NCI Breast Cancer Task Force Raises Questions on Surgical Treatment

Last Monday (Sept. 30), scientists from many parts of the U.S. who are involved in cancer research attended a report to the Profession Meeting of the National Cancer Institute’s Breast Cancer Task Force.

The Task Force and its participating researchers presented six topics at the all-day meeting in the Masur Auditorium. They were: epidemiology, virology, experimental biology, diagnosis, and treatment.

Intensive Research Undertaken

The report pointed out that because traditional surgical treatment for breast cancer has been questioned, intensive research by the Task Force has been undertaken to improve the diagnosis and treatment of the disease.

It was further explained that Task Force findings do not represent major breakthroughs and that more time and study are required for documenting long-term results.

But there is also evidence that “it should be possible to improve substantially both the cure and survival rates from cancer of the breast, and with less disfigurement than results from radical mastectomy.”

Early Detection Important

Early detection—before the cancer has spread to other parts of the body—increases a patient’s chance for long-term survival and cure.

Patients with non-cancerous armpit lymph nodes when breast cancer is diagnosed have a 75 percent, 5-year survival rate; 65 percent of these patients are alive after 10 years.

Screening Program Sponsored

Women with breast cancer in the axillary (armpit) nodes have a 75 percent, 5-year survival rate; about 25 percent will live 10 years.

NCI and the American Cancer Society are jointly sponsoring a breast cancer screening demonstration program which involves 27 projects. Up to 270,000 women, 35 (See TASK FORCE, Page 6)

NINDS Data Contributes to Approval of Drug Tegretol for Controlling Epilepsy; Used Abroad

Because of an anticonvulsant drug—Tegretol—which has just been made available, the control of epileptic seizures may soon be a reality for thousands of epilepsy sufferers who are unresponsive to standard drug therapy.

1st Advance in 20 Years

This is the first new anticonvulsant drug that has been made available since 1960, and it is the first major advance in 20 years in the long-term treatment of grand mal and psychomotor epilepsy.

Tegretol, a trade name for the compound carbamazepine, has been used to treat epilepsy in other countries for over a decade, but has been authorized in the United States only for treating trigeminal neuralgia, a painful face ailment.

It has been proved effective in controlling complex partial (temporal lobe or psychomotor) and generalized tonic-clonic (grand mal) seizures and has now been approved for prescription use by the Food and Drug Administration.

CIBA-GEIGY pharmaceutical company, developer of the drug, was assisted in evaluating the agent by the National Institute of Neurological Diseases and Stroke. NINDS provided three studies of Tegretol under research contract, and clinical data from one of the contracts were used in the application for approval.

This is the first time that a Federal health research agency and a drug manufacturer have cooperated in providing data for the evaluation of an epilepsy drug.

The victims who will benefit most from carbamazepine will be those whose seizures are uncontrolled, or only partially controlled with standard drugs such as diphenylhydantoin (Dilantin), phenobarbital or primidone (Mysoline).

With improved or total control of seizures, these people will have a better chance for a normal life.

The NINDS studies which supplemented the research contract (See TEGRETOL, Page 5)

Dr. Elizabeth F. Neufeld To Give Mider Lecture Tomorrow, Oct. 9, in CC

Before coming here, Dr. Neufeld conducted research and lectured at the University of California where she had received her Ph.D. She is considered a leading authority on human genetic diseases.

Dr. Elizabeth F. Neufeld, chief of the Section on Human Biochemical Genetics, National Institute of Arthritis, Metabolism, and Digestive Diseases, will present the Seventeenth Annual G. Burroughs Mider Lecture tomorrow (Wednesday, Oct. 9) at 8:15 p.m. in the Masur Auditorium.

Dr. Neufeld’s address, Inherited Lysosomal Disorders Studied in Cell Culture, will present the work of her and her associates on a group of genetic diseases known as mucopolysaccharide storage disorders, of which the Hurler syndrome is the best known.

Uses Patients’ Cells

The biochemical basis of these diseases was elucidated by using cultured cells derived from patients.

The successful clinical application of some of her findings has brought about prenatal diagnosis of the mucopolysaccharidoses. As an outgrowth of her work, new possibilities for enzyme replacement therapy may emerge.

Members of the scientific community and the press are invited to attend the Mider Lecture.
It Took Walter Magruder 3 Months After Retiring to Really Leave the Campus

If you heard that Walter H. Magruder, National Institute of Allergy and Infectious Diseases' executive officer, retired on June 28, but you thought you saw him recently in Bldg. 31 or walking around the grounds, you are right on both counts. "Walts" Magruder retired in June after 40 consecutive years of Federal service. However, he has remained on duty until a successor could be hired.

So, following a farewell luncheon on Sept. 27 attended by many of his associates and friends, Mr. Magruder's retirement was complete. As he said, "I don't know what I'm going to do, but I'm looking forward to it."

Actually, Mr. Magruder has a lot of things to keep him busy, including fishing, golf, gardening, and refinishing antiques. A memorial service for Dr. Magruder was held at the George-town Hospital Chapel on Sept. 21.

Friends may send donations to the Fred and Bernadette Stohlman Memorial Research Fund, Hematology Research Department, St. Elizabeth's Hospital, 736 Cambridge Street, Brighton, Mass. 02135.

Now that Mr. Magruder has left NIH there are plenty of things to keep him busy. To name a few: fishing, golf, gardening, and refinishing antiques. No state of disrepair is too serious because Mr. Magruder enjoys repairing these items and then replacing them.

Walter Magruder's Federal career began in January 1934 when he joined the staff of the National Recovery Administration as a young messenger. Later he became an auditor with the General Accounting Office.

Worked in South America

Then, in 1941 he took a job as a government project officer with the War Department's Army Engineers. That job took him to South America where he was involved in the construction of lend-lease airports in places like British and French Guiana and several West Indies islands. The job also took him around the United States on similar projects.

In 1943, Mr. Magruder became petty officer Magruder in the U.S. Navy Construction Battalion and was stationed in the South Pacific. After the war, he was employed in the Washington, D.C. office of the War Assets Administration, first as a claims auditor and later as an auditor with the General Accounting Office.

Go Antiquing

A good portion of Mr. Magruder's retirement time will be spent on one of his favorite hobbies—antiques. He and his wife go to auctions and occasionally buy an unusual piece of furniture or a set of chairs.

No state of disrepair is too serious because Mr. Magruder enjoys repairing these items and then

finishing them.

The recent program in the Masur Auditorium during Asian-American Cultural Week featured Korean folk dancing and karate. Diminutive dancers from Woo Soon Lee's folk dancing group (L) perform the Korean basket dance. Karate students from the Jhoon Rhee Korean Karate studios (r) show the fine points of the art of self-defense. The qualified students demonstrate how to break a board in two with the thrust of a foot.
Hospital Team Studies Drug Injection To Treat Hereditary Crippling Disease

By Kleudia M. Cox

While standing in his crib at the State University Hospital in Brooklyn, Kyle Mulroy, who is 13 months old, suffered his fifth broken bone. Kyle was born with an hereditary crippling disease—osteogenesis imperfecta. His bones are so soft and porous that the pressure of body weight when he is standing can cause them to fracture.

Kyle is the youngest patient in the hospital's General Clinical Research Center—supported by the Division of Research Resources—who is receiving a synthetic version of calcitonin, a hormone produced by the thyroid gland.

Dr. Salvador Castells, head of the four-member research team studying the effectiveness of calcitonin injections as a treatment for osteogenesis imperfecta, thinks that this chemical is a potentially safe, effective treatment to arrest the disease and its devastating consequences.

"Bone tissue absorbs calcium from the blood stream to aid in calcification," Dr. Castells explained. "Then the calcium is resorbed into the blood stream.

**Disease Explained**

"In osteogenesis imperfecta, the absorption process seems to work correctly. What is irregular is the resorption process, which is speeded up."

The calcium doesn't remain in the bone long enough for calcification and growth to occur before it is resorbed by the blood, Dr. Castells further stated.

Calcitonin, the hormone which slows down the calcium resorption by the blood, is produced at a normal rate but is not as effective as it should be in the osteogenesis imperfecta victim. By giving excess doses of the synthetic calcitonin, the resorption process slows to a normal level in the blood stream.

In Dr. Castell's study, the hormone has increased positive calcium balance and reduced bone turnover in his patients. A notable effect of the drug therapy is the absence of adverse reactions, such as allergic responses or toxic effects.

In its severest form, osteogenesis imperfecta congenita, symptoms are present at birth. The pressure of the amniotic fluid and the birth process can cause a child to be born broken, twisted, and even fatally injured from fractures of the skull and other bones.

Other characteristics of the disease that may appear include dwarfism, deafness due to softness of the bones of the inner ear, and an abnormality which causes the whites of the eye to be blue.

If symptoms become apparent when a child begins to stand and walk, as with young Kyle, the disease is called osteogenesis imperfecta tarda.

Some children who have received calcitonin therapy seem to experienced a temporary growth spurt, break fewer bones, and show some increase in bone density.

If therapy continues to produce positive results, the standardized (See Drug Injection, Page 8)

**Male Volunteers Needed For Heart Institute Study**

The National Heart and Lung Institute requires male volunteers for a study to determine the relationship of urinary steroids to myocardial infarctions.

Patients who have had a myocardial infarction are particularly needed. Participation in the study will involve 24-hour urine collections and one blood specimen for determining blood lipid pattern.

Volunteers may contact June Moon, Ext. 81556, or Dr. Angelo A. Licata, Ext. 69268.
CC Employees Honored At Awards Ceremony

More than 300 employees of the Clinical Center were honored at the Third Annual Awards Ceremony in the Masur Auditorium on Sept. 11.

Dr. Robert S. Gordon, Jr., CC Director, addressed the assembly and congratulated the recipients for their achievements.

Over 100 individual and group superior performance awards for outstanding contributions to the patient care program were given by Dr. Gordon, associate director Dr. Philippe V. Cardon, and executive officer L. Earl Laurence.

EEE Achievements Cited

EEE awards for work in behalf of that program were received by Margaret E. Benson, Nursing Department, and Alice E. Deane, Personnel Management; Dr. Paul J. Schmidt, chief of the Blood Bank Department, and Evelyn Walker, Social Work Department.

AIDS commended medals went to Dr. Gerald N. Johnson, chief, Nuclear Medicine Department; Alice E. Duncan, Nursing Department; Louis E. Boyer, Nutrition Department, and Margaret Lamson, Office of the Director.

WALTER MAGRUDER

(Continued from Page 2)

was chief collections officer for that office.

Then in 1948 he moved to the Atomic Energy Commission, eventually serving as a program analyst in the Division of Biology and Medicine.

The year 1952 marked the beginning of Dr. Magruder's career at NIH. At that time, he became the first budget officer of the National Microbiological Institute.

Joined NCI in 1955

Three years later he joined the staff of the National Cancer Institute, serving as administrative officer of its Intramural Research and Chemotherapy program. In 1958 he returned to NIAID.

It would appear to be difficult to leave Federal service after such a long and active career. But, Dr. Magruder is quite philosophical about his retirement — "Most of the people I've grown up with at NIH are leaving or have left, and I think it's my turn now."

NIH Visiting Scientists Program Participants

8/25—Dr. Kenny S. Crum, U.S.A., Environmental Biometry Branch; Sponsor: Dr. David Boel, NIEHS, Research Triangle Park, N.C.

8/30—Dr. Uriel Bachrach, Israel, Laboratory of Biochemical Genetics; Sponsor: Dr. Marshall Nirenberg, NHLI, Bg. 30, Rm. 12C.

8/9—Dr. Michael P. Boyle, United Kingdom, Biology Branch; Sponsor: Dr. Tibor Boros, NCI, Bg. 37, Rm. 2B15.

8/9—Dr. Daniel Lit, Israel, Laboratory of Chemical Biology; Sponsor: Dr. Alan S. Shechter, NIMD, Bg. 10, Rm. 9N321.

9/1—Dr. James W. Hu, Taiwan, Neurobiology and Anesthesiology Branch; Sponsor: Dr. Ronald Dubnau, NIDR, Bg. 30, Rm. 32.

9/1—Dr. Michael A. Lett-Brown, United Kingdom, Biology Branch; Sponsor: Dr. Edward J. Leonard, NCI, Bg. 37, Rm. 2B21.

9/1—Dr. Hiroshi Maruta, Japan, Laboratory of Biochemistry; Sponsor: Dr. Edward D. Korn, NHLI, Bg. 3, Rm. 318.

9/1—Dr. Shahjahan Kabir, Bangladesh, Laboratory of Microbiology and Immunology; Sponsor: Dr. John H. Oppenheim, NIDR, Bg. 30, Rm. 322.

9/1—Dr. Setsuo Kuroda, Japan, Laboratory of Biological Structure; Sponsor: Dr. Marie Niles, NIDR, Bg. 30, Rm. 289.

9/1—Drs. Pichu Nakai, Japan, Laboratory of Biomedical Sciences; Sponsor: Dr. Walter H. Gilsman, NICHD, Bg. 6, Rm. 312.

9/1—Dr. Nobuo Nemoto, Japan, Chemistry Branch; Sponsor: Dr. Harold V. Golbin, NCI, Bg. 37, Rm. 3E24.

9/1—Dr. Annette Deitchman, Belgium, Immunology Branch; Sponsor: Dr. Gene Shearer, NCI, Bg. 10, Rm. 9B55.

9/1—Dr. Gabriella Zions, Hungary, Laboratory of Preclinical Pharmacology; Sponsor: Dr. Ennio Costa, NIMH, St. Elizabeths Hospital.

Researcher From France

9/3—Dr. Martine Canivet, France, Viral Leukemia and Lymphoma Branch; Sponsor: Dr. Robert Bassin, NCI, Bg. 41, Rm. 490.

9/3—Dr. Erik Frandsen, Denmark, Laboratory of Chemical Pharmacology; Sponsor: Dr. James R. Gillette, NHLI, Bg. 10, Rm. 8N11.

9/3—Dr. Uri Goldbourt, Israel, Biometrics Research Branch; Sponsor: Tuvia Gordon, NHLI, Landaw Bg., Rm. 39711.

9/3—Dr. Thomas J. Pinnavaia, U.S.A., Laboratory of Chemical Physics; Sponsor: Dr. Edwin Becker, NIMD, Bg. 2, Rm. 109.

9/3—Dr. Susumu Sato, Japan, Applied Neurologic Research Branch; Sponsor: Dr. J. Koffin Pen-
New Evidence May Explain How Genes ‘Turn on’ and ‘Turn off’ in Living Cells

The clinical center has published a monograph entitled **A NEW DIMENSION IN THE CARE OF HOSPITAL PATIENTS UNDER STRESS**. This publication reports the results of a multidisciplinary study of 18 patients conducted by the Nursing Department.

For copies of the monograph, write to: CC Nursing Department, Blg. 16, Room 2S-225, NIH, Bethesda, Md. 20014.
Health Departments in 12 States Funded to Test For Cancer of Cervix

The National Cancer Institute's Cancer Control program has allocated almost $10 million to 12 state health departments for a 3-year program to screen low-income women for cancer of the uterine cervix.

The health departments will screen 1,194,000 low-income women during the 3 years. About 308,600 screenings will be made in the first year.

Awards 1-Year Contracts
Eight additional state health departments have one-year NCI contracts, totaling $240,303, to plan cervical cancer screening programs. The health departments of all states and U.S. territories may apply for NCI funding to plan or implement cervical cancer screening programs.

The first year, about 59,500 American women will develop cancer of the cervix, the narrower lower portion of the uterus, or womb. An estimated 7,800 women will die from the disease.

"If this cancer is detected at an early stage, the likelihood of patient survival is greatly improved," said Dr. Diane J. Fink, associate director for Cancer Control.

The simple Pap test can detect cervical cancer while the disease is still localized. The test results may also indicate need for additional tests for more advanced forms of cervical cancer.

Test Results Told
Participants in the screening programs will be advised if their Pap test results are suspicious or positive for cancer and urged to return for retesting and definitive diagnosis. Biopsy (further study of bits of tissue from the suspicious area), dilation and curettage of the uterus, and other diagnostic procedures will be used.

When a definitive diagnosis of cancer is made, the state health departments contracting with NCI must see that treatment and continuing care are available.

State health departments are implementing this program in various ways. In Michigan, materials to recruit women for screening are being prepared in Spanish and English.

Mobile Units Used
Mobile testing units are being used in Connecticut. The Migrant Health Department is cooperating in Nebraska. In a number of states, the program is being subcontracted to county health departments, private medical foundations, and medical schools and hospitals with manpower and facilities.

NCI-funded screening programs are beginning in the following states: Connecticut, Kentucky, Louisiana, Michigan, Mississippi, and Nebraska.

Also, New York, Ohio, Oklahoma, South Carolina, Tennessee, and Texas.

One-year planning contracts have been awarded by NCI to the health departments of the following states: Arizona, California, Missouri, Nevada, Maine, Minnesota, Washington, and Wyoming.

NIDR Awards Contract for Study on Release Of Fluoride in Mouth to Fight Tooth Decay

A project to develop a system of prolonged release of fluoride in the mouth as a means of fighting tooth decay is being initiated under a $177,848 one-year contract by the National Institute of Dental Research with Polysciences, Inc., of Warminster, Pa.

Recent studies done at NIDR with animals shows that the greatest protection against decay comes from frequent exposure to low levels of fluoride dissolved in the mouth rather than from the incorporation of high levels of fluoride into the teeth.

Different methods of releasing fluoride will be studied over a 12-month period. Scientists will try to find a biologically suitable system which will not irritate the mouth at a constant, predetermined rate for a period of at least 6 months without maintenance or adjustment.

The specific methods to be explored include incorporating a safe fluoride salt into a matrix of some soft, rubbery, plastic polymer; covering such a salt with a plastic membrane that permits it to dissolve only at a constant, slow rate; developing a fluorophosphate compound that will break down in the mouth and release fluoride gradually, or covering such a compound with a membrane to insure slow release.

Also, the scientists will try adding fluoride to a gel and containing the mixture with a plastic membrane to control dissipation. The contract calls for the establishment of the most promising systems or systems in vitro, using a suitable animal model system for at least 30 days.

The investigations will attempt to determine if a system of releasing fluoride over a period of 6 months is feasible for human use.

TASK FORCE
(Continued from Page 1)

years and older, will be screened annually with a physical examination, X-rays (film mammography or xeroradiography) and thermography.

Early detection of breast cancer through a physical examination plus X-ray mammography has been shown to decrease breast cancer rates.

In the Task Force Report, Dr. Bernard Fisher, University of Pittsburgh, and chairman of the National Surgical Adjuvant Breast Project, who spoke in the afternoon session on Primary Therapy of Breast Cancer—A Report, described a study comparing wide mastectomy, total mastectomy (removal of breast only) and total mastectomy plus radiation therapy to the chest.

It was shown that the effectiveness of each treatment is essentially equivalent. Further clinical studies involving less surgery (segmental mastectomy—only part of the breast is removed) in breast cancer therapy are planned.

Also, during the afternoon session, NCI's Dr. Paul Carbone talked on Combination Chemotherapy Approaches to Breast Cancer. He reported that the results of several studies of patients with metastatic disease show that combinations of drugs are more effective than single drugs.

Researchers at the Mayo Clinic, Albany Medical College of Union University, and Roswell Park Memorial Institute reported similar improved results with the combination chemotherapy of cytoxan, fluorouracil and prednisone as compared to using singly two other drugs—adrenocorticotony or adriamycin.

Developing therapeutic programs using effective local treatment combined with safe antinecancer drug combinations is an objective of the Breast Cancer Task Force.

NCI's Task Force is also sponsoring studies combining endocrine therapy with chemotherapy. The hormone-drug approach is being studied at the Mayo Clinic and the Eastern Cooperative Oncology Group.

A summary of the 2-year Breast Cancer Task Force Report indicates that less than radical surgery is acceptable for the treatment of primary breast cancer.

The summary ended with the encouraging note that "the advances in the treatment of early and advanced breast cancer, coupled with progress in earlier detection and diagnosis, should lead to significant improvements in cure rates and survival."

The report did not include results from other studies conducted by NCI and other groups.

Dr. Fisher directed a clinical study involving surgeons, radiotherapists, and pathologists at 43 institutions to determine the optimal treatment for primary breast cancer. One thousand seven hundred patients took part in the study.

Fred Ederer, acting chief of NCI's Office of Biometry and Epidemiology, was recently elected a Fellow of the American Statistical Association; he has been a member for almost 22 years. Out of 10,500 members in the organization, 665 are Fellows. Mr. Ederer, who also heads OBE's Section on Clinical Trials and Natural History Studies, was honored for "outstanding contributions in promoting the application of rigorous statistical methods in clinical trials and the dissemination of statistical acumen to medical investigators."
Charles Goldstein Heads NLM Lister Hill Center Computer Technology Br.

Charles M. Goldstein has been appointed chief of the Computer Technology Branch, Lister Hill Center. The Center is a component of the National Library of Medicine. The branch is responsible for developing computer based information systems for health science applications.

Before coming to NLM, Mr. Goldstein was with Informatics, where he was technical director for Data Management Systems.

Served With NASA

Prior to that position he served with NASA's Lewis Research Center in Cleveland where his work included plasma physics and gaseous electronics research. His last position there was chief of the Scientific Computing Branch.

Mr. Goldstein earned a B.S. in aeronautical engineering and an M.S. in mechanical engineering, both from Purdue University. Under a Fulbright Scholarship, he studied mathematics and physics in Germany for 2 years.

Mr. Goldstein has been involved in problems relating to the impact of computer technology on both information transfer and administrative management. He is the author of numerous scientific papers on these subjects.

NEI Vision Research Lab Holds Seminar Series

Because of increasing interest in the role of the pigment epithelium in eye disorders, the National Eye Institute's Laboratory of Vision Research recently initiated a series of six informal seminars entitled Renaissance of the Retinal Pigment Epithelium.

The luncheon meetings were held in late September and early October.

Within the past few years researchers have directed major attention to a single cell layer of the retina called the pigment epithelium. This narrow band lies between the sensory portion of the retina (the light-sensitive tissue at the back of the eye) and the underlying blood vessel-rich tissue, the choroid.

New Techniques Used

The NEI scientists pointed out that, until recently, studies of retinal degenerative conditions were directed primarily toward the neural portion of the retina. However, as a result of new research techniques, investigators have discovered that the pigment epithelium plays a vital role in the visual process.

Efforts are now being made to elucidate the key part played by this narrow layer in normal retinal function and in the development of certain retinal diseases.

Early Diagnosis of Multiple Myeloma Now Possible With Improved Technique

Drs. Graham and Bernier discuss symptoms with a patient suffering from multiple myeloma at the General Clinical Research Center (University Hospitals of Cleveland), which is supported by the Division of Research Resources.

An improved method for early diagnosis of multiple myeloma, a malignant tumor of the bone marrow plasma cells, has been developed by two physicians at the University Hospitals of Cleveland.

Using electron microscopic techniques, Dr. George M. Bernier, director of medical oncology, and Dr. Richard C. Graham, Jr., head of the Division of Infectious Disease, have developed a method that allows physicians to differentiate more accurately between a non-malignant tumor of plasma cells and a malignant tumor.

Analysis of bone marrow cells from 65 patients was involved in the study, which was supported in part by the Division of Research Resources.

Affects the Middle-Aged

Multiple myeloma, which affects people nearing 50 and over, is basically a tumor of an antibody producing cell—the plasma cell. The patient complains of neuralgic pains; later, painful swellings appear on the ribs and skull, and spontaneous fractures may occur.

In the past, there has been no agreement among specialists that the plasma cells which proliferate in multiple myeloma are recognizable abnormal.

Studying large numbers of patients at the hospital's DRP-supported General Clinical Research Center, Drs. Bernier and Graham found that not only is there a recognizable abnormality in cells in multiple myeloma, but that the degree of abnormality also closely parallels the clinical severity of the disease.

A plasma cell consists of two parts, the nucleus and the cytoplasm, which normally mature at the same rate.

The two biomedical scientists discovered that in multiple myeloma there is a lack of synchronization between the two parts of the plasma cell. The nucleus of the multiple plasma cell tends to remain immature, whereas the cytoplasm develops to maturity.

Researchers Hopeful

The investigators are hopeful that their findings will permit definitive treatment to be started in some patients earlier than was previously possible.

Currently, Drs. Bernier and Graham are examining the changes which come about through treatment, and hope to determine whether they can predict responsiveness to treatment.

Their findings were recently presented at the annual meeting of the American Society of Hematology.

Dr. Frederick L. Stone Joins Boston University Med. Center

Dr. Frederick L. Stone, former Director of the National Institute of General Medical Sciences and—more recently—deputy director of the Health Services Administration, HEW, is now deputy director of the Boston University Medical Center.

In addition to working with Dr. Richard H. Egdahl, BUMC Director, in directing the Medical Center's financial and operational activities and program development, Dr. Stone will serve as the University's associate vice president for health affairs.

Dr. Delappe Is Chief Of Parasitology Branch, NIAID Extramural Area

Dr. Irving P. Delappe has been appointed chief of the Parasitology and Medical Entomology Branch in the National Institute of Allergy and Infectious Diseases' Extramural Programs.

He succeeds Dr. Wilford S. Bailey, who has returned to Auburn University as professor of pathology and parasitology.

In addition to administering NIAID's research grant and training program in parasitology, Dr. Delappe will be planning and directing two special emphasis program areas. One, the biological regulation of vectors is concerned with investigations on the control of arthropods that transmit disease.

Program Explained

The other program focuses on studies in immunity to animal parasites with the view to eventual development of vaccines for the prevention of parasitic diseases.

Dr. Delappe will also remain chief of the Biochemistry and Physiology Branch where he has served since his appointment in 1965. He will continue to coordinate a special emphasis grants program on the mechanisms of resistance to antimicrobial agents.

As chief of this branch, Dr. Delappe has made a significant contribution through his promotion of basic research on antiviral substances.

Information on the underlying regulation mechanisms responsible for viral replication is of particular interest since one of the program goals of the Branch is the development of antiviral agents tailored to attack replication at vulnerable points.

Dr. Delappe joined NIH in 1969 as a scientist administrator in the Division of Research Grants and moved to NIAID in 1962.
Symposium and Exhibit
On Research Equipment
To Open Here Oct. 22

A Symposium on Recent Developments in Research Methods and Instrumentation will be held Oct. 22-24 in the Masur Auditorium.

In conjunction with this meeting, there will be an exhibit of equipment directly related to symposium topics in Bldg. 31, Conference Room 5.

Times Given

Symposium sessions will be held from 8:30 a.m. to noon and from 2 to 4:30 p.m., and the exhibit will be open from 10 a.m. to 5:30 p.m.

Both are open to the public.

Dr. John I. Peterson, Division of Research Services, is chairman of the initial session on separation science techniques.

Among topics to be discussed are centrifugal counter-current chromatography, transient electrospray analysis of biomolecules and cells, and affinity chromatography, principles and applications.

Other session chairmen include Dr. Harry Pardue, Purdue University; Dr. Vincent H. Bono, Jr., National Cancer Institute; Dr. Ralph Nossal, Division of Computer Research and Technology; Dr. Lester Goodman, DRS, and Dr. John H. Basser, Alliance for Engineering in Medicine and Biology.

Subsequent symposium sessions will include discussions of modern applications of enzymes as reagents, electronic cell sorting, laser light source spectroscopy, ultrasonic diagnostic imaging, and radiation and radioisotope diagnostic imaging.

The symposium and exhibit are being sponsored by NIH and local chapters of seven national scientific societies.

For further information, call Judy Summers, Ext. 62317.

First Contributions to CFC Tabulated;
Fogarty Center Surpasses Its Quota

Early contributions to the NIH Combined Federal Campaign have been tabulated for the first reporting period—as of Sept. 27, $10,405 has been donated. This amount was contributed by 228 employees, averaging $46 per person.

The Fogarty International Center was first to surpass its quota, reporting 129 percent, and an average gift of $47.

OD averaged $105, while NICHD’s average was $88, and NINDS and NIAID both averaged $83.

With the theme, “NIH...Caring Comes Naturally,” the CFC opened here Sept. 19. On the preceding day, Dr. Milo Leavitt, Director of the Fogarty International Center and CFC vice chairman, addressed the first meeting of NIH coordinators.

“Equalling or surpassing last year’s NIH goal is no small task. Last year, NIH contributed more money, over $207,000, than any other agency in the Department of Health, Education, and Welfare.

“We topped our goal and finished with 116 percent, and an average contribution of almost $80 per employee,” he said.

Dr. Leavitt also emphasized that the success of this year’s drive depends to a large extent on all of the NIH coordinators and keypeople.

Dr. Robert S. Stone, NIH Director and CFC chairman, reminded the group that the CFC is the only campaign of its kind conducted during the year for Federal employees.

“In a large sense, our chosen daily work here reflects the concept of caring for and about people. Our support of basic biomedical research is indicative of the concern that we have for the Nation’s health and well-being,” he said.

Holds Training Session

George Presson, FIC executive officer and NIH coordinator for CFC, explained to the gathering that the traditional CFC “kick-off” rally has been replaced this year with training sessions for small groups which hopefully will be more effective and allow more direct, personal communication.

Mr. Presson asked coordinators to stress the advantages of the payroll deduction plan to keymen and campaign contributors.

“This is the easiest, least painful way of giving. The contribution is automatically deducted and does not start until next January. The money is not missed as much as a lump sum would be, and the employee’s pay slip serves as a tax receipt,” he said.

Goal Raised Slightly

NIH’s goal for this year, $187,380, has been raised slightly over last year’s, $179,300.

“We accomplished such a fine record last year because of the hard work and dedication of our coordinators and keypeople, and the charity of our employees.

“This year, I feel confident that NIH, in the same spirit of giving and caring about our fellow human beings, will once again surpass its goal,” added Dr. Leavitt.

Dr. Rosenberg is Chief
Of Surgery Branch, NCI

Dr. Rosenberg comes to the campus from Peter Bent Brigham Hospital. Four years ago—for a 2-year period—he served as a clinical associate in NCI’s Immunology Branch.

Dr. Steven A. Rosenberg has been named chief of the National Cancer Institute’s Surgery Branch. That branch is part of the Division of Cancer Biology and Diagnosis.

Dr. Rosenberg comes to NCI from Peter Bent Brigham Hospital in Boston, where he was a resident in surgery during 1968-69 and 1972-73.

From 1970-72, he was a clinical associate in the NCI Immunology Branch and before that, a research fellow in immunology at Harvard Medical School.

Degrees From Johns Hopkins, Harvard

Dr. Rosenberg received both his B.A. and M.D. degrees from the Johns Hopkins University, and a Ph.D. in biophysics from Harvard University.

His research interests include cancer immunology and organ transplantation. He has been a member of the NCI Tumor Immunology Scientific Review Group, and, since 1972, served on the advisory board of NCI’s International Registry of Tumor Immunotherapy.

Dr. Rosenberg is a member of the American Association for Cancer Research, the American Association of Immunologists, and the American Association for the Advancement of Science.

Research Explained

Research in the Surgery Branch includes clinical studies of treatment for patients with cancer of the breast, colon, cervix, head and neck, bone and soft tissues, skin, and urogenital system.

The branch also provides general surgical services for patients of other Institutes in the Clinical Center.

Dr. Rosenberg comes to the campus from Peter Bent Brigham Hospital. Four years ago—for a 2-year period—he served as a clinical associate in NCI’s Immunology Branch.

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Degrees From Johns Hopkins, Harvard

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His research interests include cancer immunology and organ transplantation. He has been a member of the NCI Tumor Immunology Scientific Review Group, and, since 1972, served on the advisory board of NCI’s International Registry of Tumor Immunotherapy.

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Research Explained

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