

THE NIH RECORD

Still The Second Best Thing About Payday

NCI's OCCAM Thrives with New Projects, Expansion

By Jemarion Jones

In 1998, the National Cancer Institute established the Office of Cancer Complementary and Alternative Medicine to support the scientific study of CAM modalities as they relate to the diagnosis, prevention and treatment of cancer. OCCAM is responsible for developing and implementing the institute's CAM research agenda. The



Dr. Jeffrey White

office also acts as an interface to the public, CAM community and oncology community regarding CAM cancer research. With a variety of new activities and an expansion

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NIH Launches Native American Recruitment, Awareness Initiative

There is "NIH at the Cinema." There is "NIH at the Black Family Reunion on the Mall." And now, "NIH Goes to Native American Powwows."

It's true—at many of the area Native American powwows you will find NIH well represented. In recent months, the Office of the Director Equal Employment Opportunity office has launched the NIH Native American Recruitment and Health Awareness Outreach Initiative. Its objectives include developing contacts in the local Native American community, meeting potential applicants for NIH employment, developing a database of students and others interested in future employment at NIH, and disseminating information on health disparities directly to Native

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

August 7, 2001
Vol. LIII, No. 16

Howard Students Hosted at NIH

Dr. James Hildreth was 11 years old when his father developed renal cancer. Poor and black in rural Arkansas, the elder Hildreth had few healthcare options.

"All that we could do was watch him wither away and die," said the now-adult James, a graduate of Harvard who earned an M.D. and a Ph.D., is a professor of pharmacology at Johns Hopkins, and who, until recently, was a researcher at the National Center on Minority Health and Health Disparities. "I was angry then, and I'm still angry now, because in my mind, it was a health disparity that caused my father's death. So my

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Dr. James Hildreth tells Howard University students that he was inspired to pursue medical research following his father's illness.

After a Crohn's Gene, Then What?

Shortly after the press announced the discovery of the first gene linked to Crohn's disease, Dr. Judy H. Cho started getting calls. Since May "there's been a small flurry of people wanting to get tested," says Cho, a researcher at the University of Chicago Hospitals.

NIH grantees Cho and Dr. Gabriel Nuñez of the University of Michigan's School of Medicine made the connection between the gene called *Nod2* and the debilitating digestive disease and published the results in the May 31 issue of *Nature*. Cho, who had collected DNA from 416 families with Crohn's disease, began collaborating with Nuñez after he contacted her with his findings on *Nod2*. Nuñez had been looking for genes that were similar to *Nod1*, which he was studying. Using public database information resulting from the Human Genome Project, he found *Nod2* and learned it was on chromosome 16 in an area previously associated with Crohn's disease.

Having one flawed copy of the gene doubles a person's chances of developing Crohn's, an autoimmune disorder that affects 500,000 people in the United States. Having two copies can increase the risk 15 to 40 fold. Three different mutations can

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FAES Class Features Beethoven

A lecture-performance course on the 16 Beethoven string quartets will be offered by FAES during the fall semester. This popular course was presented for the first time during the spring semester, 2001. Each session will include a lecture accompanied by musical examples, followed by a complete live performance. For more information or to register for the course, contact the Foundation for Advanced Education in the Sciences, 496-7976, www.faes.org.

Need It, But Don't Know About It

NIH Museum Survey Indicates Support, But Also Ignorance

Last winter, the NIH History Office and DeWitt Stetten, Jr., Museum of Medical Research conducted an email survey about activities and exhibits produced by the office. More than 1,500 NIH employees responded. With the help of Fred Yamada, recently retired from CIT, the responses were analyzed. The results showed that most staff think saving NIH's history is important, but few realize that the History Office and Stetten Museum exist.

About 90 percent of employees believe that documenting, preserving and writing about NIH history is important or very important. A clear majority also thinks that the public and public officials need to know NIH history as well as patients and their families and employees. Most respondents think the Stetten Museum exhibits in the Clinical Center are well done and said they would like to see more exhibits in other buildings. In contrast, most respondents were also unaware of the other services the office provides, such as biography files on many NIH scientists and a historical NIH photo collection.

The question eliciting the most impassioned comments regarded advertising the exhibits to the public. A majority of respondents strongly believed that exhibits should be advertised. NIH staff seem

to feel a deep obligation to account to the U.S. taxpayer, want to educate the public on health issues, and wish to encourage more students to enter the scientific disciplines. They also are proud of NIH contributions to health. The only negative answers to the question were couched in terms of congestion and security in the Clinical Center and the ever-present parking scarcity.

Starting soon, to remedy its low profile among NIH staff, the office will publish a series of articles in the *NIH Record* and *NIH Catalyst*. For those who like longer reads, two books are in the pipeline about NIH programs and scientists, which may become the first two in a series of books about NIH history. Shorter information brochures and fact sheets are also being considered. A new exhibit is planned, one current exhibit is being updated, and six web exhibits are in preparation. A self-guided tour of the exhibits available for staff, visitors and patients will also be produced.

If you'd like a copy of the detailed survey results (done in collaboration with the Office of Research Services) or would like to donate an instrument or instrument manuals and catalogs to the museum, call curator Michele Lyons at 496-7695. For general questions about programs and resources, contact Dr. Victoria Harden at 496-6610. ■

Dr. Jennifer Read, medical officer in the Pediatric, Adolescent, and Maternal AIDS (PAMA) Branch, NICHD, received the 2001 Young Investigator Award from the Pediatric Infectious Diseases Society recently at its annual awards ceremony during the Pediatric Academic Societies annual meeting in Baltimore. The Young Investigator Award is presented to a pediatrician



who has completed fellowship training in infectious diseases in the past 7 years, and whose independent research represents an outstanding contribution in the field of pediatric infectious diseases. Since joining the PAMA branch, Read has contributed to the development, execution and analysis of domestic and international clinical

trials and other epidemiological studies related to pediatric HIV infection and prevention of mother to child transmission of HIV. Her research has focused on the role of cesarean section in the prevention of mother to child HIV transmission, and, more recently, on the prevention of such transmission among mothers who breastfeed.

'Share the Health' Expo Set, Oct. 27

The fourth annual community health forum—Share the Health: An Exposition of Health Resources from NIH to Its Neighbors—sponsored by the Office of Community Liaison, will be held Saturday, Oct. 27 from 8:30 a.m. to 3 p.m. at Natcher Conference Center.

The event will feature free health-related information, exhibits by various institutes, lectures and discussions on key health issues, health screenings, demonstrations on how to access health information on the Internet, relaxation workshops, tours, volunteer opportunities, refreshments and activities for the entire family.

The keynote address will be given by Dr. Richard J. Hodes, director of the National Institute on Aging. Other lecture topics include pain management, sleep disorders, sudden infant death syndrome, the "drunken brain," taste receptors, osteoporosis prevention, diabetes, nutrition, eye health and end-of-life issues.

For more information, call Terry LaMotte or Syreeta Tate at (301) 650-8660 (TTY users should call 1-800-877-8339).

Men Needed For Vessel Disease Study

Male volunteers over age 45 are needed for a research study to assess risk factors for atherosclerosis. Medical history and blood samples are required to assess eligibility for entry into study. Current medications may need to be stopped, including cholesterol medications and antihypertensives. Participation involves brachial artery reactivity study. Individuals will be compensated. For more information call Rita Mincemoyer, 496-3666.

NIH's Help Victims of Violence

NIH staff on the Bethesda campus showed their generosity for a worthy cause during the recent Donate A Phone campaign. NIH CIVIL, R&CW, the Work and Family Life Center, the Employee Assistance Program and NIAID worked together to collect donated wireless phones that are refurbished and distributed to victims of domestic violence. A total of 408 cell phones were donated during the 3-month effort.

Even if your cell phone is not working, or if you do not have a complete set of phone and charger, you can donate the equipment to be repaired and used by a victim of domestic violence. To learn more, visit www.donateaphone.com.

If you have a cell phone that is unused, but still works, CIVIL recommends other beneficial uses for the phones: You may want to consider giving the phone to an elderly relative or a young child as a safety measure. Or you can donate it to help someone in your community. The Montgomery County sheriff's office accepts cell phones and battery chargers; any police station in Montgomery County will accept the donation. The sheriff's office maintains a domestic violence unit that can be reached at (240) 777-7016 from 7 a.m. to midnight.

Domestic violence is of concern to CIVIL because of the potential for it to spill over into the work environment. CIVIL is a resource that strives to attain its vision of a workplace free of acts and threats of violence. To learn more, visit <http://civil.nih.gov> or call 402-4845 (TTY 301-402-9499). ■

Course on Clinical Pharmacology

The Principles of Clinical Pharmacology course, sponsored by the Clinical Center, will begin in Lipsett Amphitheater, Bldg. 10 on Sept. 6. It will be held Thursdays from 6:30 to approximately 8 p.m. and will run through Apr. 25, 2002. The course covers such topics as pharmacokinetics, drug metabolism and transport, assessment of drug effects, drug therapy in special populations, and drug discovery and development. The faculty includes Dr. Carl Peck of Georgetown University's Center for Drug Development Science, Dr. Jerry Collins of the Food and Drug Administration, and the Clinical Center's Dr. Arthur J. Atkinson, Jr., who is also the course director.

This is the fourth year the course is being offered. Registration is open to all interested persons free of charge. Certificates will be awarded at the end of the course to students who attend 75 percent of the lectures. More information about the course, including the registration form, is available at <http://www.cc.nih.gov/ccc/principles/>. ■



Various NIH charities received checks recently in presentations made at the Clinical Center. In the photo above, the Bethesda Little Theater makes a donation of \$4,500 from its year 2000 performances to the Patient Emergency Fund, represented by Deborah Dozier-Hall (l) of the CC social work department. Also on hand are (from l) Frankie Smyth, Nelva Reckert and Gary Daum. In the photo below, members of the NIH Community Orchestra make a gift of \$700 to Patty McGinley for Special Love/Camp Funshine. Representing the orchestra are (from l) Harold Seifried, conductor Gary Daum and Charly Wells.



N I H R E C O R D

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, 2001.

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Brain's Painkiller System Seen in Action

A study that looked at chemical activity in the brains of human volunteers while they experienced sustained pain and reported how they felt is providing new insights into the importance of the body's natural painkiller system—and the reasons why each of us experiences pain differently.

The results confirm long-suspected connections between pain-dampening changes in brain chemistry and the senses and emotions experienced by people in pain. The findings may help researchers better understand prolonged pain and find more effective ways to relieve it.

Results from the brain imaging study were published in the July 13 issue of *Science* by NIDCR-supported researchers from the University of Michigan Health System and School of Dentistry. It is the first study to combine sustained, induced pain with simultaneous brain scan monitoring of a key neurochemical system and the self-reported pain ratings of human participants.

The research cements the critical role of the mu opioid system, in which naturally produced chemicals called endogenous opioids, or endorphins, match up with receptors on the surface of brain cells and reduce or block the spread of pain messages from the body through the brain. The mu opioid receptor in particular has been found to be a major target for both the body's own painkillers, as well as for drugs such as heroin, morphine, methadone, synthetic pain medications and anesthetics, which also numb pain.

The study found that the onset and slow release of jaw muscle pain—induced by the injection of high-concentration salt water directly into each volunteer's jaw muscle, which mimics the chronic condition of temporomandibular joint disorder—over 20 minutes caused a surge in the release of the chemicals. It also found that the flood of those chemicals coincided with a reduction in the amount of pain and pain-related emotions the volunteers said they felt. Specific brain regions, especially those already known to play a role in affective, or emotional, responses, and those known to help process signals from the body's sensory systems, had the biggest increase in the level of opioids when pain was introduced. The research also revealed major variation among volunteers in the baseline and pain-induced levels of opioids. ■

NIH Record Office Has Moved

The *NIH Record* office, which had been located in Bldg. 31, Rm. 2B03, has moved to the fifth floor of Bldg. 31's B wing. The new address is 31/5B41. The phone and fax numbers remain unchanged. ■

Partnership Launches Osteoarthritis Initiative

For the first time, a public-private partnership will bring together new resources and commitment to help find biological markers for the progression of osteoarthritis, a degenerative joint disease that is a major cause of disability in people 65 and older. Over 5-7 years, the Osteoarthritis Initiative (OAI) will collect information and define disease standards on 5,000 people at high risk of having osteoarthritis and at high risk of progressing to severe osteoarthritis during the course of the study. Currently, new drug development for OA is hindered by the lack of objective and measurable standards for disease progression by which new drugs can be evaluated.

The OAI consortium includes public funding from NIH and private funding from several pharmaceutical companies: GlaxoSmithKline, Merck, Novartis Pharmaceuticals Corp., and Pfizer. The consortium is being facilitated by the Foundation for the National Institutes of Health, Inc. The OAI will provide approximately \$8 million yearly for as many as six clinical research centers to establish and maintain a natural history database for osteoarthritis that will include clinical evaluation data and radiological images, and a biospecimen repository. All data and images collected will be available to researchers worldwide to help quicken the pace of scientific studies and biomarker identification.

OA is a chronic disease that is different in each person, which complicates clinical trials for new therapies. Today, 35 million people—13 percent of the U.S. population—are 65 and older, and more than half of them have evidence of osteoarthritis in at least one joint. By 2030, 20 percent of Americans—about 70 million—will have passed their 65th birthday, and will be at risk for OA. ■

Dr. Dushanka V. Kleinman, NIDCR deputy director and assistant surgeon general, Public Health Service Commissioned Corps, has been named the 15th Chief Dental Officer, USPHS. She is the first woman to hold the position since its establishment in 1923. In this capacity, she will coordinate PHS dental programs for the Office of the Surgeon General and advise the surgeon general on issues related to dental practice and personnel in the PHS. A rear admiral in the corps, she will serve as Chief Dental Officer in conjunction with her position at NIDCR. Kleinman was named NIDCR deputy director in 1991. Since that time she has assumed the role of NIDCR acting director twice during transitions between directors. Most recently,



she spearheaded the development of the first-ever Surgeon General's Report on Oral Health. Kleinman is known for her work on the epidemiology of oral mucosal tissue diseases and disorders, especially tobacco-related lesions and oral manifestations of HIV.

Healthy Children Needed for NIMH Study

NIMH is seeking healthy children, ages 6-17, to participate in reviewing film clips among which will be humorous, sad and spooky clips. Your children may be eligible if they do not have a history of psychiatric problems or take any prescribed medications. Participation involves one outpatient visit and a possible second visit. Compensation is provided. Call 496-8381.

CROHN'S GENE, CONTINUED FROM PAGE 1

bring on the disease. If these genetic variants did not exist, the prevalence of Crohn's disease would be 15 to 20 percent lower.

Pleased that the Human Genome Project database made it possible to link *Nod2* and Crohn's, Dr. Stephen James, deputy director of NIDDK's Division of Digestive Diseases and Nutrition, points out that the flipside is "more and more, we will find genes and not know why the mutation matters."

After all, having a mutated *Nod2* does not guarantee that the disease will develop, and there are probably other genes with roles. "Crohn's is like diabetes in that mutated genes are not enough to bring on the disease. A significant fraction of healthy people carries the *Nod2* risk alleles. It's definitely a combination of factors," Cho says. Without a clear-cut, single cause for Crohn's, Cho says she's "not excited about using *Nod2* as a predictive tool, though it will probably happen." When her callers ask, she does not recommend testing outside a research setting.

Instead, Cho sees *Nod2* as a useful tool to understand what factors work together to bring on the disease. "Because most people with a *Nod2* mutation don't get the disease, it has to be a subtle perturbation [at work]," says Cho.

In Crohn's, the immune system attacks the digestive tract, causing abdominal pain, cramping, diarrhea, rectal bleeding and sometimes holes in tissue. The prevailing theory has been that the intestinal immune system overreacts to bacteria or viruses and starts an uncontrolled inflammation of the intestines. "What we've seen is 180 degrees different," says Cho. The shortened protein produced by the mutated gene was less effective in recognizing lipopolysaccharides, components in bacterial membranes, and in triggering the release of the substances that launch an immune response.

So, how is a less responsive immune system triggering inflammation? Frankly, the researchers don't know. Nuñez's group reported in the Feb. 16 issue of the *Journal of Biological Chemistry* that *Nod2* is expressed in monocytes, cells that engulf bacteria and other invaders to the body. The group suggested that normal protein reacts with lipopolysaccharides and then signals activation of nuclear factor kappa B (NF B), a substance that in turn stimulates output of cytokines, proteins that regulate the intensity and duration of immune responses.

Monocytes, the body's first line of defense, are part of the innate immune system. "The innate immune system is ancient," says Cho. "What it does is recognize a pattern, a broad class of molecular patterns." Cho and Nuñez speculate that the adaptive immune system, which is more advanced and includes B and T cells, overreacts when the innate immune system fails to respond to the

bacteria.

The findings highlight the importance of the innate immune system, says James. The innate immune system has always been important in the study of plant resistance to disease, but in animal studies, innate immunity became less important in the 1970s when researchers began looking at specific, or adaptive, immunity. In the past 4 or 5 years, there's been a renewal of interest, adds Cho. Interestingly, the human *Nod2* gene has a counterpart in tomatoes that allows the plants to fight off *Cladosporium fulvum*, a fungus that causes tomato leaf mold.

Besides helping unravel the disease, *Nod2* may be useful in the creation of novel compounds that go beyond treating symptoms, says Cho, whose lab will begin studying how monocyte-derived cells respond to drugs.—Anna Gillis ■

Bennett Wins Novartis Award

NIDDK's Dr. Peter Bennett received a Novartis Award in Diabetes during the American Diabetes Association's meeting in June. The Long-Standing Achievement Award, which includes \$25,000, is sponsored by Novartis Pharmaceuticals Corp. and honors those whose advances in research, education and clinical practice have had a major impact on the diabetes field.

Bennett was recognized for his career-spanning study of the epidemiology of type 2 diabetes in the Pimas of the Gila River Indian Community. In 1964-1965, he worked on the study that first showed that the Pimas of this community have the highest rate of type 2 diabetes in the world. His ongoing studies have since provided a longitudinal look at the natural history of diabetes, highlighting the role of obesity, raised insulin levels and insulin resistance in the progression of the disease and its complications.



Dr. Peter Bennett

From February 1985 to July 2000, Bennett was chief of the Phoenix Epidemiology and Clinical Research Branch. He is now chief of the biometry and data management section of the branch. He also directs the World Health Organization collaborating center for design, methodology and analysis of epidemiological and clinical research in non-insulin dependent diabetes.

Novartis gave its Young Investigator Award to NIDDK grantee Dr. Steven Kahn, associate director of the Diabetes Endocrinology Research Center at the University of Washington School of Medicine. ■

Tramont Named Director of AIDS Division

Dr. Edmund C. Tramont brings a blend of military, academic and entrepreneurial experiences to his new job as director of the Division of AIDS (DAIDS), part of the National Institute of Allergy and Infectious Diseases. Tramont, who took the new position on July 6, was instrumental in developing eight experimental vaccines, two of which are now licensed. He worked to strengthen Maryland's emerging biotech industry; consulted on operation Desert Storm; and once, as a young resident in 1968, helped care for the ailing former President Dwight D. Eisenhower.

Tramont will oversee an estimated \$444 million global research program involving hundreds of clinical trials with the aim of treating, preventing and better understanding HIV/AIDS. "The DAIDS program has been enormously successful," he said. "For example, DAIDS has been critical to our understanding of how HIV causes disease, to creating antiretroviral drugs, and in preventing mother-to-infant transmission of HIV, to name only a few contributions. My challenge is to build on that legacy."

Tramont comes from a family of architects and builders, and as an undergraduate, he originally studied sanitary engineering. But a required course in microbiology changed the direction of his life. "That course was so fascinating that I switched from engineering to pre-med. This was in my junior year. I had to go back and start over, taking all the pre-med courses."

Tramont received his B.S. from Rutgers University in 1962 and his M.D. from Boston University in 1966.

In 1968, he was drafted into the army and began a residency at Walter Reed Army Medical Center. His first patient was Eisenhower. The former President suffered from heart problems, and Tramont's job was to sit with him day and night, monitoring his condition. "We talked about golf, war, politics, life in general. He said to me, 'If you're lucky, the army is a good deal.' He was right."

Tramont spent the next 23 years in the army, working primarily to develop vaccines that would protect soldiers from sexually transmitted diseases and other illnesses. "At the time, the army was developing more vaccines than anyone else," he said. He established an infectious disease program at Walter Reed, and he was instrumental in creating the

combined meningococcal vaccine. He also designed and implemented vaccine trials for gonorrhea, shigella and HIV. During the Desert Storm operation, he served as a consultant on infectious disease issues.

After retiring from the army in 1991, he became a professor at the University of Maryland Biotechnology Institute (UMBI), where he served as director of the institute's Medical Biotechnology Center. Much of that job entailed forging connections between academic researchers and Maryland's growing biotechnology industry. He continued his vaccine research and was involved in founding two biotech companies during that time. In 1998, he became co-director of the vaccine division at the Institute of Human Virology, also part of UMBI.

Tramont replaces former DAIDS director Dr. John Y. Killen, Jr., who has assumed the position of associate director for research ethics at NIAID.—Jeff Miner 

CC Announces New Training Program

The Clinical Center recently announced a collaboration with the University of Pittsburgh, designed to broaden clinical research training opportunities. The program will lead to a certificate in clinical research or a master of science in clinical research from Pitt. Aimed at more than doctors and researchers, the program will include members of allied health professions.

Similar to the NIH-Duke Masters Program in Clinical Research that was initiated in 1998, the program will help fill the void in the community of formally trained clinical researchers. Unlike the Duke program, the new collaboration will be open to a wider audience, including Ph.D.'s and doctorally prepared pharmacists and nurses. Physicians and dentists are also eligible for the program.

The training consists of a core curriculum taught during an intensive 8-week summer session at the University of Pittsburgh, followed by a 9-month methodology seminar held via videoconferencing at the Clinical Center.

The core courses are designed to teach the basic elements all clinical investigators should know, including courses on clinical research methods, biostatistics, introduction to clinical trials and measurement in clinical research.

The next program will be offered in July 2002. Prospective participants should consult with their institute or center about the training nomination procedure. For more information, visit www.pitt.edu/~crtp/ or send an email to crtp@imap.pitt.edu. 



Dr. Edmund C. Tramont

Fall Sailing Classes Start

The NIH Sailing Club begins its fall training class on Wednesday, Aug. 22. Evening classes will be held in the Clinical Center from 7:30 to 9:30 for 6 weeks. Classroom instruction is supplemented with on-the-water lessons in the club's 19-foot Flying Scot boats out of Selby Bay near Annapolis. Here's your chance to learn to sail, discover the beautiful Chesapeake Bay and join a fun group of people enjoying life at its best. Visit the club's web site at <http://www.recgov.org/r&w/sailing/sail.html> or email Gail Sullivan at gsullivanr@nih.gov for more information.

HOWARD STUDENTS, CONTINUED FROM PAGE 1

life's goal at 11 years old was to get into Harvard, so I could get into medical school. I was going to become a doctor. I was going to go to medical school even though there was no one else who looked like me practicing medicine where I grew up."

Hildreth told that story to more than two dozen students from several Howard University programs who were visiting NIH on June 22 under the auspices of the Office of Research on Women's Health. The programs represented include the Alliances for Graduate Education and the Professoriate, the Leadership Program, and the Research Experience for Undergraduates. Welcomed to campus by NIH associate director for research on women's



Dr. Vivian Pinn, NIH associate director for research on women's health, welcomes Howard students to NIH.

health and former Howard professor Dr. Vivian Pinn, the students also heard briefings on the Human Genome Project by Dr. Ron King of NHGRI, on cancer research and training by Dr. Fredrick Leach of NCI, on research training and partnership programs by NIDCD director Dr. James Battey, on the NIH Loan Repayment Program by LRPP Director Marc Horowitz and on student training opportunities by



An annual ORWH event brought more than two dozen students from several Howard University programs to NIH on June 22.

James Alexander, deputy director of the NIH Office of Education. A tour of interactive resources at the National Library of Medicine capped the day's events.

Kay Johnson Graham, EEO officer for NIDCD and NINR and a coordinator of the students' trip here, said NIH hopes the yearly visit helps participants match their potential to one of the myriad careers in medical research and research training.

"The whole point," Hildreth explained to the group, "is to get young people like yourselves interested in research and to encourage you to use your considerable talents to solve some of these problems."—Carla Garnett



NIDCD director Dr. James Battey discusses training.

Dr. Fredrick Leach of NCI tells students about opportunities in cancer research.



PHOTOS: BILL BRANSON

Dr. Michael Radis (r), director of Howard University's Alliances for Graduate Education and the Professoriate, and more than two dozen university students take in exhibits at NLM.



Nelson Lauded for Listening to Patients

By Melissa Braddock and Robert Bock

Dr. Lawrence Nelson, a fertility researcher at the National Institute of Child Health and Human Development, has received "The Art of Listening Award" from the Genetic Alliance for his ability to listen carefully to his patients when evaluating their conditions.

"Listening is a form of caring for others," Nelson said. "This

award touches me deeply because it means our patients feel that our research team cares about them. But listening is not only the right thing to do to care for patients, it is also the right thing

to do to advance research. As somebody once told me, you can learn a lot more by listening than you can by talking."

The Genetic Alliance, an international nonprofit coalition that works to help those affected by genetic disorders, created this award to increase awareness of listening. The alliance believes that listening is an invaluable tool that can increase medical understanding and help patients.

Nelson's principal research interest is in premature ovarian failure. This mysterious disorder affects young women, causing the ovaries to stop producing eggs and cutting off the hormones needed for bone strength and to ward off heart disease.

"Dr. Nelson deserves this honor," said Dr. Duane Alexander, NICHD director. "He has doggedly pursued the causes of this frustrating disorder while at the same time focusing intensely on the patients whose condition he is studying."

After working in private practice as a gynecologist, Nelson came to NICHD in 1988 to set up the institute's unit on gynecologic endocrinology. Since then, he and his coworkers have conducted research to understand why an otherwise healthy young woman's ovaries would stop functioning.

Nelson now suspects that such problems are the result of an immune system attack on these women's egg-producing machinery. Recently, in work published in the journal *Nature Genetics*, he and his colleagues have described the *Mater* gene in mice. The *Mater* gene produces a protein that is targeted by the immune system in certain strains of mice and is essential for a fertilized egg to develop.



Dr. Lawrence Nelson

Next, Nelson and his colleagues will search for the human version of the gene and protein, to learn if it, too, is the target of an immune attack. He also hopes to find out whether defective copies of the gene are responsible for unexplained cases of infertility.

Nelson added that while it's important to search for the cause of the condition, it's also important to find more effective treatments to help women whose ovaries have ceased functioning. In a new study, he and his coworkers are trying to find out if combining the female hormones estrogen and progesterin with the male hormone testosterone will help to avert the bone loss, loss of sex drive and cardiovascular risks experienced by many ovarian failure patients.

Nelson would like patients and their health care providers to be more aware of possible ovarian problems. "We believe the menstrual cycle is a vital sign of a women's health," he said. "If it isn't functioning, we need to find out why." ■

Symposium on Hormones, Development

NICHD is sponsoring a symposium on Nuclear Hormone Receptors and Development, organized by Drs. Yun-Bo Shi and Keiko Ozato, to be held on Aug. 21 and 22 from 8:30 a.m. to 5 p.m. in Lister Hill Center Auditorium, Bldg. 38A.

Research in both the areas of hormonal signaling via their receptors and the diverse mechanisms underlying early and late processes of development is currently progressing rapidly and attracting a great deal of attention. The purpose of the symposium is to discuss recent advances in these two fields by focusing on the roles of nuclear receptors for the hormones and other signals in regulating diseases and post-embryonic development. Topics to be covered include chromatin remodeling and gene regulation; nuclear receptor cofactor complexes; development; and cell differentiation and diseases.

All are welcome to attend. For more information contact Kay Holness, holnessk@exchange.nih.gov, 496-4045. ■

Postpartum Depression Study

The Behavioral Endocrinology Branch, NIMH, is seeking volunteer mothers ages 18-40 who have had one or more past episodes of postpartum depression following a full-term pregnancy, but are not currently depressed. Participants must be free of medical illnesses, medication-free and currently not breastfeeding. Volunteers may be asked to participate in a 6-month protocol investigating the effects of hormones on brain and behavior. All participants who complete the study will be paid. For more information call Linda Simpson-St. Clair, 496-9576. ■

Japanese Donors Sought for Study

Doctors in the Clinical Center's department of laboratory medicine are looking for normal Japanese men and women to donate one tube of blood for a study of platelet function. To be eligible you must be of full Japanese ancestry, have no evidence of anemia and must be at least 18 years of age. Subjects will not be excluded because of any medications. Compensation for blood donation will be provided. If interested, email dmayo@nih.gov or call D.J. Mayo at 496-5150 and leave a message.

POWOWS. CONTINUED FROM PAGE 1

Americans.

The brainchild of OD EEO Officer Hilda Dixon, the initiative and visits to powwows have been endorsed by Dr. Yvonne Maddox, NIH acting deputy director, in a letter to IC directors. The result is a growing partnership with many ICs that provide information, giveaways with IC or NIH logo, and staff who attend the powwows. For example, NLM brings the capability to go online and access MEDLINE and MEDLINEplus, while the OD Personnel Office assists with information on its Career Here web site. Other staff representatives share health disparities information as they discuss the role of their IC and NIH.

To date, partners have included NLM, NIMH, NIA, NIDCR and NICHD.

The OD EEO office chose powwows as the means to make this initiative work because they often draw large numbers of Native Americans from various tribes. A powwow is a festival that brings Native Americans together to sing, dance, visit and share talents and crafts. Native Americans also view powwows as a time to remember and preserve their rich heritage of traditions and beliefs. To increase the feasibility of recruitment, the powwows selected are within a 200-mile radius of NIH.

The initiative was piloted in March when OD EEO staff attended the 14th annual Native American Heritage Association Powwow at Radford University in Virginia and then, in April, the Red Heart American Indian Festival in Elkton, Md. Since then, they have been joined by staff from other ICs at other powwows—the Piscataway Tribal Powwow in Waldorf, Md., and the Mattaponi Indian Reservation Powwow in King William, Va. in June, and the 5th annual Native American Festival at Yarema's Lake in Maryland Line, Md., in July.

On the recruitment side, the "pilot" powwow at Radford University was a success: a Native American was hired at NIH as a postdoctoral investigator and the names of 12 potential Native American students were received for the database. Another potential candidate for employment may result from the Mattaponi Reservation Powwow. The OD EEO office refers resumé/applications from qualified applicants to the appropriate IC.

The OD EEO office is encouraged by feedback from powwow participants. As health information was being picked up by Native Americans at the Red Heart Indian Festival, Linda Kirk, a licensed practical nurse who attended, said, "My husband and I have been on the powwow circuit for 6 years and this is the first time we've seen anything like this. It's wonderful."

More powwows are scheduled for the remainder of this year and ICs are encouraged to join in these efforts as well: Sept. 22-23—The Chickahominy Festival in Charles City, Va.; Oct. 20-21—Eighth Annual Healing of All Nations Festival and Powwow in Marion, Md. ■

Genome of Gum Disease Bacterium Sequenced

Scientists have sequenced the genome of *Porphyromonas gingivalis*, a bacterium believed to play a major role in adult periodontitis, or gum disease. It is the first oral disease-causing microbe to be completely sequenced. The annotated *P. gingivalis* sequence was recently posted on the Internet, making it freely available to researchers worldwide.

The sequencing project, supported by the National Institute of Dental and Craniofacial Research, was carried out by scientists at the Institute for Genomic Research in Rockville in collaboration with the Forsyth Institute in Boston.

"*P. gingivalis* is one of the most intensely studied dental pathogens," said Dr. Dennis Mangan, chief of NIDCR's Infectious Diseases and Immunity Branch. "There is a large cadre of researchers out there ready to use the sequence data to identify the genetic mechanisms for the organism's virulence and to develop better approaches for preventing or eradicating periodontitis."

Periodontitis is a chronic infectious disease of the gums and underlying bony tissues. Untreated, it can destroy those tissues and result in tooth loss. By conservative estimate, more than 35 million Americans have periodontitis.

The mouth is teeming with bacteria, most of which do not cause disease. But when the largely gram-positive community of bacteria that normally live in the spaces between the gums and teeth are displaced by gram-negative anaerobic bacteria, periodontitis sets in. A small number of gram-negative species are associated with specific forms of periodontitis; *P. gingivalis* is the organism associated with chronic and severe adult periodontitis.

With the genetic blueprint for *P. gingivalis* in hand, dental researchers will be able to identify potential targets for periodontal vaccines and drug therapies.

The *P. gingivalis* genome is available on the Comprehensive Microbial Resource web site at <http://www.tigr.org/tigr-scripts/CMR2/CMRHomePage.spl>.—Susan Johnson ■



Native American dancers in full regalia at the Radford University 14th annual powwow.

NCI'S OCCAM, CONTINUED FROM PAGE 1

on the horizon, OCCAM continues to position itself as a force in both supporting and developing high-quality CAM research.

"Developing foundations for scientifically rigorous research in cancer CAM is a major goal of OCCAM's Research Development and Support Program," said Dr. Wendy B. Smith, who directs the program. The program plans several activities and initiatives to attract experienced cancer researchers to investigate CAM interventions and modalities, and to assist new CAM researchers in developing competitive grant proposals. For example, OCCAM is supporting the development of CAM clinical trials among the NCI cooperative groups and, in collaboration with the National Center for Complementary and Alternative Medicine, will be supporting several NCI-designated Cancer Centers to begin developing CAM



Dr. Wendy B. Smith directs OCCAM R&D program.

cancer research programs. "This is just the beginning of our efforts to reach out to the NCI's community of grantees," said Dr. Jeffrey White, OCCAM director.

To help investigators interested in developing CAM research proposals, OCCAM is hosting a grant writing technical assistance workshop on Oct. 4-5 that will provide an opportunity for junior faculty, or other researchers new to the field of CAM, to learn how best to construct a CAM cancer research grant application. "As cancer patients continue to explore alternative treatments, the need for reliable data increases. We want investigators to take advantage of our expertise in these areas to develop scientifically sound research projects," said Smith. OCCAM also plans to provide initiatives for investigators, and recently received concept approval for a program announcement with a special review group. The announcement will call for CAM cancer pilot projects over a range of CAM modalities.

OCCAM's additional activities include the development of a series of expert panels, "think tanks," to explore the major research methodology challenges in performing high-quality CAM research. The first of these panels is devoted to CAM cancer symptom management research and will meet in November. Scientific leaders in the field will review the literature and develop papers that discuss the research design and methodology issues that often cause

CAM grant applications to perform poorly in review.

OCCAM will also devote special attention to bringing the latest cancer CAM research data to the NIH community. In January 2002, Smith and Dr. Brian Berman, director, Complementary Medicine Program at the University of Maryland, will host a panel presentation called Acupuncture in Cancer Research: State of the Science from Bench to the Bedside. Data from basic science projects as well as some of the latest in clinical work will be presented. A reception following these presentations will provide the opportunity for investigators to exchange ideas and foster future collaborations.

Another program is the Best Case Series, which offers CAM practitioners an opportunity to have their approaches in treating cancer patients presented as possible research topics. "We want to identify serious alternative medicine practitioners and bridge the communication gap between conventional and CAM researchers and practitioners by providing more opportunities for dialogue and working together," said White. Clinicians are invited to submit information concerning their patients, including a clinical history, pathology reports and documentation of the patient's response to therapy. An external panel of experts in both conventional cancer therapies and alternative medicine will review the documentation; approaches that show promise may undergo further study with support from NCI and/or NCCAM.

In order to handle the added workload that will result from these projects, OCCAM will gain two new staff members along with new office space. Currently, the staff includes White and Smith, and program assistant Christina Armstrong. White is currently reviewing applications for a practice assessment coordinator and a cancer information specialist. The practice assessment coordinator will manage the day-to-day activities of the Best Case Series program while the cancer information specialist will catalog CAM cancer research activities as well as expand the OCCAM web site. Additionally, in August, the staff will move from Executive Plaza North and relocate to Executive Plaza Bldg. 6116.

While extramural investigators interested in cancer CAM research are increasingly aware of OCCAM's activities, the office is also hoping for a heightened awareness of its efforts within the NIH community. "People confuse us with NCCAM all the time," said White. Unlike OCCAM, which focuses exclusively on cancer, NCCAM supports research on CAM across several diseases and conditions.

For more information, visit www.cancer.gov/occam, call 435-7980 or send email to ncioccam1-r@mail.nih.gov. ■

American Indian/Alaskan Native Council

Meetings are currently taking place to form an employee group for American Indians/Alaskan Natives. NIH'ers interested in more information or who wish to affiliate with the American Indian/Alaskan Native Employee Council should contact Jared Jobe at 435-0407, email jobej@nhlbi.nih.gov, or Frank Grayshield at 594-2373, email grayshif@nhlbi.nih.gov.

Yen Wins Mentoring Award

Dr. Paul M. Yen's lab came away from this year's Endocrine Society meeting with three honors. A senior investigator in NIDDK's Clinical Endocrinology Branch, Yen received the \$30,000 Abbott Thyroid Research Mentor Award. Two fellows in

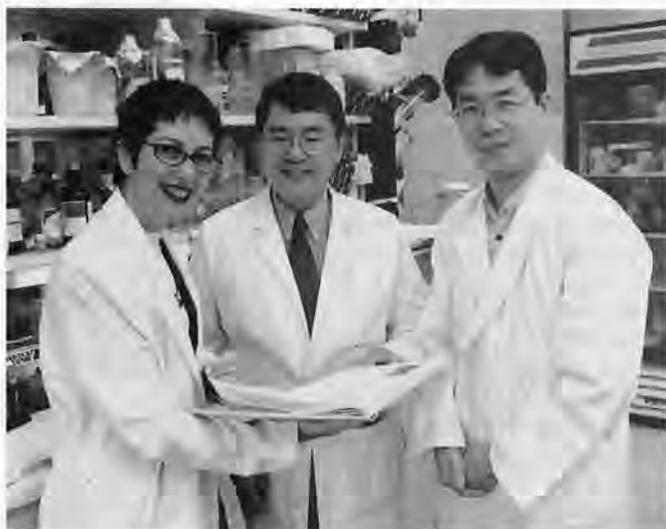
his lab, Dr. Pnina Rotman-Pikielny and Dr. Shinichiro Ando, each received a \$1,000 Abbott Thyroid Research Clinical Fellowship Award.

The fellows competed in oral presentations with four other

young investigators conducting work on clinically important aspects of thyroid disease. "It is only the second time that two people from one lab were competing," says Yen, who himself won a 1993 Boots Pharmaceuticals Clinical Fellowship Award, the prize's earlier name. By winning the competition, Rotman-Pikielny made it possible for Yen to receive the Mentor Award. The prize money will be used to train future investigators interested in thyroid disease.

Rotman-Pikielny presented her findings on pendrin, a protein that carries iodide out of cells in the thyroid gland. Mutations in the protein lead to Pendred syndrome, the primary cause of congenital deafness in the United States, and a cause of goiter and hypothyroidism. Until now, scientists had not identified how mutant pendrin causes disease. Rotman-Pikielny, in collaboration with Dr. Koret Hirschberg of NICHD and Dr. Padma Maruvada of the Yen laboratory, fused green fluorescent protein to normal and faulty pendrin and tracked where the proteins traveled in several different types of cells, including rat thyroid cells. She found that the flawed protein never gets to the cell's surface where it is supposed to go. Instead, it gets stuck in the endoplasmic reticulum, the network of tubules in the cell's cytoplasm where proteins are made. The finding suggests that Pendred syndrome may have to be added to a growing list of endoplasmic reticulum storage diseases that includes cystic fibrosis and diabetes insipidus.

Ando received his prize for showing for the first time that mutant thyroid hormone receptors can cause a dysregulation of thyroid-stimulating hormone in pituitary tumors that cause hyperthyroidism. The mutant thyroid hormone receptors were made by a mutation of thyroid hormone receptor DNA or an abnormal alternative splicing of thyroid hormone receptor RNA. The latter case showed for the first time that alternative splicing plays a role in creating abnormal thyroid hormone receptors. Because alternative splicing allows different pieces of mRNA to be cut out after transcription, one gene can produce several variations on a protein's basic structure. The DNA coding for the receptor was normal, but in going from DNA to RNA, key information was spliced out. Ando says if they had not looked at the RNA, they would not have found the underlying cause of the problem. "Sometimes it's not enough to just look at DNA for receptor mutations," he says.—Anna Gillis ■



Mentor Dr. Paul Yen (c) confers with associates Dr. Pnina Rotman-Pikielny (l) and Dr. Shinichiro Ando.

Free Outdoor Film Fest, Aug. 17-26

Moviegoers, grab your blankets or low beach chairs and relive the days of the drive-in. NIH announces its 5th annual Outdoor Film Festival complete with 10 nights of hit movies under the stars on the NIH campus, sponsored by Comcast. The list of free movies, shown on a large screen near the Medical Center Metro station (east of Stone House) is as follows:

Friday, Aug. 17	<i>Ghostbusters</i>
Saturday, Aug. 18	<i>Men in Black</i>
Sunday, Aug. 19	<i>Remember the Titans</i>
Monday, Aug. 20	<i>Annie Hall</i>
Tuesday, Aug. 21	<i>Saturday Night Fever</i>
Wednesday, Aug. 22	<i>Willy Wonka & the Chocolate Factory</i>
Thursday, Aug. 23	<i>The Birds</i>
Friday, Aug. 24	<i>The Godfather</i>
Saturday, Aug. 25	<i>Indiana Jones and the Last Crusade</i>
Sunday, Aug. 26	<i>Rugrats in Paris</i>

Food and desserts from local restaurants will be available beginning at 7 p.m., so attendees are encouraged to buy dinner or movie snacks at the festival. A portion of the proceeds will benefit the Children's Inn at NIH, Camp Fantastic/Special Love and Friends of the Clinical Center.

The films are scheduled to begin at sundown (approximately 8:15 p.m.). Volunteers are needed for the event. If you are interested in helping, call Julie at R&W, 496-6061. For more information visit www.filmfestnih.org.



HRDD Class Offerings

The Human Resource Development Division supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call 496-6211 or visit <http://LearningSource.od.nih.gov>.

Addressing KSA's and Federal Rating Process	8/14
Introduction to Macintosh	8/15
Introduction to Filemaker Pro 4.0	8/16
Supervision and Group Performance	8/16-17
IMPAC II Committee Management for CMO's and CMA's	8/20
Introduction to Windows	8/21
Introduction to the Internet	8/22
Intermediate Internet	8/22
IMPAC II Committee Management for SREA Staff	8/30
Introduction to Business (college class)	9/4
Medical Terminology I (college class)	9/4
Concepts of Disease (college class)	9/5
Principles of Accounting I (college class)	9/5
Is Management for Me?	9/5
Introduction to Public Administration (college class)	9/6
Human Resources Management (college class)	9/6
Federal Budget Process	9/10
Successful Management at NIH	9/11-13
Windows Intermediate	9/11
How to Manage Conflict: Solving Problems at Work	9/12
Advanced Web Page Design	9/13

On-Site College Classes at HRDD

College classes, counseling appointments and seminars are available to individuals in the NIH community who are thinking of pursuing a college education or have already begun a program of studies. The Human Resources Development Division is now accepting registrations for the following Montgomery College courses offered at Executive Plaza South: Introduction to Public Administration, Introduction to Business, Human Resources Management, Medical Terminology I, Concepts of Disease, and Principles of Accounting.

To assist students individually, a Montgomery College counselor holds office hours at Executive Plaza South on Tuesdays. To further help students, HRDD's college programs will coordinate four seminars during the fall 2001 semester that address study skills, test-taking strategies, the transfer of college credits, and the conversion of work/life experience into college credit.

For more information or to schedule an appointment with a college counselor, call 496-6211 or consult the HRDD web site at <http://LearningSource.od.nih.gov>. ■

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>.

Macintosh OS X - What's New for Users	8/9
Remedy - Customer Service Tool	8/9
Data Warehouse <i>Analyze</i> : Budget & Finance	8/13
C Language	8/13-16
WIG - World Wide Web Interest Group	8/14
A Complete Guide to Charging for Shared Resources	8/15
Budget Tracking	8/15
Advanced Presentations with PowerPoint 2000	8/16
Introduction to HTML	8/17
Creating Presentations with PowerPoint 2000	8/20
Investment Review	8/20
Data Warehouse <i>Query</i> : Travel	8/20
Using SQL to Retrieve DB2 and Oracle Data	8/21-22
Microsoft Visio 2000 Overview	8/23
Introduction to Wireless Communications	8/23
Advanced Sequence Analysis Using the Wisconsin Package (GCG)	8/23-24
Meet Your PC - What's Inside the Box	8/27
Fundamentals of Unix	8/27-29
Introduction to Programming	8/27-30
Windows 2000 Professional	8/28
Introduction to HTML	8/28
BRMUG - Macintosh Users Group	8/28
Seeking Information on the Web	8/29
KMIG-Knowledge Management Interest Group	8/29

R&W Has Tickets for Fun Summer Nights

If you are wondering how to turn a summer evening into a special outing for yourself and the family, consider visiting the R&W activities desk in Bldg. 31, where you can snag tickets to excellent minor league baseball in either Bowie or Frederick, or buy tickets to see Chamique and her teammates on the Washington Mystics. The desk also can provide tickets to the upcoming Maryland Renaissance Festival. Call the desk at 496-4600 for ticket availability, and spice up a summer night.

Dr. Eugene G. Hayunga recently joined the Office of Scientific Affairs, National Institute on Alcohol Abuse and Alcoholism, as chief of the Extramural Project Review Branch, where he will be responsible for overseeing the scientific review and technical evaluation of research grants and contracts for the institute. Formerly, he held a variety of review, program and policy responsibilities at NIH, and conducted laboratory research at the U.S. Department of Agriculture, Uniformed Services University of



the Health Sciences, and the Naval Medical Research Institute. As a congressional fellow, he worked on Medicare reform in the office of a United States senator. His military experience included active duty in Vietnam and at Walter Reed Army Medical Center during the Gulf War.