.”

Why the persistent weight gain? The answer is “energy balance,” or the amount of energy we take in through food vs. the energy we expend through physical activity. Yanovski observed that carbohydrate consumption, in particular, has been on the rise since the 1970s. While cautionary messages about fat in that same timeframe have led to a slight decrease in percentages of calories from fat, Yanovski noted that “we’re still eating more total calories than ever before. And carbohydrates represent the greater percentage of those calories.”

According to Dr. Robert Eckel, professor of medicine, physiology and biophysics at the University of Colorado Health Sciences Center, there is a dearth of research on weight reduction. Most of our knowledge about the chemistry of adipose tissue (or fat content) in humans is based on studies of the female reproductive system. But the bottom line remains: if you’re overweight, your body will try to keep you that way. It takes an ongoing program of behavioral change to permanently succeed in any weight loss effort.

The third speaker, Dr. Gary Foster, clinical director of the Weight and Eating Disorders Program at the University of Pennsylvania School of Medicine, addressed low-carbohydrate diets. A problem with low-carb’s popularity, he said, is a lack of firm scientific evidence. “The public’s desire for workable diets, low-carb or otherwise,” he said, “far outpaces scientific data.” There are only 5 studies of low-carb diets in the scientific literature at this point, and all essentially agree that there is little difference between low-carbohydrate diets and low-calorie diets in terms of weight loss at one year. Surprisingly, however, low-carb diets appear to have more favorable effects on heart disease risk factors such as HDL cholesterol and triglycerides.

“You lose weight when you eat less,” Foster said. “There’s no magic formula.” But this points to a larger problem in the field of obesity research, he believes. “We’re not developing and testing techniques or programs that improve adherence to dietary regimens. We all understand the difference between a banana and a banana split. Most people know what to eat—but fewer people know how to do it.”

Dr. David Ludwig, director of the Obesity Program at Children’s Hospital in Boston, offered a proposition: the low-glycemic diet is “a perfect compromise between low-fat and low-carbohydrate” diets.

The “glycemic index” is a measure of carbohydrate digestion rate that ranks carbs based on their effect on glucose levels in the blood. A glycemic index score of 70 or above is high—the territory of cake, cookies, doughnuts and white bread.

A glazed doughnut, for example, tops out around 85 on the glycemic index. A serving of lentils, on the other hand, garners a score of 29. (And a serving of broccoli barely registers at all.) The glycemic index reflects the fact that some carbohydrates break down quickly in the digestive tract and are reduced to their fundamental component—sugar—which, in turn, is quickly absorbed into the bloodstream, generating a higher glycemic index score.

On the other hand, carbohydrates that break down slowly, such as whole grain breads and cereals, beans, leafy greens or cruciferous vegetables, generate slower glucose release into the bloodstream and lower glycemic index readings (50 or less). Eating “lower on the glycemic index,” Ludwig said, supports weight loss over the long term, leads to a greater feeling of satisfaction after eating and a decrease in total food consumption. And, as if that were not enough, research suggests that low glycemic index diets may reduce risk for both type 2 diabetes and cardiovascular disease.

Dr. Barbara Rolls of the department of nutritional sciences at Pennsylvania State University, proposed using the energy or calorie density of food to guide choices for weight management. Lowering the energy density of our diets by eating more foods rich in water and fiber (such as fruits, vegetables, whole grains, and low-fat meat, fish and dairy) will enhance satiety and lead to weight loss and better health.

“High-energy-dense” foods are high in fat or low
in moisture (such as crackers, cookies and potato chips) and should be eaten in moderation.

Negative messages—cautions, warnings and limit-setting—don’t work very well in helping people adhere to diets, Rolls noted. Positive messages, in which dieters are told to enjoy eating as much as they want within the framework of their diet plan, are more successful.

The session’s final speaker was Washington Post reporter Sally Squires, founder of the newspaper’s Lean Plate Club. The “LPC” is about eating wisely and with pleasure while staying balanced amid the plethora of confusing scientific reports, trendy diets, diet gurus and best-selling diet books.

With a success that underscores the intense interest Americans have in dieting, weight loss and improved health, the LPC has flourished since its launch in July 2001. In fact, its email newsletter now enjoys nearly 180,000 subscribers, one of the largest online subscription bases and among the highest interactivity rates on the Post web site.

The LPC has been syndicated in other major newspaper markets, including Los Angeles, Dallas and Denver. This success, Squires said, is a vivid example of how media supports science and the medical community in getting the word out about the wide-ranging benefits of diet, exercise and healthy lifestyles.

Gene Found to Increase Risk of Common Cause of Blindness

Scientists have identified a gene that is “strongly associated” with a person’s risk for developing age-related macular degeneration (AMD). The finding was made by three independent teams, which include researchers with the National Eye Institute and other leading research centers. Detecting an AMD-associated gene may lead to early detection and new strategies for prevention and treatment for the debilitating eye disease.

AMD blurs or destroys sharp, central vision. There is no known cure. Most scientists think the cause lies in an interplay of hereditary and environmental factors. It is the leading cause of blindness in people over age 60.

Family history of AMD is a risk factor for the disease. In recent years, eye researchers have been investigating certain portions of chromosomes to find AMD-associated genes. The new studies provide the strongest evidence yet of a specific gene association.

“The three studies are a significant step in AMD research. They confirm a strong genetic component of AMD, which may allow scientists to develop tests for the disease before symptoms begin to appear and when therapies might help slow its progress,” said NEI director Dr. Paul Sieving.

The three studies used different methods to screen the genomes from different groups of AMD patients. Yet all three studies came up with a commonly inherited variant of the same gene, called complement factor H (CFH). The CFH gene is responsible for a protein that helps regulate inflammation in part of the immune system that attacks diseased and damaged cells. In some patients with AMD, inflammation in the eyes may trigger a biological process leading to the disease.

Consensus Conference on Graft vs. Host Disease

A 1-day consensus development conference has been planned to bring together clinical researchers, industry, academia, patients and government agencies to discuss criteria for clinical trials in chronic graft-vs.-host disease. The meeting will focus on developing definitions and tools for conducting clinical trials in chronic GvHD, outlining current standards of care and identifying directions for future basic and clinical research.

Scheduled for June 6, the conference will be the culmination of a year-long effort by the hematology-oncology transplantation community and related medical subspecialties to create guidelines that allow rapid conduct of clinical trials in chronic GvHD.

The conference is sponsored by NCI, NHLBI, the Office of Rare Diseases, the Health Resources and Services Administration and the Department of Defense. For more information, including registration details, visit http://www.palladian-partners.com/gvhd.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Diane Mathis on Apr. 27, addressing “Transcriptional Control of Immunological Tolerance.” She is head, section on immunology and immunogenetics, Joslin Diabetes Center, and professor of medicine, Harvard Medical School.

For more information or for reasonable accommodation, call Hilda Madine, (301) 594-5595.
SCARPA TAKES CSR HELM
CONTINUED FROM PAGE 1

Scarpa also plans on talking with members of the scientific community. Doing so should come easy, since he has been an officer or board member of many scientific societies, including the Biophysical Society, the Federation of American Societies for Experimental Biology and the Association of American Medical Colleges. Over the years, Scarpa also has served on the editorial boards of 13 scientific journals and served as editor or co-editor for 5 journals.

Managing Changes

When time comes to make decisions at CSR, Scarpa says he will rely on the scientific administration skills honed during his 18-year tenure at Case, where he oversaw the development of a small physiology and biophysics department into one now ranked among the best in the country. "I've inherited staff with enormous talent and dedication," he says. "My task is to catalyze them to make effective changes that can be embraced by all the communities served by CSR."

Coming to NIH may be a surprising move, but Scarpa has a history of advancing into new areas. Beyond his diverse research efforts, he has designed houses, owned an art gallery, sold his own paintings and trekked exotic trails in Asia and Africa. One of his treks involved hiking in the mountains of the South Island of New Zealand with his wife. They were hiking along a ridge one summer when a sudden storm left them waist deep in snow. "The temperature dropped to 10° F, winds were blowing at 50 knots," he says. "And we had over 80 lbs. of gear to carry." Though it took 15 hours, they were guided safely back by the coordinates Scarpa had carefully set into his global positioning system.

Scarpa knows CSR will have no choice but to explore new territories, given its evolving challenges. "But like when I go climbing, I will plan carefully," he says. "Our ultimate goal will not be to simply change things but to ensure the vitality of NIH peer review as we adjust to rapid and significant changes in science, technology and the resources available."

Until Scarpa comes aboard, Dr. Brent Stanfield will remain acting CSR director as he has since October 2003, following the departure of Dr. Ellie Ehrenfeld. Stanfield then will continue to serve as deputy director. An interview with Scarpa is available on CSR's web site: [http://www.csr.nih.gov/](http://www.csr.nih.gov/).

Scarpa in Brief

Scarpa received his M.D. and Ph.D. (libera docenza) in general pathology from the University of Padua School of Medicine, and he conducted postdoctoral studies at the Weizmann Institute of Science in Israel, the University of Utrecht in The Netherlands, and the University of Pennsylvania. Scarpa continued his research and academic career for 17 years at the University of Pennsylvania before moving to Case Western Reserve in 1986.

He is known for his biophysical research into the cellular and molecular mechanisms of ion transport and homeostasis and the metabolic consequences induced by transport. His investigations have been supported by grants from NHLBI, NIAAA and NIDDK, as well as the American Heart Association. Scarpa has more than 225 peer-reviewed publications and has edited or co-edited 9 books or special journal supplements.
Friedman Retires from NHLBI After 33 Years
By Amy Danzig

Dr. Lawrence M. Friedman recently retired after 33 years of government service, all with NHLBI. He held many leadership positions overseeing clinical research. Most recently, he served as assistant director for ethics and clinical research and acting deputy director for the institute. He also served as director of the Division of Epidemiology and Clinical Applications (DECA).

More than 20 years ago, Friedman coauthored a book titled, Fundamentals of Clinical Trials, now in its third edition. Currently, he is co-editor of a book due to be released this summer about clinical trial monitoring whose working title is Case Studies in Data Monitoring and has hosted a series of seminars on the subject. He also has served on the editorial boards of numerous publications, most recently the Annals of Epidemiology and Evidence-Based Cardiovascular Medicine.

At Friedman’s retirement luncheon, Dr. Nancy Geller, director of the Office of Biostatistics Research, DECA, called him a major figure in resolving clinical trial dilemmas, referring to him as one of NHLBI’s “quiet fixers.”

From a former boss, Dr. William Harlan, now working as a consultant to other institutes, to his last, current NHLBI director Dr. Elizabeth Nabel, everyone agreed on Friedman’s achievements and the preeminent role he played in elevating the quality of standards for clinical trials both nationally and internationally.

Nabel said, “Larry is a scholar and a gentleman. He is known throughout the NIH community for his wise counsel and prudent judgment. We will dearly miss him but look forward to his presence in the NHLBI in an advisory capacity.”

Another speaker, Dr. Yves Rosenberg, noted that Friedman always placed both the individual research participant and the public interest at the forefront of studies.

Of his time at NHLBI, Friedman noted, “What made my career here worthwhile was not only the importance of the NIH mission but also the opportunity to work with so many people who were dedicated to accomplishing that mission and were wonderful colleagues.”

Friedman earned a B.S in 1964 from Trinity College in Hartford. He earned an M.D. in 1969 at the University of Pittsburgh Medical School followed by an internship and residency at Connecticut’s Hartford Hospital. In 1972, he joined the Public Health Service and began his career in the Clinical Trials Branch, NHLBI. He is the author or coauthor of more than 100 studies that have appeared in peer-reviewed journals. 

Former NIMH’er Holliday Dies

Anabel “Bunny” Holliday, 70, a former employee of the National Institute of Mental Health, died at her home in Laytonsville on Mar. 7.

Holliday graduated from American University and was retired from NIH, where she served from 1965 to 1995. She was born in Pennsylvania and started her federal career at Letterkenny Army Depot in Chambersburg, Pa., where she worked from 1960 to 1965.

Holliday is survived by her daughter Karyn Holliday of Gaithersburg, her daughter Kathi Davis and son-in-law Jim Davis of Woodbine, Md., and her long-time companion Craig Easter of Laytonsville.

Memorial contributions may be made to the National Retinitis Pigmentosa Foundation, Inc., 11350 McCormick Rd. #800, Hunt Valley, MD 21031-1002.
CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at http://training.cit.nih.gov.

From Scan to PDF: Composing Scientific Figures w/Adobe Photoshop and Illustrator 4/25

FileMaker Pro 7 Level 1 (Windows) 4/26

Introduction to Statistics 4/27

Advanced CSS / XHTML 4/27

SPSS: Statistics 4/27, 29

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PDAs: Basic & Clinical Applications 4/28

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New Features of VirusScan 8.0 5/3

NIH Data Warehouse Query: Human Resources 5/3

How to Get the Most Out of Outlook 2003 5/4

Advanced QVR Training 5/4

Introduction to Descriptive & Inferential Statistics 5/4

NIH Data Warehouse Query: Research Contracts & Grants 5/5

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit http://learningsource.od.nih.gov.

Purchase Card Training 5/5, 6/7

NIH Foreign Travel (NBS Travel System) 5/16-17, 6/6-7

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NBS Travel System for Approving Officials 6/8

Simplified Acquisition Refresher 6/8

Purchase Card Processing System 6/9

Fellowship Payment System 6/13

Intercultural Communications at the NIH 6/14

STRIDE Program Now Recruiting

The NIH Training Center announces the 2005 STRIDE Program, a 3-year program designed to provide employees with an opportunity for career change and advancement, and help NIH meet its staffing needs. STRIDE provides a combination of on-the-job training, academic courses and short-term courses to prepare individuals for placement in targeted professional positions.

To be eligible, you must be employed at NIH under a career-conditional appointment for at least 1 year. The deadline for submission of applications is May 27.

Information sessions, held from 11:30 a.m.-12:30 p.m., are as follows:

Apr. 28  Rockledge 2, Rm. 9100/9104

May 4  Bldg. 31, Conf. Rm. 7

May 12  Executive Plaza South, Rm. 8

For more information visit http://learningsource.od.nih.gov/stride.htm or contact Pauline Irwin, irwinp@od.nih.gov or Kent Bemberger, bembergerk@od.nih.gov.

Tae Kwon Do Beginner's Class

The NIH Tae Kwon Do School is offering a beginner's class for adults and mature teens starting May 2. The curriculum combines traditional striking arts, forms and sparring with emphasis on self-defense. No experience is necessary. Class will meet in the Malone Center (Bldg. 31C, B4 level, next to the NIH Fitness Center) from 6 to 8 p.m. on Mondays and Wednesdays, and will continue for about 2 months until participants can be integrated into the regular school training. Dues are $40 per quarter and a uniform costs $30. Interested persons are welcome to watch regular training sessions. For information call Andrew Schwartz, (301) 402-5197 or visit http://www.recgov.org/r&w/nihtae-kwondo.html.

Health Communications Forum, May 9

The 2005 NIH Health Communications Forum will be held on Monday, May 9 from 9 a.m. to 4:30 p.m. in the Natcher Conference Center. Last held in 1999, the forum is a 1-day professional development seminar for NIH staff, fellows and interns working with health communications, health education, public liaison activities, media relations and patient recruitment and retention. The goals are to: highlight current trends and practices in health communications; discuss the application of current marketing and health communications research to NIH outreach activities; and stimulate dialogue and collaboration among NIH professionals in related disciplines.
Weight and Insulin Study

The Uniformed Services University of the Health Sciences is conducting a study examining weight and stress responses to exercise in African American and Caucasian men and women between the ages of 18 and 45. Volunteers will be compensated for their participation. Call (301) 295-1371 or email humanperformancelab@usuhs.mil.

One-Day Outpatient Study

Healthy volunteers, ages 19 to 55, are needed to participate in research studying genes and brain function. Testing procedures involve a blood draw, non-invasive neuroimaging, interviews and cognitive testing. No overnight stay. No medication trial. Compensation provided. Call the Clinical Brain Disorders Branch at (301) 435-8970 or email ThorpeK@intra.nimh.nih.gov. Refer to protocol # 95-M-0150.

Ever Have Postpartum Depression?

If you have a history of postpartum depression (PPD) following the birth of any of your children, consider participating in a PPD study with NIMH. The study seeks to examine if your PPD was caused by hormonal changes during or after pregnancy. The study is recruiting female participants between the ages of 20-45 years old. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Severe Systemic Lupus Erythematosus?

If you have severe lupus or someone you love has severe lupus, call for study information: 1-800-411-1222 (TTY 1-866-411-1010).

Stopping Your Estrogen Therapy?

NIMH is investigating whether mood, anxiety and irritability occur when you stop taking your estrogen or estrogen/progesterone combination therapy. Participants should be ages 45-60, have a past history of perimenopausal mood symptoms responsive to estrogen therapy (ET) or combination therapy, be currently taking ET or combination therapy and be in good physical health. For information call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Study of Uterine Fibroids

Call NIH at 1-800-411-1222 (TTY 1-866-411-1010) for information on a study using a new medication for 3 months before hysterectomy. Study-related treatment provided at no cost. Compensation is provided.

Volunteers Needed for Jet Lag Study

NICHD is looking for travelers going east 6-8 time zones to study the effects of replacing hormones disrupted by jet travel. Participants will take a study medication (hydrocortisone, melatonin or placebo), fill out questionnaires and obtain salivary samples. Travel stay of 4-10 days at destination required. Healthy men and women, between ages 18-65 are encouraged to call 1-800-411-1222. Compensation provided for a completed study.

Blood Donors Needed

Looking for healthy volunteers to donate blood for research. Call 1-800-411-1222 (TTY 1-866-411-1010). Refer to study # 99-CC-0168. Compensation provided.

HEO Elects Executive Board

The NIH-Hispanic Employment Organization recently elected its executive board members for the year 2005. They are (from l) Juan Mendoza, Nelly Villacreses, Ana Anders, Richard Farina, Hideko Takahashi, Ofelia Olivero, Migdalia Rivera-Goba, Elsa Berenstein and Zhanita Perez. The organization plays a leadership role in proposing development of Hispanic-relevant NIH policies, plans, programs and special initiatives, ensuring that they are sensitive to issues important to the Hispanic population.

NINDS’s Marler Wins Feinberg Award

Dr. John Marler, NINDS associate director for clinical trials, recently received the William M. Feinberg Award for Excellence in Clinical Stroke from the American Stroke Association.

The award, which is the association’s second highest honor, recognizes significant achievements in the clinical investigation and management of stroke. Marler—who served as project leader for NINDS’s tPA stroke trial and Master Agreement for Cerebrovascular Research, two efforts that led to the approval of the drug tPA as the first treatment for acute stroke—was recognized for leading major clinical trials resulting in more effective drug treatment of stroke.

Marler joined NINDS in 1984 as a medical officer and health scientist administrator in the extramural Division of Stroke and Trauma, overseeing the institute’s clinical stroke research program. Currently, he focuses on accelerating the translation of recent discoveries in neuroscience into treatments for neurological diseases.

The award, which was presented at the association’s international stroke conference in New Orleans, is named for a prominent stroke researcher and American Heart Association volunteer who made notable contributions to a better understanding of stroke.
Middle Schoolers Targeted by NIAAA Web Site

The National Institute on Alcohol Abuse and Alcoholism recently released a new version of The Cool Spot, a web site for middle school (11- to 13-year-old) children. The site can be accessed at http://www.thecoolspot.gov.

“The Cool Spot uses engaging games and graphics to deliver important messages about the risks of underage drinking and ways to resist peer pressure,” says NIAAA director Dr. Ting-Kai Li. “It’s vital to reach this age group, because the younger people are when they start to drink, the higher their chances of developing an alcohol problem at some point in their lives.” Research shows that more than 4 in 10 people who start drinking before age 15 eventually become alcohol-dependent.

The Cool Spot’s new content is largely based on curriculum for grades 6-8 developed by NIAAA-supported researchers at the University of Michigan. Designers used a popular Japanese comic book style called “anime” that appeals to middle school students.

The original curriculum was the basis for a large scale, multi-year project called the Alcohol Misuse Prevention Study (AMPS). One goal of AMPS was to give young teens a clearer picture about alcohol use among their peers. Teens tend to overestimate how much other teens drink. But when they are provided with accurate information about peer-group drinking habits, teens may feel less pressure to drink. Other goals of AMPS were to help kids learn skills to resist pressure to drink and to give them reasons not to drink. The Cool Spot incorporates these goals and other features:

Reality Check quizzes kids about how much drinking is really going on in the U.S. The answers, which often surprise kids and adults alike, are based on results of the 2002 National Survey on Drug Use and Health.

Deep Digging depicts why using alcohol as a solution to problems, or a way of trying to cope, is trouble.

Peer Pressure Bag of Tricks presents animated scenes that invite kids to identify some common peer pressure “tricks.” It also lets kids know that spotting these tricks is the first step to resisting them.

Know Your No’s, an activity that introduces kids to a variety of ways to say no, helps them learn which one is the most effective.

A 10-question quiz encourages visitors to glean some of the chief learning objectives. Middle school teachers, counselors and after-school providers can have students complete and print the quiz to show they have grasped some basic prevention messages.

The site’s interactive peer pressure sections were a standout, according to middle school boys and girls who participated in focus testing. “I didn’t know there were different types of peer pressure. I just thought it was one big thing,” said one youth. Others said that “it taught you a lot” and it was “important because peer pressure is the main thing in drinking.” Parents who visit the site may learn some new things, too, and later will be able to reinforce with their child the lessons in spotting peer pressure and choosing effective ways to say “no.”

For details about the site, contact Maureen Gardner at (301) 443-4734 or mg65k@nih.gov.

FARE 2006 Abstract Competition

The 12th annual Fellows Award for Research Excellence (FARE) 2006 competition will again provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. Winners of FARE will each receive a $1,000 travel award to use for attending and presenting their work at a scientific meeting. One-quarter of the fellows who apply will win an award.

Fellows who apply to FARE submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality/presentation. The travel award must be used between Oct. 1, 2005 and Sept. 30, 2006.

The FARE 2006 competition is open to postdoctoral IRTAs, visiting fellows and other fellows with fewer than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their doctoral dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute’s scientific director. Fellows are asked to submit their application, including abstract, electronically now through Apr. 29 via http://felcom.nih.gov/FARE. Winners will be announced by the end of September 2005.