

"Still
The Second
Best Thing
About Payday"

The NIH Record

Looking Out'

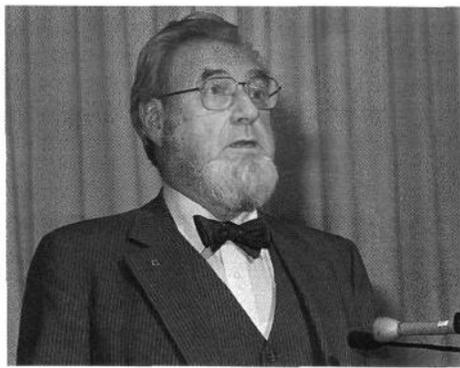
NIH Child Health Day Urges Injury Prevention Awareness

By Carla Garnett

A 2-year-old toddles one step too close to a swimming pool. A 9-year-old bicyclist crash lands after jumping a curb. A 13-year-old is suddenly jolted out of the seat of a car stopped short at a traffic light. These are three tableaux from any parent's nightmare—three unforeseen events that can have dramatically different outcomes depending on use of a few basic safety precautions: a fence around the pool, a bicycle helmet and a seatbelt.

According to national experts convened by NICHD at NIH's recent Child Health Day 1991 program, "Looking Out: Understanding and Preventing Childhood Injuries," the majority of injuries to the world's most valuable resource can be prevented by using simple common sense—"practical wisdom"—and by heightening public awareness.

"Child Health Day is a time to focus public attention on child health," said Dr. Vince



Dr. C. Everett Koop, former surgeon general and chair of the SAFE KIDS campaign, delivered the keynote address at NIH's recent Child Health Day.

Hutchins, director of the Maternal and Child Health Bureau of the Health Resources and Services Administration, in opening remarks. It is a time to evaluate successes, he said, citing the most significant decline in a decade of the infant mortality rate and noting that American children are healthier than ever.

"But Child Health Day is also a time to assess problems in child health," he said. "More children are living in poverty than they have in decades. Injuries—most of which are preventable—are the most significant health problem of American children." Injury is the number one killer of children and adolescents ages 19 and under.

The correlation between childhood injury, poverty and other societal factors was emphasized by other speakers, as well. DHHS secretary Dr. Louis Sullivan said such medical advances as vaccinations and the development of antibiotics, which brought dramatic im-

(See **CHILD HEALTH**, Page 4)



Letting their faces show the exuberance with which NIH kicked off its annual Combined Federal Campaign, these women launch the campus walk portion of the Oct. 10 festivities. See coverage on pp. 6-7.

NIH Pioneers Cancer Vaccine Using Gene Therapy

By Susan Jenks

Physicians at NIH on Oct. 8 for the first time used gene therapy in an attempt to immunize a terminally ill patient against his own cancer.

Human use of the therapy began less than 24 hours after the NIH recombinant DNA advisory committee (RAC) granted Dr. Steven A. Rosenberg, the leader of the NIH team, permission to genetically alter a patient's own tumor cells to enhance their vulnerability to immune system attack.

Following the RAC decision, NIH director Dr. Bernadine Healy gave final approval for the study to begin. "The study's novel vaccine strategy will pioneer a new approach to gene therapy in cancer," she said.

Rosenberg, chief of NCI's Surgery Branch, emphasized that the new strategy "is still highly experimental, and not available or ready for general use."

In the first patient, physicians surgically removed a small piece of tumor and, through recombinant DNA technology, modified a retroviral vector to transport the gene for a potent antitumor toxin, tumor necrosis factor (TNF), into the tissue. The recombinant mixture was then injected into the patient's thigh where, after 3 weeks, lymph nodes in the area will be removed to obtain white blood cells or lymphocytes, which investigators know from animal models are the richest in antitumor activity. After culturing and expanding them in the laboratory, these cells will be returned to the patient, a 46-year-old man.

By genetically priming tumor cells to pump out large quantities of TNF, Rosenberg and the NIH team hope to hasten their immune-mediated destruction. The extra TNF secre-

(See **VACCINE**, Page 8)

NCI Stay-in-Schooler Discovers Translocation of Cancer Gene

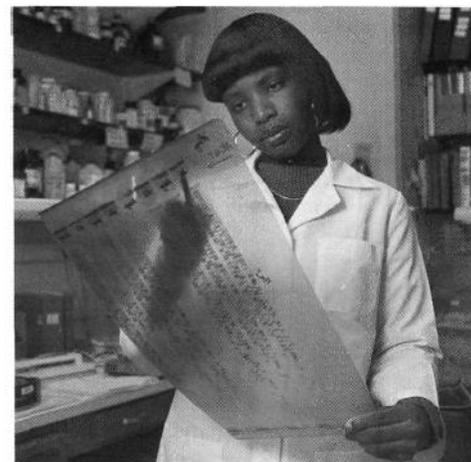
By Frances X. Mahaney Jr.

A 20-year-old Howard University student working part-time at the National Cancer Institute has discovered a novel translocation involving a cancer gene.

Monica L. Riley, a 4th-year microbiology student working in the immunophysiology section of NCI's Metabolism Branch, made the discovery after more than a year of painstaking work using Southern blot analysis to map the site of this previously undescribed translocation.

Speaking recently before the American Federation for Clinical Research in New York City, Riley said the translocation occurred at breakpoints along the long arms of chromosomes 22 and 8 near the 5 prime region of the myc oncogene. The myc oncogene is one of

(See **RILEY**, Page 2)



Monica Riley

RILEY

(Continued from Page 1)

several major classes of genes that have been recently implicated in cancer pathogenesis.

Previously, translocations of this nature have been found near the 3 prime end of the myc oncogene on the long arms of chromosomes 8 and 14 and 8 and 2, said Dr. David L. Nelson of NCI's Metabolism Branch.

Riley made her discovery while examining the cells of a 29-year-old woman with intestinal lymphangiectasia, a disease first characterized in 1961 by NCI researcher Dr. Thomas A. Waldmann that results in immunodeficiency and cancer from the loss of serum proteins and T-cell lymphocytes into the gastrointestinal tract.

The patient, who had been immunosuppressed since childhood and was treated at NIH for almost three decades, developed a lymphoma (a cancer arising from the lymphatic system) and died.

Riley said the case "is of particular interest since it occurred with a tumor which resembles that found in patients with AIDS." The patient was tested for HIV and Epstein-Barr virus infection, but no evidence of viral infections was found.

"More than likely, the translocation probably was the cause of the patient's lymphoma," Nelson said. "It simply deregulated the myc gene."

According to Waldmann, who now heads the Metabolism Branch, of the 50 NIH patients with intestinal lymphangiectasia, only three previously developed cancer. In these cases, malignancies occurred approximately 3, 22, and 25 years after the immunodeficiency was diagnosed.

At the urging of colleagues Dr. William D. Schwietzman of NIAMS and Nelson, Riley says she spent most of her spare time reading "everything I could possibly find about intestinal lymphangiectasia and lab techniques, hoping to sort out the answers to the lab problems that were confronting me."

To Riley, who lives in Capitol Heights, Md., working in a lab at NIH was a "dream come true," she says. "I've always wanted to be a pediatrician, ever since the 8th grade."

But her newfound experiences in the lab have put her in "a quandary since I don't know now what I would enjoy more, being a clinician or working in the lab. Maybe," she says, "I can someday do both." □

Biomedical Meeting Calendar

The 1991-92 Calendar of Biomedical Meetings and Events, which includes meetings sponsored by NIH as well as those of major medical societies and biomedical research associations, is available from the Division of Public Information, OD. To obtain a copy, call Betty Riley, 496-8855. □

Career Day Planned, Nov. 7

The NIH Career Day program, sponsored by the Division of Equal Opportunity and the NIH advisory committee for women, will be held on Nov. 7 from 11 a.m. to 2 p.m. in Lipsett Amphitheater and the Visitor Information Center, Bldg. 10. The theme is "Discover Your Options . . . Achieve Success."

The program is designed to provide NIH employees with knowledge about career development, occupational series, educational programs, and employee benefits, as well as an opportunity to network with members of professional organizations. Representatives will include NIH personnel and training specialists, employees from a broad range of occupations, and teachers from the D.C. metropolitan area schools.

Sign language interpretation will be provided. For reasonable accommodation or additional information, call Lucretia Coffey, Federal Women's Program manager, 496-6301. □



Internationally famous virologist Dr. Michael B.A. Oldstone of the Scripps Clinic and Research Foundation, La Jolla, Calif., discussed persistent viruses of the nervous system during the annual Kotz Lecture at a recent NINDS grand rounds. Experiments in Oldstone's lab have shown that nerve cells can provide a "safe house" for some viruses. Oldstone outlined a possible mechanism by which viruses can survive for long periods in an animal without provoking an attack by the immune system. Normally, the immune system identifies infected cells by the presence of target proteins expressed with histocompatibility molecules on the cell surfaces and then removes these infected cells from the body by killing them. Since nerve cells normally cannot be replaced once destroyed, it is to the animal's advantage to protect these cells even if their function is compromised. Neurons in the central nervous system, therefore, may fail to generate identifying histocompatibility proteins when infected with some viruses and thereby become resistant to fatal attack by the immune cells.



Marilyn Quayle, wife of the vice president, is greeted by NIH director Dr. Bernadine Healy in the lobby of Bldg. 1. Quayle received briefings and toured laboratories and clinics at NIH as well as the Children's Inn during a recent all-day visit.

Study Subjects Wanted

Earn up to \$230 for participating in a study to determine drug preference. Volunteers must be male, between 21 and 40 years old, right handed, in good health, and not active-duty military. Requires three to four mornings a week for 10-15 minutes between 8:30 and 10 a.m., for a total of 3 weeks. Call 295-0972 for more information. □

The NIH Record

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NIH Record Office
Bldg. 31, Room 2B-03
Phone 496-2125
FAX 402-1485

Editor
Richard McManus

Assistant Editor
Anne Barber

Staff Writer
Carla Garnett

Editorial Assistant
Marilyn Berman

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Correspondents:
CC, Karen Riedel
DCRT, Anne P. Enright
DRG, N. Sue Meadows
FIC, Louise Williams
NCI, Patricia A. Newman
NCHGR, Leslie Fink
NCNR, Esther McBride
NCR, Polly Onderak
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Drug Adds Time to Lives of AIDS Patients

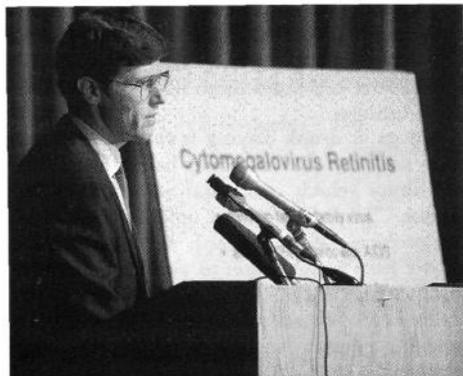
Results from a large, multicenter clinical trial show that patients with AIDS treated for cytomegalovirus (CMV) retinitis, a serious eye infection, with the antiviral drug foscarnet lived longer than those who received the standard treatment for CMV retinitis, ganciclovir. CMV retinitis is a potentially blinding disease of the retina that affects about 20 percent of people with AIDS.

Trial results show that foscarnet and ganciclovir were equally effective in halting the progression of CMV retinitis and preserving vision in patients newly diagnosed with the eye disease.

The Foscarnet-Ganciclovir Cytomegalovirus Retinitis Trial, a randomized, multicenter clinical trial, is supported by NEI and was conducted in collaboration with the AIDS Clinical Trials Group sponsored by NIAID.

These findings were presented Oct. 21 at an NEI press conference in Masur Auditorium that was attended by various print and broadcast journalists.

NIH director Dr. Bernadine Healy, who participated in the press conference, praised the study and encouraged the rapid dissemination of its findings to health professionals and

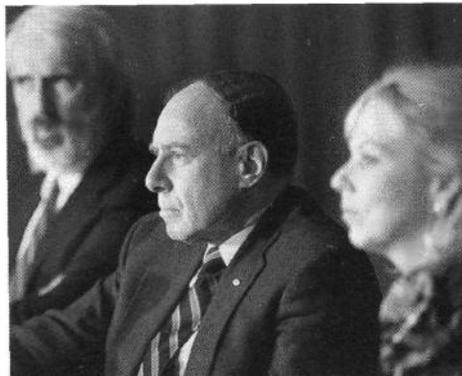


New clinical trial findings are presented at the NEI news conference by Dr. Douglas Jabs, associate professor of ophthalmology and medicine at Johns Hopkins School of Medicine and chairman of the Coordinating Center for Studies of the Ocular Complications of AIDS.

the public. "The findings from this National Eye Institute-supported, multicenter clinical trial," she said, "represent an important step forward in the treatment of a devastating eye infection that causes blindness among many patients with AIDS."

According to Dr. Douglas Jabs, associate professor of ophthalmology at Johns Hopkins School of Medicine and chairman of the study, "These results suggest that, for many patients with AIDS and CMV retinitis, foscarnet may be a better initial treatment than ganciclovir."

After the development of CMV retinitis, patients with AIDS have a life expectancy of about 8 months. In this study, patients taking



Questions from the media are addressed by (from l) Dr. Curtis Meinert, professor of epidemiology at Johns Hopkins School of Public Health and director of the Coordinating Center for Studies of the Ocular Complications of AIDS; Dr. Carl Kupfer, NEI director; and Dr. Bernadine Healy, NIH director.

foscarnet lived an average of 12 months, 4 months longer than patients taking ganciclovir. The difference in mortality between patients treated with foscarnet and those treated with ganciclovir cannot be fully explained by the differential use of zidovudine (AZT) or other antiretroviral drugs by patients in these treatment groups. Nor could the difference in survival between study patients treated with foscarnet and those who received ganciclovir be explained by variations in disease severity between the two patient groups at the time they entered the study, or to other chance factors.

AZT generally cannot be taken in full doses concurrently with ganciclovir because both drugs have the side effect of suppressing the production of white blood cells. In the past, this incompatibility has forced AIDS patients with CMV retinitis to choose between taking ganciclovir to try to save their vision or opting to take AZT in the hope of prolonging their lives. Foscarnet is less likely to suppress white blood cell production and therefore can be taken concurrently with AZT.

It is possible that improved survival in patients taking foscarnet could be a combined effect of foscarnet and AZT against HIV, as some laboratory studies have suggested, according to Dr. Curtis L. Meinert, professor of epidemiology at Johns Hopkins School of Public Health and director of the study's coordinating center. However, he cautioned that the results of this study are only applicable to people with AIDS who have CMV retinitis.

Dr. Carl Kupfer, NEI director said, "The findings from this study underscore the importance of conducting randomized, controlled trials that compare treatments for the ocular complications of AIDS, and the importance of collaboration between ophthalmologists and infectious disease specialists."

While study patients taking foscarnet generally lived longer than those taking ganciclovir, in a small group of patients who entered the study with decreased kidney function, those taking ganciclovir lived longer.

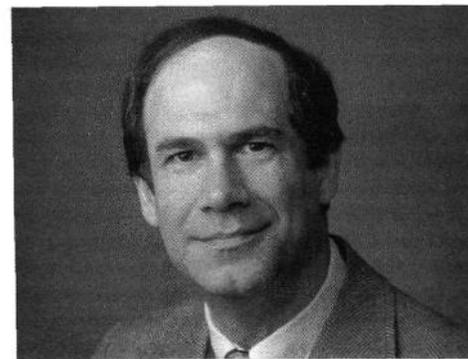
The study's Policy and Data Monitoring Board—an independent group of physicians, biostatisticians and ethicists—recommended on Oct. 7 that the treatment protocol for the trial be suspended, and that study investigators and patients be notified of the findings. Where medically appropriate, study patients will be offered an opportunity to switch from ganciclovir to foscarnet. Foscarnet was recently approved by the Food and Drug Administration for the treatment of CMV retinitis.

Because of the important implications of these results, NEI and study investigators decided that they should be released to the public prior to publication of a detailed scientific report in a medical journal. A clinical alert describing these findings was recently sent to more than 40,000 physicians and others who care for patients with AIDS. □

FAES Holds 'Open Season'

The FAES Health Insurance Program will hold its "open season" from Nov. 1 to 29. The program is open to: visiting fellows, full-time NIH employees who are not eligible for government plans, and for full-time special volunteers and guests researchers. Open season is for those who did not enroll when first eligible and for current subscribers who want to make changes.

FAES is offering two programs this year: Blue Cross/Blue Shield Preferred Advantage and M.D. IPA, a health maintenance organization. Information about rates and benefits, which will be effective Jan. 1, 1992, may be obtained from the FAES business office, Bldg. 10, Rm. B1C18. □



Dr. Mark Hallett, clinical director and chief of the Medical Neurology Branch, NINDS, was recently elected president of the American Association of Electrodiagnostic Medicine. The AAEM is the largest clinical neurophysiology association in the United States. Hallett's 1-year term began recently at the AAEM meeting in Vancouver, B.C.

CHILD HEALTH**(Continued from Page 1)**

provement to child health early in the century, cannot cure what ails the nation's children today.

"Car crashes have replaced smallpox as the leading child health menace," he noted. "Homicide, suicide, child abuse and neglect—these are the bellwether childhood diseases of the nineties."

Sullivan said that while the financial effect of last year's childhood injuries and deaths can be estimated, the true impact of losing 22,426 of America's future scientists, teachers, police officers and fire fighters can never be measured.

"There are no vaccines against drowning or fire and seatbelts can't protect innocent children from stray bullets," he said. "We're raising a generation of shell-shocked children. This ecology of violence takes its toll. The single greatest risk factor for poor child health is poor parenting."

Dr. Gail Wilensky, administrator of the Health Care Financing Administration, said her agency, which administers among other federal health programs, Medicaid, has made the health of the nation's children its top priority.

"Almost half of the 24 million people on Medicaid are children," she said. "Medicaid's periodic screening and diagnostic and treatment program is the nation's largest and most comprehensive child health program."

Keynote speaker Dr. C. Everett Koop, former surgeon general and chair of the National SAFE KIDS Campaign, began his address by listing his qualifications as an expert.

"I could come to you wearing about five hats that make me an acceptable speaker on injury," he quipped. "I come as a former pediatric surgeon who witnessed the needless suffering of children and their families caused by preventable injuries. I come as a former surgeon general whose only real job was to inform the public about things affecting their health. I also come as a father of four who struggled with raising children injury-free and now a grandfather of seven who continues that struggle amidst new and approved booby traps. And I also come as chair of the SAFE KIDS campaign."

Each year more than 17,000 children are killed and 30,000 more are permanently hurt as a result of unintentional, but largely preventable injuries, he said. "Safe kids are no accident," he continued, invoking a recent SAFE KIDS campaign slogan and recalling true stories of several pediatric casualties—a child victim of a choking incident, a helmetless bicyclist who is now a brain-damaged grade schooler, and a 16-year-old new driver who died while driving without a safety belt.

"We all know that these injuries should not have happened," Koop said. "No one believes



Dr. Vince Hutchins, director of the Maternal and Child Health Bureau, opened this year's Child Health Day program, which featured several panels of national experts in the field of pediatric health.

these tragedies will happen to them, but they do [happen] and they do so everyday."

Lifetime cost of injuries in the United States of persons ages 19 and younger is estimated at \$13.8 billion, he said, but the cost in human suffering is immeasurable. "We can't afford it, not financially and not emotionally."

Aside from Koop's keynote address and panel discussions by national experts on childhood injury, the Child Health Day program featured the NIH debut of *It Can't Happen to My Child: Understanding and Preventing Childhood Injury*, a 15-minute videotape that highlights several statewide efforts to reduce specific childhood injuries in various U.S. regions.

For example, in Arizona, home of the nation's largest Navajo Indian reservation, motor vehicle accidents are the number one killer of Navajo children under age 14.

Investigations into the reasons behind the disproportionate number of Navajo child deaths found that seatbelt and child safety seat use among the ethnic group was disproportionately low—14 percent compared to a national average of 80 percent. Cultural and economic factors explained the large difference. "People have little money, large families and a long way to travel to get anywhere," the narrator said. The majority of Navajo families do not have child safety seats and do not make use of other child-restraint devices.

A child-restraint law focusing on enforcement and education has helped raise use of car safety equipment by Navajos to 21 percent; the goal is 50 percent. A successful child safety seat "free loaner" project by the Navajo Highway Safety Program has made the goal realistic.

Motor vehicle crashes in the U.S. kill more children and adolescents and result in the third highest rate of hospitalization and emergency room visits. Car accidents account for

the largest number of years of life lost before the age of 65 and cost more than any other childhood injury. "Seatbelts and child safety seats do save lives," Koop said, "but only when they are used and only when they are used correctly."

Almost half of childhood deaths by injury occur in children under age 14. After traffic deaths, burns and drownings are responsible for the most deaths and serious injuries among young people—especially infants and toddlers. "At this early age they are not aware of potential dangers and they are too helpless to protect themselves," Koop said.

House fires take the lives of 1,200 children each year and 65 percent of those are under age 4. "When you realize that 96 percent of child fire deaths occur in homes without working smoke detectors," he said, "you recognize the real prevention potential."

More than 1,200 children—more than half of whom are preschoolers—drown every year. Bicycle accidents account for 400 childhood deaths annually, most involving collision with a motor vehicle. Seventy-five percent of all cyclists' deaths involve head injury, which is largely preventable by wearing a helmet. Bike helmets reduce the risk of head injury by 80 percent.

Nine thousand injury-related childhood deaths occur in adolescents. Traffic injuries are responsible for the majority: Adolescents age 15 to 19 are ten times more likely to die in motor vehicles.

"Drugs or drunk driving is the culprit," Koop said, noting that about half of adolescent motor vehicle crash fatalities involve alcohol. "Trauma is almost uniquely an American problem. We play hard, we work hard and we have an addiction to violence on television, which has to increase our trauma."

Americans, he noted, persist in calling most avoidable injuries "accidents," seemingly accepting them with a kind of fatalism.

"The current data show injuries occur in highly predictable patterns that are controllable," concurred Dr. Walter Dowdle, deputy director of the Centers for Disease Control. "Such data are crucial in setting priorities for federal programs."

Sullivan, who presented statistics suggesting parents spend 40 percent less time with their children today than in 1945, said federal programs are not enough.

"Our children need to be loved, guided and protected by parents, family, neighbors and community and religious leaders," he concluded. "We now realize that most injuries aren't caused by random fate, but are predictable and preventable. This message must reverberate through thousands of voices in local communities for it to truly take root in the heart of America." □

NIH Holds International Aging Conference

A major international conference on "Aging—The Quality of Life" will be held in Washington, D.C., Feb. 10-12, 1992, as part of the commemoration of the Quincentenary of Christopher Columbus' epic voyage to the Americas.

The conference, at the Omni Shoreham Hotel, will bring together world renowned experts in biomedical and behavioral science to address our current understanding of aging and age-related changes in the human body in an interdisciplinary manner. The conference should be of the greatest interest to scientists, public health officials, policy makers, and the general public.

The Christopher Columbus medical sciences committee of NIH has organized the conference in conjunction with several NIH institutes, the Food and Drug Administration, and the Italian National Research Council.

"In 1492, Columbus' bold convictions changed the map of the world and laid groundwork for new concepts in science, commerce and politics," said Dr. George Galasso, chairman of the NIH Columbus committee, an official component of the Christopher Columbus Quincentenary Jubilee Commission, a presidential commission established by Congress to coordinate celebration activities.

"Five hundred years later, the spirit of discovery is inspiring scientists to explore uncharted waters in biomedical science," Galasso added. "Men and women are embarking on exciting research in molecular biology and genetics that provides hope for improving the quality of long lives in the future."

Among the topics to be discussed are general concerns of an aging population and specific areas such as Alzheimer's disease, cardiovascular diseases, osteoporosis, speech, language, incontinence, nutrition and cancer.

"From neonatal to geriatric research, we will look at where the future is in biology as well as in sociology," Galasso said.

A banquet will be held on the evening of Feb. 11. Presentation of special Christopher Columbus Discovery Awards to outstanding scientists in biomedical research will be the highlight of the banquet.

The Foundation for Advanced Education in the Sciences at NIH has designated this continuing medical education activity for 21.5 credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association.

Registration for the 3-day conference is \$200 paid in advance or \$250 on site. Early registration of \$150 has been extended to Dec.

15. Those interested in program and registration information should contact: Suzanne Kuntz, 655 15th St., NW, Suite 300, Washington, DC 20005, tel: 202-639-4524, fax: 202-347-6109. □

Annual Leave: Use or Lose

Annual leave in excess of the maximum carryover balance (in most cases 240 hours) is normally forfeited if not used by the end of the current leave year. Employees who have not already planned to take their excess hours of annual leave should discuss their leave plans with individual supervisors now while there is still time to schedule it. The biweekly Earnings and Leave Statement (pay stub) tells how much annual leave must be used so that it will not be lost when the leave year ends on Saturday, Jan. 11, 1992.

In spite of planning, circumstances sometimes arise that prevent taking leave that has been scheduled and approved earlier during the leave year. In such cases, employees and their supervisors are jointly responsible for ensuring that any "use or lose" leave is rescheduled in writing. This year, use or lose leave must be scheduled in writing not later than Saturday, Nov. 30, 1991. □

Pancreatic Duct Cell Is Baltimore Conference Theme

Pancreatic duct cell physiology and pathophysiology was the focus of a conference held recently in Baltimore and sponsored by NIDDK, NCI, NIDR, NIAAA, and the American Gastroenterology Association.

"Duct cells are a neglected but important part of the pancreas," said Dr. Sarah Kalsner, a meeting organizer at NIDDK. "Compared to acinar and islet cell functions, duct cell functions really have not been studied a lot, because techniques to study them have just recently evolved."

The meeting was attended by about 100 investigators from the United States, England, Canada, Germany, Norway, and Israel. Topics discussed included the anatomy of the pancreas, lacrimal, and bile ducts; development of pancreatic duct epithelium; immunologic markers of duct cells; primary cell cultures and cell lines; fluid secretion and other ductal functions; and diseases of the ductules.

"Duct cells have been difficult to separate and study from the whole gland," Kalsner said, "because duct cells represent only about 10 percent of the adult exocrine pancreas." The exocrine pancreas secretes digestive enzymes like amylase, lipase, and trypsin. Recently investigators have been able to develop methods of studying digestion combined with microdissection, allowing them to isolate pancreatic ducts of small size (about 50 micrometers). Using micropuncture, they are

now able to collect and assay fluid secretion, to measure potential gradients, and to raise antibodies to the duct cells. These methods enable scientists to explore differences in duct cell functions in various disease states.

Researchers are studying the growth and differentiation of ducts into acinar (enzyme-secreting) cells. Under certain conditions, acinar cells in culture can convert back to the more primitive duct cell, which could be the origin of pancreatic cancers.

Researchers at the meeting also presented reports comparing the physiology of biliary

ducts and salivary ducts to pancreatic cells. "It's most interesting," said Kalsner, "that diseases involving other systems—Sjogren's syndrome involving the salivary ducts and primary biliary cirrhosis involving the bile ducts—also show involvement of the pancreatic ducts." She said a summary of the meeting will be published in the journal *Pancreas* and that an announcement for applications soon will be issued by NIDDK's Liver and Biliary Program to stimulate more research in the area of pancreatic ducts.



Dr. Sarah Kalsner (c), director of NIDDK's Liver and Biliary Program, meets with members of the committee that organized the recent conference on pancreatic duct cell physiology and pathophysiology. They are (from l) Dr. Sherwood Githens, professor of biological sciences, University of New Orleans; Dr. Daniel S. Longnecker, chairman of the department of pathology, Dartmouth Medical School; Dr. Barry Argent, professor of physiology science, University Medical School, Newcastle-Upon-Tyne, U.K.; and Dr. John A. Williams, chairman of the physiology department, University of Michigan Medical School. Not shown is Dr. Raymond A. Frizzell, professor of physiology and biophysics, University of Alabama, Birmingham.



The marching band and majorettes from Thomas Wootton High School in Rockville lent their talent and enthusiasm to the kickoff, which took place under peerless autumn skies.

CFC Kickoff Propels NIH'ers T

The Combined Federal Campaign for 1991 will have to be no better than the day on which it was kicked off to be a rousing success. A brilliant fall day marked by rousing speeches, thunderous marching bands and good-natured commingling and competition got the annual charity drive off to a great start on Oct. 10.

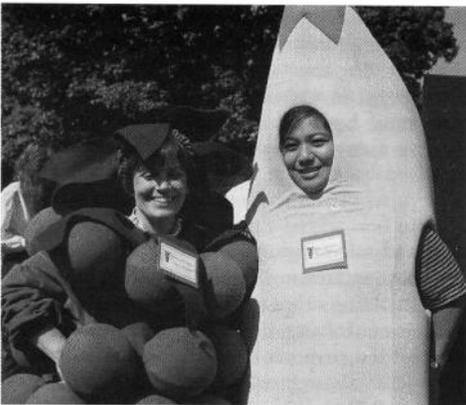
This year, employees are asked to reach a very tough goal—\$839,000. Last year, under the threat of furloughs, NIH'ers responded with a magnificent display of generosity. Authorities are counting on that same spirit to help reach the new goal.

Among the day's speakers were acting NIA director Dr. Gene Cohen, who delivered a Lincolnesque address (see text this page), and Tom McFee, the assistant secretary for personnel administration, HHS, who had a humorous tale to relate:

While recuperating in Suburban Hospital from a fall sustained while painting his house last year, McFee was visited by an NIH CFC delegation who presented him with a kickoff T-shirt and cap. A few weeks later, the hospital suddenly told him that he had passed his rehab regimen and should go home.

"Since all my clothes were cut off, all I had to wear was my hospital gown and a pair of gym shorts I wore to rehab," he recalled. "Then I spotted the NIH CFC T-shirt and hat you so kindly provided, so I limped out of the hospital wearing my CFC hat and shirt, thanks to you, NIH."

A large number of employees who turned



'The Shannon Building Address'

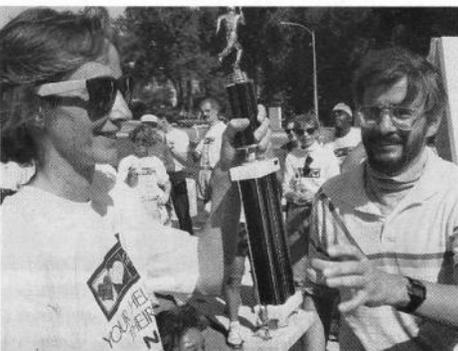
By Dr. Gene Cohen

Four score and 7 hours ago, our Department brought forth on this campus a new notion, conceived in philanthropy, and dedicated to the proposition that all NIH'ers are created charitable.

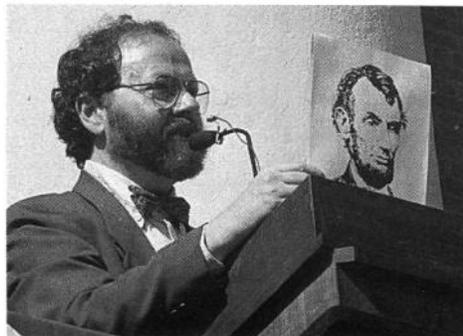
Now we are engaged in a great CFC campaign, testing whether this agency or any agency so conceived and so dedicated can long donate. We are met on the great campus of that agency. We have come to commence a portion of that campaign as an initial requesting-place for those who here will give their dollars, and encourage others to do so, that this agency might make its CFC goal.

It is altogether fitting and proper that we should do this.

Milling through the crowds of NIH'ers who turned out for the CFC kickoff on Oct. 10 were representatives of some of the organizations eligible for CFC funds this year. Here, some "fruits" representing the American Institute for Cancer Research pose for a picture.



Peter Pentchev, a race coordinator with Health's Angels, presents Pat Earl with a trophy recognizing her first-place finish in the category of women age 40 and over.



NIA acting director Dr. Gene Cohen gave a Gettysburg-ized version of the annual CFC kickoff address; he termed his remarks, patterned after Abe Lincoln, the "Shannon Building Address" (see text on this page).



Runners including Dr. Harry Mahar (r, foreground) of the 5,000-meter run that kicked off the CFC on Oct. 10.

ward Record Fundraising Goal

out to watch the parade down Center Drive were treated to musical selections by marching bands and majorettes from Wheaton High School and Thomas Wootton High School. Also on hand was a color guard from the National Naval Medical Center, the Baltimore Orioles "Bird" and lighthearted members of the Kapitol Klowns.

A 5,000-meter run and a mile walk offered the more active employees a chance to work out together while lunches from Jerry's Sub Shop gave others a good excuse to meet and eat outdoors.

The annual CFC raffle saw a number of proud winners walk away with the following prizes: Char-Dell Skinner won a 20-inch stereo color TV donated by Geico; Belinda Drakeford won a weekend at the Fenwick Inn in Ocean City, Md.; Stephen Hill won Washington Capitals hockey tickets and a "fan pack"; and Pam McColla took home Cineplex Odeon movie tickets.

Speakers throughout the day echoed the theme printed on this year's CFC t-shirt: "Your Help Is Their Hope." NIH'ers are reminded that several of the charities eligible for CFC funds are right under their noses: the Children's Inn at NIH, Special Love Inc. (which runs Camp Fantastic each August for NCI pediatric patients), the Friends of the Clinical Center (which supports the Patient Emergency Fund) and ChildKind Inc. (the campus infant care facility). Give heartily to the charity of your choice.



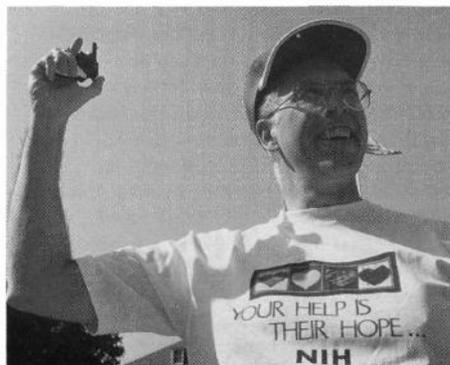
bolt from the starting line on Center Dr. at the outset
10.



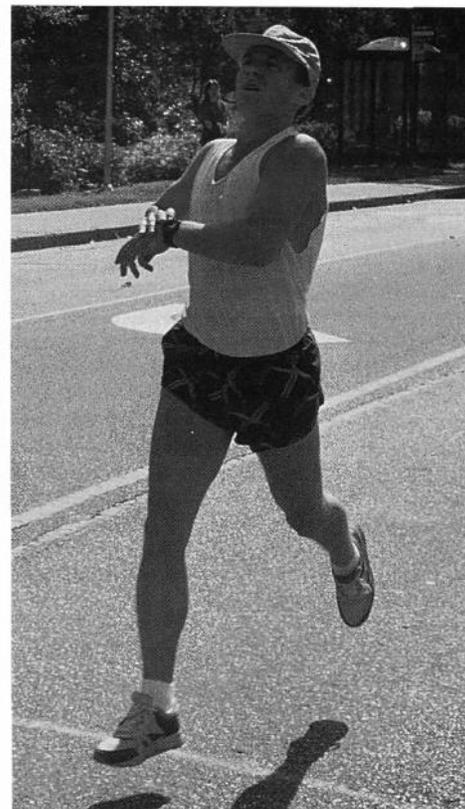
Top placers in the annual 5K run, sponsored by NIH's Health's Angels, show off their hard-won hardware. They are (front, from l) Carl Roth, Bob Brunner, Alison Wichman, Ann Mabony and Pat Earl. At rear are (from l) John Kusek, Sharon Nieberding, Darlene Fisher, Pierre Savagner, Mary Saah and Bill Elzinga. Not shown is the day's fastest runner, Richard Crowley.

1991 CFC Kickoff 5K Race Results

<u>Name</u>	<u>Overall Place</u>	<u>Time</u>
<i>Men, 39 and Under</i>		
Richard Crowley	1	16:59
Bob Brunner	2	17:49
Pierre Savagner	3	17:53
<i>Men, 40 and Over</i>		
John Kusek	5	18:14
Carl Roth	8	18:40
Bill Elzinga	9	19:28
<i>Women, 39 and Under</i>		
Alison Wichman	22	21:30
Darlene Fisher	32	23:06
Mary Saah	33	23:26
<i>Women, 40 and Over</i>		
Pat Earl	39	24:09
Ann Mahony	55	26:05
Sharon Nieberding	63	28:25



NIH deputy director Dr. William Raub, adorned with this year's colorful CFC T-shirt, raises a sidearm to start the annual 5K race through campus.



Racer Bob Brunner crosses the finish line in a time of 17:49, which was good for second place overall in the 5K.

VACCINE*(Continued from Page 1)*

tions, Rosenberg said, should stimulate lymphocytes at the tumor site and attract other lymphocytes from elsewhere in the body to help recognize preexisting antigens or proteins that sit on the surface of cancer cells and identify them as "foreign."

The injection of a substance associated with a disease—in this case, cancer—to boost the body's natural immune response to that disease, is common to all immunization strategies. Several studies in mice have shown that mice treated with genetically altered tumor cells have tumors that grow for a short time, then spontaneously regress and disappear, leaving the mice immune to the tumor. Investigators hope to achieve a similar response in humans.

Rosenberg's NIH collaborators in the current study include Dr. W. French Anderson of NHLBI; and Drs. R. Michael Blaese, Patrick Hwu, and John Yannelli, all of NCI.

Testing of the experimental two-stage immunization required approval from a number of regulatory bodies and from the NIH director before it could be used in cancer patients who had failed all other treatments. Because the vaccine is a sophisticated new form of drug delivery, approval from the Food and Drug Administration was also required.

Although the first patient has widespread metastatic melanoma, a stage of skin cancer for which there is no effective treatment, the RAC also approved the therapy for patients with advanced colorectal and renal carcinomas. Permission was received to treat five patients with each type of cancer before reporting information back to the RAC.

Eventually, patients with advanced breast cancer may be considered as candidates for the treatment as well. The RAC also gave Rosenberg and his coworkers the option of augmenting patients' tumors with a gene for interleukin-2 (IL-2), another powerful immune substance with proven antitumor activity.

The vaccine trial is the second protocol this year under which Rosenberg and his coworkers have attempted to treat a cancer, using gene therapy. In January, the NIH team extracted lymphocytes called tumor infiltrating lymphocytes (TILs) from a melanoma patient's tumor and inserted the gene for TNF into these cells. TILs are a highly specialized population of lymphocytes, which studies have shown migrate to melanoma sites, and in animals, can destroy tumors. These cells were first discovered by Rosenberg's team in 1986.

So far, four melanoma patients have been treated with gene-modified TILs. This work is proceeding, but it is considered too soon to assess the results of this approach.

In the protocol begun Oct. 8, Rosenberg said, direct immunization will be followed 3 weeks later by removal of lymph nodes near

the immunization site to harvest immune cells there and to excise any tumors that might have formed. Presumably, the cells in this region will be the most potent antitumor fighters the body has to offer—"perhaps even more powerful (lymphocytes) than TILs," Rosenberg said.

Rosenberg described the recombinant vaccine work as "highly experimental" and an extension of his ongoing efforts over the past decade to harness cancer's unruly growth through a new class of approaches, known as immunotherapy. In 1985, Rosenberg was the first to describe the antitumor effects of interleukin-2 in cancer patients. In 1989, Rosenberg's team was the first to gain approval to introduce foreign genes into humans. Those studies introduced a "marker" gene into lymphocytes used to treat cancer.

Unlike standard cancer treatments such as chemotherapy and radiation, which can affect healthy as well as diseased cells, immunotherapies are far more specific, working with the body's immune system to attempt to wipe out cancerous growths, while sparing healthy cells. Also called cell transfer therapies, these approaches seek to "educate" immune system components through molecular manipulations in the laboratory to become better cancer killing agents.

"Gene therapy approaches to cancer have exciting potential," Rosenberg said. "Our challenge is to figure out how to use gene therapy to help patients with cancer." □

NCI-FCRDC Hosts Health Fair

The National Cancer Institute's Frederick Cancer Research and Development Center recently held its first annual Health and Safety Fair, conducted by the occupational health services and safety divisions of the environmental control and research program. The goal was to increase health and safety awareness and provide tips to be used at home and in the workplace. The fair was a success as more than 800 people participated.

Dr. Werner Kirsten, associate director of the NCI-FCRDC, gave opening remarks and a formal welcome. More than 45 vendors, volunteer organizations and health professionals contributed to the success of the event. Comprehensive health screening programs including health assessment, hearing, blood pressure, cholesterol/triglyceride profile, diabetes, and stress assessment were provided. Lines began forming early in the day for body fat analysis.

Speakers addressed important health and safety topics throughout the day from clues to prevention of cancer and recognition of early warning signs, to abuse and rape prevention techniques, to the latest on AIDS and Lyme disease. □

Brossi Named Scientist Emeritus

Dr. Arnold Brossi of NIDDK's Laboratory of Structural Biology will retire this month from his current research post to join the faculty at Georgetown University and become NIH scientist emeritus.

In his 40-year career, Brossi contributed greatly to the development of new antimalarial drugs. He has also researched and synthesized biologically active natural products that may prove useful in treating liver disorders, familial Mediterranean fever and Alzheimer's disease.

Prior to joining NIH in 1976, he was director of chemical research for the pharmaceutical company Hoffman-La Roche in New Jersey and then in Basel, Switzerland. He received his Ph.D. in organic chemistry from the Swiss Federal Institute of Technology



Dr. Arnold Brossi

in 1952 and has garnered many honors during his distinguished career, including fellowship in the American Association for the Advancement of Science and the New York Academy of Sciences. Last year he received the Alfred Burger Award, one of the major prizes given by the American Chemical Society.

Brossi has been editor-in-chief of "The Alkaloids" for the last 20 volumes and serves on the editorial boards of *Heterocycles* and *Medicinal Research Reviews*. Also during his tenure at NIH, Brossi has directed the research of 41 postdoctoral fellows from 17 countries and published more than 360 scientific papers.

Though he plans to continue his collaborations with several NIH researchers, Brossi said he is also looking forward to having a little more time now for his hobbies, which include collecting mushrooms in the Alps and salmon fishing in Nova Scotia. □

Dean Named GA Board Chair

Dr. Donna J. Dean has been appointed chair of the NIH Grants Associates (GA) Board for 1992. The board, which reports to Dr. George Galasso, NIH associate director for extramural affairs, is comprised of senior level NIH health scientist administrators who have broad experience within the Public Health Service and who are familiar with extramural research administration. As chair, Dean will supervise the activities of the board as it oversees the four health scientist administrator (HSA) development programs. In addition, Dr. John Diggs, NIH deputy director for extramural research, looks to the board for guidance on general matters related to extramural staff training and development.

Dean is currently chief of the biological sciences review section in the Division of Research Grants. Prior to that she was a referral officer and scientific review administrator of the general medicine A-2 study section.

She received her B.A. in chemistry from Berea College in Kentucky and her Ph.D. in biochemistry from Duke University. Following 3 years as a visiting research fellow in the department of biology at Princeton University, she came to the NIH intramural program as a staff fellow in the Clinical Endocrinology



Dr. Donna J. Dean, the chair of the NIH Grants Associates Board for 1992, confers with Dr. George Galasso (r), NIH associate director for intramural affairs, and Dr. John W. Diggs, NIH deputy director for extramural research.

Branch of the then National Institute of Arthritis, Metabolic, and Digestive Diseases.

Dean left NIH for a position as a consumer safety officer in the bureau of foods of the Food and Drug Administration. In 1982, she returned as a health scientist administrator in DRG. She has been active in numerous trans-NIH activities, including serving as chair of the STEP (Staff Training in Extramural Programs) committee in 1987. A member of the American Institute of Nutrition, the American

Association of Pathologists, the American Chemical Society, the American Association for the Advancement of Science, and the Association for Women in Science, she is frequently sought after to speak on the peer review process. In 1988 and in 1991, she received the NIH Merit Award for her role in improving professional training and supporting the scientific and administrative management of the NIH peer review system. □

Ethics Lawyers Join NIH

The HHS Special Counsel for Ethics has established a permanent office at NIH. It will be available to assist all NIH employees in dealing with important and complex issues such as outside activities, financial disclosures, and conflict of interest.

Two attorneys from HHS will staff the office. Michele Russell-Einhorn will be there on a permanent basis, and Gloria Frank will be working in the office on a temporary basis for the next several months.

Russell-Einhorn received her B.A. from Hampshire College in 1978, and her J.D., magna cum laude, from Boston College Law School in 1983. She joined the HHS Office of the Special Counsel for Ethics in January 1991. Previously, she had been assistant city solicitor for Newton, Mass., in charge of their litigation department, a litigation associate with a Boston law firm, and a law clerk for Judge Henry Green of the District of Columbia Superior Court.

Frank received her B.A., cum laude, from the University of Virginia in 1982, and her J.D. from the National Law Center at George Washington University in 1985. She has been an attorney with HHS since 1985, and has been involved with ethics issues throughout her HHS career.

Employees wishing to discuss any ethics issues with them may call 402-2576, or visit in Bldg. 31, Rm. 2B58. □

Health Benefits Open Season To Be Held, Nov. 12-Dec. 9

The Office of Personnel Management has announced an "open season" for Nov. 12 through Dec. 9 under the Federal Employees Health Benefits Program (FEHBP). During that period eligible employees may change their plan, option, type of enrollment, or any combination of these.

Please note that CapitalCare will drop out of the program after Dec. 31, 1991. Employees enrolled in CapitalCare will need to enroll in a new plan during open season or they will be without FEHBP coverage after Jan. 11, 1992. In addition, Prucare and Johns Hopkins Health Plans have merged into one plan, which will be called Prudential Health Plan of the Mid-Atlantic, and Physicians CareFirst has changed its name to Physicians Care.

In considering their options, employees should be aware that they may not be covered as an employee under their own enrollment and as a family member under someone else's enrollment in the FEHBP. Likewise, a member of one's family cannot be covered under more than one enrollment in the program.

Commissioned officers, employees serving under appointments limited to 1 year or less and intermittent employees are not eligible for enrollment in the FEHBP. However, temporary employees who have completed 1 year of current continuous employment, excluding any break in service of 5 days or less, are eligible to enroll.

Employees eligible to participate in the open season will receive a booklet entitled *1992 Enrollment Information Guide and Plan Comparison Chart*, from their personnel office. This booklet contains open season enrollment instructions, general information about the FEHBP, the major features of all plans, and general categories of coverage such as dental and vision care, outpatient and inpatient service, calendar year deductible, hospice care, etc.

The OPM this year has required health insurance providers in the FEHBP to uniformly expand coverage to include mammography screening, smoking cessation programs and a minimum lifetime benefit of \$50,000 for mental conditions. In addition, there is now a statutory limit on the amount hospitals may charge FEHBP enrollees age 65 and older who do not have Medicare. As of January 1992, hospitals may not charge these individuals more than the limits established for people who are covered by Medicare. The requirement for precertification before a hospital admission, which was instituted last year, remains in effect.

Enrollees will be mailed a 1992 brochure by their current health benefits carrier. Employees who are eligible for enrollment and are not currently enrolled or covered by a federal plan should contact their personnel office for information on the program or plan brochures.

NEI's Daniel Seigel Retires

Dr. Daniel Seigel, associate director for biometry and epidemiology at the National Eye Institute, retires Nov. 3 after 14 years with the institute.

At NEI, Seigel has been responsible for providing statistical leadership to nationwide clinical trials and epidemiologic studies of eye disease. He played a key scientific role in two of NEI's most important clinical trials: the diabetic retinopathy vitrectomy study, an investigation of the role of early surgical intervention in advanced diabetic retinopathy, and the sorbinil retinopathy trial (SRT), which evaluated the role of a specific group of drugs in slowing the complications of diabetes. The SRT involved research partners from industry, government, and universities, and has been cited as a model for cooperative clinical trials at NIH.

"NIH is a wonderful environment for a statistician," says Seigel. "The importance of statistical methods in the conduct of research is appreciated here." He cited the grand tradition set by people like Jerome Cornfield, a well-known biostatistician formerly with the National Heart Institute, that created opportunities for those who followed him.

Seigel earned his doctor of science degree at Harvard University School of Public Health. He came to work at the National Heart Institute in 1963 as a biostatistician. He then served for 10 years in the NICHD, where he became associate director for epidemiology and biometry. There he was a central figure in developing studies to evaluate risks associated with the use of oral contraceptives. His own analyses of mortality trends for thromboembolic disorders introduced new statistical techniques for estimating relative risks for



Dr. Daniel Seigel

environmental risk factors from vital statistics. At NICHD, he collaborated with Sam Greenhouse on two frequently cited papers on statistical methods in case-control studies, including the first use of logistic regression in that design. He also worked closely with Duane Alexander, now director of NICHD, to report on a national study of the safety of amniocentesis.

Seigel has served on the editorial boards of the *American Journal of Epidemiology*, *Archives of Ophthalmology*, and *Statistics in Medicine*. He is a fellow of the American Statistical Association.

In his retirement, Seigel is planning to move "down east" to Maine, where he will spend more time sailing, vegetable gardening, making ceramics, teaching English country dancing, and "shoveling snow." If time permits, he may collaborate in clinical research, something, he says, he'd have a hard time leaving.—Linda Huss □

GenBank Symposium Honors Founder, Walter Goad

Although the nucleotide sequence database known as GenBank is officially only 9 years old, it has been 15 years since a scientist at Los Alamos National Laboratory conceived of the idea for such a database. That scientist, Dr. Walter Goad, helped establish GenBank and directed its early development. He has also been instrumental in creating algorithms for analyzing and comparing sequences. The ready availability of nucleotide sequence information in GenBank has had a major impact on many areas of biological research and biotechnology.

A symposium in Goad's honor is being sponsored by NIGMS, which administers the GenBank contract, on Nov. 12 in Lister Hill Auditorium, Bldg. 38A. Scheduled to run from 12:30 to 5:30 p.m., the event will feature several outstanding scientists who depend on GenBank to achieve their research goals. The speakers will also include experts in bioinformatics.

Dr. Sidney Altman, a Nobel Prize-winning

scientist at Yale University, will give the first talk, "An RNA Enzyme With a Rapidly Drifting Sequence." He will be followed by Dr. Russell Doolittle of the University of California, San Diego, who will discuss "Comet Watching and Searching Through Databases." Next is a presentation on "Errors and Their Detection in DNA Sequences," by Dr. Richard Roberts of Cold Spring Harbor Laboratory.

The second session will feature Dr. Christian Burks of the Los Alamos National Laboratory speaking on "GenBank: A Decade of Nonlinearity," Dr. Minoru Kanehisa of Kyoto University on "Automatic Identification of Protein Sequences," and Dr. Temple Smith of the Dana Farber Cancer Institute and Boston University on "The Beginnings of a Protein Pattern Thesaurus."

Seating in Lister Hill Auditorium is limited. Reserve a space by calling 496-7309 or by sending an electronic mail message to ls@nihcu. □

Dobbin Named Ramazzini Fellow

Ronald D. "Denny" Dobbin, NIEHS program administrator, has been elected a fellow of the Collegium Ramazzini, headquartered in Carpi, Italy.

Named after the 17th/18th century Italian physician Bernardino Ramazzini, generally regarded as the founder of industrial medicine, the Collegium Ramazzini was created to advance the study of occupational and environmental health questions around the world. It also offers a bridge between the world of scientific discovery and the social and political centers that act on these discoveries to protect public health.

Dobbin manages a \$20 million-a-year nationwide NIEHS grant program that provides workers health and safety training in proper handling of hazardous materials, in both routine and emergency response situa-



Ronald Dobbin

tions. The program has reached 154,241 workers with nearly 3 million contact hours of training.

His career in industrial hygiene administration spans more than 20 years, including service with the National Institute for Occupational Safety and Health, within the Centers for Disease Control; the U.S. Congress' Office of Technology Assessment; and the U.S. Environmental Protection Agency Office of Toxic Substances. He joined NIEHS in 1988.

Dobbin is a PHS commissioned officer and a recipient of both the Public Health Service Commendation Medal and the PHS Plaque. He is a graduate in electrical engineering from the University of Idaho and graduated with a M.Sc. in occupational hygiene from the London School of Hygiene and Tropical Medicine. Dobbin is also a member and officer of the Society for Occupational and Environmental Health and the American Conference of Governmental Industrial Hygienists. □

TRAINING TIPS

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

<i>Courses and Programs</i>	<i>Starting Dates</i>
Personal Computing Training	
Welcome to Macintosh	11/7, 11/20, 12/6
Advanced Macintosh Techniques	12/13
MacWrite	11/25
Intro. to Word Perfect (Mac)	12/9
Intro. to Microsoft Word (Mac)	12/2
Filemaker PRO	12/3
MacDraw PRO	12/10
3Com PC Network-Level 1	11/19, 12/12
3Com PC Network-Level 2	11/21
Intro. to Personal Computing for New Users	11/18, 12/16
Disaster Recovery and Data Retrieval for the PC	
Introduction to DOS	11/18, 12/2
Introduction to Windows 3.0	11/25, 11/26, 12/17
Introduction to WordPerfect 5.1	12/4, 12/16
WordPerfect 5.1 — Advanced Topics	12/10
Printing With WP 5.1 and Laser Printers	11/22
Intro. to Harvard Graphics, Rel. 2.3	12/16
Intermed. Harvard Graphics, Rel. 2.3	2/7
Introduction to dBASE III+	12/3
Intermediate dBASE III+	11/29
Intro. to Paradox	11/15
Intermediate Paradox	11/22
Intro. to Lotus 1-2-3, Rel. 2.2	12/9, 1/13
Lotus 1-2-3, Rel. 2.2 — Adv. Topics	11/18
Intro. to Symphony	12/12
IMPACT System for Personnel Staff	11/13, 11/19, 12/3, 12/19
Intro. to CRISP	11/15, 12/6
Advanced CRISP	12/6

Personal Computer training is available through User Resources Center (URC) self-study courses. There is no cost to NIH employees for these hands-on sessions. Training Center, DCRT, and other training information is available on WYLBUR. Logon to WYLBUR and type ENTER Training.

DCRT Computer Training Classes

<i>Classes</i>	<i>Dates</i>
GCG Sequence Analysis on the Convex	11/12-11/14
Welcome to the NIH Computer Utility	11/12
Advances in Tissue Optics	11/13
ENTER MAIL	11/14
Convex Questions and Answers	11/18
Andrew File System	11/18
PC-DOS Advanced Topics	11/18-11/19
Network Services	11/19
Macintosh Dial-Up and Network Connectivity	11/19
BITNET	11/20
Intermediate PC-DOS	11/20, 11/22
Using MacVector	11/21
Using the Internet	11/21
Getting Started with DB2	11/21-11/26
Managing Data Effectively	11/22
Macintosh Software for the Scientist	11/25
Windows Sampler	11/26
LAN Concepts	11/26
Macintosh Networking with TCP/IP	11/27

Classes are offered by the Computer Center Training Unit, DCRT, without charge. Call 496-2339 for more information.

Course Offers Orientation to Extramural NIH

The Office of Health Scientist Administrator Development Programs (HSADP) will be presenting an NIH orientation course entitled "Fundamentals of NIH Extramural Activities" on Jan. 15-16, 1992, in Bldg. 1, Wilson Hall. The course starts at 8:30 a.m. Jan. 15, concluding at 5 p.m. on Jan. 16, with registration at 8 a.m. each day.

The course will include an overview of the types of award mechanisms, the grant referral and review processes, program administration, and the fiscal management of grants.

The number of participants will be limited to approximately 60 people. Priority will be given to program and review staff at all grade levels who are new (6-12 months) to the extramural NIH.

Course applicants (including those who are PHS commissioned officers) are to submit an HHS-350 form (Training, Nomination and Authorization) through appropriate ICD channels to the HSA Development Programs Office (Bldg. 31, Rm. 5B35). In item 10, list your complete office address, not your home address; item 14 — "no cost"; item 18, Send

Vendor's Copy to: HSA Development Programs Office, Bldg. 31, Rm. 5B35; item 20A — "8", B — "8", C — "1", D — "N/A"; be specific in items 16 and 17 and indicate how long you have been in the NIH extramural area; item 21 — "N/A" and item 22 — "9998". All other instructions are on the back of the HHS-350.

To be considered, applications must be received in the HSADP office no later than COB Nov. 22, 1991. Merely submitting an application to personnel, no matter how early, does not assure its reaching the HSADP office. It is the applicant's responsibility to see that the HSADP office receives the application by the deadline date. Applications received after the deadline will be returned without further consideration. Each applicant will be informed of the decision concerning his/her application. No one will be admitted to the course without the memo of selection signed by the codirectors.

Questions about this course may be directed to Susan O'Brien, HSADP office, 496-1736.

CRISP, Thesaurus Training Offered by Division of Research Grants

The "Introduction to CRISP" is now a 1/2-day hands-on course that introduces students to the basic characteristics of the CRISP (computer retrieval of information on scientific projects) database including content, format, and search/retrieval methods stressing the use of S-CRISP (a user-friendly access program). Course dates are Nov. 15, Dec. 6, Feb. 25, 1992, Mar. 20, Apr. 24, May 12, June 9, and Sept. 18.

The "Advanced CRISP" is also a 1/2-day course that expands the concepts presented in the CRISP introductory course and is designed to acquaint students with more advanced search features (e.g., batch queries using job control language). Students with their own queries are encouraged to bring them. Course dates are Dec. 6, Mar. 20, 1992, and June 9.

The "New CRISP Thesaurus" course introduces students to the new thesaurus format.

Beginning with the FY 1991 edition, the CRISP Thesaurus has been significantly restructured and now contains a permuted index and hierarchical subject tree structure. The CRISP Thesaurus is a controlled vocabulary used to assign scientific indexing terms for the CRISP database, and subsequently to retrieve subject-related data. Course dates are Apr. 24, 1992, and Sept. 18. All courses will be held at the NIH Training Center, Executive Plaza South, classroom 7.

To register, complete and submit HHS-350 through your ICD personnel office. Vendor copy #2 should be sent to the Division of Research Grants, research documentation section, Westwood Bldg., Rm. 148. Enrollment deadlines are 4 weeks prior to the first day of class. For more information call 496-7543 or consult "Enter Training" on WYLBUR for course details.

DCRT Offers Lectures on Sequencing, Protein Structure

Dr. Patrick Argos, a well-known authority in computer analysis of gene sequences, will present a series of DCRT-sponsored lectures on sequencing and protein structure at NIH on Nov. 12, 13, and 14.

A research scientist at the European Molecular Biology Laboratory in Heidelberg, Germany, Argos is an acknowledged leader in examining gene sequences for their structural ramifications in proteins. During the past several years, his research interests have included protein folding and evolution, sequence comparison, and homology analysis.

Argos will give three 2-part lectures from 4 to 6 p.m. in Bldg. 12A, Rm. B47-51, and

will address the following areas:

Principles of protein folding (Nov. 12)—predicting folding pathways; engineering proteins by "safe" residue substitutions in site-directed mutagenesis.

Sequence comparison (Nov. 13)—finding conserved motifs and reliably matched regions in aligned protein sequences; methods and their significance.

Principles of protein stability (Nov. 14)—subunit and domain interfaces in protein tertiary structures; strongly interacting sidechain clusters and all-purpose oligopeptide linkers.

Call 496-2339 to reserve a space.

STEP Forum Examines Barriers to Communication

The Staff Training in Extramural Programs (STEP) committee is sponsoring a forum on Nov. 14 entitled "Sex and Cultural Diversity: Barriers to Communication." It will examine styles of communication (or miscommunication) between the sexes and among different cultures. The underlying theme is that a better understanding of the conversational styles preferred by other cultures can reduce misunderstandings and improve communication.

The speakers will be Dr. Joanne Yamauchi and Ben Alexander. Yamauchi is professor of communication at American University in Washington, D.C. Her research and training efforts have focused on communication styles of diverse cultures. Alexander is president of Alexander Consulting and Training, Inc. in

Norfolk, Va. He has 22 years of personnel management and EEO program experience, and is currently conducting research in cultural diversity in organizations. The two speakers will focus on the variety in communication styles not only between men and women but also among workers coming from a broad range of backgrounds.

The forum will be held from 1 to 3 p.m. in Wilson Hall, Bldg. 1, and is open to all NIH personnel. No advance registration is required and attendance will be first-come, first-served. Continuing education credit is not available. For further information, contact the STEP program office, Bldg. 1, Rm. 252, 496-1493. □

Conference on Emerging Microbes

An international conference on "Emerging Microbes and Microbial Diseases" will be held at the Sheraton City Center Hotel in Washington, D.C., Nov. 13-15.

Sponsored by NIAID and the Fogarty International Center, the conference will bring together many of the world's leading experts in infectious diseases to discuss whether the emergence of new diseases and microbes can be predicted and prevented.

The epidemic of cholera in many nations this year is a reminder that what is old can still be new. The evolution of resistance to antibiotics and the spread of formerly rare infections, such as those related to AIDS, are other examples of the worldwide impact of microbial diseases that will be addressed.

Emerging microbes will be discussed in an historical perspective and in the light of the recent explosion of knowledge on microbial genetics, molecular biology, and immunology. There is much new information about microbial pathogenesis, permissiveness, and tropism, and new technologies such as polymerase chain reaction have been developed that provide sensitive tools to detect microbes and their genetic diversity.

Changes in bacteria, parasites, and vectors relating to changes in human activities that are the cause of important new diseases such as Lyme disease or the reemergence of old ones, such as malaria and tuberculosis, will be discussed. In addition to reviewing the basic research findings and theoretical models, the conferees will address the practical question: Do strategies exist to anticipate, detect, and thus prevent future emerging microbes from causing widespread disease?

The conference organizers are Emil Gotschlich of Rockefeller University and Louis Miller of NIAID (chairpersons); Barry Bloom, Einstein College of Medicine; Stanley Falkow and Gary Schoolnik, Stanford University; John Mekalanos, Harvard University; Steven Morse, Rockefeller University; and Richard Krause, John La Montagne, and Ann Schluenderberg, NIH. Anthony Fauci, NIAID director, will speak at the banquet on Nov. 13.

An NIH conference in 1989 on "Emerging Viruses" was reported widely in the press. This year's meeting focuses attention on microbes other than viruses that require equal study.

For further information, contact Jack Harvey, Social & Scientific Systems, 7101 Wisconsin Ave., Suite 610, Bethesda, MD 20814; tel: 301-986-4886. □



The NIH R&W Theatre Group will present *Another Op'nin', Another Show* featuring the music of Cole Porter, Nov. 1, 2, 8, 9, 15, and 16 at 8 p.m. and Nov. 3 and 10 at 3 p.m. in Masur Auditorium, Bldg. 10. Tickets are \$7 for adults, \$5 for senior citizens, and \$3 for children and may be purchased at the R&W desk in Bldg. 31 or at the door. All proceeds benefit the NIH Patient Emergency Fund. For more information call (202) 667-7921.



Some of the more than 200 cyclists who turned out for the first annual NIH Cycling Classic line up for the start of a race on Center Dr. in front of Bldg. 1. Sponsored by R&W and the National Capital Velo Club, the Oct. 6 event was called a resounding success by officials of the U.S. Cycling Federation. "The only criticism I can offer is that you didn't keep it from raining the night before," said one. Several national champions competed in the races, held on a 1.5-mile loop around campus. A lead motorcycle led the racers through the technically difficult course.