

The NIH Record

Lupus Foundation Gives NIH Highest Accolade

The Lupus Foundation of America, Inc. (LFA) has given its highest accolade, the 1986 Distinguished Service Award, to the National Institutes of Health.

According to Dr. Sergio Finzi, president of the Lupus Foundation: "We are proud and pleased to present this award to the NIH for its ongoing, vigorous support of biomedical research and clinical investigations of immunologic diseases, specifically lupus."

Dr. Finzi added that the NIH's contributions to lupus research, particularly through the significant work of both the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases and the National Institute of Allergy and Infectious Diseases, have greatly advanced understanding of both the causes of and treatment of systemic lupus erythematosus, better known as SLE or lupus. (As of April 1986, the majority of lupus research is being conducted at the NIH's newly established National Institute of Arthritis and Musculoskeletal and Skin Diseases.)

NIH researchers have recently found a new treatment for lupus patients with kidney involvement (lupus nephritis) who do not re-

(See LUPUS, Page 6)

Tests to Detect AIDS Antibodies in Blood Aren't Perfect But Are Highly Effective

Blood screening tests for AIDS virus antibodies are not perfect but they have greatly reduced the probability of AIDS-contaminated blood going into the transfusion pool, a consensus conference panel meeting at NIH June 7-9 concluded.

One panel member told a press conference that a surgical patient is more likely to die from the effects of anesthesia than get AIDS from transfused blood.

The panel—chaired by Dr. Thomas C. Chalmers, distinguished service professor at Mt. Sinai School of Medicine—estimated that only about 120 units of about 12 million units of blood collected each year will slip through the tests with AIDS virus in them.

That does not mean that all the persons who might get the contaminated blood would develop AIDS. The panel's consensus statement noted that only an estimated 35 percent of those persons infected with the virus (that is, test positive for the AIDS antibodies) go on to develop the full-blown and fatal disease.

The tests now used detect the antibodies to the AIDS virus, not the virus itself, in the blood.

While noting "remarkable progress" in protecting the blood transfusion pool from AIDS-contamination, the panel said "it is essential



Dr. Lincoln Moses, professor of statistics at Stanford University's Medical School and a member of the AIDS consensus conference panel, clarifies a statement for an unidentified reporter (r) at the press conference.

that more sensitive tests be developed. . . .

"Highly specific confirmatory tests capable of distinguishing false positive from true positive reactions and that can be performed in a blood center are also required," the panel concluded. (Present tests yield a relatively large number of false positives.)

(See AIDS TESTS, Page 6)

Dr. Thomas Malone Retires; Looks Forward to Plenty of Challenges

Dr. Thomas E. Malone, NIH Deputy Director since 1977, is retiring Aug. 1 after 23 years of Federal service with NIH. "I've always had the philosophy that when one is eligible to retire, one ought to move on to other challenges. You've got to allow others to bring new vigor to the institution," he said.

At 60, Dr. Malone has plenty of challenges to keep him busy in both his private and professional lives. In his private life, he's a holder of a second degree black belt in Judo (Nidan); he's the Sensei (chief instructor) for the NIH Judo Club, which he plans to continue doing with verve; and he's holder of a gold belt in Karate. In addition, he's a certified FAA private pilot with his own plane and he is currently studying for instrument certification. Following this he plans to obtain a commercial license which would qualify him to be a pilot for a small airline.

Fond of classical music, he frequently flies to New York to enjoy the Metropolitan Opera, one of his great loves. "Of all the musical forms, I find opera the most enjoyable because of the demanding vocal requirements of the performers and the drama and human interest



Dr. Malone

stories in these works. There's nothing more exciting than to hear an aria sung by a great artist," he said. In addition, Dr. Malone recently took up playing the violin, which he calls "my grand experiment" since he says most people start lessons when they're 3 years old. He has previously played the clarinet and eu-

phonium (baritone tuba) in a marching band, a French horn in a college symphony orchestra, and the clarinet in a small jazz band.

In his professional life, Dr. Malone plans to continue working. He is currently weighing his options to join private business, private industry or the university world. "I also hope in my new life, to revisit the area of the physiology of reproduction; the study of the early development at the cellular level of the testes and ovaries in mammals," he said. This would bring him full circle to his academic days as an in-

'Open Office' at Dr. Malone's

Dr. Thomas E. Malone, NIH Deputy Director, is holding an "Open Office" on Friday, Aug. 1, from 9 a.m. to 5 p.m. in Bldg. 1, Rm. 132. Because he is officially retiring on that day, he would like to say goodbye to all NIH staff members who would like to stop by. The door will be open.

(See DR. MALONE, Page 5)

TRAINING TIPS

The following courses are sponsored by the Division of Personnel Management, the NIH Training Center.

Executive, Management, and Supervisory 496-6371	Course	Starts	Deadline
Introduction to Supervision		9/22	8/22
Effective Communications		9/16	8/22
Effective Presentations Skills		9/17	8/29
Managing Stress & Maximizing Effectiveness		9/10	8/15

Office Skills Career Development Program 496-6371

Support Staff Training 496-6211	Course	Starts	Deadline
Basic IBM Displaywriter		10/7	9/16
Time & Attendance		8/20	7/31
Introduction to Working at NIH		8/20	8/11
		9/17	9/8
Career Strategies		9/23	9/9

SHARE TRAINING. For first-time users enter: x fr &agslugL.@@share(setup) on file37.

CENTENNIAL Down Memory Lane at NIH



Just 21 years ago this month a helicopter landed on the grass in front of the Clinical Center and then President Lyndon B. Johnson emerged to visit NIH. Greeted by Surgeon General William H. Stewart, (hand extended); NIH Director Dr. James A. Shannon (glasses) and Clinical Center Director Dr. Jack Masur (far r), the President came to Bethesda to discuss the NIH budget, which back in 1965 was \$1.1 billion.

To prepare for the President's visit to NIH, the Shops Branch from Bldg. 13 built wooden stands inside the auditorium of Bldg. 10 to accommodate the press corps covering the budget discussions. Charlie Hilderbrand, DES, Maintenance Control Section, remembers working all day Saturday building the scaffolding. "By Saturday evening the plans were changed and we returned Sunday to build more stands, but this time outside the entrance to the Clinical Center, because that's where the President was going to be."

The answer on the July 1 Record photograph is that "Top Cottage" seen at far right in the photo was moved several times before it was permanently, so the story goes, moved to the Eastern Shore to be used as a summer home for the superintendent of construction who was overseeing the building of the Clinical Center and Bldg. 3F. If you remember it that way, give Susan Gerhold a call at 496-1776 or if you know differently, let her know what you do know!

Five Officers Promoted by NIH Police Department

Five members of the NIH Police Department—Lt. Asa G.C. Langford, Lt. David K. Merriman, Sgt. Raven J. Glenn, Sgt.



Five recently promoted NIH Police Officers are shown (l to r): Sgt. Louis Maxwell, Cpl. William Simmons, Lt. Asa Langford, Lt. David Merriman and Sgt. Raven Glenn.

Louis R. Maxwell Jr. and Cpl. William E. Simmons—were recently honored at the first promotional ceremony and reception hosted by the Security Branch, DS. These officers were selected for promotion as the result of a two-step competitive promotional process.

In congratulating the officers, O.W. "Jim" Sweat, chief, Security Branch, emphasized three essential components of all police departments: leadership, training and incentives to attract, and retain professional police personnel.

Chief Sweat was joined at the ceremony and reception, which recognized the new leadership in the NIH Police Department, by 80 rela-

tives, friends and colleagues. Among those who attended the ceremony were: Dr. W. Emmett Barkley, director, Division of Safety, and several members of the Montgomery County Police Department including Capt. Michael Blasher, Lt. Alan Fagles, and Capt. Joseph Hancock, who delivered the invocation and closing benediction.

Lt. Langford, who began his duty as an NIH Police Officer in 1978, is currently the commander of the Police Department's third relief.

Lt. Merriman, a veteran of the NIH Police since 1966, was part of the NIH unit assigned to the Poolesville Animal Farm until 1979. Since 1979 Lt. Merriman has served the NIH Police Department at the Bethesda campus and is currently the supervisory police officer overseeing administrative duties.

Sgt. Glenn began his NIH career in 1980 and currently supervises the second relief of the traffic squad. He also represents the branch as the DS EEO advisory committee member.

Sgt. Maxwell began his tenure with the NIH Police Department in 1980. He has received numerous letters of commendation which recognize his ability to carry out his duties in a professional manner.

Cpl. Simmons has received several commendations for his work as a NIH Police Officer since 1980. He is currently the lead police officer of the second relief. □

Computer Utility Will Introduce Vector Facility

The NIH Computer Utility will introduce its new Vector Facility to potential users at two ½-day seminars, at 9 a.m. Monday, Aug. 18, and at 1 p.m. Tuesday, Sept. 9 in Bldg. 12A, Rm. B51.

The two identical seminars will highlight the capabilities, flexibility and power of the Vector Facility's hardware and software. The presentation will include overviews of the hardware architecture and its performance, the advanced Fortran vectorizing compiler, and the state-of-the-art Engineering and Scientific Subroutine Library (ESSL).

Concepts of vectorization, design points of the hardware and software, and procedures for using the facility will be discussed. Also discussed will be examples of the medium- to large-scale computing problems that the 3090 Vector Facility addresses.

In attendance will be one or more NIH researchers who participated in the Early Support Program using the Vector Facility. Reservations for the seminars may be made by calling the DCRT Training Unit, 496-2339. □

The NIH Record

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Lucille Stamps, Br. Chief, Dies of Heart Attack



Lucille B. Stamps

Lucille B. Stamps, chief, Recruitment and Employee Benefits Branch (REBB), Division of Personnel Management, died of a heart attack on June 16.

Born in Washington, D.C., Mrs. Stamps attended Dunbar Senior High School, D.C. Teachers College, received her A.A. degree from Diablo Valley College and B.A. degree from Federal City College, Washington, D.C.

She joined NIH in October 1973. Her positions included personnel staffing specialist in the Personnel Staffing Branch, personnel management specialist in the NINCDs personnel office, and assistant personnel officer, NIDR. In 1981 she became chief, REBB, where she supervised planning, development, administration, coordination, and implementation of NIH-wide personnel recruitment, placement, staffing and examining. She also handled employee benefits and services and the Workers Compensation programs.

Mrs. Stamps served as an active contributor to various committees and worked closely with groups throughout NIH, PHS and HHS on specialized personnel programs. During her NIH career, she received a quality increase, Special Achievement Award for EEO Accomplishments, and a Special Achievement Award.

Mrs. Stamps is survived by her husband, Dr. Herman F. Stamps; her son, Anthony R. Banton, now serving in the U.S. Navy; two sisters, and three brothers.

Contributions may be made in her memory to the Lucille B. Stamps Memorial Fund, Howard University College of Dentistry (Attention: Deborah Plunkett), Washington, D.C. 20059.

New MARC Train Stop Added at Germantown

The Maryland State Railroad Administration has added a new 7:48 a.m. "MARC" train stop in Germantown, Md.

The Germantown stop will enable Bethesda-bound commuters to ride 15 minutes to Rockville and transfer to the Metro Red Line for an 11-minute trip to the Medical Center Station, located on the NIH campus.

"MARC" trains stop in Germantown and Rockville six times each morning and five times each evening at an average of 20-minute intervals. The schedule is listed below.

The average 20-minute frequency service of the "MARC" trains combined with 6-minute frequency service of the Metro Red Line, is convenient to employees who start work at NIH between 6:30-8:30 a.m. and who leave work between 4:30-6:45 p.m. The new 7:48 a.m. departure from Germantown is most convenient for NIH employees who begin work at 8:30 a.m.

Montgomery County operates free shuttle vans from the Germantown neighborhoods of Waters Landing and Gunners Branch to meet all commuter trains. The county plans to reconstruct and improve the Germantown station parking lot later this year.

Information on commuter rail service is available from the Maryland Railroad Administration toll free at 1-800-352-RAIL or from the Montgomery County Transit Information Center at 251-RIDE.

Weekday MARC Trains for Metro Connection at Rockville:

A.M. Inbound		P.M. Outbound	
Leave	Arrive	Leave	Arrive
Germantown	Rockville	Rockville	Germantown
5:55 a.m.	6:10 a.m.	4:51 p.m.	5:05 p.m.
6:22	6:37	5:33	5:50
6:52	7:06	5:51	6:04
7:07	7:22	6:36	6:49
7:24	7:40	7:12	7:25
7:48	8:02 □		

Psych Volunteers Needed

Women (ages 20-28) and men (ages 24-40) with 11-16 years of education are needed to participate in research at NIMH in Bldg. 10. The studies require one to five 2-4 hour sessions of neuropsychological testing. No painful procedures are employed; only EEG scalp electrodes are applied.

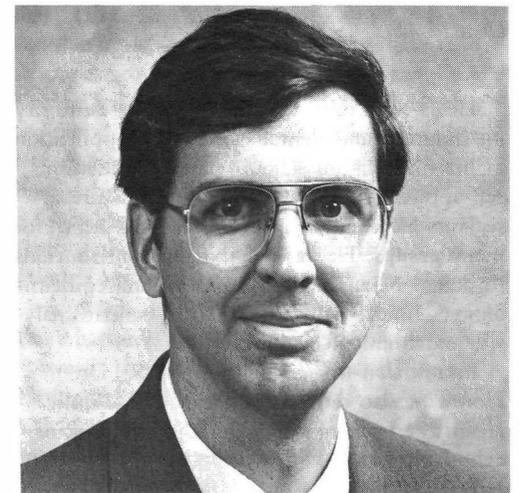
If interested, call Ms. Deldin or Mr. Hunter, 496-7674 between 8:30 a.m. and noon, Monday through Friday.

Volunteers will be paid. □

Dr. Daniel Masys Named Director, Lister Hill Ctr.

Dr. Daniel R. Masys has been appointed director of NLM's Lister Hill National Center for Biomedical Communications. Dr. Masys (pronounced *May-sees*) comes to NLM with a strong interest in computer and information science and in medical education technologies. In his former position with the National Cancer Institute, he served as chief, International Cancer Research Data Bank Branch.

At NCI he was responsible for the congressionally mandated technical information services provided to cancer researchers and health professionals by NCI, including online databases and database-derived publications. While there, he worked on the PDQ (physicians data query) database, a user-friendly menu-driven system which provides state-of-the-art cancer treatment and referral information. PDQ is sponsored by NCI and is one of the MEDLARS databases.



Dr. Masys

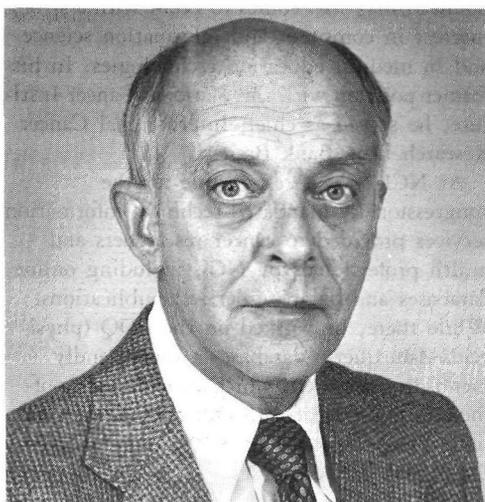
An honors graduate of Princeton University and Ohio State University College of Medicine, Dr. Masys received his postgraduate training in internal medicine, hematology, and medical oncology at the University of California, San Diego, and the Naval Regional Medical Center, San Diego. While practicing as a hematologist/oncologist, Dr. Masys performed basic research in the function of human blood coagulation proteins and clinical research in cancer therapy. He also developed a multimedia-based curriculum of clinical hematology for medical students and house staff. □

Paperback Books: Correction

The number to call if you want information about contributing paperback books to the Clinical Center's Patient Activities Department is 496-2276, *not* 496-2286 as indicated in the July 15 *Record*. □

Dr. Herschel S. Horowitz Retires From Dental Institute

Dr. Herschel S. Horowitz, chief of the clinical trials section of the Epidemiology and Oral Disease Prevention Program, recently retired, ending a career of 14 years at the NIDR.



Dr. Horowitz

He is an internationally renowned authority on fluorides and dental caries. The application of his findings on school water fluoridation, self-applied fluorides, and pit and fissure sealants has resulted in improved oral health for many groups. He has made major contributions to dental research in the areas of oral epidemiology, clinical field studies, cost-benefit analysis, and biomedical ethics.

In addition to leaving the NIDR, Dr. Horowitz also retired from the U.S. Public Health Service in which he held the rank of dental director.

In a recent letter, Surgeon General C. Everett Koop praised Dr. Horowitz's 25 years of exemplary service in the PHS, citing his "contributions to the development of personal and community-based prevention regimens" and his "dedication to the principles of dental public health."

He joined the PHS in 1960 and was named chief of the research and development section, disease control branch of the Division of Dental Health in Washington, D.C. In 1966 he became chief of the epidemiology branch of the USPHS Dental Health Center in San Francisco, Calif.

Dr. Horowitz joined the NIDR in 1971 as chief of the community programs section of the Caries Prevention and Research Branch, and in 1983 became chief of the clinical trials section of the newly established Epidemiology and Oral Disease Prevention Program. He holds D.D.S. and M.P.H. degrees from the University of Michigan and is a diplomate and past president of the American Board of Dental

Public Health.

Throughout his career he has received numerous awards, including International Association of Dental Research's H. Trendley Dean Award in 1984 for outstanding research in epidemiology and dental caries; the Carl A. Schlack Award from the Association of Military Surgeons of the U.S. in 1983 for outstanding contributions in dental research and education; and a PHS Meritorious Service Medal in 1975.

Dr. Horowitz has published over 150 scientific papers. He is a fellow of the American Public Health Association, and a member of the IADR, the American Dental Association, the American Association of Public Health Dentists, the European Organization for Caries Research, and Federation Dentaire Internationale. □

Notification on Post-1956 Military Service Deposits And Interest Charges

In November 1983 NIH employees were notified of the procedures to be followed for making a deposit for post-1956 military service to avoid cuts in their civil service annuities when they become eligible for Social Security at age 62 or later.

Retiring employees must complete deposits prior to retirement and survivors of employees who die in service must complete deposits when making application for survivor annuity.

At that earlier time, unless retiring, employees were advised to hold or invest the amount of the deposit until Sept. 29, 1986. After that date, the deposit would be 7 percent of the military basic pay received for such service, plus interest at a variable rate determined by the U.S. Treasury Department.

Interest Charged

Now, notification has been received that says, that unpaid balance as of the close of business on Sept. 30, 1986, will be subject to interest charges on Oct. 1, 1986, at the following rate: 13.000 percent for the period 10/1/85-12/31/85; 11.125 percent for the period 1/1/86-9/30/86.

After the above interest is posted to an unpaid balance as of the COB Sept. 30, 1986, no additional interest will be charged until COB Sept. 30, 1987. Therefore, employees who do not pay their balance by Sept. 30, 1986, may want to postpone the payment until Sept. 29, 1987.

Those interested in making this deposit, should contact their Personnel Office for necessary forms and for further details. □

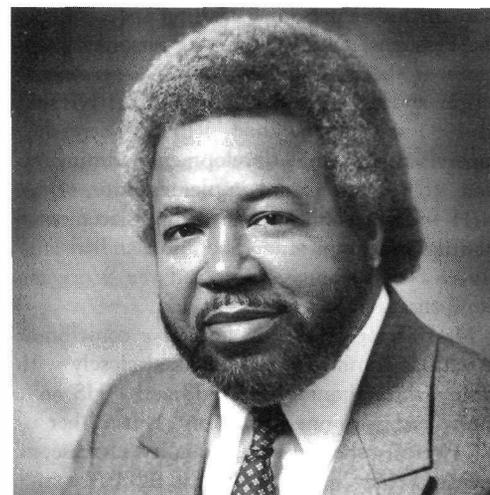


Dr. Harald Loe, NIDR Director, received an honorary doctor of science degree from the University of Maryland at Baltimore at commencement exercises on May 23. Former Assistant Secretary for Health Dr. Edward N. Brandt, Jr., presently chancellor of the university, who presided, said the dental school faculty nominated Dr. Loe for the degree because of his numerous contributions to dentistry.

NIMH Needs Study Volunteers

The Clinical Pharmacology Section of the Laboratory of Clinical Sciences, NIMH, is conducting an in-hospital study involving normal volunteers. Participants will be paid.

Interested persons may contact Dr. Risby or Dr. Hsiao, 496-2141. □



Dr. John W. Diggs, director of NIAID's Extramural Activities Program since 1982, was presented the Distinguished Senior Professional Award of the International Personnel Management Association (IPMA) (Montgomery County Chapter) at a recent luncheon in his honor. Cited for his "outstanding contribution to the management profession," he received this award based on demonstration of sustained excellence in leadership and administrative abilities at NIH and in the community at large.

DR. MALONE*(Continued from Page 1)*

structor in graduate and undergraduate courses in developmental biology and genetics.

Dr. Malone received his B.S. and M.S. degrees from North Carolina College in Durham, N.C., and a Ph.D. from Harvard University, Cambridge, Mass. He joined NIH in 1962 as a grants associate in the Division of Research Grants. He was trained in all aspects of peer review, Institute functions, manpower support, fiscal and program management of grants and contracts, and the appropriations process at all levels of government. From there he went on to the National Institute of Dental Research.

With NIDR for 8 years, Dr. Malone administered scientific review activities and directed national and international research and research training programs in dental health. From 1969 to 1972, he was NIDR associate director for extramural programs, for which he administered the Institute's extramural grants program covering major dental diseases.

He coordinated and directed activities aimed at developing research and research training programs to attract basic scientists to dental research in both dental and nondental environments. "This program was highly successful. I look back on it with pleasure and gratification," he said. The American College of Dentists presented Dr. Malone with the Certificate of Merit in recognition of his great efforts for that program.

From 1972 to 1977, he was NIH Associate Director for Extramural Research and Training. Policy guidance and development and management standards for all NIH grant-supported programs and scientific review activities were his responsibility. He directed the NIH Research Manpower Program and helped establish the NIH Grants Peer Review Study Team which conducted the most intensive review ever of the peer review system. Later, as NIH Deputy Director, he chaired a work group to implement more than 60 recommendations made by this study team.

Dr. Malone has been NIH Deputy Director since 1977. He has served as principal advisor and alternate to NIH Directors Dr. Donald S. Fredrickson and currently Dr. James B. Wyngaarden. Dr. Malone served as Acting NIH Director from July 1, 1981, to Apr. 30, 1982, an assignment he said he particularly enjoyed.

As NIH Deputy Director, Dr. Malone provided day-to-day direction for the senior staff at NIH, reviewing planning, budgetary, and legislative documents, and selecting program priorities and allocations of resources. NIH has a current budget of over \$5 billion and approximately 13,000 employees. He reviewed all documents and correspondence before submission

to the NIH Director, which included the full range of agency programs and issues in biomedical research. This required extensive knowledge of intramural and extramural programs, grants and contracts policies, the budgetary process, legislative developments, and general knowledge of scientific developments in the fields of research supported by NIH.

"Tom Malone has made extraordinary contributions to NIH during his years of service here. His intimate knowledge of NIH, his sense of institutional history, and his wisdom in advising on delicate issues have been invaluable to me. I have rarely seen such equanimity and good cheer in anyone handling such an endless array of pressure-packed and burdensome issues. And he did all this with the warmth, and friendly manner that have earned him universal admiration. I will miss him greatly," said NIH Director Dr. Wyngaarden.

Dr. Malone also directly supervised the Office of Protection from Research Risks (OPRR), the NIH Committee Management Office (CMO), and the Nutrition Coordinating Committee (NCC). For OPRR, he supervised revision of the PHS policy on the humane care and use of laboratory animals and development and execution of education programs in the areas of human subjects protection and laboratory and animal welfare.

He coordinated the largest advisory structure in the Department of Health and Human Services, including technical review groups and program advisory committees. Dr. Malone developed an outstanding record in appointment of women, minorities and handicapped to this system. He was honored with both the NIH Hispanic Employment Program Appreciation Award and the NIH Division of Equal Employment Opportunity Recognition Award. He also provided guidance for the office and staff of NCC, reviewed NIH-wide initiatives in the field of nutrition and preparation of the HHS 5-Year Plan for Nutrition Research.

He was chairman of the NIH Policy Development and Implementation Committee which oversees and coordinates implementation of all new legislation affecting NIH such as laws pertaining to the Veteran's Dioxin and Radiation Compensation Standards Act, and the National Organ Transplant Act. He was also chairman of the NIH Executive Committee on Civil Rights and Affirmative Action, which monitors NIH efforts in this area.

In Dr. Malone's opinion, the more rewarding and interesting activities of his career (besides being NIH Acting Director), were his participation in international health and chairing the HHS Secretary's Task Force on Black and Minority Health.

He served as a member of the U.S. Delegation to the World Health Assembly seven times including the recent 1986 World Health Assembly. He was a member of numerous PHS and U.S. delegations to develop bilateral agreements in international health with Cuba, Kuwait, Nigeria, Japan, and with China, for development and signing of the U.S.-China protocol for cooperation in the areas of cancer, cardiovascular disease, virology, immunology, genetics, public health, and health services research and medical information.

From 1984 to 1985, Dr. Malone was chairman of the Task Force on Black and Minority Health. The eight-volume task force report represents a landmark effort in analyzing and synthesizing what is currently known about the factors contributing to the health status of blacks, Hispanics, Native Americans, and Asian/Pacific Islanders. It summarizes data and information compiled on specific minority health programs, makes recommendations for a coordinated effort by HHS to address the disparity in health status between the majority and minority populations studied, reports on the six leading causes of death, and provides an inventory of all HHS program efforts in minority health and other non-Federal organizations.

Among his many honors and awards, Dr. Malone has received the DHEW Superior Service Award; the DHEW Distinguished Service Award; the Scroll of Merit Award from the National Medical Association; the Gold Medallion Award from the Carver Research Foundation of Tuskegee Institute; the Senior Executive Service Presidential Merit Award; the SES Presidential Distinguished Service Award, National Association of Medical Minority Educators.

"NIH is in my judgment, one of the great institutions of our time and perhaps of all time. It has an unusual assemblage of people who work for the noble purpose of removing human disease from this world. It's been a privilege to work here and to have seen in my time the spectacular movement of science over several decades. The benefits to mankind have already been phenomenal, but I believe what's to come is undreamed of today," Dr. Malone said.

"I came here as a grants associate and became familiar with the process of grants administration. I have been allowed to advance and the only requirement has been the standard of excellence," he added.

Dr. Malone may be retiring from NIH, but not from life or any of the challenges of his new career or his personal endeavors. □

AIDS TESTS

(Continued from Page 1)

The panel noted that "repeatedly reactive [positive] donors" on the initial blood tests "cannot be characterized without further testing as being either positive or negative" for the AIDS antibody.

Yet, many blood banks now throw away blood of such repeat reactors on the basis of these initial tests and put the donor's name on a list as probably having the antibody to AIDS virus in his/her blood without telling the donor.

The panel said names should not be entered without telling the individuals and without "referring them to an agency where further testing and pretest and post-test counseling is available."

The panel also noted:

"Confidentiality should be carefully and strictly maintained due to the sensitive nature of the information. Test results should be released to parties other than the patient only when there is a legitimate need to know for public health purposes and in principle with the patient's specific consent."

Among other recommendations, the panel also recommended that all blood centers set up a confidential "self-deferral" system whereby persons in "high risk groups" can privately indicate their blood should not be used, rather than having to disclose this publicly. (Social pressure may compel such persons to appear for blood donation).

The panel's final statement indicated that a "policy of protection of the individual donor's privacy should be vigorously pursued" by all blood banks in handling information relating to possible AIDS-contaminated blood and an individual's infection with the disease.

The 13-member panel also endorsed individuals stockpiling their blood for use in specific, near-term planned surgery but not for earmarking their own blood for personal use over the long haul.

The American Red Cross and other blood banks object to earmarking all blood for specific persons use because it would damage the present system in which blood and its components are available for those currently ill and in need of blood.

The consensus conference was sponsored by the National Heart, Lung, and Blood Institute, the Centers for Disease Control, the Food and Drug Administration, NIH's Clinical Center, the National Institute of Allergy and Infectious Diseases, the National Institute of Mental Health and the NIH Office of Medical Applications of Research. □

New Self-Service Store Opens



Dr. Edwin D. Becker, director for Office of Research Services (r) cuts the ribbon that marks the grand opening of the new Bldg. 10 Self-Service Store. Assisting (l to r), Dave Talley, chief, Marketing Section; Earl Pittman, supervisor, Self-Service Stores Unit; Rick Taylor, store manager and James C. Baker, chief, Supply Branch, Division of Logistics.

On July 8, Dr. Edwin D. Becker, director, Office of Research Services, presided at the grand opening of the new self-service store in Bldg. 10 (Clinical Center). He was assisted in the ribbon cutting ceremony by James C. Baker, chief, Supply Branch, Dave Talley, chief, Marketing Section; Branch; Earl T. Pittman, supervisor, Self Service Stores Unit, and Rick Taylor, store manager.

The new store is built in Art Deco style and includes a large skylight. Shopping aisles are much wider, and items are grouped by commodity classes. To expedite service, there are two checkout counters with moving belts and bar code scanning equipment. Items available in the store are products that are in high demand for the Bldg. 10 hospital/research facility.

The Clinical Center store serves approximately 2,200 customers a month, the largest volume of any store at NIH.

Until renovations are completed in the old store area, laboratory supplies issued by case lot will not be available from the new store. These supplies, however, can be obtained through the DELPRO stock requisitioning system, or from the self-service store in Bldg. 35. After the renovations are completed, these items will be available again in Bldg. 10. □

Sign Up for Sailing Classes Aug. 7

The Sailing Club will hold sign-ups for its on-board and classroom basic training course on Aug. 7 at 9 a.m. at the R&W Activities Desk in Bldg. 31.

For information on classes and membership in the Sailing Association, call Anne Hardman, 496-7321. □

LUPUS

(Continued from Page 1)

spond well to traditional cortisone-like drugs. The use of low-dose, pulsed (intermittent), intravenous cyclophosphamide has been effective in treating lupus nephritis.

Other NIH-sponsored research has also recently discovered abnormalities in the immune system—both in interleukin-2 and the idiotype network of anti-DNA antibodies—that may be important in finding the cause of lupus.

Wyngaarden Response

"The Lupus Foundation of America has made extremely valuable contributions to the health and well-being of lupus patients by increasing awareness of the disease, assisting both patients and their families, and obtaining and encouraging funds for lupus research," said Dr. James B. Wyngaarden, Director, NIH.

Dr. Wyngaarden explained that the NIH, in cooperation with private voluntary organizations such as the Lupus Foundation, is meeting the challenge of lupus with an increased research effort.

Each year, the LFA's Distinguished Service Award is given to an individual(s) or institution(s) that has provided sustained leadership in advancing research and/or increasing knowledge of lupus. Previous award winners include Dr. Henry Kunkle, formerly of the Rockefeller University; Senator Edward Kennedy; Mrs. Henrietta Aladjem, author of *The Sun Is My Enemy* and *Understanding Lupus*; Dr. Sergio Finzi, president of the Lupus Foundation, and Dr. Walter Heller, noted economist.

Lupus Is

Lupus is an autoimmune disease of unknown cause and cure. Of the over 500,000 Americans who suffer from the disease, the majority are women in the childbearing years. It is estimated that as many as 500,000 more people may have lupus and not know it. Lupus symptoms are wide ranging and vary significantly from patient to patient, making the disease difficult to diagnose.

The Lupus Foundation of America, headquartered in Washington, D.C., is the primary national voluntary organization supporting public education and awareness of lupus, and fundraising for lupus research. The LFA has a network of 95 chapters across the country, providing information and support to physicians, patients and their families, and others interested in learning about lupus. □

With money in your pocket, you are wise, and you are handsome and you sing well too.—Jewish Proverb

Levels of Chemotherapy Dosage Key Factor In Curing Lymphomas, NCI's Dr. DeVita Says

"In cancers that are curable like the lymphomas, dose intensity of chemotherapy is extremely important. If you reduce drug doses, you lose lives," Dr. Vincent T. DeVita, Director of the National Cancer Institute said recently at the American Association for Cancer Research meeting in Los Angeles.

Dr. DeVita presented data from human clinical trials in lymphomas showing that reduction in chemotherapy leads to reduction in cure rate. These data are consistent with data from animal studies.

He reviewed 20-year followup of patients with two types of adult lymphomas that are curable with chemotherapy: Hodgkin's disease and diffuse large-cell (histocytic) lymphomas. About 40,000 people in the U.S. are diagnosed with lymphomas every year, of which 20,000 have these two varieties.

Dr. DeVita reviewed important factors influencing patient survival in these studies.

Data on Curability

By reviewing the data on curability of these cancers over a long time period, we can look at what needs to be done, and what should be avoided during treatment, he said. Data were derived from approximately 2,000 patients who participated in clinical trials conducted by NCI, some cooperative groups of researchers, Stanford University, and the National Cancer Institute of Milan.

Key findings from this review include:

- For Hodgkin's disease patients, reduction in doses of chemotherapy in the range of 20-25 percent led to significant reductions in long-term survival of approximately 20-30 percent.

In the treatment of Hodgkin's disease with the so-called MOPP regimen pioneered by Dr.

DeVita in the 1960s, 55 percent of patients in the NCI study—who received 85 percent of full dose—had long-term survival (free of disease for 10-20 years).

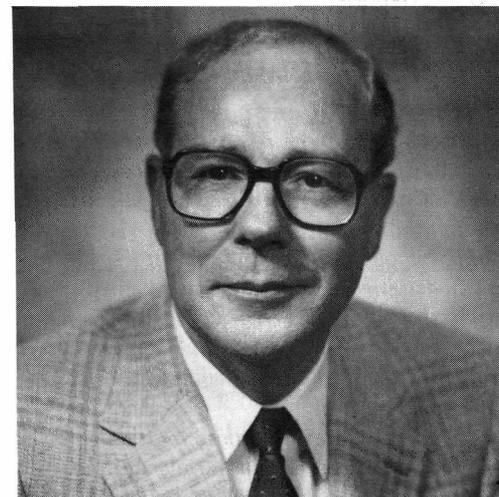
Results were different in two other studies: In one cooperative group study which administered 60 percent of the optimal dose (as determined by researchers), patients had 37 percent long-term survival; a decrease of 29 percent in dose intensity led to a 33 percent reduction in long-term survival. In Italian studies where patients received between 53-66 percent of full dose, 36 percent of patients had long-term survival; a 38 percent decrease in dose intensity led to a 35 percent decrease in cure rate.

- For large-cell lymphoma patients, the outlook was similar, Dr. DeVita said. As in Hodgkin's disease, the patient outlook is much influenced by dose intensity and the number and rate of exposure to drugs, all of which can be compromised in routine delivery of therapy. He said that data on large-cell lymphomas show that if intense therapy is given during a short period of time, results are better.

Receives Award

Dr. DeVita presented the Richard and Hinda Rosenthal Foundation Award Lecture at the annual meeting of the AACR. The award recognizes a scientist "whose work has made or gives high promise of soon making, a notable contribution to improved clinical care in the field of cancer."

He received the award for his unique contributions in developing curative treatment for human lymphomas, particularly, advanced Hodgkin's disease and for his work as NCI Director in improving the general care of cancer patients. □



Dr. Gary E. Striker has been named chairman of the NIDDK Ad Hoc Committee on Nephropathy in Diabetes Mellitus, established recently by NIDDK Acting Director Dr. Pierre P. Renault. The committee will promote support for research on kidney disease in diabetes mellitus within the academic community and in the public and private sectors.



Jane Leitch, budget officer of the Division of Research Services since 1971, has been named Division executive officer. She has been acting executive officer since October 1985. Ms. Leitch received the NIH Merit Award in 1984.

FAES Accepting Applications for Wellcome Stipends

FAES administers special funds known as Wellcome Stipends to augment the stipends of postdoctoral level guest workers at NIH. A maximum of \$3,600 per year (\$300/month) may be granted to each approved individual as an income supplement to a maximum total family income of \$15,000 per year plus \$1,000 for each dependent including spouse.

The selection committee will consider the scientific merit of the research to be conducted as well as need and professional qualifications of the applicant.

Awards will be made twice a year, Mar. 31 and Sept. 30, for the 12-month periods beginning Apr. 1 and Oct. 1. Applications must be received in the FAES office by Feb. 28, for the March award and Aug. 31 for the September awards.

Applications are being accepted now for the Sept. 30 awards.

Application forms are available in the FAES Office, Bldg. 10, Rm. 2C207A, or by calling 496-7976. □

NCI Advisor Named President, Cancer Research Association

Dr. Enrico Mihich, a member of the National Cancer Advisory Board since 1984, has been elected 1987-88 president of the American Association for Cancer Research. He will serve as president-elect during 1986-87.

Dr. Mihich is director of the Grace Cancer Drug Center at the Roswell Park Memorial Institute in Buffalo. □

Fla., California Travel Notebooks

Florida, California: do these sound good to you? If so, come to the R&W Activities Desk, Bldg. 31, Rm. B1W30 and take a look at their travel notebooks.

The notebooks contain listings of hotels, amusement areas, car rental dealers, meeting areas and facilities, visitors bureaus, as well as brochures, a few coupons and more. □

Penicillin Found Highly Effective Against Deadly Infections in Sickle Cell Children

The National Heart, Lung, and Blood Institute has reported the results of a recently completed clinical trial showing that twice-daily doses of oral penicillin can drastically reduce the morbidity and mortality of infection (septicemia) among young children with sickle cell anemia. Called the Prophylactic Penicillin Study (PROPS), the trial was ended 8 months early because of the pronounced effectiveness of penicillin in preventing pneumococcal infection.

Use of penicillin in children with sickle cell anemia has not been widespread, and until the results of PROPS were released, no controlled clinical study had been carried out to determine the actual effectiveness of this treatment in the U.S.

PROPS was a randomized, double-blind, controlled clinical trial carried out in 23 clinical centers in the U.S. Recruitment of patients began in August 1983 and continued until the end of February 1985. A total of 215 children 3 to 36 months old at entry were enrolled in the trial and randomly assigned to one of two groups.

The children of one group received penicillin V tablets, 125 mg, twice a day and the children of the other group received placebo tablets on the same schedule. Each child was seen at a scheduled clinic visit every 3 months. Patient followup ranged from a minimum of 1 to 2½ years. The primary endpoint of the study was a documented *Streptococcus pneumoniae* infection.

The Safety and Data Monitoring Board reviewed the data from the trial and recommended early termination when the one-sided results became known. During the course of the study, 15 cases of septicemia were documented, 13 of which occurred among the 110 children in the placebo group.

Three of these cases proceeded rapidly from onset of fever to death in less than 9 hours. A fourth child experienced an equally rapid progression of infection and suffered a stroke. Although alive, the child remains severely (neurologically) impaired.

The other two cases of septicemia occurred

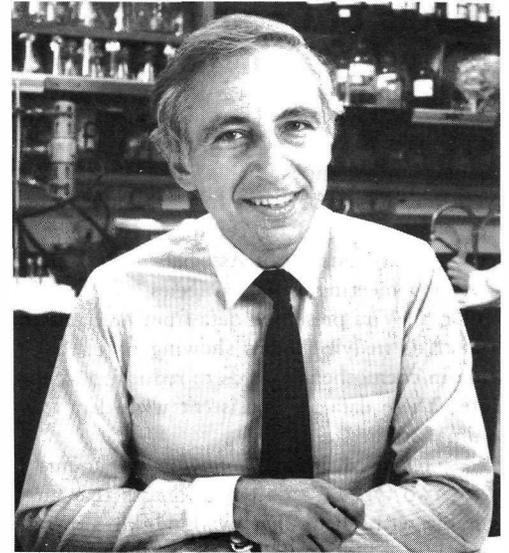
among the 105 children in the penicillin-treated group, of which both children recovered uneventfully. Thus, the penicillin-treated children experienced an 84 percent reduction in risk for infection compared with the untreated group.

The implications of PROPS, according to Dr. Marilyn Gaston, deputy chief of the NHLBI's Sickle Cell Disease Branch and project officer for the trial, are significant. Of the approximately 600,000 black births a year in the U.S., some 1,500 will have sickle cell anemia.

Each year about 10 percent of the infants under 3 years of age with sickle cell anemia will develop septicemia. Thus, approximately 30 percent of all sickle cell infants under the age of 3 years will develop septicemia, which has a mortality rate of up to 35 percent. Worldwide, it is estimated that approximately 600,000 infants under the age of 3 years are at risk for septicemia.

Penicillin tablets, supplied by Wyeth Laboratories, were used in the study because of their longer period of effectiveness. Liquid penicillin retains its effectiveness for only about 10 days, so the use of liquid preparations would have entailed more frequent visits to a clinic for the drug. The tablets were crushed and given to the children in their food. Although strict drug compliance could not be assessed by the physicians involved in PROPS, pill counts and urinalysis were carried out at clinic visits to monitor dose compliance.

"We hope the pronounced favorable results of this trial will provide the impetus for the health care system to institute programs for the early detection, that is, diagnosis in the newborn period, and followup of sickle cell disease patients," Dr. Gaston said. "Prevention is the key to reducing the morbidity and mortality of septicemia among these children, and prophylactic penicillin is the first step in prevention. This is an inexpensive and simple regimen that we have shown to be remarkably effective." □



Dr. Robert C. Gallo, chief of the NCI Laboratory of Tumor Cell Biology and isolator of the virus which causes AIDS, continues to receive accolades for his outstanding scientific research. Among the latest: honorary degrees from Temple University, and the University of Medicine and Dentistry of New Jersey (1986); the Rameshwardas Birla Triennial International Award (India) for outstanding contributions in the field of oncology, the Rabbi Shai Shacknai Memorial Prize Lectureship in Immunology and Cancer at Hebrew University, Jerusalem (1985), plus an honorary doctor of philosophy degree from Tel Aviv University, Israel. He also received a Special Honor Award from the University of Turin, Italy (1985). Earlier Dr. Gallo received the Albert Lasker Prize, the Hammer Prize (\$50,000) and the General Motors Charles S. Mott Prize (\$130,000) for his discovery of the first virus proven to cause a human cancer (HTLV 1) and of the first substance that promotes cell growth (T cell growth factor).

When a man wantonly destroys a work of man we call him a vandal; when a man destroys one of the works of God, we call him a sportsman.—Joseph Wood Krutch

If you resolve to give up smoking, drinking and loving, you don't actually live longer; it just seems longer.—Clement Freud

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