

THE NIH RECORD

Still The Second Best Thing About Payday

Tabak Named NIDCR Director

Dr. Lawrence A. Tabak has been named director of the National Institute of Dental and Craniofacial Research. He currently directs the Center for Oral Biology, Aab



Dr. Lawrence Tabak

Institute of Biomedical Sciences at the University of Rochester. He will arrive at NIDCR on Sept. 1.

"I am delighted that Dr. Tabak will be assuming the directorship

of NIDCR," said NIH acting director Dr. Ruth Kirschstein, who made the appointment. "As NIH focuses on racial and ethnic health

SEE TABAK, PAGE 2

Morella, Peers Briefed on Genome Project Developments

Exciting scientific developments in the Human Genome Project were showcased during a "field briefing" held in Masur Auditorium on the afternoon of July 10. The briefing involved discussion of the June 26 announcement of the completion of a working draft of the human genome

by NIH and Department of Energy international Human Genome Project partners and



Rep. Connie Morella

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U.S. Department of Health and Human Services National Institutes of Health

August 22, 2000
Vol. LII, No. 17

Devesa Examines Cancer Trends, By The Numbers

By Carla Garnett

Increasing use of food refrigeration, declining use of certain preservatives, and rising consumption of fresh fruits and vegetables may have led to a reduction in stomach cancer mortality in the United States. That is one of several conclusions epidemiologists have drawn based on studying cancer trends over the last half century, according to Dr. Susan Devesa, who discussed "Variations in Cancer Rates: The Influence of Age, Gender, Race, Time, and Space," during a recent summer lecture series on health disparities. The lectures are targeted each year to NIH's summer students through the Office of Education, NIH Office of Intramural Research. In her lecture, Devesa explained how epidemiologists use statistical data to help predict a nation's healthcare and medical research needs.

The statistics can seem grim, indeed: In the United States this year, more than 500,000 people will die of cancer; more than one million will be newly diagnosed with cancer. This does not include superficial cancers of the skin, Devesa noted. Odds are

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NIDDK Opens Office of Minority Health Research Coordination

By Jane DeMouy

When it comes to health and disease, national health surveys paint a bleak picture for racial and ethnic minorities:

African Americans have 1.6 times the rate of diabetes as whites. Hispanic Americans have almost twice the rate of disease found in non-Hispanic whites. American Indians get diabetes three times as often.

Long-term diabetes inevitably leads to complications and the numbers are no different there. Blacks develop kidney failure four times more often and are much more likely to have lower limb amputations than whites. Both blacks

SEE MINORITY HEALTH, PAGE 8



NIDDK's newly appointed OMHRC director Dr. Larry Agodoa coordinates elements of the institute's strategic plan with Program Director Rose Pruitt (c) and Program Analyst Winnie Martinez.



Dr. Michele Barnard, a pulmonary physiologist, has joined NIDDK's Review Branch as a scientific review administrator. Her research has focused on diverse aspects of fluid balance, including the effects of inflammation on microvascular permeability, factors contributing to edema formation and regulation of ion transport. Much of her work was done in the lung, but she has also studied aspects of the kidney, liver and small intestine. She has taught at the University of Alabama, Birmingham, the University of South Alabama, Mobile, Middle Tennessee State University, Murfreesboro, and at the University of Illinois at Chicago. In 1997, she became a senior staff fellow in NHLBI's Laboratory of Kidney and Electrolyte Metabolism. Beginning in 1998, Barnard also ran a special emphasis panel reviewing grants in pathophysiological sciences.

TABAK, CONTINUED FROM PAGE 1

disparities, we are fortunate to have someone who has designed and managed a successful training program aimed at recruiting and developing minority investigators. His experience as a senior administrator in a prestigious academic health center as well as his studies on glycoproteins will be invaluable to the institute and to NIH as we address the scientific opportunities before us."

As NIDCR's seventh director, Tabak will lead an institute of more than 400 scientists and administrators on campus and hundreds of grantees around the world.

"I am honored to join the NIH team at a time when scientific opportunity has never been greater," said Tabak. "It will be my privilege to work together with the scientific community, the public, and the outstanding members of NIDCR to improve oral health."

"I am honored to join the NIH team at a time when scientific opportunity has never been greater."

In his current position, Tabak oversees a number of interdisciplinary research groups studying the molecular and genetic aspects of craniofacial-oral-dental conditions. His own work focuses on mucin-glycoproteins, a group of molecules that protect all mucosal surfaces of the body. He has published extensively on the structure, biosynthesis and function of salivary mucins and the pathogenesis of salivary gland disease and dysfunction. In addition to his research, Tabak also directs three graduate research training programs at the university and holds professorships in dentistry and biochemistry and biophysics. He is senior associate dean for research, School of Medicine and Dentistry at Rochester.

Tabak has been part of the NIH and NIDCR communities since the late 1970's, when he received his first NIDCR grant. In the early 1980's, he was an NIDCR visiting scientist, working in the former Patient Care and Clinical Investigations Branch with Dr. Bruce Baum. Currently Tabak is principal investigator on two institute training grants and two research grants. He has served as an ad hoc reviewer of the NIDCR intramural research program, as a member of the NIH oral biology and medicine study section, and as cochair of the planning committee for an NIDCR state-of-the-science workshop on saliva and other fluid-based diagnostics.

A native of Brooklyn, Tabak received his undergraduate degree from City College of the City University of New York, his D.D.S. from Columbia University, and both a Ph.D. and certificate of proficiency in endodontics from the State University of New York at Buffalo. ■



Science on the Move: The Boston University School of Medicine's MobileLab took biomedical science for a spin to Capitol Hill recently. Parked curbside at the Russell Senate Office Bldg., this 40-foot-long, fully equipped, state-of-the-art biotechnology laboratory on wheels gave members of Congress and their staffs an opportunity to experience science first hand. Graduates of Montgomery County schools, who were also NIH research interns, demonstrated to congressional visitors the importance of science education. Each year, MobileLab travels across the country to approximately 30 middle and high schools that lack

the resources necessary to teach students modern-day science. Through MobileLab, teachers and students learn the latest molecular biology concepts and research techniques. MobileLab extends the reach of the Boston-based CityLab Program, which is funded by the National Center for Research Resources' Science Education Partnership Award Program. NCRR also partially funds MobileLab.



NIH RECORD

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available on request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through Sept. 30, 2000.

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Synthetic Peptide Shows Promise as Antibiotic

By Michael Vatalaro

For every action there is an equal and opposite reaction. Researchers develop an antibiotic drug; bacteria develop resistance to it. Unlike in physics, in the world of infectious diseases the reaction—bacterial drug resistance—takes place slowly, over time. But it does occur. In the 50 years since the advent of penicillin, many bacterial diseases that doctors thought were beaten have reemerged with a vengeance, largely immune to penicillin and its close relatives. In Thailand, more than 98 percent of new gonorrhea cases do not respond to penicillin.

Creating new antibiotics gets us ahead of the “bugs,” but only for a while. Until now, nearly all antibiotics have come from natural sources, limiting the number of potential drugs. The next logical step is either to attack the microbes’ mechanism of resistance, making the old drugs effective once again, or to design a chemical that evades resistance. Now researchers using concepts from protein folding studies, combined with the structural analysis of organic molecules, have developed a synthetic antibiotic peptide—a chain of amino acids—that might evade microbial resistance.

Using forms of amino acids not found in nature known as beta-amino acids, researchers supported by NIGMS synthesized a molecule that shows remarkable potency against both gram-negative and gram-positive bacteria. Most antibiotics kill one class of bacteria or the other, but not both. The new molecule also kills drug-resistant strains of *Enterococcus faecium* and *Staphylococcus aureus*, bacteria feared by doctors and hospital staff. Dr. Samuel H. Gellman, a professor of chemistry at the University of Wisconsin, Madison, and Dr. Bernard Weisblum, a professor of pharmacology there, published the work in April in the journal *Nature*.

Gellman’s beta-peptide is structurally similar to a class of natural antimicrobial peptides called magainins. These peptides appear to defend biological borders, such as your skin, from invading bacteria by punching holes in the microbes’ membranes, killing them.

Legend has it that Dr. Michael Zasloff, one of the first researchers to describe magainins, looked down into the murky water of a tank that contained a group of frogs that he used in his research at NICHD. Zasloff realized that all of the frogs had exposed sutures on their backs from recent surgery, yet none of the frogs showed any signs of infection. He wondered what was protecting the frogs from infection as they swam in a microbial soup. The answer turned out to be magainins.

The exact mechanism magainins use to disrupt microbial membranes is unknown. However, it is believed that the structure of the magainins—in particular a long, repeating helix—is important to their bactericidal activities. Gellman’s team created

their beta-peptide to mimic this structure. “We built the same shape out of unnatural blocks, and got the same results,” said Gellman.

The beta-amino acids that Gellman uses differ only slightly from natural amino acids. All amino acids have a central carbon atom, called the alpha carbon. Most have a side chain that begins with another carbon atom, which organic chemists label the beta carbon. A beta-amino acid is formed when the amino group (NH₃⁺) attaches to the beta carbon instead of to the alpha carbon. For example, in the beta version of one amino acid, tyrosine (see illustration), the amino group is attached one carbon closer to the aromatic ring than in the natural—or alpha—form.

By using beta-amino acids to build his peptide, Gellman hopes to avoid some of the problems associated with using natural magainins as drugs, such as their propensity to be chewed up by the body’s digestive enzymes. The synthetic amino acids that make up the beta-peptide are not recognized by these enzymes, making the peptide a strong candidate for use as an internal medication.

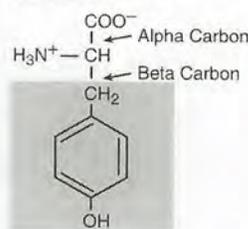
It may be possible to use some magainins topically, effectively avoiding destruction by digestive enzymes. For example, one type of magainin called pexiganan has been shown to kill more than 3,000 different strains of bacteria. A topical antibiotic for treating diabetic skin ulcers containing pexiganan as the active ingredient is under evaluation by the Food and Drug Administration.

Gellman’s molecule may confer another advantage as well. Bacteria may have more trouble developing resistance to the unnatural proteins. In addition, the structure of the magainin that the beta-peptide mimics has been selected through evolutionary pressure. Bacteria have had millions of years to evolve a defense, yet apparently have not. “If the bacteria have not developed a defense by now, perhaps they won’t anytime soon,” said Gellman.

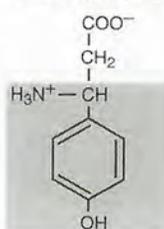
While the synthetic beta-peptide looks promising, Gellman cautions that it needs to be tested in animals, and eventually humans, before it can be commercially marketed as an antibiotic.

But before large-scale testing can even begin, a better method of synthesis needs to be developed. Gellman acknowledges that synthesizing the peptide takes a lot of work. He anticipates that other chemists, more skilled in synthesis techniques than he, will participate in the search for a more efficient process. “If we demonstrate this is useful, somebody else will optimize the synthesis,” said Gellman. ■

Alpha Tyrosine



Beta Tyrosine



In an amino acid, the alpha carbon is the one closest to the carboxyl group (COO-.) The beta carbon is the next one in the chain. A beta-amino acid is formed when the amino group (NH₃⁺) attaches to the beta carbon instead of to the alpha carbon. In Beta Tyrosine, the amino group is attached one carbon closer to the aromatic ring than in the natural form.

Hypertensives Needed for Study

Seeking volunteers with high blood pressure ages 18-55 to participate in insulin studies. Must be off blood pressure medication for a 2-week period prior to studies. Payment of \$300 with completion of 2 separate outpatient study days. Contact Gail Sullivan at 496-3244.

MORELLA, CONTINUED FROM PAGE 1

by Celera Genomics, and the implications of genomic research for understanding and treating human diseases. The meeting was convened by Rep. Connie Morella (R-MD), chair of the technology subcommittee of the committee on science in the U.S. House of Representatives. She was joined by five of her subcommittee members: Rep. Gil Gutknecht (R-MN), Rep. Roscoe Bartlett (R-ND), Rep. Lynn Rivers (D-MI), Rep. Brian Baird (D-WA), and Rep. Michael Capuano (D-MA). They heard from NHGRI director Dr. Francis Collins; Celera Genomics, Inc., president Dr. J. Craig Venter; Human Genome Sciences, Inc., president Dr. William Haseltine; and the president of the Maryland High Technology Council, Dyan Brasington. Dr. Ari Patrinos, associate director of science for



Dyan Brasington, president of Maryland High Technology Council

biological and environmental research at DOE, joined the group during questioning.

The joint announcement of completion of the working draft of the human genome by the international HGP partners and Celera Genomics sparked discussion of cooperation between the public and private sectors. Participants discussed the crucial balance between

the public sector's need for free and unfettered access to genomic data and the private sector's need for protection of its commercial interests. "This is clearly private/public coordination on a grand scale," said Venter.

The completed sequence of the human genome will have a profound impact on advances in pharmaceutical technologies. "Is genetics over now that we have the sequence?" asked Collins. "No more (than chemistry was) over than in 1800, when we got the periodic table of elements." The sequence will enable researchers to develop new drug therapies at an accelerated rate. "The future is new drugs to treat untreatable diseases," added Haseltine. He foresees genetics playing a critical role in future drug development, and predicted that within 10 years at least 20 percent of drugs would be genetically based. In 20 years, he predicts this proportion of genetically based drug therapies will increase to between 80 and 90 percent of all available drug treatments. Venter stressed the importance of NIH research in the development of effective sequencing strategies and for development of drug therapies. "Most therapeutics will come from a fuller understanding of the genetic code," he added.

Accompanying this optimism concerning advances

in drug treatments, members of the subcommittee expressed concerns about the ethical, legal and social implications of the genetic discoveries. Participants discussed issues of public concern such as genetic privacy and gene patenting.

Collins informed the members of ongoing efforts to study the policy implications of genetics research. He mentioned NHGRI's creation of the ELSI program in 1990 to address the ethical, legal and social implications of the Human Genome Project. For the past 10 years, the ELSI program has examined issues such as the privacy and fair use of genetic information, the impact of genetic testing on society, and informed consent in genetics research. Because of the work of ELSI programs, many of the pressing ethical issues involving genetic technologies have been extensively studied. Public policy must be updated to reflect the results of these studies.

Collins urgently expressed the need to take action to safeguard the fair use of genetic information by health insurers and employers. "We don't need more study—we need to fix it," he said. ■



Dr. William Haseltine

NIH Invites Community to Forum

For the third year, NIH will invite the public to campus for "Share the Health: An Exposition of Health Resources from NIH to Its Neighbors." Sponsored by the Office of Community Liaison, it will be held Saturday, Oct. 21 from 8:30 a.m. to 3 p.m. at the Natcher Conference Center. Featured will be free health-related information, lectures (including one by NHGRI director Dr. Francis Collins) and screenings, as well as activities for children. To learn more, contact Terry LaMotte of Palladian Partners, (301) 650-8660 or visit the web site at <http://health.info.nih.gov/forum2000>.

Visual Perception Study Seeks Volunteers

Healthy volunteers between ages 55 and 65 are needed to participate in a study of visual perception and attention. The study involves multiple 2-hour testing sessions and subjects will receive \$40 per session. Subjects must have good vision (glasses okay) and have no history of neurological or neuropsychiatric disorders. For more information, call Stacia at 496-5625, ext. 269. ■

First Annual Summer CRTA Director's Lecture

The first annual summer Cancer Research Training Award (CRTA) director's lecture was presented on July 13 by NCI director Dr. Richard Klausner. Under the guidance of CRTA preceptors, pre-baccalaureate, baccalaureate and graduate students acquire training in basic clinical, biomedical or behavioral research relating to human health.

The Office of Diversity and Employment Programs assists in the recruiting of some of the outstanding students who participate in this program. Klausner's lecture was sponsored by ODEP in order to give the students an opportunity to interact with the director and gain a better understanding of the overall mission of NCI and how their laboratory experiences enhance that mission.

The lecture was an acknowledgement of a shift in the way of thinking about and approaching cancer research for NCI. More and more, the focus is on the wiring diagram of the cancer cell and the pathway of its development. The shift also includes movement from empirical therapy in cancer research toward a targeted therapy approach. NCI funds 60-plus centers that are instrumental in guiding cancer research in this new direction.

The lecture was widely attended by both students and their preceptors. It concluded with a question and answer period, followed by an informal reception in the visitor center.

The lecture was widely attended by both students and their preceptors. It concluded with a question and answer period, followed by an informal reception in the visitor center.

Farmers Market Open Through October

Just a reminder that the county Farmers Market at parking lot 41B remains open, Tuesdays from 2 to 6 p.m., through the end of October. Vendors sell locally grown seasonal fruits and vegetables.



NCI director Dr. Richard Klausner discusses his presentation with student Jane Yoon.



Students show off front and back of commemorative T-shirts.

Meyerhoff Scholars Visit NIH

NIH recently welcomed about two dozen Meyerhoff scholars to the campus for a tour. The students were briefed on NIH and its programs by Dr. Yvonne Maddox, NIH acting deputy director, and Levon Parker, NINDS minority and special concerns program officer. Later, Dr. Roland Owens, a senior investigator in the Laboratory of Molecular and Cellular Biology at NIDDK, led the scholars on a lab tour.

The Meyerhoff Scholarship Program was created at the University of Maryland, Baltimore County (UMBC) in 1988 with a grant from the Robert and Jane Meyerhoff Foundation to address the shortage of African Americans in the sciences and engineering. The initial grant enabled UMBC to launch a program of full support for outstanding African-American males competitively selected from across Maryland to major in mathematics, science, engineering or computer science, and pursue M.D., Ph.D., or M.D./Ph.D. degrees. The first Meyerhoff scholars were 19 African-American men who enrolled in the fall of 1989. A year later the program was expanded to include African American women and students from across the country.

Currently there are 180 Meyerhoff scholars enrolled at UMBC; the program is open to all high-achieving high school seniors who have an interest in pursuing doctoral study in the sciences and engineering, and who are interested in the advancement of minorities in the sciences and related fields. Over the years, several Meyerhoff students have been participants in the NIH Summer Internship Program in Biomedical Research. The scholars' visit to NIH was coordinated by Sharon Greenwell of the Visitor Information Center, NIH Office of Communications and Public Liaison.



Levon Parker, NINDS minority and special concerns program officer, briefs students on NIH programs and opportunities.



Dr. Roland Owens (r), a senior investigator in NIDDK's Laboratory of Molecular and Cellular Biology, leads several Meyerhoff scholars on a lab tour.



Dr. Sudhir Srivastava, chief of the biomarkers research group in NCI's Division of Cancer Prevention, has been named editor-in-chief of the journal *Disease Markers*. It publishes original research on the identification of new markers associated with disease, providing a forum for publications dealing with original observations in this developing field. The journal's focus includes: identification of new genetic or nongenetic markers; population studies of new and existing markers; family studies; new techniques for identifying or isolating marker molecules; monoclonal antibodies to define molecular structure of markers; identification of disease-associated abnormalities in DNA using new technologies; and identification of malignantly transformed neoplastic cells. Information about the journal, which is published by IOS Press, can be found at <http://www.iospress.nl>.

CANCER TRENDS, CONTINUED FROM PAGE 1

that one in four males and one in five females will die of cancer. One in two males, and one in three females, will be diagnosed with cancer during their lifetime.

In 1970, the U.S. had close to 330,000 cancer deaths. By 1997, cancer deaths in the nation were up to nearly 540,000, a 64 percent increase. However, Devesa pointed out, Americans are living longer than they did in the 1970's and people's risk of dying from cancer increases the longer they live. The age-adjusted mortality rate (a statistical formula that factors in population growth and aging) rose only about 2 percent during the same time period from 1970 to 1997.

Devesa was an ideal candidate to deliver this particular lecture to this particular audience: A native Washingtonian who graduated from Bethesda-Chevy Chase High School and earned her graduate degrees at Johns Hopkins, she has studied domestic health disparities for more than 20 years. Her 1979 doctoral dissertation, in fact, was on the association of cancer incidence with income and education among blacks and whites. In addition, she herself first became acquainted with NIH more than 30 years ago as a summer student. Since 1993, Devesa has served as chief of the descriptive studies section in the Biostatistics Branch of NCI's Division of Cancer Epidemiology and Genetics.

After providing data on cancer in general, Devesa examined particular forms of the disease in several populations and in a number of selected geographic areas; she then compared and contrasted rates among them. She showed data that help epidemiologists make observations and predictions about disease trends, often leading to formation of public health policy.

For instance, she showed a slide that presented the lung cancer death rates in men between 1930 and 1996. Lung cancer has been the leading form of cancer death among American men since the early 1950's, rising rapidly until the rates began to drop for the first time in 1991. That decline corresponds with a 30-year lag time between peak tobacco usage by men in the 1960's. The first Surgeon General's Report on Smoking and Tobacco Use was released in 1964, she reminded the audience. Similarly, Devesa noted, increased cigarette smoking by women over the past few decades has led to a steady rise in lung cancer deaths among females; lung cancer surpassed breast cancer in 1987 as the leading cause of cancer death in women. "We have yet to see the peak in lung cancer deaths among women," she observed.

Lung cancer deaths were not the most frequent cancer deaths early in the 20th century, she pointed out.

"In the past, stomach cancer was the most frequent form of cancer death in men, but the rates have declined over most of this century," she said. "From

1950 through the late 1980's, colorectal cancer was the second most frequent form of cancer death among men, but in recent decades, prostate cancer has risen and surpassed colorectal cancer as the second leading form of cancer death in men." In women, uterine cancer was the most frequent form of cancer death in the early decades of the 20th century; breast cancer was the leading cancer from the 1950's through 1987, when it was surpassed by lung cancer.

A look at slides taken from color-coded geographic maps included in NCI's new *Atlas of Cancer Mortality in the United States, 1950-1994* was also enlightening. The map presenting lung cancer mortality rates among white males during 1970-1994 revealed elevated rates in the southeast quadrant of the U.S., largely reflecting the prevalence of cigarette smoking. The map for 1950-1969 had revealed elevated rates in South Atlantic and Gulf Coast areas, subsequently linked to asbestos exposure in shipbuilding counties during World War II.

"Everything I have presented so far has been based on mortality data, derived from death certificates," Devesa said. "To get information on who is being diagnosed with cancer to calculate incidence rates, we need to review hospital records and pathology reports—quite a different data collection system. However, we do not yet have a national cancer incidence registry." The NCI supports the Surveillance, Epidemiology and End Results (SEER) program, which was established in 1973 in response to the enactment of the 1971 National Cancer Act and has supported nine population-based cancer registries around the nation.

Devesa then presented data on racial/ethnic differences in rates. Prostate and lung cancer rates among men were highest among African Americans, followed by white non-Hispanics, and lower yet among white Hispanics, Asian-Pacific Islanders and American Indians. Among women, there was little difference in lung cancer rates between white non-Hispanics and African Americans, whose rates were higher than among the other minority groups. The highest incidence of breast cancer was among white non-Hispanics and of cervix uteri cancer was among white Hispanics.

Devesa said the nation is seeing some progress in lowering rates for some cancers. She noted that substantial decreases have occurred in incidence and mortality rates for cervical cancer in black and white females, largely related to detection of early-stage and premalignant disease by Pap smear and subsequent successful treatment, although rates remain higher in blacks. One type of cancer for which whites have higher incidence and mortality rates is non-Hodgkin's lymphoma, Devesa said. In addition, rates have been rising for several decades, but researchers do not yet fully understand why.

Five-year relative survival rates vary considerably by form of cancer. Rates were less than 20 percent among whites and blacks diagnosed with lung cancer, 86 percent for white women and 71 percent for black women with breast cancer, 94 percent for white men and 87 percent for black men with prostate cancer, and 72 percent for white women and 59 percent for black women diagnosed with cervical cancer. Rates also vary by stage of disease at diagnosis. For example, among breast cancer patients, survival rates ranged from 97 percent to 21 percent depending on whether the disease was localized or had spread at the time of diagnosis.

Devesa concluded by pointing out the opportunities for improvement presented by the epidemiological data. In terms of primary prevention, she said avoidance of exposure to carcinogens and behavior modification may help to reduce the incidence and mortality rates. Only a small proportion of cancers are believed to be hereditary, she said. Secondary prevention efforts—namely, diagnosis of preinvasive and early-stage disease—will help lower the mortality rates of a number of cancers, she said.

“Epidemiologists suggest that an increased use of refrigeration and declining use of food preservatives over the last half century may have led to the decline in stomach cancer deaths,” she said, giving an example of behavioral changes leading to better cancer numbers. “Just think, at one point in our nation’s history, more than 60 percent of men smoked. Now, less than 30 percent of men smoke.” Clearly, she said, behavior modification through public education about the dangers of smoking helped to reduce the number of smokers, resulting in a peaking of the lung cancer rates among men, not yet seen among women. ■

Visit NIH Pavilion at Black Family Reunion

The National Institutes of Health will be represented at the 15th annual National Black Family Reunion Celebration 2000 to be held Sept. 9-10 by the National Council of Negro Women on the Washington Monument grounds. The reunion, one of the oldest and best known gatherings of African American families and reportedly the largest in the country, attracts more than 500,000 people. All are welcome to attend this event and admission is free. As part of its outreach efforts to address health disparities affecting the nation, NIH has reserved a pavilion to educate the public about its commitment to conduct and support research that will result in good health for all people. NIH’s logo will be prominently displayed on the exhibit, and printed in the souvenir activity schedule and other promotional materials. For more information, call Michael Chew, 402-3681, or Levon Parker, 496-5332.

More Than 500 Screened for Skin Cancer

In June, more than 500 NIH employees received free skin cancer screenings by dermatologists at the Clinical Center. Also, digital images were taken of their backs, legs, arms and hands. The employees had an opportunity to participate in research from a study subject’s perspective. The project was prompted by a need for development of a simple, quick and reproducible method for screening skin conditions.

The screening, sponsored by the National Cancer Institute and the National Institute of Arthritis and Musculoskeletal and Skin Diseases, was part of a study to determine if this new photographic technique can be used to identify skin conditions in people of all skin hues. This approach had never been assessed before. If the study confirms its validity and reliability, it will be integrated into the National Health and Nutrition Examination Survey (NHANES). The National Center for Health Statistics within the Centers for Disease Control and Prevention is the major organizer and sponsor of the NHANES series.

More than 1,000,000 people are affected by skin cancer each year, including men and women of all ages, and racial/ethnic backgrounds. Early identification of these cancers could prevent a substantial number of serious health complications. All participants in the screening program received a report. A list of Washington, D.C., area dermatologists was available, and those participants with suspicious findings were encouraged to seek additional evaluation and/or treatment. ■

NIH Ski Club Returns from ‘Down Under’

Thirty members of the NIH Ski Club enjoyed 3 weeks in Australia, New Zealand, and the Cook Islands, July 12-Aug. 2. “Australia was fantastic, the downhill skiing was wonderful in New Zealand, and the beach was most relaxing in the Cook Islands,” noted member Bob Bingaman. The trip included numerous day tours, including one of the 2000 Olympic Village in Sydney. The next adventure planned for the NIH Ski Club is a trip to Zermatt, Switzerland, and London, England, Mar. 9-20, 2001. More information about the journey will be available in the *R&W Newsletter* shortly. ■



Tom Vuke operates camera for new skin cancer detection technique.

MINORITY HEALTH. CONTINUED FROM PAGE 1

and Hispanic/Latinos suffer more diabetic eye disease than their white counterparts. There is more hypertension and more obesity, especially among older black and Hispanic women. There is more heart disease, more stroke, more hepatitis, more ulcers, more gallbladder disease. Childhood and adolescent type 2 diabetes, a recent phenomenon, is occurring mostly in minorities.

To address these problems, Dr. Allen M. Spiegel, NIDDK director, has announced the opening of a new Office of Minority Health Research Coordination, headed by Dr. Lawrence Agodoa. "Minority health research is central to NIDDK's mission," Spiegel says.

The OMHRC will first evaluate the research gaps in NIDDK-supported diseases. Staff will then help develop and recommend research such as studies of underlying metabolic and physiological differences in populations, to fill those gaps. The office will suggest ways to fund the work, but grants will come through existing programs.

"We will be doing a lot of collaborating to try to reduce these burdens," says Agodoa. "We'll seek the ideas of health care givers and community leaders, and certainly will encourage NIDDK collaboration with other institutes with mutual research interests. Eventually, we hope to have a cooperative network among NIH institutes, voluntary groups, university centers and private businesses to energize our efforts to reduce these disparities."

Over the long term, OMHRC will coordinate and implement NIDDK's strategic plan to address health disparities among minority populations. Another important goal in lifting the disproportionate burden of disease is recruitment and training of minority biomedical investigators, who are currently in short supply. OMHRC will also disseminate information and develop a database identifying resources in funding and manpower as well as trends unique in minority populations.

NIDDK has done longstanding and groundbreaking research in diabetes among the Pima Indians. In the last decade, institute leaders initiated the Diabetes Prevention Program, a clinical trial with nearly 50 percent minority volunteers, and the National Diabetes Education Program (NDEP), a joint program with the CDC that targets several minority audiences. NDEP received the Secretary's Award for Distinguished Service in May for "outstanding leadership" in developing culturally and linguistically appropriate media campaigns with multiple minority partners. "Sisters Together," a pilot weight control program for African American women in Boston, is moving into other communities.

NIDDK currently funds the African American Study of Kidney Disease and Hypertension, and other research based at historically black universities, and supports two summer student research

programs with local minority schools. The Study of Health Outcomes of Weight Loss, another clinical trial slated to begin this fall, will also emphasize minority enrollment.

Nevertheless, Spiegel thinks it's time to augment these efforts. "This new office will help implement our strategic plan for health disparities and build on our strong partnership with the NIH Office of Research on Minority Health. I'm confident that Dr. Agodoa will be a strong and effective head," he adds. ■



Dr. David Harlan, head of the NIDDK/Navy Transplantation and Autoimmunity Branch, welcomes two sets of identical twins on a visit to the organ/tissue transplant research unit in the Clinical Center. Mollie Singer (second from l), who has type 1 diabetes, is joined by her mother Jackie Singer (l), 11-year-old twin sister Jackie, and aunt, Mollie Miller. Harlan's group, together with the department of transfusion medicine's cell processing unit, is planning a small clinical trial in islet transplantation for adults with type 1 diabetes. If the results are promising, researchers hope to design future trials to include children.

Renewal of NIH Parking Permits

NIH General Parking Permits for campus employees whose last names begin with S and T will expire on the last day of September 2000. In order to obtain a new permit, an employee must visit the NIH Parking Office in Bldg. 31, Rm. B3B04. Hours are 7:30 a.m. to 4 p.m., Monday through Friday. Remember to bring a valid NIH identification card, driver's license and vehicle registration certificate. For more information, call 496-6851. ■

Female Paid Volunteers Needed

Are you female, 18 to 35 years old? In good health? You may qualify to participate in a study of commonly prescribed medications. The study involves multiple visits over a 3-month period. Earn up to \$880 and get free medical tests. Call the Uniformed Services University at (301) 319-8204. ■

Jaw Pain/TMD Study Recruits

The National Institute of Dental and Craniofacial Research seeks people 18 to 65 with early onset or later stage TMD (temporomandibular disorder) for a study testing treatment medications against placebo. For more information, call 1-800-411-1222.

Long Named NIAAA Executive Officer

Stephen W. Long was recently appointed new executive officer for the National Institute on Alcohol Abuse and Alcoholism. He brings to the position more than 29 years of experience in administration, budget, grants and contracts, planning, legislation, policy and human resource management. According to Dr. Enoch Gordis, NIAAA director, "One of Steve's greatest strengths is his ability to identify needs, whether in our organization or elsewhere in the alcohol field, and to draw upon his in-depth knowledge of government workings and his remarkable inventiveness to get things done."

As one example, in his recent position as director of the NIAAA Office of Policy, Legislation, and Public Liaison, Long mobilized a national initiative to help state alcohol treatment centers adopt current, research-based alcoholism treatments despite federal budget cuts.



Stephen W. Long

Targeting another need, in 1998 Long also launched an initiative to combat the growing problem of binge drinking on college campuses. He convened a group of 10 college presidents, 20 alcohol researchers, and a number of college and high school students, which has since developed 24 science and policy papers and two panel reports on the issue. The final product will provide guidance on successful strategies for curbing college binge drinking and establish a national research plan to evaluate these approaches.

Long was the first person in the Public Health Service to serve as both budget officer and planning officer concurrently. This innovation, begun when Long was the director of the Planning and Financial Management Branch for NIAAA from 1981 to 1988, integrated the budget and planning process and served as a model that other institutes have since followed.

Long left NIAAA from 1988 to 1992 to serve as director of financial management for ADAMHA.

Sharing his knowledge and expertise with the next generation of NIH managers is of great importance to him. "One of my most pleasurable experiences is taking an active role in mentoring new talent," he said. He has mentored 12 management interns thus far and was recently appointed chair of the committee that oversees NIH's Management Intern Program and NIH's participation in the Presidential Management Intern Program. ■

CancerNet Wins Web Health Awards

The National Cancer Institute's CancerNet web site has won two awards for presenting health information on the Internet. The WWW Health Awards Spring Competition (winners announced July 21) honored CancerNet with a Gold Award in the Patient Education Information category and awarded CancerNet a special honor for Best Site Structure and Navigation. No other site in the Patient Education Information category earned a Gold Award, the highest rating given by the WWW Health Awards. Entrants in the competition were evaluated by a panel of judges representing the Internet and healthcare industries and were judged on content, creativity and overall presentation.

CancerNet was also named a 2000 Web Business 50/50 Award winner by *CIO Magazine*. The July 1 issue of *CIO* honors the top 50 Internet and top 50 intranet sites that demonstrate the ability to blend technology and design of their web site with the needs of their target audience. A panel of 19 editors, writers, designers and web experts chose CancerNet as a winner from more than 700 nominated sites. ■

Baxevanis Wins Honor from Greece

Dr. Andreas Baxevanis, associate director of NHGRI's Division of Intramural Research, has been selected as one of four recipients of this year's Bodossaki Foundation Academic Prizes. The award is Greece's highest honor for young academics and scientists of Greek heritage throughout the world.

Baxevanis, 38, an expert in the burgeoning field of bioinformatics—which applies computer analysis to help identify genes in the 3 billion chemical units of DNA that are being deciphered by the Human Genome Project—received the prize from Greece President Konstantinos Stephanopoulos at the University of Athens. Baxevanis is the son of Greek immigrants to the United States.

Established in 1993, the prizes are awarded annually to scholars of Greek descent under the age of 40. The prizes honor promising young researchers in one of four academic fields: physical science and mathematics, applied science, social and economic sciences, and medicine and biology. Each prizewinner receives 8.7 million drachmas (about \$25,000). ■

Genetics Study Needs Women

The Behavioral Endocrinology Branch, NIMH, seeks healthy women with regular menstrual cycles to participate in a genetics study. Participants should be ages 25-45, medication-free (including birth control pills), available for a 3-hour appointment and able to complete 3 consecutive months of daily mood ratings at home. Participants will be paid. For information call 402-6846. ■

Diabetic Volunteers Needed

Seeking diabetic volunteers ages 18-65 on oral diabetic medications or diet controlled, for screening of vitamin C blood level. Must be off vitamin C supplements at least 1 month prior to screening of blood level. Payment of \$25 for blood level determination. Possible eligibility for further studies dependent on vitamin C level. Contact Gail Sullivan at 496-3244.

Adults with Anorexia, Bulimia Sought

NIMH seeks adults with anorexia nervosa and bulimia nervosa for paid outpatient research studies. Free evaluation provided. Contact Yung-Mei Leong, 496-3421, email ymleong@codon.nih.gov.

NIAMS Clinical Director Klippel Retires

By Janet Howard

NIAMS clinical director Dr. John "Jack" Klippel, 55, retired in June after more than 25 years of federal service. He has been named medical director of the Arthritis Foundation.



Dr. John "Jack" Klippel

A graduate of the University of Cincinnati Medical College in 1970, he joined NIH in 1972 as a clinical associate in the Arthritis and Rheumatism Branch in the former NIAMDD. After a brief stint at the University of San

Diego, Klippel returned to the institute in 1976 as a senior investigator. In 1985, he also became clinical professor of medicine at Georgetown University Medical Center, and in 1987, he was appointed clinical director of NIAMS.

Klippel is editor of the medical textbook *Rheumatology*, which is considered the first choice in reference books found on any rheumatologist's book shelf. His editorial positions and list of original publications are extensive, and his awards include the NIH Director's Award, the Distinguished Clinical Teacher Award from the Clinical Center, and the Surgeon General's Award for Exemplary Service. He has also served on the board of directors of the Lupus Foundation and the Arthritis Foundation.

At a June 19 ceremony in Wilson Hall, many of Klippel's family, friends and colleagues honored him. NIAMS director Dr. Stephen Katz, said, "Jack has contributed greatly to NIAMS. His long-term studies of lupus patients have played pivotal roles in treating this disease. I wish him continued success."

Former acting director of the Clinical Center, Dr. Saul Rosen, said of Klippel, "He is a good, collegial citizen. He is a good listener and will hear you out, and is open to new ideas and suggestions. He is a mensch!"

NIAMS scientific director Dr. Peter Lipsky said, "I wish him good luck. There is a feeling of positivity with Jack linking to a partnering organization like the Arthritis Foundation."

Dr. Paul Plotz, chief of NIAMS' Arthritis and Rheumatism Branch, has known Klippel since he first came to NIH as a fellow. "He was reluctant when he first got here, but he quickly overcame it, and went on to become the clinical director. He did not demand any recognition. Jack started the first NIH day hospital. The move to the Arthritis Foundation will be a terrific one for him."

Dr. Joan McGowan, director of the Musculoskeletal Diseases Branch, noted, "It's a shame to lose him, but it's great to have someone we know and trust in his new position. Jack is the perfect person in place for our partnership with the Arthritis Foundation."

Klippel closed the event by recalling, "I was mentored here by former Clinical Center director John Decker. His shoes were hard to fill when he left. I have been very fortunate to work here, grow here, and take on new challenges. The Arthritis Foundation is not all that different—it is an organization for people who have arthritis. Steve Katz once shared a letter with me he got from the mother of a patient. She wrote to thank us for all we do for people. We touch their lives, and that is what we are all about." ■

Radiation Team Wins Literary Award

Members of NIH's Radiation Safety Branch were recently honored at the 2000 USPHS Engineering Literary Awards, held during a PHS professional meeting in Phoenix. The awards are presented annually to recognize the written works of engineers and architects within the Public Health Service.

The RSB entry was an article published in the July/August 1999 issue of the journal *RSO Magazine*, on the "Radiation Safety Program at the National Institutes of Health." The authors were William Holcomb (now retired and former radiation safety training officer); Robert Zoon, NIH radiation safety officer and chief of the RSB; Sean Austin, chief of the RSB radioactive materials control section; and Nancy Newman, chief of the radiation safety operations section.

This was the first time NIH was a winner since the literary awards were started in 1995. ■

CIT Computer Classes

All courses are on the NIH campus and are given without charge. For more information call 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

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| FileMaker Pro on the Web - Real World Examples | 8/24 |
| Advanced Presentations with PowerPoint 2000 | 8/25 |
| Data Warehouse <i>Query</i> : Human Resources | 8/29 |
| Advanced Features of HTML | 8/29 |
| Advanced Sequence Analysis Using the Wisconsin Package (GCG) | 8/29-30 |
| Resisting Hacker Attacks: Understand the Tools | 8/30 |
| Data Warehouse <i>Query</i> : Research Contracts & Grants | 8/30 |
| Creating Presentations with PowerPoint 2000 | 8/31 |
| Data Warehouse <i>Analyze</i> : Human Resources | 8/31 |



HRDD Training Tips

The Human Resource Development Division, OHRM, offers the following courses. For more information about these and other HRDD offerings, visit the web site at <http://trainingcenter.od.nih.gov> or call 496-6211.

Administrative Skills

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| Creating and Maintaining Filing Systems | 8/24 |
| The Professional Office Manager II | 9/12 |
| Planning for Career Advancement for Support Staff | 9/12 |

Administrative Systems

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|---|----------|
| Travel for NIH Travelers (a.m. and p.m. sessions) | 8/28 |
| Fellowship Payment System | 9/21, 22 |
| Basic Time and Attendance Using ITAS | 9/18 |

Communication Skills

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| Speaking on the Job Part 1: Improving Voice Quality | 9/12 |
| Speed Reading | 9/13 |

Computer Application and Concepts

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| Intermediate FileMaker Pro 4.0 | 8/23 |
| Windows Intermediate: Customizing Your System | 8/23 |
| Intermediate MS Access 97 (Office 97) | 8/23 |
| Advanced MS PowerPoint 98 (Office 98) | 8/24 |
| Advanced Corel WordPerfect 8.0 | 8/29 |
| Advanced MS Word 97 (Office 97) | 8/30 |
| Introduction to MS PowerPoint 97 (Office 97) | 9/6 |
| Introduction to Web Page Design-HTML | 9/7 |
| Adobe PageMaker Type Design | 9/11 |
| Advanced MS Access 97 (Office 97) | 9/13 |
| Introduction to Windows | 9/13 |
| Advanced FileMaker Pro | 9/13 |
| Advanced MS Excel 98 (Office 98) | 9/14 |
| Introduction to the Internet | 9/14 |
| Intermediate Internet | 9/14 |

Financial and Procurement Management

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| Professional Service Orders (a.m. and p.m. sessions) | 8/23 |
| Price Reasonableness in Simplified Acquisitions (a.m. and p.m. sessions) | 9/6 |

Human Resource Management

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|-------------------------------|------|
| Qualifications Analysis | 8/24 |
| KSA Methodology | 8/30 |
| Basic Position Classification | 9/18 |

Management, Supervision & Professional Development

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|---|------|
| Creating Distinctive Customer Service | 8/29 |
| Managing the Federal Employee | 9/6 |
| Successful Management at NIH | 9/6 |
| Advanced Supervision: Beyond the Basics | 9/18 |

Don't see a class? Some classes are already full through September. New classes will open Oct. 1. Check the web site in October for the new catalog. **R**

Find ORS Services on the Web

The Office of Research Services has just completed a total revision of its web site. Now, finding information about the services ORS provides to the NIH community will be much easier and faster thanks to expanded search functions on the new web site at www.nih.gov/od/ors/. Come by and check it out. **R**

Former CC Director Decker Dies

Dr. John Laws Decker, Clinical Center director and NIH associate director for clinical care from 1983 until his retirement in 1990, died of a heart arrhythmia July 13 in Bethesda.

During his retirement, he remained active at the Clinical Center, serving as author, and in later editions contributing editor, of *Protomechanics, A Guide to Preparing and Conducting a Clinical Research Study*. He also was a consultant to the FDA.

Decker steered the Clinical Center through challenging times. He said in a 1990 interview, "The most challenging aspect of my years here has been trying to do all that I could to accelerate the changes required by Congress in reference to research on AIDS. It was a brand new disease when I took over the directorship."

Major advances at the CC during his tenure included development of the positron emission tomography program and clinical use of magnetic resonance imaging.

Decker came to NIH in 1965 as a chief of the Arthritis and Rheumatism Branch in what is now the National Institute of Arthritis and Musculoskeletal and Skin Diseases, serving as clinical director from 1976 to 1980 and scientist emeritus following his retirement in 1990.

A native of New York and the son of missionary parents, he grew up in China and returned to the U.S. for his education. A World War II Navy veteran, he served in the Pacific and received the Purple Heart.

A graduate of the University of Richmond, he earned his M.D. from Columbia University College of Physicians and Surgeons in 1951. From 1951 to 1955, he completed his internship and residency requirements at Presbyterian Hospital in New York. He went on as a research fellow in medicine at Harvard University and at Massachusetts General Hospital, where he received training in rheumatology. Before coming to NIH, Decker was on the faculty at the University of Washington in Seattle.

His studies in rheumatic diseases earned him international recognition. Among his awards: the Philip Hench Award from the Association of Military Surgeons in 1972, the NIH Director's Award in 1977, the Alessandro Robecchi International Prize for Rheumatology Research on nephritis of systemic lupus erythematosus in 1983, and the PHS Superior Service Award in 1987.

In 1989, he became the second physician to receive the American College of Rheumatology Gold Medal. In 1990, he was the first NIH physician to receive the master of the American College of Physicians.

Survivors include his wife, Lucille Macbeth Decker of Bethesda; son David L. of Bethesda; and three daughters, Virginia E. Jahnnes of Jefferson, Md., Margaret "Megan" Malaro of Chestertown, Md., and Susan Morrow of Bristol, Va.



Dr. John Laws Decker

Obsessive, Compulsive Adults Sought

NIMH seeks adults with obsessive-compulsive disorder for outpatient research studies. Free evaluation and consultation provided. Contact John Gause, 496-3421, email jgause@codon.nih.gov. **R**

10th Annual Student Poster Day Draws Crowd

PHOTOS: DAMON TIGHE



Edward Kwon (l) elaborates on his poster, "Neuronal Mechanisms Underlying Visual Search Task," completed at NIMH.



Hundreds of exhibitors and visitors crowd the Visitor Information Center and lobby in Bldg. 10 for one of the rites of summer—the annual presentation of work completed by NIH's cadre of summer science interns. More than 400 students, from high school to medical school, participated in the 10th annual Poster Day on Aug. 3, sponsored by the Office of Education. They hailed from 31 states, D.C., Puerto Rico and Canada.



Le Riggins (center, holding folder), one of the high school students taking part in NIH summer training, discusses her work on a program that will allow researchers to analyze human heredity for various diseases.



Tamara Johnson (r) shows off her poster, "Physical Activities in Children with Types III and IV Osteogenesis Imperfecta," which emerged from her work in the Clinical Center's department of rehabilitation medicine.



Aaron M. Luebbe (r) from the College of Wooster discusses his poster, "Marijuana Use Cessation: Coping Strategies and Their Effectiveness," with Jim Weiffenbach of NIDCR. Luebbe spent the summer in NIDA's clinical pharmacology section.

Expression Patterns of α -Galactosidase A Via Immunohistochemistry and In Situ Hybridization

Jose R. Cordero, PhD, Tampa, 2000, PhD and M.D. (1998), Univ. of Tampa, Tampa, FL

Presenting: Molecular, Neurological Research, National Institute of Environmental Health Sciences, Research Triangle Park, NC

Abstracts of the 10th Annual Student Poster Day, August 3, 2000



Jose Cordero, a recent graduate of the University of Tampa, explains his poster. He is one of the 10 members of the inaugural class of the new NIH Academy, starting this fall.



Matt Garin of Williams College, who spent the summer in NCI's Laboratory of Cellular Oncology in Bldg. 37, explains his poster to his mother.