The United States and the Soviet Union exchanged important medical information recently in accordance with a treaty signed by President Reagan and General Secretary Gorbachev at the Geneva Summit in 1985.

"The Cancer Summit," a global teleconference broadcasted live via satellite from Lister Hill Center and Moscow, linked eight prominent medical researchers from the U.S. and the U.S.S.R. to discuss the most recent discoveries in the diagnosis, treatment and cure of cancer.

The historic international correspondence, produced by Armand Hammer Productions, Inc., was a byproduct of the Cultural, Scientific, and Educational Exchange Treaty. More than 55 cities in Europe, Africa and the Middle East viewed the summit on WORLDNET, the U.S. Information Agency network, and the Hospital Satellite Network.

Dr. Steven Rosenberg, panel member for the U.S., and surgery branch chief, NCI, mentioned early, promising results in the treatment of advanced cancers.

He updated his IL-2/LAK research and presented preliminary findings on a modification of that therapy. The modification substitutes Tumor Infiltrating Lymphocytes (TILs) for LAK cells.

Compared with LAK cells, TILs require less IL-2, which is toxic in high doses. On a per cell basis, TILs are also more potent than LAK cells. For these reasons, TILs may reduce the toxic side effects and discomfort that often accompany IL-2/LAK treatment.

Rosenberg said that although the process had been tried on a very limited number of patients, the results were promising. "Our challenge is to find treatments with greater potency and less toxicity and complexity," he said.

Rosenberg cautioned that while the treatment has suggested potential benefit on a trial basis, more study is needed before it will be ready for widespread use.

Other American panelists were Dr. Vincent DeVita, Jr., director, NCI, and two UCLA researchers, Dr. Robert Gale, director of the Bone Marrow Transplant Unit, and Dr. Richard Steckel, director of the Jonsson Comprehensive Cancer Center. ABC network medical correspondent Dr. Timothy Johnson moderated the teleconference from the U.S.

DeVita spoke about the problem of cancer in the U.S., the resources it consumes, the U.S. government response and the progress to

A house with room for 36 families that have children participating in research studies at the Clinical Center is to be constructed on campus beginning in July.

Called "The Children's Inn at NIH," the home is being built with about $2.5 million donated by Merck and Co. Inc., which announced its gift at a press conference Apr. 12 on Capitol Hill. An additional $2.7 million will be needed to furnish and operate the facility, which is expected to open in early 1989.

Located on a 2-acre wooded tract at the corner of West Drive and Cedar Lane, the inn will be a temporary home away from home for chronically ill children—primarily cancer patients—and their families. It will provide free lodging during a child's outpatient treatment; inpatients will continue to occupy CC beds.

Currently, pediatric outpatients and their families stay at a variety of moderately priced motels near NIH when they come to town for treatment. While family members in the NCI's Pediatric Branch can remain in the same hospital room as their children, visiting outpatients and families take rooms in the few remaining motels in the area whose rates do not exceed the $50 per diem available to patients' parents or guardians.

"I am convinced that our research programs wouldn't exist if we couldn't help patients afford their visits here," said Dr. Philip Pizzo, chief of NCI's Pediatric Branch and a long-time proponent of support to the patients and families who volunteer for NIH pediatric studies.

Pizzo described the creation of the inn as "a nice mix of private industry, government and citizens"; the Merck gift will pay for the bricks and mortar; NIH has provided 2 acres.
date. He recognized that cancer has been the disease most feared by the American people for more than 50 years.

DeVita also pointed out major differences in cancer in the Soviet Union and in the United States. While stomach cancer is the predominant type of the disease in the U.S.S.R., lung cancer is more prevalent in the U.S. The Soviet researchers pointed out that lung cancer is on the rise in their country. It was also recognized that approximately 60% of Soviet citizens smoke cigarettes versus 30% of Americans who use tobacco products.

Steckel discussed the major innovations in diagnostic research including MRI, CT scanning and ultrasound. Videotaped footage was shown demonstrating the procedures and effectiveness of each.

After describing and explaining the newest advances in bone marrow transplantation, Gale suggested a physician/research exchange of about 50 scientists from each country to share information and ideas toward finding better treatments and an eventual cure for patients suffering from cancer.

Scientists from both countries concluded the summit by agreeing to exchange information more regularly and to explore the possibility of researchers from the Soviet Union coming to the U.S. to study cancer and vice versa.
Conference Explores Molecular Genetics of Development

On May 2-4, the National Institute of Child Health and Human Development will sponsor its second conference on the molecular genetics of development. Since the first meeting 2 years ago, much new information about how gene action controls embryonic development has been uncovered. Around the world, scientists have continued to pursue answers to one of the most exciting and important questions in modern biology: What processes transform a single fertilized egg cell into a highly specialized, complex animal?

Beginning at 8:45 a.m. in the Lister Hill Auditorium, Bldg. 38A, leading molecular geneticists and developmental biologists will share new information about these mechanisms in frog, fly, mouse and other animal systems. Such models have yielded valuable clues to the mysteries of development from even before fertilization up until the time organ systems are formed.

Speakers will also cover new results about “inducing factors,” growth factor-like proteins that appear to influence embryonic cells to take a particular specialization pathway, gene-controlling proteins such as zinc fingers and homeboxes, models of mutagenesis, the role of oncogenes in development, and the regulation of genes that control body organization.

There is no pre-registration. For further information phone Cindy Holland, 986-4870.


Harmony Will Be Theme of Heritage Week, April 22-29

“Harmony” is the theme for the 1988 Asian/Pacific American Heritage Week celebration to be held at NIH on Friday, Apr. 29 with noon-time events on the patio of Bldg. 31A, and an evening program and reception beginning in Masur Auditorium, Clinical Center.

Selection of the harmony theme, as well as themes of past celebrations at NIH, marks an attempt to convey some of the depth, subtlety, and richness of the Asian/Pacific cultures, so steeped in ancient traditions.

On Friday, Apr. 29, the committee creates a cultural oasis from 11:30 a.m. to 1 p.m. on the Bldg. 31A patio with food from China, Japan, Korea, and Cambodia for sale. Asian chefs will demonstrate preparation of Chinese noodles and Japanese sushi. That evening, beginning at 7:30 in Masur Auditorium, the celebration culminates with a cultural program followed by a reception at which guests will be served Asian dessert. The program includes music and dance from Korea, China, Japan, India, Vietnam, and Cambodia.

One of the performances scheduled is the Apsara dance. It was performed previously by members of the Royal Corps of Ballet of Cambodia in the Royal Palace to entertain guests on official visits to Cambodia. Named for celestial dancers, the Apsara describes the immortality of natural beauty. Descending from the heavens, these goddesses respond in dance to the beauty of trees, flowers, birds, etc.

The dance will be performed by five members of Cambodian American Heritage, Inc., a national organization of more than 40 performers dedicated to preserving Cambodian culture. The group has performed at Wolf Trap Farm Park and the Smithsonian Institution, and has had workshops, residencies, and lecture/demonstrations at various university campuses.

Also scheduled are performances by masters of Vietnamese instrumental music. Artists include Nguyen Dinh Nghia, former instructor at Vietnam’s National Conservatory of Music, who spent 9 years studying music and musical instruments among the mountain tribes of Vietnam.

The 1988 Asian/Pacific American Heritage Week events are sponsored by NIH’s Division of Equal Opportunity, and Asian/Pacific American Cultural Committee.

Sign language interpretation will be provided during the evening program. If accommodations for other disabling conditions are needed, contact the DEO, 496-6301.

All events are free and open to the public. For further information, call 496-1776.— Dinah Bertran

Conference on Cochlear Implants

An NIH consensus development conference on cochlear implants will be held at Masur Auditorium in the Clinical Center May 2-4. The scheduled sessions are: May 2—8:30 a.m. to 5 p.m.; May 3—8:30 a.m. to 1 p.m.; and May 4—9 to 11 a.m. A press conference will follow at 12:30 p.m. on May 4. The entire program will be interpreted for hearing-impaired people.

Key questions to be addressed at the conference are: Who is a suitable candidate for a cochlear implant? What are the advantages and disadvantages of the different types of cochlear implants? How effective are cochlear implants? What are the risks and limitations of cochlear implantation? What are the important directions for future research?

The conference is sponsored by the National Institute of Neurological and Communicative Disorders and Stroke, the National Institute on Aging, the National Institute of Child Health and Human Development, the Veterans Administration, the Food and Drug Administration, and the NIH Office of Medical Applications of Research.
Conference on Neurotransmitters and Hormones

A 3-day international conference on "Mechanisms and Secretion of Neurotransmitters and Hormones," sponsored by the Fogarty International Center, will be held at Lister Hill Auditorium in Bldg. 38A Apr. 25-27.

The conference, organized by Dr. Izhak Parnas, a scholar-in-residence at the FIC, and Dr. Harold Gainer of NINCDS, will focus on the mechanisms that underlie the secretion of neurotransmitters from nerve terminals. Interference with the normal functioning of these secretory mechanisms can result in a number of neuronal diseases such as myasthenia gravis, Alzheimer disease and others.

Participants in the conference include Eric Kandel, John G. Nicholls, Richard Tsien, Roger Tsien, Ernesto Carafoli and Claude Klee.

Pre-registration is required. For further details, contact Cynthia Holland, 986-4870.

The program includes:
Monday, Apr. 25
9 a.m. Calcium Entry and Regulation
2 p.m. Synaptic Release I
Tuesday, Apr. 26
9 a.m. Synaptic Transmission II
2 p.m. Synaptic Transmission III
Wednesday, Apr. 27
9 a.m. Non-Synaptic Release
2 p.m. Mechanisms of Exocytosis

Looking Ahead ...

The date has been set for this year's Camp Fantastic Barbecue. Mark June 21st on your calendar as a day to join in on good food, fun and festivities! If you would like to volunteer to help sell tickets or work the day of the event, call Kelly Goka, 496-6061.

Watch for more details in upcoming issues ...

Social Security Numbers for Kids

As part of the 1988 NIH Savings Bond Campaign, a representative from the Social Security Administration will be on campus from 10 a.m. to 2 p.m., Friday, Apr. 22 in the lobby of Bldg. 31. Section 1524 of the Tax Reform Act of 1986 requires a Social Security number for each dependent, aged 5 years or older, listed on tax returns after Dec. 13, 1987. The Social Security representative will assist in obtaining Social Security numbers for children of NIH employees.

Employees must bring original or certified copies of proof of age, U.S. citizenship or lawful alien status, and identity. These documents will be returned to the employee. Evidence of age and citizenship may be a public birth certificate, religious record showing age, or hospital record of birth. Evidence of identity may be a school record, medical record, U.S. passport, youth organization record, day care record, or other document providing identifying data sufficient to establish proper identity.

A 15-minute video will be shown continuously featuring the stars of the "Kate and Allie" TV series. A representative from Parents of Preschoolers will be available to answer questions concerning the NIH preschool. Also, information will be available on the tax liabilities of a child's Savings Bond interest.

Savings Bonds have special tax advantages when registered with a child named as owner. In addition to the standard tax advantages of bonds (deferred federal tax and no state or local tax liability), interest earned by a child is not taxed as long as the child's income is less than $500 in a year. However, a tax form, with the child's Social Security number, must be filed. If more than $500 in interest is earned, it is taxed at the child's rate until the amount earned in a year exceeds $1,000. Thus it is possible that tax liability can be greatly reduced while building a college fund.

Run, Walk in 'Couch Potato Classic'

Get ready, get set for the 'Couch Potato Classic' to be held on Friday, May 6 at 12 noon.

The 2.5 mile run and 1 mile walk will start and finish at the NIH Fitness Center, Bldg. T-39.

NIH'ers and their families are invited to participate and ribbons will be awarded to all finishers.

For further information contact the NIH Fitness Center, 496-TRIM.
U.S. Savings Bond Baby Picture Contest

Name    Title
1. Dr. John Decker, director, CC
2. Dr. Anthony Fauci, director, NIAID
3. Randy Schools, general manager, NIH R&I
4. John Mahoney, NIH associate director for administration
5. Dr. Arnold Pratt, director, DCRT

Name ____________________________
(NIH) Address ____________________
Phone No. __________________________

(You must be on the NIH payroll to enter the contest. Send your entry to Marian Dawson, Bldg. 12A, Rm. 3023, DCRT, NIH. All entries must be on this original form. No photocopies will be accepted. All entries must be received by May 4. The winner will receive a $100 Savings Bond donated by the NIH Federal Credit Union. If the winner is a credit union member, an additional $25 will be added to his or her account. The winner will be announced in the NIH Record.)

To win the $100 Savings Bond, all you have to do is match the numbers next to the names with the letters beneath the photographs. For example, if you think that beautiful baby A grew up into handsome Dr. Pratt, you would write 'A' next to the number 5 on your entry form. Entries must be received by May 4. Only this entry form clipped from the Record will be accepted. Good luck with the "Bond Babies."

Many people buy bonds for their children as an excellent investment for higher education and financial security. Interest on Savings Bonds purchased in the child's name is tax deferrable. If you buy a $100 bond every month for a boy age 6 today, by the time he is 18 he will have $20,657.92 at the current minimum rate of 6%.
of land and will maintain the building and grounds, including phone and linen service; and many prominent politicians and business people form the boards of two nonprofit organizations that will keep the inn running—the Friends of the Children's Inn at NIH and the Children's Inn at NIH.

"Sometimes if you wait long enough, things will turn out better than you ever could have anticipated," said Pizzo in a recent presentation on the inn to NIH officials, including Dr. James Wyngaarden, NIH director.

The entrance of the 32,000 square-foot home will face West Drive, Pizzo said. Because it will be nestled into the side of a hill, the inn will have two stories at the front but only one at the rear.

"The community is very interested in how the house will look," Pizzo reported. "We were careful to conduct a tree survey and tried to preserve every tree that we could."

The inn's upper floor, divided into four modular units linked by a common area, will provide living space for up to 36 families, usually the child being treated and his or her parents.

The typical room resembles a large hotel room with two double beds, a full bath, table and chairs, closet space and a fold-out sofa bed. Some rooms will have skylights.

At each end of the house will be a two-bedroom apartment for families who require lengthy stays for treatment. Two large common kitchens will allow families to prepare their own meals, and doorways will link most rooms for optimum adaptability.

"A major goal is to bring families together for mutual support," said Pizzo, whose branch offered architects its considerable expertise in all facets of pediatric care. Kathy Russell of NCI chaired the committee of nurses, social workers and patients' parents that made recommendations for the house.

The downstairs will house a resident manager's two-bedroom apartment and other "nuts and bolts" operations such as a laundry and office space for administrative staff.

Special features of the inn include a large, 50x50 foot sitting room/family room with a stone fireplace and a semicircular indoor/outdoor play area. Other amenities include game rooms, quiet rooms, a library and an elevator connecting the two levels. All rooms will be accessible to those who are handicapped.

Outside the inn will be an exterior play-ground, parking for families and house staff and a shuttle bus allowing transportation between the inn and the hospital.

"This is very exciting," said Wyngaarden in response to Pizzo's orientation to the inn. "You have done an excellent job of creating something that will fit in with NIH and the neighborhood."

Though a home-like residence for patients and their families has long been a goal of NIH pediatric professionals, the means to accomplish this only became available recently, largely through the efforts of Carmala Walgren.

Walgren made news about a year ago when she entered a discussion between NIH and the Inspector General's Office, DHHS, over a policy that allowed children being treated at the Clinical Center to make free long-distance telephone calls to their homes. The inspector's office wanted the practice stopped and NIH objected. Walgren, wife of Rep. Doug Walgren (D-Pa.), lobbied various authorities on behalf of free phone service and eventually won the day (see sidebar).

"Carmala was so successful with the phone issue and she graciously agreed to take the leadership in our hunt for a house," Pizzo said. "It was largely through her efforts in Congress and the help of Dr. Wyngaarden that we found a spot on the NIH campus."

"Your interest in this inn is what made it happen," Wyngaarden told Walgren.

Prior to her involvement, "our initial forays were mostly futile," Pizzo said, noting that the convent, FAES-owned land and a private residence on Old Georgetown Rd. were among candidates for a children's inn. "It took many
During a meeting on the children's inn. "You hallf! been an inspiration to everyone who has met you," Walgren and Wyngaarden share a light moment. Dr. Joseph E. Rall (l), NIH deputy director for intramural research, registers his approval of the inn plans as Pizzo (c) and Greenberg look on. Dr. Joseph E. Rall (l), NIH deputy director for intramural research, registers his approval of the inn plans as Pizzo (c) and Greenberg look on.

Where There's a Walgren, There's a Way

There might never have been plans for a Children's Inn at NIH if a certain teenage girl from Alexandria had not been babysitting for the children of a congressman from Pennsylvania.

Rep. Doug Walgren and his wife Carmala considered themselves fortunate to know Ginny Cavender, a neighbor of theirs in Virginia. "Ginny was a little girl I had known for 6 years," Carmala Walgren remembers. "She was a mother's helper to me and my kids. She became almost like a daughter to our family." A few years ago, Cavender, then 15, was diagnosed as having cancer and was referred to the National Cancer Institute. When she got sick, Carmala went to the Clinical Center to visit her. "I remember being amazed at how wonderful a place the CC seemed to be," she said. "The ward was decorated, the staff was so patient and kind. And one of the nicest things, I thought, was the free long-distance telephone service."

One day while Carmala was visiting Ginny, who was having "a real tough time with whole body radiation," she discovered that the free phone service was being stopped. "I was really shocked," she said. "Here we are asking these patients to come participate in research and then we take their phone away."

Carmala could understand why Ginny Cavender wouldn't need free long distance; she lived in nearby Virginia. "Ginny was unusual in that her family and friends were close by, unlike many kids. But what about the others?"

Carmala had noticed the forlorn look in the eyes of a 19-year-old girl from California who was often depressed. "I'd see her looking out the window and feel awful."

Talking with another patient's mother in the hall one day, Carmala asked what she thought of the free phone service. "This woman named Terry said she thought it was a life saver. Her 10-year-old son Nathan was in the hospital with osteosarcoma. Her phone bills were high and the stress on her marriage was building. She had to give up her job. Meanwhile Nathan's 11-year-old brother was back in West Virginia, without dad. The phone allowed her to maintain contact with her son."

The phone also allowed Nathan to call his classmates and get up his courage to face a leg amputation. Carmala remembers. "The phone helped both Nathan and his friends adjust. That really made me determined to keep the free phone there."

As Carmala recalls, the DHHS Inspector General's Office had two reasons for curtailing free long-distance phone calls from the NCI Pediatric Branch: it was costly, and it was supposed to be for federal employees making business calls. "My husband and I feel it's a privilege and honor to be in Washington, and we were outraged that they would take out the line," she said. "We were doubly outraged when they replaced it with a coin-operated phone."

Carmala put herself in the place of phoneless parents at the CC. "I would have been

(See WALGREN, Page 8)
paralyzed."

NIH had always been willing to return the free line to the hospital. Dr. Philip Pizzo, chief of NCI’s Pediatric Branch, and nurses on the unit argued for the therapeutic value of the telephone. But the inspector’s office stood firm.

Not firm enough, however, to withstand the efforts of Carmala Walgren.

In January 1987, Walgren found herself aboard a train headed for The Greenbrier, a country resort near White Sulphur Springs, W. Va. Also on board were a group of politicians and reporters, including Rep. Jim Wright, speaker of the House of Representatives. If Walgren could catch Wright’s ear, maybe the speaker could help her solve a little problem.

“There was a line of reporters waiting their turn to talk to the speaker,” Carmala recalls. “I just got in line with the rest of them and waited my turn.”

When Wright heard her story about the Clinical Center phones, he agreed that they should remain free, Carmala said. He arranged for Carmala to brief his staff in Washington about the problem. Carmala then persuaded her husband and a handful of other congressmen to talk to Wright about the matter.

Meanwhile, the Washington Post got wind of the phone story and published an article about the Inspector General’s plan to take away the service, despite the objections of NIH and Carmala Walgren. Notwithstanding the negative publicity, the inspector’s office continued to stand firm.

Walgren then approached Ma Bell to see if she could help her, but the phone company could pull no strings.

At about this time, Ginny Cavender told Carmala that Nathan, the little West Virginia boy with cancer, was doing poorly and might die soon.

“I was so infuriated,” Carmala remembers. “The Post story didn’t work. The phone company couldn’t help. But I knew that anyone who heard the story of Nathan and his mother Terry could not fail to be outraged.”

Carmala took her story once again to Speaker Wright, and before long word arrived that NIH had official permission to reinstate free long-distance phone service to pediatric patients and their families.

Carmala’s long and ultimately successful campaign to restore the phones made a big impression on Dr. Philip Pizzo.

“He saw how passionate I was about helping his patients that he asked me to help him realize a dream,” she said. “He told me that the motels where outpatients stayed during treatment were inconvenient for patients and families, and that sometimes the people at these places treated bald, sick children badly. He said that if he could get a big house near NIH then parents and their kids could stay there and bolster one another’s spirits.”

The head nurse on Pizzo’s unit, Sheila Santacroce, also told Carmala how a home would help her patients.

Carmala’s reaction was instant: “I said of course I would help find a house.”

Carmala got in touch with some friends in town and set about looking for a good buy in Bethesda.

“The idea was to find a donor who would buy the house for us, then we could raise funds to pay them back,” she said.

Peggy Pizzo, a child advocate, public policy specialist and longtime supporter of the house, enlisted the help of her friend Fran Eizenstat, whose husband Stuart had been a top adviser to President Jimmy Carter. Pizzo and Mrs. Eizenstat recruited a prominent local builder, Alan Kay, who agreed to join the house hunt.

Kay, a generous supporter of cancer research for many years, not only agreed to help search, he also offered to lend $700,000 for a home that Tom Baker, president of Special Love, Inc., and director of the well-known Camp Fantastic, had located on Old Georgetown Rd. near the YMCA. But that deal fell through—fortunately, as it turned out.

“We were lucky we didn’t buy it,” said Pizzo. “An alumnus of the NCI ended up buying it for his private medical practice and found out the neighbors didn’t want a doctor’s office there.”

Pizzo called the collapse of the deal “a great example that things sometimes go wrong for a reason—a blockade can sometimes be a benefit.”

While the house hunt continued, Carmala kept asking friends and associates if they would like to join an honorary advisory board for the Children’s Inn at NIH. To date, dozens of senators and congressmen have added their names to the list, including such recent presidential hopefuls as Robert Dole, Richard Gephardt, Paul Simon and Albert Gore.

“When recruiting for the advisory board, I got advice on fundraising from Keith Krueger at the Friends of the National Library of Medicine,” Carmala said. “Our goal was to find a single donor because then we could build quicker.”

Krueger, executive director of the nonprofit Friends of the National Library of Medicine, met Rep. and Mrs. Walgren at a dinner for patrons of NLM last Sept. 15.

“At the time, Doug Walgren mentioned that he and his wife had a strong interest in creating a house for children,” Krueger recalls. “He asked if we had any ideas, so I arranged a meeting for the three of us and our president, Dr. Thomas Bryant.”

Krueger and Bryant advised the Walgrens to select one likely patron rather than to cover the waterfront with solicitations. Between the Walgren’s allies on Capitol Hill and the Friends of the NLM’s contacts with industry, associations and academia, the opportunities for recruitment were many. But a strategy of courting one major donor was adopted.

“I happened to know the main federal relations man for Merck,” said Krueger, “so I mentioned the plan to him.” That man, Mark J. Raabe, senior director of Congressional relations for Merck, proved to be the key contact for the Walgrens.

“I called Mark and arranged a meeting with him,” Carmala said. “Right from the beginning, Merck seemed so interested that I continued to pursue them.”

Last February, Merck’s board voted to fund construction of the Children’s Inn at NIH, and set aside some $2.5 million for the project.

“I guess our role was simply that of a marriage broker,” quipped Krueger. “We helped get the interested parties together. We’re pleased that the Friends can support not only the library, but also NIH as a whole.”

“Merck has just been terrific about the whole thing,” enthused Carmala. “Their chairman, Dr. Roy Vagelos, wanted to be an NIH researcher, so he already had good strong feelings about NIH.”

Carmala Walgren was standing beside Vagelos and Speaker Jim Wright at Merck’s official announcement of its gift to NIH on Apr. 12 in the Rayburn House Office Building.

A few weeks before that happy occasion,
(Continued from Page 8)

Carmala had news that made her just as proud as Merck’s gift—Ginny Cavender was doing well, getting straight A’s in high school and planning to attend college next year.

“Ginny and I are going to bake homemade cookies for the press conference,” she said that day, beaming.

**Data Acquisition Class**

The Computer Systems Laboratory of the Division of Computer Research and Technology is offering the course “Laboratory Data Acquisition using an IBM-PC,” May 9–12.

The course is an introduction to laboratory data acquisition and offers hands-on training using a data acquisition hardware and software package on the IBM-PC. This “user-friendly” menu-driven package is designed to simplify laboratory data collection and storage from a variety of instruments.

Look for this course in the DCRT Computer Training Center’s Summer Schedule, which came out in early April. Familiarity with PC-DOS is a prerequisite. If you have any questions about this course, please call Ramon Tate, 496-2962.

**Bethesda Holds Parade May 1**

NIH employees are invited to be a part of the Bethesda-Chevy Chase celebration parade on Sunday, May 1. There will be bands, clowns, antique cars, the Orioles’ Bird, and more. For the first time ever, giant colorful helium balloons—just like those seen in Macy’s Thanksgiving Day parade—will float down Wisconsin Ave. from Jones Bridge Rd. to the Bethesda Metro Plaza.

Festivities will continue at the Metro Plaza with music, entertainment, food, and pony rides. The parade starts at 1 p.m., rain or shine. For early arrivals there will be pre-parade entertainment along the parade route beginning at 12:30. Call 986-4190 for further information.

**Healthy Men Sought**

The NICHD is seeking healthy men between the ages of 18 and 40 to participate in a drug metabolism study. Appropriate compensation is available. Interested persons should contact Dr. Robert Wehmann, 496-6437.

**Allergic to Aspartame, MSG?**

NIAID is currently recruiting patients who believe themselves to have allergic reactions to aspartame and patients who believe that their asthma is exacerbated by monosodium glutamate (MSG).

Interested persons should contact Carole Berkebile, 496-9054, 8–11 a.m., Mondays and Wednesdays.

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Six-year-old Jacob Weeks, a first grader at East Silver Spring Elementary School, shows his drawing of an AIDS virus to Dr. Antonia Novello, deputy director, NICHD. Novello chose Weeks’ art to go on the cover of a program distributed at a recent NICHD conference on pediatric AIDS research. The drawing is reproduced at right, and a thank-you note Weeks wrote Novello appears below. Weeks is the son of Zeda Rosenberg, assistant to the director, NIAID.
Munsterteiger Retires from NIDR

Marie Munsterteiger, secretary to the chief, Bone Research Branch, National Institute of Dental Research, retired Mar. 1 after 30 years of government service, more than 20 of which were spent with NIDR.

She began working at NIH for the Division of Biological Standards during the 1950’s. After a short break in service she went back to work for the board of U.S. Civil Service Examiners from 1964 to 1967 here at NIH. In 1967 she joined the Oral Medicine and Surgery Branch, Oral Pharyngeal Development Section, NJDR in the Clinical Center, working for Dr. James Bosma. From 1968 to the present she has worked for NIDR in the intramural research program; first for Dr. Karl Pitz in the Laboratory of Biochemistry and, since 1982, for Dr. John Termine, chief, Bone Research Branch. Prior to her career at NIH, Munsterteiger worked for the Internal Revenue Service.

“T’ve really enjoyed the NIH,” she said. “Working at the NIDR for the past 21 years has been an edifying and unforgettable experience. I think working in a laboratory environment is exciting because it illustrates what NIH is all about.”

In her most recent job, Munsterteiger’s duties were varied. Overseeing all administrative matters for a branch of more than 30 people required her to know NIH policies and procedures in detail. She received several honors during her NIH career including three cash awards, two quality increases and an NIH Merit Award. One of the cash awards was presented to her by Dr. C. Everett Koop.

Columbia Honors Cohen

Dr. Lois K. Cohen, assistant director for international health and chief of planning, evaluation and communications at NIDR, has been chosen as the 1988 Percy T. Phillips Visiting Professor at Columbia University, School of Dental and Oral Surgery.

In keeping with the theme of the 3-day professorship in June, Cohen will focus on international oral health from the perspective of research, education and public service. She will also discuss the importance of studying human behavior in relation to oral health.

Jointly sponsored by The Dental Society of the State of New York and Columbia University, the honorary professorship was established in 1980 to honor one of the university’s most distinguished graduates, Dr. Percy T. Phillips. It also allows students to meet with leaders in the field of public health and offers insight into health policy careers.

Cohen is noted for her work in establishing the behavioral and social sciences as an integral part of dental research in this country and abroad as well as her leadership in fostering international collaborations in dental science and science transfer.

She has been with the Public Health Service for most of her career, both as a research sociologist and currently as a health science administrator, and has published numerous papers and books on the social sciences as they relate to dentistry and public health.

Dr. Max Halperin Dies; Former NHLBI Employee

Dr. Max Halperin, formerly of NHLBI, died of cancer Feb. 1 at the age of 70.

He was assistant chief and branch chief of NHLBI’s Biometrics Research Branch from 1966 to 1977. At the time of his death, he was research professor of statistics at George Washington University and director of its biostatistics center.

During his tenure at NHLBI, Halperin was responsible for providing statistical direction for the research programs conducted by the institute staff and by university research groups under NIH grants and contracts. In addition, he directed a program of research into biostatistical theory and methods for such studies.

Both at NHLBI and George Washington University, which he joined in 1978, he influenced the design and analysis of the Lipid Research Clinics Program, the Aspirin Myocardial Infarction Trial, and other studies. He also served as a member of advisory committees for the Food and Drug Administration and the National Research Council.

In 1973, Halperin was chairman of the biometrics section of the American Statistical Association and a member of the board of directors of the association from 1975 to 1977. He served as associate editor of the Journal of the American Statistical Association from 1971 to 1974 and of the American Statistician from 1976 to 1980. He was also a fellow of the American Statistical Association, the American Association for the Advancement of Science, and the Institute of Mathematical Statistics. In addition, he was a member of the Society for Clinical Trials, the Biometric Society, the International Statistical Institute, Sigma Xi, and the International Association for Statistics in the Physical Sciences.

He received the Superior Service Award from the Department of Health, Education and Welfare in 1973 and the Statistics Section Award of the American Public Health Association in 1985.

During his career, Halperin was the author of more than 60 papers, principally on theoretical statistics and biostatistics. He was well known for his papers on early termination of clinical trials through stochastic curtailment, on calculation of sample size for clinical trials, and on various statistical methods that are common in many areas of scientific research.

Halperin is survived by his wife, Mary Ann, of Reston, Va., and his daughter, Martha, of Washington, D.C.
TRAINING TIPS

The NIH Training Center of the Division of Personnel Management offers the following:

Course and Programs  Dates
Management and Supervisory 496-6371
  Pragmatic Problem Solving  4/22
  Scientific Writing  4/19
  Managing Stress  5/9
  The Federal Budget Process  6/1
  Time Management  6/6
  Speed Reading for Professionals  5/25
  Improving Managerial Effectiveness  6/7
  The Management Tactics Clinic  6/9

Office Skills 496-6211
  Effective Listening and Memory Development  5/19
  Improving Managerial Skills for Secretaries  5/3
  Telephone and Receptionist Techniques  5/16

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  Intro to Lotus 1-2-3 Macros  5/9
  8/5

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Personal Computer training is available through User Resource Center (URC) self study courses. There is no cost to NIH employees for these hands-on sessions. The URC hours are:
  Monday-Thursday  8:30–9:00 p.m.
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Boehm Offers Nurses Patient Compliance Tips

The National Center for Nursing Research and the Working Group on Health and Behavior co-sponsored the first NCNR Distinguished Scholar Seminar recently.

Dr. Susan Boehm, associate professor and director of behavioral research programs, School of Nursing, University of Michigan, Ann Arbor, gave the lecture.

Boehm, who has been a visiting scholar in the behavioral medicine branch, Division of Epidemiology and Clinical Applications, NHLBI, spoke on the topic, "Compliance—New Perspectives." In her lecture, she addressed the patient’s pivotal role in preventing and treating illness.

According to Boehm, patient compliance refers to how patients meet their responsibilities as part of the health care team that includes physicians, nurses, and other health care providers. Patients want the same things as the others on the team—to maintain or regain health.

Her recommendations for improving patient adherence to health promoting behaviors and prescribed regimens included giving patients time to come to terms with their health prob-

Napping—a great way to take in all the glorious sunshine.

Parklawn Classic Is Apr. 29

The Parklawn Classic 3-mile run and 2.5 mile walk will be held on Friday, Apr. 29 at 11 a.m. in Rockville.

The fee for the run is $5 and all finishers will receive a Classic T-shirt. All walkers (no fee) will receive a Health Walk Ribbon for participating.

Registration forms with further information are available at the R&W Activities Desk, Bldg. 31, 496-4600. Registration deadline is Apr. 20. There will be no registration the day of the event. Late registration will be accepted only at the Parklawn Bldg. on Apr. 27, 9 a.m.–1:30 p.m. in Conf. Rm. J.

For updated information on the event, call the Parklawn Classic Hotline, 443-1918.

NHLBI Seeks Obesity Patients

The Hypertension-Endocrine Branch, NHLBI is seeking patients with obesity and hypertension to be enrolled in a 12-week program to evaluate the effects of dietary weight reduction, without medication. Patients will continue to be followed in association with their primary physicians.

If you are overweight (more than 15 lbs. over ideal body weight), with diastolic blood pressure exceeding 90 mm Hg, but without diabetes or kidney failure, call Dr. James Chan, or Joan Folio, 496-3244.

Dr. Susan Boehm (l) confers with Dr. T. Franklin Williams, NIA director, and Dr. Ada Sue Hinshaw, NCNR director, following her keynote address at the first NCNR Distinguished Scholar Seminar.

Pam Correll, NINCDS, enjoys her lunch break by basking in the sun.

James Stamatis, an NHLBI patient from Long Island, N.Y., takes timeout from his tests to enjoy a little sun.

Pam Correll, NINCDS, enjoys her lunch break by basking in the sun.
Breaking Up Is Not Hard To Do

Shock Wave Lithotripsy Recommended for Kidney Stones

By Bill Hall

A machine that uses shock waves to destroy kidney stones has dramatically improved the treatment of this disorder, eliminating the need for surgery in most patients.

Shock wave lithotripsy, in use in the United States since 1984, is effective and less risky than open surgery and should be the treatment of choice for most patients with small stones. A panel of experts made this recommendation at the NIH Consensus Development Conference on the Treatment and Prevention of Kidney Stones held Mar. 28-30.

In some cases, the panel recommended that lithotripsy should be used in combination with another relatively new procedure known as percutaneous nephrolithotomy. These two procedures are the result of new advances in medical technology that have revolutionized the treatment of kidney stones.

Lithotripsy was developed in West Germany and was approved by the Food and Drug Administration in 1984. Today, more than 100 lithotripters are in use in this country, and more than half a million people worldwide have had the procedure.

A patient undergoing lithotripsy is usually put under general anesthesia and is either submerged in a water bath or reclined on a water cushion. The physician then pinpoints the location of the patient's stone with ultrasound and aims the lithotripter's crosshairs at its center. Shock waves generated by the lithotripter are fired at the stone and are magnified as they travel through the water. These powerful shock waves pass through the skin and into the kidney, shattering the stone into fragments small enough to pass through the patient's urine.

Percutaneous nephrolithotomy was first used in 1976 and is more invasive than lithotripsy. A surgeon makes a slit in the patient's side through which a pencil-sized instrument is inserted directly into the kidney and up against the stones. The stones can be broken apart using hydraulic shock waves or a laser beam or can be pulled out with a small basket.

Although these new techniques have made stone removal easier, the panel emphasized the importance of preventing stones with drugs and diet. "Medical prevention is vastly superior in every way to the very best forms of stone removal," said panel chairman Dr. Frederic L. Coe, director of nephrology at the University of Chicago Hospitals and Clinics.

An estimated 1 million Americans are affected with kidney stones each year. Most of these stones are formed from crystal deposits of calcium oxalate, which accumulate in the kidney. Medications such as thiazide diuretics, which reduce the kidney's calcium excretions, have shown some success in preventing these common stones.

Stones may form in some cases because of certain excesses in a person's dietary habits. People who eat too much meat may have high levels of uric acid, while those who eat foods high in oxalate, such as spinach, rhubarb, black pepper, and nuts, may be more susceptible to forming stones. The panel said that more research is needed to determine the effects of diet on stone prevention.

Echoing the advice of most doctors, Coe recommended that stone formers drink plenty of water, a practice that can dilute the chemicals in urine and prevent stone formation. Coe added, however, that "no good studies have been done to see if hydration therapy really makes a difference. It's hard to think of water as a treatment."

At the end of the conference, the panel issued a statement setting specific guidelines for the treatment of kidney stones.

• For stones less than 2 cm in diameter, which comprise about 80 percent of cases in the U.S., lithotripsy is the treatment of choice.

• For stones larger than 2 cm, patients should be treated in a center capable of performing lithotripsy, percutaneous nephrolithotomy, and open surgery. The panel recommended that these larger stones be removed percutaneously followed by lithotripsy to shatter any remaining stone fragments. A "second look" with the percutaneous method should verify that the kidney is stone free.

• For stones in the lower portion of the kidney, percutaneous nephrolithotomy followed by lithotripsy is recommended, since lithotripsy by itself is frequently ineffective.

• For infected stones, the panel suggested the combination treatment along with drug therapy to prevent reinfection.

Because lithotripsy is relatively new and its long-term effects are unknown, the panel stressed the importance of following patients after shock wave therapy. Close followup and medical therapy are the keys to preventing stone recurrence.

This consensus conference was sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases and the NIH Office of Medical Applications of Research.

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NIH license plates are now available for Maryland drivers through the R&W Association. Cost is $8 for members of R&W; an extra $3 if plates must be mailed. To sign up for NIH tags, mail a check for $8 with your name, present plate number and phone number to the R&W Office, Bldg. 31, Rm. B1W30. One hundred people must sign on for the program to begin. Numbers will be issued on a first come basis. Only Maryland residents can apply.

Sula Katojip, a teacher at NIH's preschool, is weeding the garden while the children take their naps. The kids work in the garden and grow flowers, vegetables and herbs.