Peer Review, Graying Grantees Top 95th ACD Agenda
By Rich McManus

The 95th gathering of the advisory committee to the NIH director—and the 12th presided over by Dr. Elias Zerhouni—focused on two major issues faced by the agency in 2007: an exhaustive and thorough examination of the peer review system through which NIH disburses more than three-quarters of its budget and a primer on the gradual graying of NIH’s grant-getters; it is taking longer and longer for medical faculty to earn their first federal funding, which discourages youthful innovators.

Zerhouni said NIH’s peer review system “has proven itself over the last 60 years as probably the best system worldwide for managing science” and is being adopted internationally as the best guarantor of scientific independence. “However, no system will

Mission Possible: Breaking Down Boundaries with Global Health
By Jennifer Zoon

The health workers at the Ugandan International Center for Excellence in Research (ICER), funded by NIAID, accept an unorthodox mission. They climb into an off-road vehicle and use a global positioning system to locate 50 rural communities in the Rakai district of southwestern Uganda. In the past, village healers administered traditional remedies to those needing treatment. Today, villagers can participate in ICER’s clinical trials, which study the efficacy of HIV and STD treatments and aim to decrease the transmission of infectious diseases.

The Rakai Health Sciences Program—like its sister ICER laboratories at the University of Bamako, Mali, and the Tuberculosis Research Centre in Chennai, India—conducts research on tropical and infectious diseases in areas burdened with high rates of such problems. NIAID renovated existing labs at these centers and outfitted them with modern tools used in
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ICE Your Cell Phone

ICE (In Case of Emergency) is an initiative that turns cell phones into lifelines. By choosing to enter “ICE” contacts into your cell phone, you are telling emergency personnel whom you would like to contact and at what number. It can prove to be a vital source of information to emergency responders, coworkers, supervisors, paramedics, police and caregivers, according to the Office of Research Services.

Be sure to inform people that they are your emergency contacts. It’s also helpful to review them with any conditions you may have, such as allergies. ICE could also be helpful to teens, who often carry cell phones but no wallets.

To ICE your cell phone, open the phone’s address book, create a new contact, call it ICE (or ICE-1, -2, -3), enter the contact’s phone number (this may replace an existing contact) and affix an ICE sticker to the back of your cell phone. This serves as a visual alert that you have established a communication protocol.

For more information, visit www.icesticker.com.

NIDDK Web Site Features Health Information In Spanish

The National Institute of Diabetes and Digestive and Kidney Diseases has launched three new web site portals to feature Spanish-language health materials and resources from its information clearinghouses.

People looking for information about diabetes, digestive diseases, or kidney and urologic diseases in Spanish can go directly to the appropriate Spanish-language portal page, where they will find an A-to-Z list of topics and titles.

NIDDK, which has 40 diabetes-related publications, 10 publications about digestive diseases and 18 kidney and urologic publications in Spanish, will be adding more than 30 Spanish publications to the site, including 1-page fact sheets that are part of NIDDK’s Awareness and Prevention series.

NIDDK also has two full-time bilingual information specialists who respond to requests for Spanish-language health materials from the clearinghouses. In the past year, more than 17,500 Spanish publications were ordered through the clearinghouses. NIDDK responded to more than 700 information requests in Spanish during that time.

“With these new Spanish portals, we hope to make important health information available to more people who need it,” said Kathy Kranzfelder, director of the institute’s health information clearinghouses.


NIEHS Appoints Journal Editor-in-Chief

Dr. Hugh A. Tilson, a nationally recognized environmental health scientist, has been named editor-in-chief of Environmental Health Perspectives (EHP), a journal published by NIEHS since 1972. He comes to NIEHS from the Environmental Protection Agency, where he served as national director of the Human Health Research Program. In the course of his career in environmental health science, he has worked as a lab director and investigator at EPA and NIEHS, edited several books and published more than 200 papers in peer-reviewed journals. He has also served as the associate editor of two toxicology journals and on several editorial boards. EHP, a monthly journal, offers a worldwide forum for research and education in the environmental health sciences. Published online with free access and in print by subscription, it distributes editions in English and Chinese.

NCI Announces New Easy-to-Read Radiation Therapy Material

NCI is offering new easy-to-read radiation therapy education resources. Written for patients and health care providers, the series includes 11 radiation therapy sheets for patients in both English and Spanish, an audio CD for patients and a booklet for providers. The items provide straightforward information at a sixth-grade reading level or below to help patients understand how radiation therapy works and how to best manage its side effects. The patient-centered publications encourage individuals to fully participate in their care by providing personalized tips and key questions to foster discussion between patients and providers. To get these free resources, call 1-800-4-CANCER (1-800-422-6237) or visit www.cancer.gov/publications.
FIC Organizes Event to Launch Global-Theme Issue

In an effort to focus attention on global health, the Fogarty International Center recently joined with the Council of Science Editors (CSE) to promote its 2007 international theme issue on poverty and human development with an event on campus. FIC, in conjunction with the National Library of Medicine, hosted a symposium to coincide with the simultaneous publication of related research by more than 235 scientific journals in 37 countries. At least 1,000 articles were disseminated, representing research projects taking place in 85 nations.

"Without access to medical literature, without state-of-the-art knowledge, the practice of medicine and public health becomes woefully out-of-date," said FIC director Dr. Roger Glass. "Having access to the most current knowledge can be life-saving." As part of the initiative, he coauthored an essay in the Journal of the American Medical Association titled, "Bridging the Coverage Gap in Global Health."

Seven of the most outstanding articles from these journals addressing critical issues of global health research and policy were selected by a review committee of NIH and CSE experts for presentation at the conference. Two panels of international scientists presented new research examining interventions and projects to improve health and reduce health-care inequities among the poor. Subjects included: childbirth safety, HIV/AIDS, malaria treatment, food insufficiency and sexual behavior, interventions to improve child survival, physician brain drain from the developing world and influenza's impact on children.

The scientific presentations were moderated by Dr. Catherine DeAngelis, editor-in-chief of JAMA and Dr. Fiona Godlee, editor-in-chief of the British Medical Journal; both journals also published global-theme issues.

"There was really a marvelous effort that CSE put in to mobilize the global community of researchers to study the issue of poverty as the greatest threat to human health and development worldwide," said CSE president Dr. Ana Marusic, who is also editor-in-chief of the Croatian Medical Journal.

Two previous global-theme issues have been organized by the editors of JAMA. In January 1996, more than 200 articles on emerging and reemerging global microbial threats were published by 36 journals from 21 countries. In 1997, just under 100 journals in 31 countries published on the theme of aging.

"It is gratifying that the number of journals participating in the 2007 global health theme issue is more than double the number involved in a similar effort a decade ago," said Betsy Humphreys, NLM deputy director. "This reflects progress in scientific journal publishing in the developing world, as well as increased recognition that global health disparities affect the well-being of all of us."

2007 Nobel Laureate to Speak on Jan. 17

Dr. Oliver Smithies, one of 2007’s Nobel laureates in physiology or medicine, will speak at the NHLBI Bio-medicine Lecture Series on Thursday, Jan. 17 at 11 a.m. in Masur Auditorium, Bldg. 10. The title of his talk is “Two Mouse Tales.”

Smithies will look at the progression of ideas that occurred during the 20 years he has spent altering genes in mice, beginning with progress related to the control of blood pressure. He will emphasize the importance of experimentally controlling the level of expression of genes of interest and the usefulness of developing computer simulations to help understand the results of experiments. Smithies is the Excellence professor of pathology and laboratory medicine at the University of North Carolina at Chapel Hill School of Medicine.

He shared the Nobel prize with Drs. Mario R. Capecchi and Martin J. Evans. They won for developing methods to introduce specific gene modifications in mice. Today, this technique is widely used to understand the function of genes and to create mouse models of human diseases.
the study of infectious diseases. The centers help scientists working with HIV/AIDS in Uganda, malaria in Mali and tuberculosis and filariasis in Chennai to answer essential questions on how medicines and vaccines affect people’s health.

Collaborations between NIH and these programs began more than 20 years ago, yet they did not become an official part of the ICER program until 2002. That year, NIAID conceived the ICER program as a new model for developing sustained research programs in resource-poor countries.

“атье goal of the ICER program is to partner with in-country scientists to address major endemic diseases and foster research in areas such as malaria and tuberculosis,” said Dr. Kathryn Zoon, director of NIAID’s intramural division. “We focus on building sustainable research programs because we recognize the need to make long-term commitments to address difficult research challenges, and, importantly, to train local scientists so that they are prepared to tackle emerging and re-emerging infectious diseases into the future.”

Mali first caught NIAID’s attention in the late 1980s, when Dr. Yeya Toure and his research team were working on the genetics of Anopheles gambiae, a mosquito that is the primary vector for the malaria parasite in sub-Saharan Africa. Like the Ugandan ICER, the program in Mali conducts a number of field studies in rural villages. Dr. Louis Miller, chief of the Malaria Vaccine Development Branch, has been a driving force in the development of new malaria vaccines in this region.

The distinct cultural and social norms of the villagers in these settings influence how NIAID’s Malian collaborators initiate trials. They first explain the goals of the study to the village chief and elders. If the heads of the village agree, they do so on behalf of the whole community. This doesn’t relieve the scientists of their duty to receive consent from each person who participates, but it’s necessary to respect societal differences.

Technologic and economic differences surface in these countries as well. Poor health care systems cannot afford or put into practice the complicated diagnostic tools used in the United States to detect when to change antiretro-

viral drug regimens. Instead, physicians must wait until drug resistance clinically manifests in patients. By that time, the patient’s condition is often much worse, complicating treatment even under the best conditions. To circumvent this problem, scientists are testing an algorithm and surrogate markers that detect evolving drug resistance and allow for earlier intervention.

For Dr. Thomas Quinn, principal investigator at the ICER site in Uganda, preventing the spread of HIV/AIDS to children in particular is of great importance.

HIV/AIDS is also a growing problem in India, and the TRC in Chennai conducts studies on new drug treatment for HIV-tuberculosis coinfection as well as lymphatic filariasis. Recently, the Indian government expanded the mandate of the TRC to include studies on HIV/AIDS and HIV vaccine trials. This new development creates an opportunity for NIAID and TRC scientists to develop collaborations in these areas.

“One of the main goals of the ICER program is to broaden the collaborations as much as possible, to bring in other disciplines, to bring in more of our intramural scientists and, ultimately, to have other extramural involvement as well,” said Mark Pineda, coordinator of the ICER program and several other international collaborations involving NIAID scientists. “We have achieved this at the ICER in Mali, and now this is occurring at the ICER in India as well.”

The majority of people in Chennai live in poverty, their streets littered with garbage and overrun with cattle. Few people understand why or how infectious diseases spread and those struggling with diseases are often feared and stigmatized. A poster in the TRC shows that sharing food or shaking hands will not cause HIV/AIDS. Hospitals advertise ICER’s trials—mostly observational studies—as a way to conduct research while educating the public.

The future of Chennai’s center is in the hands of its research scientists and students. Although the permanent scientists are Indian, many foreign postdoctoral fellows come to work with these experts. “Good training is extremely important because trainees have the ability to bring the tools, knowledge and research experience they gain to their home countries and establish successful projects,” said Pineda. “Hopefully, seeing the new center open will encourage young Indian scientists to get involved in this enterprise. If they get excited, we get more people interested in wanting to work in these disease areas, then I think we’ll consider that a tremendous success.”
Aging Summit Seeks Ways to Keep Neurons Firing in Golden Years

Experts from a variety of research fields discussed concepts in age-related brain and cognitive change and examined future avenues for research at the Cognitive Aging Summit convened recently by NIA.

Nearly 250 investigators gathered to define what characterizes healthy cognitive aging—the ability to think, learn and remember—and to share cross-disciplinary research. Topics ranged from the molecular and cellular mechanisms in cognitive aging, genetic and epigenetic factors, how the plasticity of the brain enables it to adapt with age and possible interventions to promote healthy cognitive aging.

"As the population of Americans over the age of 65 grows, there is tremendous interest in maintaining a healthy brain into advanced age and preventing or slowing cognitive decline," said Dr. Judith Salerno, NIA deputy director. "This meeting provided a unique opportunity to heighten awareness of current research and bring about greater collaboration in identifying areas for basic studies as well as interventions and therapeutics."

While there is no set scientific standard for brain health, cognition or ways to measure them, researchers agreed the mental declines typically seen in the elderly are not necessarily inevitable and may be influenced by a variety of factors such as lifestyle choices and environmental influences. Why, researchers asked, do some older people maintain cognitive health while others suffer from significant decline, mild cognitive impairment or dementias such as Alzheimer’s disease?

An area of particular interest was how some older people seem to maintain cognitive function despite clear evidence of pathology in the brain upon examination at death. Researchers have found that some older people displaying little to no cognitive decline are found at autopsy to have significant amounts of amyloid plaque in their brains, a hallmark of Alzheimer’s disease. Discussion centered on the role played by “cognitive reserve” in maintaining synaptic function and the use of different neural networks as we age.

Age does not bring a dramatic loss in the number of neurons in brain regions important to cognitive performance, but rather, appears to be associated with a drop in the function of those cells, according to reports. A healthy aging brain appears to either avoid or compensate for this deterioration; researchers are conducting animal and human studies to explore interventions that may enhance that ability, including hormones, exercise, antioxidants and calorie-restrict-

ed diets. Others are looking at the role that education, occupational complexity, wealth and social engagement play in cognitive aging.

Participants expressed optimism about the future of cognitive aging research. Web-based data sets now allow researchers to share extensive collections of genetic and clinical data and advances in brain imaging help identify and measure changes in the healthy aging brain. They agreed, however, that more work must be done in standardizing cognitive testing tools and even defining what constitutes healthy brain aging.

“The challenge is to leave here and not lose this momentum, that this summit becomes the catalyst for answering critical questions about healthy cognitive aging,” said Dr. J. Lee Dockery of the McKnight Brain Research Foundation, whose grant—via FNIH—made the conference possible.

Along with the summit, ongoing NIH activities in this area include the Neuroscience Blueprint, which is developing a toolbox of measures to assess cognition, emotion, sensation and motor functions. Additionally, the Cognitive and Emotional Health Project, including NIA, NIMH and NINDS, was established to coordinate and accelerate research leading to interventions for neurological health.—Peggy Vaughn

Sumner Honored by Association of Black Cardiologists

Dr. Anne E. Sumner, a tenure-track investigator in NIDDK’s Clinical Endocrinology Branch, recently received the 2007 Dr. Herbert W. Nickens Epidemiology Award from the Association of Black Cardiologists. Initiated in 2001, the award honors outstanding achievement in epidemiologic research on cardiovascular diseases. Shown at right is Dr. Keith C. Ferdinand of ABC presenting the award to Sumner at the recent 12th Congress on the Treatment of Cardiovascular Diseases, held in honor of Nickens, a pioneer in the promotion of medical education and health care. The award recognizes committed leaders and their contributions to projects that promote the elimination of disparities in cardiovascular care and outcomes while helping to advance the primary mission of the ABC—prevention and reduction of cardiovascular diseases.

STEP Forum on Drug Discovery, Jan. 17

The staff training in extramural programs (STEP) committee will present a Science in the Public Health forum on the topic, “Drug Discovery—Is Nature the Answer?” on Thursday, Jan. 17 from 8:30 a.m. to 12:30 p.m. in Natcher Conference Center, RmS. E1/E2.

The promise of modern chemistry to supply a pipeline of new drugs to combat life-threatening illnesses and improve public health has not met with its anticipated success. Drug-resistant infectious agents are on the rise. Effective therapies for cancer, diabetes, obesity, heart disease and many other ailments have not kept pace with the needs of the public.

Re-enter nature as an inspiration and source for new drugs. Natural products have made a comeback in recent years as researchers turn to the rich diversity of marine and plant life. But what are the scientific, technical, ethical, legal and economic issues in advancing a natural product from discovery to the marketplace?

The STEP forum will highlight recent advances and challenges in exploring planet Earth for compounds that comprise nature’s unique and unparalleled molecular library.
Above: Speaking out on various topics at the Dec. 7 meeting of the advisory committee to the NIH director were (from l) Dr. Thomas Kelly of the Sloan-Kettering Institute, Dr. David Botstein of Princeton University and Dr. Annelise Barron of Stanford University.

remains perfect forever. Peer review is not always as effective as we want it to be.”

The ACD heard the interim report of a working group on peer review, cochaired by NIDCR director Dr. Lawrence Tabak and Dr. Keith Yamamoto of the University of California, San Francisco. Since last July, the group has gathered more than 2,600 responses, held two teleconferences with medical school deans that attracted more than 100 participants, conducted five regional meetings and consulted a host of national advisory councils, scientific liaisons and NIH staff.

“We’re sort of at the end of the beginning,” said Tabak. The data-collection phase is largely over and the diagnostic phase has begun, with pilot programs forecast for February 2008.

Zerhouni’s charge to the group has been to assure that NIH “funds the best science, by the best scientists, with the least administrative burden.” But, as various ACD members pointed out, who gets to define “best?”

And while almost everyone agrees that easing the amount of time NIH’s volunteer reviewers (there were 18,000 of them in 2007) spend poring over paperwork, there is a danger to doing everything online, too. As Dr. Annelise Barron of Stanford University pointed out, face-to-face peer review discussions heighten the keenness of scientific debate and have the virtue of assuring that participants “know their stuff.”

Virtually all ACD members were impressed by the depth of the Tabak-Yamamoto analysis, particularly in such a short period. The work group “reaffirms and reemphasizes the core values of peer review,” Yamamoto said, focusing on such solutions as adopting an “editorial board model” for initial review of applications, limiting proposals to 7 pages and emphasizing economy, explicitness and impact. “We want to draw the best people back into the enterprise, so they can feel their service has an impact.”

Tabak ventured into the myriad criticisms of peer review, including charges that there are too many applications in the system, too many funding mechanisms, too much time spent writing applications, too much emphasis on methods and preliminary data, but not enough on impact and innovation.

But Princeton University’s Dr. David Botstein warned that even the seemingly laudable goal of focusing on innovative or transformative science might ultimately be unproductive. He argued that there is an important role for merely “very essential” science that may not shift paradigms but is nonetheless indispensable.

NIGMS director Dr. Jeremy Berg pointed out that many “traffic jams” in peer review are the result of nitpicking amendments to applications that really deserve the more honest evaluation, “Your baby happens to be ugly.”

Zerhouni acknowledged that peer review “is one of the most challenging tasks you have...it involves a very complex set of inputs. But any organization, at the end of the day, must understand how its resources are allocated.”

He conceded that issues of control, filtering and priority-setting come into play, and that the culture of peer review must change, especially with respect to supporting new investigators. But piecemeal solutions will fail, he warned. “You cannot reach [a height of] 100 feet with 10 separate 10-foot ladders.”

As with the peer-review discussion, most ACD members were impressed with Zerhouni’s slide show on the gradual graying of the grantee workforce. “It’s really dramatic—the rapidity with which the NIH-supported workforce is aging,” said Dr. Thomas Kelly, director of the
Sloan-Kettering Institute. Added Dr. Catherine DeAngelis, editor-in-chief of the Journal of the American Medical Association, “It’s not fair for the old to feed on the young.”

Zerhouni’s analysis—compiled with input from the Office of Extramural Research, the budget office and the advice of “top-line demographers and actuaries”—surveyed the period 1980 to the present, and even looked out to 2020, when, if current trends prevail, there will be far more grantees age 65 and older than in 1980, when the median age for grantees was 36.

The inherent lengthening of the career path for scientists is due to many complex factors, Zerhouni explained, but there is no denying an explosion in applications for grants: There were about 19,600 in 1998, and the success rate was 31 percent. In 2007, the applications jumped to 33,800, but the success rate plunged to 21 percent.

The director called for “an adaptive strategy for tough times.” His goal is to stabilize the number of new and competing grants at about 10,000 per year, strengthen support for at-risk populations (new investigators, first-grant renewals and well-established investigators with little or no additional support, who would be eligible for so-called Bridge grants) and offer no inflationary adjustments for noncompeting renewal awards in FY 2008.

Zerhouni says 25 years of preparation and training are lost every time NIH loses a grantee and emphasized, “You don’t want to cut the gas while the plane is taking off.”

UCSF’s Dr. Keith Yamamoto headed the extramural side of the working group on peer review.

**OBSSR Holds First Dissemination Conference**

The Office of Behavioral and Social Sciences Research recently hosted a conference on Building the Science of Dissemination and Implementation in the Service of Public Health. Held in partnership with NIMH, NCI, NIDA, NIAAA and NICHD, the 2-day conference gathered more than 500 people attending in person and hundreds more viewing the simultaneous webcast.

OBSSR director Dr. David Abrams says interest in the conference indicates the resonance of important themes with the research community. "Now is the time for us to recognize that we are not doing nearly enough to get what we know into everyday practice to impact the health of the American people at the population level," he said. "The convergence of concerns about rising health care costs, lack of quality care and increasing disparities in access and quality of care has created a crisis which is ripe for action based on scientific evidence."

Abrams identified building the science of dissemination and implementation—at the basic and mechanistic levels and the applied population-impact level—as critical. "If we are going to be able to take what we know and find ways to implement it effectively and efficiently with the ambitious goal of changing population health in just one generation, this emerging area of science will hold the key," he said.

The conference gathered experts in a range of fields to showcase the state of dissemination and implementation science; identify challenges in theories, methods and practice; and foster new partnerships among diverse scholars. "This is an inherently interdisciplinary field," noted keynote speaker Dr. Jeremy Grimshaw of the Institute of Population Health at the University of Ottawa.

Progress will involve unique collaborations among clinical, health services, organizational, engineering and methodological researchers, among others. The conference sought to begin to build these bridges.

The idea for the conference emerged from a growing synergy between an existing trans-NIH Funding Opportunity Announcement, which aims to support dissemination and implementation research, and the launch of OBSSR’s new strategic prospectus. The prospectus sees increasing the science of implementation as a key avenue for moving behavioral and social science forward.

To continue the momentum from this kickoff, OBSSR has committed to five annual conferences on the science of implementation. Abrams said, "Strengthening the science of dissemination and the dissemination of science is necessary to ensure demonstrable and tangible benefits of the biomedical and behavioral scientific enterprise to the health of our nation." In its work across disease-specific research, OBSSR hopes to reach out to even more NIH institutes in the development of future conferences.

Those working outside and within NIH hailed the significance and success of the conference. Noting the filled-to-capacity conference, Dr. Robert Croyle, director of NCI’s Division of Cancer Control and Population Sciences, remarked, "This kind of response points to the rising interest in strengthening the science of dissemination and the dissemination of science. It is a critical area of research right now both here at NIH and externally."

high school students and their parents in the Washington metro area.

In 2007, participation was double that of the 2006 pilot program. Close to 200 people, students and parents, gathered in the morning for a keynote address by Dr. Alfred Johnson, director of the Office of Research Services. A series of breakout sessions followed, covering topics of interest to both parents and students.

Parents spilled out into the hallway of a popular workshop, Life Skills for the 21st Century, led by OSE director Dr. Bruce Fuchs. A workshop for parents—How Do I Get My Child into College?—was presented in Spanish by Milton Hernandez of NIAID. NLM’s Jiwon Kim offered a workshop titled CSI—Careers in Forensic Science.

“I wished the program was more than one day,” said one parent. “My daughter is only 13, but I wanted to start early.”

New to the 2007 program was SciMentorNet, a web site and e-mentoring service. It helps students who are interested in the behavioral, social, and biomedical sciences find a mentor. “The goal is to attract and retain student career interests, while helping to promote workforce diversity,” said Jonathan Arias of the Center for Scientific Review, who developed the program.

Arias partnered with Dana Sampson of the Office of Behavioral and Social Sciences Research to add mentors in the behavioral and social sciences. OBSSR already had a mentoring program with similar goals. “We realized our collaboration would be mutually beneficial,” said Sampson.

Before leaving SciLife ‘07, students received numerous freebies, including a souvenir T-shirt, an organizing binder for collecting college materials, a backpack and several books donated by sponsoring organizations.

OSE staff members are already looking forward to the ‘08 program. They hope to develop a web site and make the registration process easier.
California, Davis, and an M.P.H. from Tulane University. He joined PHS in 1955 and was assigned to the Communicable Disease Center (now CDC) in Atlanta. He transferred to NIH’s Division of Research Facilities and Resources in 1962, before joining NIAID in 1964. He became DRS director in 1972, after heading the Veterinary Resources Branch for several years.

Even in retirement, Held kept his finger on the pulse of NIH. At the Clinical Center in recent years, he volunteered as a Spanish language translator, employing skills he had learned during his many years living in Argentina. From 1991-1993, he served as president of the NIH Alumni Association and was active in the organization until his death. In fact, he had gathered with other NIHAA presidents and members at the association’s final meeting 3 weeks before he died.

Survivors include his wife Carolyn; children Lisa Doseff, Bob Held, Leslie Barnett and Teresa Johnson; eight grandchildren and three great-grandchildren.

Mattingly Named New Fire Chief

Jonathan Mattingly has been named director (fire chief) of the Division of Fire and Rescue Services (DFRS). He served as the division’s assistant chief for the last 6 years.

Mattingly began his career at NIH as an entry level firefighter in 1992. He rose to the position of lieutenant in 1996. From 1996 to 2002, he worked as both fire/rescue lieutenant and special hazards lieutenant, learning all aspects of emergency response and support activities. In 2002, he filled the newly created position of assistant chief of safety/training. Since then he has worked to establish a firefighter safety and training program that sets the standard for other federal fire departments in the region.

Mattingly has 19 years of fire service experience. He began as a volunteer firefighter in Charles County. He is now a life member of the Cobb Island Volunteer Fire Department, where he previously served as an officer for 8 years, including 2 as chief. Currently, he represents the Charles County Volunteer Firemen’s Association as its special operations chief, heading up coordination of all confined-space, swift-water, rope and collapse rescue initiatives. Mattingly also spent time as a volunteer firefighter with Prince George’s County, serving as a lieutenant with the Bladensburg Volunteer Fire Department.

In addition, Mattingly is a senior emergency services instructor for the Maryland Fire and Rescue Institute, University of Maryland. He has provided fire, rescue, hazardous materials, technical rescue and fire service management instruction to thousands of emergency responders throughout Maryland and the country since his start there in 1993. He has been instrumental in developing the Chief Officer Program and has trained numerous fire chiefs and chief officers in the region.

In his new position, Mattingly is responsible for the overall administrative and operational management of DFRS, which provides first-response capability to all fire, emergency medical, technical rescue and hazardous materials mitigation initiatives on campus.

Stinson Is New Acting Director for Scientific Programs, NCMHD

Former deputy assistant secretary for health Dr. Nathaniel Stinson, Jr., has been appointed acting director, Office of Scientific Programs, National Center on Minority Health and Health Disparities. Chief among his responsibilities will be oversight of NCMHD’s community-based participatory research initiative and loan repayment programs.

“I have worked closely with Dr. Stinson for almost 20 years,” said Dr. John Ruffin, NCMHD director. “His vast experience in minority health and health disparities at the department level as well as his commitment to the kind of translational research fostered by the NCMHD make him uniquely qualified to oversee some of our most important scientific programs.”

“Health disparities remain one of the most pressing issues for the nation, and while the ultimate solution to eliminating health disparities is complex, there are several fundamental core actions that need to be taken,” Stinson said. “From creating a diverse health professional workforce to enhancing the research infrastructure in academic and community-based organizations, the leadership of the NCMHD stands out like a beacon for others to follow. To be a part of such an effort will be quite rewarding.”

January 11, 2008
Vol. lx, no. 1
Cognitive Training Helps Older Adults Who Have Some Memory Loss

A new study shows that older adults with pre-existing mild memory impairment benefit just as much as those with normal memory function from certain forms of cognitive training that don’t rely on memorization. The research was conducted as part of the Advanced Cognitive Training for Independent and Vital Elderly, or ACTIVE, clinical trial that was cofunded by NINR and NIA. Researchers said these findings, published in the *Journal of the International Neuropsychological Society*, could indicate a way for older adults to maintain skills that allow them to carry out daily tasks, stay independent and take charge of their own lives for many years to come.

Pheromones Trigger Fighting Between Male Mice

A study funded in part by NIDCD is the first to identify protein pheromones responsible for the aggression response in mice. Published in *Nature*, the study shows that a family of proteins commonly found in mouse urine can actually trigger fighting—a strongly exhibited social behavior—in male mice. Researchers said that although the pheromones identified in the study are not produced by humans, the regions of the brain that are tied to behavior are the same for mice and people. Therefore, this research could contribute to our understanding of the neural pathways that play a role in human behavior. Much is known about how pheromones work in the insect world, but very little is known about how these chemical cues can influence behavior in mammals and other vertebrates.

Genes and Alcohol Consumption

Scientists supported in part by NIAAA have found that a variant of a gene involved in communication among brain cells has a direct influence on alcohol consumption in mice. This finding, published in *Genomics*, is especially noteworthy because identifying genes that predispose to alcohol-related behaviors can be very difficult. Scientists don’t know yet whether a similar gene variant, with a similar effect on alcohol consumption, exists in humans. But if further studies do reveal a similar gene vari-
Backinger Is New NCI Branch Chief

Dr. Cathy Backinger has been named chief of the Tobacco Control Research Branch (TCRB) of the Behavioral Research Program in NCI’s Division of Cancer Control and Population Sciences (DCCPS).

“Dr. Backinger has played a critical role in expanding our collaborations with both governmental and non-governmental organizations,” said Dr. Robert Croyle, DCCPS director. “Given that tobacco use is still the leading cause of preventable deaths in the U.S., the NIH needs talented leaders like Cathy who understand the complex interface of science, practice and policy.”

Backinger joined NCI in 1998 as a health scientist with TCRB. She has served as a scientific program director for the development and implementation of extramural behavioral and public health research programs in prevention and cessation of tobacco use by youth.

Although tobacco use has declined over the past few decades, one in five adults and a similar proportion of high school students are smokers. Backinger has led efforts to coordinate NIH-supported research with health campaigns and programs to increase the use of science in national and local tobacco control efforts.

She recently testified before Congress concerning the misleading labeling of “light” and “low tar” cigarettes. In 2006, she served as program chair for the NIH State-of-the-Science Conference on Tobacco Use: Prevention, Cessation and Control.

Prior to joining NCI, Backinger was director of the issues management staff in the Office of Surveillance and Biometrics, Center for Devices and Radiological Health, Food and Drug Administration. She has also worked at the Centers for Disease Control and Prevention and the Ohio department of health. While at CDC, Backinger worked on smokeless tobacco issues and developed and evaluated a smokeless tobacco prevention curriculum for Alaska Native schoolchildren.

She received a Ph.D. in health policy from the University of Maryland, Baltimore County, an M.P.H. from the University of Michigan and a B.S. in health education from Ohio State University.

Study of Genes, Aging and Cognition

Healthy volunteers, over the age of 55, are needed for a study of the genetics of aging and cognition. Participation requires a blood draw and non-invasive clinical, neurological and cognitive testing procedures. No overnight stays. No medication trials. Compensation is provided. Call Bobby Das at (301) 435-4593 or email DasB@intra.nimh.nih.gov. Refer to protocol 00-M-0085.

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 is provided. Call the Clinical Brain Disorders Branch at (301) 435-8970 or email Danielef@mail.nih.gov. Refer to protocol 95-M-0150.

Former CC Patient Plays Santa

Julie Passon, who first came to the Clinical Center as a patient in 1998 with a rare cancer, returned to the outpatient pediatric clinic on Dec. 18 with almost 500 toys she collected in her Salisbury, Md., community. Passon had donated toys to the clinic toy box in the past, but lately her dream was to fill up the clinic waiting area with toys and invite every CC pediatric patient to pick a few. “As a teenage patient, it was hard to watch the little kids receiving treatment. I want to bring them smiles and joy and make them happy during the holidays,” she said.
By Jan Ehrman

At a recent awards ceremony in Masur Auditorium, NIH director Dr. Elias Zerhouni recognized the work of more than 500 staffers who made the groundbreaking NIH Business System (NBS) a reality.

The NBS Acquisitions and Property Management modules, which replaced a large piece of the Administrative Database (ADB), officially debuted last June 4. Planning and launching of the massive enterprise involved the cooperation of many—including the business, scientific and IT communities, according to the project’s leader, Colleen Barros, NIH deputy director for management.

The ADB functioned well throughout the years, speakers noted. It played a critical role in advancing the biomedical sciences at NIH—enabling researchers to travel to meetings, seminars and other events, collaborate with investigators in other regions, sustain animal colonies, maintain financial responsibilities, transport scientific equipment and fully outfit labs.

Creating its successor, the NBS, “was a complex effort involving not just technology, but also business process change, re-training of a large workforce, multiple layers of oversight within NIH and HHS/OMB, the melding of shifting priorities and maneuvering through tight budgetary times,” Barros noted.

Addressing award recipients, she added, “You are the heroes in all of this.”

She used the analogy of moving an old, grand, architecturally complex Victorian house—the kind one might see on the New England seacoast—back from an eroding shoreline to a safer haven several miles inland.

“Just as the ocean erodes a shoreline, time and fast-paced technology eroded the sustainability of the ADB. It was recognized that the safety of this grand old house required a new foundation in a new location,” she said.

Barros further explained that all this needed to be accomplished “while the house remained fully occupied and the water had to stay flowing and the lights burning 24/7. It took more than a village to succeed—it took a city.”

She added, “We have been extremely fortunate to take on this project while we have had such a tremendous and supportive leader. He understood the risks, asked the hard questions and never blinked.”

Zerhouni said the ceremony “really caps off one of the great days for me—to be here and to celebrate with you.” His gratitude peaked last fall when he called Barros to see how the fiscal year closed out across NIH for the first time using NBS and learned it was a huge success.

A short, light-hearted film capturing the tension inherent in the new system’s debut—narrated by John Burklow, NIH associate director for communications and public liaison—was shown during the event, which concluded with a reception.