

THE NIH RECORD

Still The Second Best Thing About Payday

Scientists Explore Evolution of Infectious Diseases

By Linda Joy

Which strain of flu virus will strike next year? Why is antibiotic resistance such a problem in hospitals? Could vaccines for pneumonia or dengue fever do more harm than good?

For medical researchers who study infectious diseases, these are important and complex questions. And increasingly, biomedical scientists are finding clues to these puzzles from an unexpected source—evolutionary biology.

To bring some of the puzzle pieces together, Dr. Irene Eckstrand of the NIGMS Division of Genetics and Developmental Biology organized a meeting on the "Evolution of Infectious Diseases" that was held recently. The meeting was co-sponsored by NIGMS and the Ellison Medical Foundation, a private, nonprofit

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Thomas Insel Returns to NIMH As Director, Nov. 18

By Marilyn Weeks

Dr. Thomas R. Insel will return to NIH on Nov. 18 to become director of the National Institute of Mental Health, where he conducted behavioral and clinical neuroscience research for 15 years. He has been professor, department of psychiatry and director of the Center for Behavioral Neuroscience at Emory University



Dr. Thomas Insel

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Delivering Progress to Patients

Festival Session Features Bench-to-Bedside Success Stories

By Carla Garnett

What goes around comes around. That adage could be the principle upon which much of NIH's research is based. As if to prove the point, NIH's 16th annual Research Festival devoted one of its plenary sessions to tracing three success stories from bench to bedside and back.

"I'd like to welcome everybody to the plenary session 'Bench to Bedside' and perhaps also bedside back to bench," said NIDA scientific director Dr. Barry Hoffer, who cochaired the 2002 Research Festival organizing committee and moderated the session held in the Natcher Center on Oct. 17. "One of the true strengths of the intramural research program at the National Institutes of Health is the close association between basic science, and clinical science and clinical research. Not only is there physical proximity between the clinical research infrastructure at the Clinical Center and basic science laboratory



Dr. Barry Hoffer

SEE BENCH-TO-BEDSIDE, PAGE 8

NHGRI's Trent Delves into Genetics of Melanoma

By Peggy Vaughn

DNA microarrays and high-throughput genotyping are Dr. Jeffrey M. Trent's everyday tools in his role as scientific director of the National Human Genome Research Institute and chief of its Cancer Genetics Branch.

But it's the talent and dedication of his staff and colleagues worldwide that truly aided his work in locating the genes associated with the malignant progression of tumor cells, he told the audience at the G. Burroughs Mider Lecture in Masur Auditorium on Oct. 9. "It's nice to have tools and mathematical equations, but it's essential to have people," he said during his presentation on "Integrating Genetics, Genomics and Biology of Malignant Melanoma."

Trent arrived at NHGRI in 1993 and helped establish its Division of Intramural Research. Under his guidance, it is now a major research center in human genetics investigating the molecular changes behind the predisposition to, and progression of, human cancers. Much of his work has focused on the dire

SEE MIDER LECTURE, PAGE 4

NHLBI Films Two New PSAs

"Lights, camera, and action!" Throughout a hot, steamy summer night, the director called these commands dozens of times as the National Heart, Lung, and Blood Institute's new television public service announcement (PSA), "Jackie," was being filmed at Holy Cross Hospital in Silver Spring. "Jackie" tells the story of a 48-year-old woman, a heart attack survivor whose life has changed as a result of heart disease. The PSA is one of two being produced for The Heart Truth, a national awareness campaign for women about heart disease sponsored by NHLBI.

Produced and directed by ThinkFilm, Inc., the award-winning production company that shoots the Washington, D.C., scenes for the TV show *The West Wing*, the filming of "Jackie" required some creative camera techniques. For example, the first scene simulates Jackie's arrival by ambulance to the ER for the viewer. To capture those terrifying moments as they were happening to Jackie, the camera man had to be Jackie by holding a heavy camera and filming flat on his back on a stretcher while being moved out of the



Dr. George Sopko of NHLBI visits the set at Stargate Digital in Los Angeles, where a new PSA was prepared.

ambulance.

The filming required the talent of eight actors and a 25-member production crew. Throughout the all-night shoot, crew members unloaded and set up a truckload of equipment and props, including an ambulance, uniforms donated by D.C. paramedics, medical equipment and special signs to turn Holy Cross Hospital's main entrance into an emergency room. After an entire night of filming and many days of post-production work, the final "Jackie" spot was ready to deliver 30 seconds of critical messages about heart disease in women to television audiences.

"If You Could," NHLBI's second television PSA for The Heart Truth, was also produced this past summer. This spot, through the use of somewhat shocking special effects—a plaque-clogged artery, a cramped heart muscle and a blood clot—urges women to talk to their doctors about heart disease. The concept for the PSA was developed after focus group participants strongly recommended that NHLBI show women the hard truth about heart disease, "whether they want to see it or not."

Special effects for "If You Could" were produced by Stargate Digital, the Los Angeles-based visual effects company for the hit CBS series *CSI—Crime Scene Investigation*. The show's Emmy-nominated makeup artist and sound editors were key contribu-

tors to the production of the PSA. The realistic heart and plaque-clogged artery seen in the spot were created through a combination of original prosthetics, character-generated computer animation and special cinematography. NHLBI's Dr. George Sopko was on the set as a medical consultant to make sure the heart and artery were medically accurate as well as artistically exciting.

The Heart Truth campaign was launched nationally in September. See if you can spot "Jackie" and "If You Could" on TV this fall.—Ann Taubenheim **R**

Correction

The article, "NIH Grantees Win Nobel, Lasker Honors" that appeared in the Oct. 29 *NIH Record* omitted this year's recipients of the Lasker Award for Clinical Medical Research, Dr. Willem J. Kolff of the University of Utah and Dr. Belding H. Scribner of the University of Washington; the two were honored for the development of renal hemodialysis, an advance that has revolutionized the treatment of acute and chronic kidney failure.

In the late 1960's, Kolff and his group at Utah received several NIAMD contracts to develop and test an improved artificial kidney system. Scribner is a former NIDDK grantee who pioneered the use of dialysis in patients with kidney disease by inventing a shunt that would enable repeated use of hemodialysis. His research also established the minimum level of dialysis needed and the factors that need to be considered in determining the dialysis schedule for individual patients (for example, weight and residual kidney function). **R**

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NIH Record Office
Bldg. 31, Rm. 5B41

Phone 496-2125
Fax 402-1485

Web address
<http://www.nih.gov/news/NIH-Record/archives.htm>

Editor
Richard McManus
rm26q@nih.gov

Assistant Editor
Carla Garnett
cg9s@nih.gov

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Kennedy To Give Shannon Lecture, Nov. 20

Dr. Donald Kennedy, former FDA commissioner (1977-1979), former president of Stanford University and now editor of *Science* magazine, will deliver the sixth James A. Shannon Lecture on Wednesday, Nov. 20 at 3 p.m. in Masur Auditorium, Bldg. 10. He will speak on "A Second Post-War Revolution in Biomedicine."

Kennedy, an internationally recognized neurophysiologist, was born in New York City and earned his undergraduate and doctoral degrees at Harvard University. After a 4-year period on the faculty of Syracuse University, he moved in 1960 to the department of biological sciences at Stanford, and served as chairman of the department from 1965 to 1972. He then became chairman of the program in human biology, an interdisciplinary undergraduate program.



Dr. Donald Kennedy

In 1977, Kennedy began a term as commissioner of the Food and Drug Administration. He dealt with the

ban on saccharin, the overhauling of the drug provisions of the Federal Drug and Cosmetics Act in the proposed Drug Regulation Reform Act of 1978, and conducted a major revision of many of the agency's manufacturing practices.

He left in June 1979 and returned to Stanford, where he was vice president for academic affairs and provost and then, from 1980 to 1991, president of the university. He also served on the board of directors of the Health Effects Institute (a nonprofit organization on pollution) and the California Nature Conservancy.

Kennedy is now Bing professor of environmental science, emeritus, at Stanford. His latest research program, conducted through the Institute for International Studies, includes interdisciplinary studies on policies regarding such environmental problems as: major land-use changes; economically driven alterations in agricultural practice; global climate change; and the development of regulatory policies. Kennedy, with several colleagues, completed *Environmental Quality and Regional Conflict*, an analysis undertaken at the invitation of the Carnegie Commission on Preventing Deadly Conflict.

The Shannon lecture series was established in 1997 by the NIH Alumni Association in honor of Dr. James A. Shannon, NIH director from 1955 to 1968. The lecture is an NIH Director's Wednesday Afternoon Lecture Series event. For more information and reasonable accommodation, contact Hilda Madine, 594-5595. ■

Irish Nurses Train at NCI

Four oncology nurses arrived at NIH on Sept. 28 from Ireland and Northern Ireland as part of the Clinical Trials Training Program, a 3-month educational course sponsored by the Ireland-Northern Ireland-National Cancer Institute Cancer Consortium. The program was developed as part of the consortium's effort to increase clinical cancer research in Ireland.

The nurses will rotate between the Clinical Center and NCI's branch at the National Naval Medical Center to gain experience in working in a cancer clinical trials center. During training, the nurses will focus on a team approach to managing clinical trials, learning the components of clinical trial management including the roles and responsibilities of team members.

"Nurses are essential in conducting a clinical trial," said Joyce Stocker, chair of the nurses working group. "Well-trained cancer research specialists are crucial to the improvement of cancer care on the island of Ireland."

For more than 30 years, fellows from Ireland have been accepted in NCI's clinical research program. When they returned to Ireland they were frustrated with the lack of infrastructure in place to support research, Stocker said.

That recently changed for several reasons. The strengthening of the economy in the Republic of Ireland throughout the 1990's allowed the government to increase its investment in health research, and the 1998 peace accord made feasible a collaborative approach to building capacity for cancer clinical research between the Republic and Northern Ireland. In late 1999, the consortium was created to bring NCI on board as a partner to help build that capacity. In recent years, funding for clinical trials has been made available in both Dublin and Belfast.

Learning is a two-way experience for the nurses participating in the program. For instance, the visiting nurses tend to have more expertise in palliative care, which is more fully developed as a national philosophy in the United Kingdom and Ireland. "We are planning to tap into that expertise by planning training courses, having a visiting professor provide lectures, or perhaps having students go to Ireland for training," said Stocker. Palliative care has become a special focus for NCI.

The Irish and U.S. nurses form relationships on a personal level. Over the course of 3 months they are likely to become good friends. "We forge friendships with them and enjoy social events, shopping and travel," Stocker said. "I took them to Williamsburg with my family last spring. They really enjoyed D.C. in spring and were awestruck by the cherry blossoms."—Joanna Mayo ■



NCI nurse Joyce Stocker (c) meets with nurses from Ireland and Northern Ireland, including (from l) Ruth Boyd, Louise Sherwin, Marie Cox and Mairéad Devine.

MIDER LECTURE, CONTINUED FROM PAGE 1

problem of malignant melanoma, the deadliest form of skin cancer, which is reaching epidemic proportions worldwide.

"One in 75 Americans born in the year 2000 will develop melanoma in their lifetime," he said. "Melanoma, as an entity, has increased more rapidly than any other cancer except lung cancer in women. It often afflicts young people—the median age of patients is 45. It is estimated the cost of the disease exceeds \$1 billion a year in the United States alone."

The genetics of melanoma genesis and progression are not completely understood even today. But two decades ago, when Trent first began in the field as a cytogeneticist, it was known that chromosome 6 played a primary role in the progression of the disease. Investigators began to build on that knowledge, Trent said.

"Disorders of chromosome 6 are almost universally happening in the overwhelming majority of the tumors in

this disease," he said. "Investigators began to look at it for solutions to the problem, to not just stare at cytogenic patterns but to dissect them."

Using new chromosome microdissection technology, researchers began to identify the genes that caused the disorder, hybridized them, and in animal studies showed that transferring an extra chromosome 6 into a melanoma could reduce tumorigenicity. Array-based technologies also allowed researchers to begin looking at tens of thousands of genes and to analyze gene expression in cancer. This generated a new taxonomy of the disease, Trent said.

"Melanoma had been looked at as a single entity," he said. "We wanted to get into the molecular taxonomy of it and find cancer pathways. We worked on tests to distinguish tumors as leads into the biology of the disease. From that we were able to elucidate some hints as to what these genes were involved in."

Trent said he was particularly interested in bringing these discoveries into the realm of patient care. He used gene-based technology to address the highly toxic side effects of using IL-2 in the high dose cell therapy pioneered by NCI's Dr. Steve Rosenberg. Using microarray and computational biology, Trent's team looked at literally billions of genes to find the three that separated the patients who would respond to IL-2 therapy from those who would not respond.

"Ultimately, we hope to use this (technology) to distinguish survival patterns and the genes important to this," Trent said.

The factors involved in susceptibility to melanoma

are well known, with sun exposure, skin types and family history topping the list. However Trent, teaming with fellow NHGRI researcher Paul Meltzer, recently confirmed the finding that B-RAF gene mutations are a critical component of malignant melanomas, and for the first time presented evidence that even common moles (called nevi) have mutations in this gene.

"Up to 60 percent of melanomas have this mutated gene," he said, with almost 80 percent of nevi showing the identical genetic change. Work continues on investigating a particular gene, *wnt5a*, as a possible pathway to melanoma. Trent said there can be little doubt for the clinical need to develop molecular-based approaches to augment the routine surgical pathology of the disease.

At the conclusion of a lecture highlighted with dozens of photos of his colleagues, Trent spoke again of the asset he most valued during his years of genome research. "None of this would have been possible without a myriad of workers in a myriad of areas," he said.

Trent also formally announced that he would be leaving NHGRI to lead the private, non-profit Translational Genomics Research Institute in Phoenix. He will remain scientific director while a search is conducted to find his replacement. ■

NIDDK's Dr. Ad Bax (l) and NCI's Dr. Marc Gwadz placed first in the 2-man master's category at the 38th annual Head of the Charles Regatta in Boston on Oct.

19. The rowers completed the 3-mile course in 17:48, some 25 seconds slower than their winning (and record-setting) performance last year, but still good enough to win the event. Bax said 30



mph headwinds on the course's last stretch slowed all boats in this year's regatta. Dr. Chuck Selden (below) of OER, who trains with Bax, also competed in the master doubles race on the Charles River with his partner John Younger. They finished in 18:33, placing fourth (up from eighth a year ago).

Selden and Gwadz also competed a week after Boston at Philadelphia's Thomas Eakins Head of the Schuylkill Regatta. Selden finished second in the men's master singles (ages 50-59) category, while Gwadz placed second in men's heavyweight singles.

Gwadz was also part of the winning boat in the master's quadruple sculls competition, rowing for Potomac Boat Club. He, Bax and Selden are members of the PBC in Washington, D.C.



Mider Lecturer Dr. Jeffrey Trent (r) of NHGRI meets with NIH director Dr. Elias Zerhouni before the talk in Masur Auditorium.

Trees Removed Behind Bldg. 1, Due for Replacement

Some 17 red oak and pin oak trees located behind Bldg. 1 were recently removed owing to ill health and the hazard they posed for people and property. They will be replaced by new willow oaks in the coming weeks.

According to Lynn Mueller, chief of the grounds maintenance and landscaping section, ORS, the 35-65 year old trees had outgrown their living quarters years ago. "Over the past 5 to 7 years, those trees have gone into a steady decline," he said. "Almost yearly summer droughts over those past years have contributed to their decline. The trees have been pruned almost annually in that time at



A tree past its prime

great expense and they continued to have crown dieback."

Mueller said NIH had to pay for repairs to three cars damaged by falling branches in recent years. "In those narrow islands (where the trees were confined) the trees had become a hazard to people and property and were taking too large a percentage of our campus tree maintenance budget," he said. "The stumps will be removed and replaced with willow oaks, the best oak for this growing

almost nonexistent. The trees were deep-root fertilized and aerated in the winter of 1998. I think we did all we could. They had reached their maximum potential and could no longer sustain themselves. When we remove the stumps we'll try to remove as much of the existing compacted backfill soil as possible and replace it with fresh topsoil. This will help the new trees for years to come. Trees are living, breathing things and, like us, do not live forever."

Mueller said the trees were being girdled by the steel pipe guards that were installed when the trees were planted in the parking lot's narrow islands, to



Barriers prove confining

keep car bumpers from hitting them. "From looking at the growth rings, it is obvious that all the trees were in decline for the last 15 years," he said. "The rings for the past 12-15 years were compressed into 1-1½ inches of growth while the previous 50 years had about 12-15 inches of growth. They definitely had reached their maximum growth potential about 10 years ago." ■



A girdled stump remains



One of 17 oaks that fell

situation. The young trees will be planted either later this fall or late winter depending upon weather conditions for transplanting and availability. Trees will be in place for this coming spring.

"The removal decision was actually made last year at this time, but then we decided to do a late fall pruning and hope the rains would come," Mueller continued. "Ground water under all that paving is



No room to grow

Use or Lose Reminder

Don't forget to officially schedule your "Use or Lose" annual leave no later than Saturday, Nov. 30. Questions concerning "Use or Lose" leave should be directed to one's human resource office or other program official designated by your institute or center.

Holiday Auction Set, Dec. 6

The Clinical Center's department of laboratory medicine will hold its 30th Holiday Auction fundraiser on Friday, Dec. 6 in Bldg. 10, Rm. 2C310, which is the department's conference room and library.

Organizers welcome donations of items, and remind donors that their contributions are tax-deductible. There will be a white elephant sale table, bake sale, pizza lunch and silent auction. The bake sale, with coffee and tea, begins at 9 a.m., followed by the silent auction and white elephant sale at 10. Pizza will be served at 11 a.m., and the silent auction ends at 2 p.m.

To make donations call Sheila Barrett, 496-5668, or Norma Ruschell, 496-4475. ■

INSEL, CONTINUED FROM PAGE 1

School of Medicine in Atlanta since 1994.

Since NIH director Dr. Elias Zerhouni announced his appointment in mid-September, Insel said, "I have had an opportunity to meet with leaders of academic departments, professional groups and advocacy organizations. The messages I am hearing from these different constituents are surprisingly similar: People are generally excited about mental health research and enthusiastic about current treatments for mental disorders, but there is widespread concern about the persistent stigma surrounding mental illness and its treatment."

While Insel views this stigma as a "high hurdle," he expressed hope that it can be reduced if "we can continue to support breakthrough scientific research and to build on our most effective treatments. We must work not only with the research, treatment and advocacy communities, but also with other NIH institutes, other government departments and the media."

Insel, who first joined NIMH in 1979 as a clinical associate in the Clinical Neuropharmacology Branch, outlined what he calls ambitious goals including: discovering vulnerability genes and diagnostic biomarkers for the major mental disorders; reducing suicide, which is globally responsible for as many deaths as war and homicide combined; reducing HIV transmission; and developing new strategies for the prevention of mental disorders.

"To accomplish this, we must move to the next level in our key areas of basic neuroscience, translational research, clinical research and studies of mental health services," he said. "The needs are great—an estimated 44 million Americans suffer with a diagnosable mental disorder each year, including nearly 1 in 5 children, causing significant morbidity and mortality."

Insel will oversee NIMH's \$1.3 billion research budget that provides support to investigators at universities throughout the country and funds an in-house research program in Bethesda.

After joining NIMH, Insel went on to hold several administrative and leadership posts. During his 15 years at NIMH before heading to Emory in 1994, he conducted research in obsessive-compulsive disorder, initiating some of the first treatment trials for OCD using serotonin reuptake inhibitors. Five years later, Insel launched a research program in social neuroscience, focusing on the neurobiology of complex social behaviors in animals. Using molecular, cellular and pharmacological approaches, his laboratory has demonstrated the importance of the neuropeptides oxytocin and vasopressin in maternal behavior, pair bond formation and aggression.

Insel graduated from the combined B.A.-M.D. program at Boston University. He did his internship at Berkshire Medical Center, Pittsfield, Mass., and his residency at the Langley Porter Neuropsychiatric

Institute at the University of California, San Francisco. He joined NIMH and served in various scientific research positions until 1994, when he went to Emory as professor, department of psychiatry, and director of the Yerkes Regional Primate Research Center. As director of Yerkes, Insel helped to build one of the nation's leading HIV vaccine research programs. He currently serves as founding director of the Center for Behavioral Neuroscience, a science and technology center funded by the National Science Foundation. The center has developed an interdisciplinary consortium for research and education at eight Atlanta colleges and universities. Insel's research continues to study the role of oxytocin in social attachment and behavior, and under an NIMH grant, he directs the development of an autism research center.

Insel serves on numerous academic, scientific and professional committees including 10 editorial boards. He is a fellow of the American College of Neuropsychopharmacology and has received awards from the National Alliance for Research on Schizophrenia and Depression, the Society for Biological Psychiatry and the Public Health Service.

"I am both honored and excited to be joining the NIH at this time; Dr. Steve Hyman is a hard act to follow," Insel said, referring to his predecessor. Hyman left NIMH in December 2001 to become provost at Harvard University. Insel said that Dr. Richard Nakamura, who has served as acting director during the interim, would continue to help guide NIMH. ■



Dr. Patricia A. Grady, director of the National Institute of Nursing Research, recently received the Centennial Achievement Medal from Georgetown University

School of Nursing. She was the first recipient of this award and was honored for her leadership, accomplishments and contributions to nursing science. The medal was created to celebrate 100 years of educating nurses at Georgetown University by honoring scholars who have demonstrated service, excellence, achievement and leadership in health care.

Healthy Adults Needed

Healthy adults ages 18-30 who have never been immunized against smallpox are sought to participate in a phase I/II trial at the Vaccine Research Center. The trial will evaluate an experimental smallpox vaccine for safety, dosing schedule and immune responses. All participants will also receive the standard smallpox vaccine. To volunteer or for more information, call toll free 1-866-833-LIFE or TTY: 1-866-411-1010.

Deitrich To Give Keller Lecture, Nov. 21

A person's level of sensitivity to alcohol is one of the inborn traits that helps determine the risk that he or she will become alcoholic after having begun to drink. The genes that control the initial reaction to alcohol are present in both humans and animals; the ability to breed animals for specific responses to alcohol is a demonstration that these traits are, in fact, heritable.

The ability to breed animals with differing responses to alcohol has generated a tremendous amount of information in recent years on the genetics and chemistry of the alcohol response. A long-time authority on this research, Dr. Richard Deitrich, will discuss these advances when he gives the 2002 Mark Keller Honorary Lecture on Thursday, Nov. 21 at 1:30 p.m. in Masur Auditorium, Bldg. 10.



Dr. Richard Deitrich

Entitled "Genetics of Ethanol Effects in Animal Models," Deitrich's lecture will discuss the selective breeding of rodents for high and low initial sensitivity to alcohol and for acute tolerance—a term for the

loss of sensitivity to alcohol that occurs after drinking. These animal lines have been the vehicle with which scientists have learned a great deal about central nervous system effects of alcohol, and about the genes that control these responses. Deitrich will also discuss the implications of this research for treatment and prevention of alcohol problems. ■

Communication for Women in Science

A major concern expressed by NIH women scientists is the need to negotiate effectively and successfully. To address this, the Training and Development Branch has created the Communication and Negotiation for Women in Science workshop, which will be conducted by Dr. Julie White, a well-known speaker, seminar leader, consultant and author.

Participants will learn: successful negotiation tactics and strategies; approaches for breaking through impasses and achieving mutually advantageous solutions; how to define and articulate needs to attain career objectives.

The 2-day workshop will be held on Dec. 4 & 5 and Dec. 4 & 6. For more information, contact the Training & Development Branch at 496-6211 or visit <http://learningsource.od.nih.gov/>. ■



In the photo above, site preparation goes forward at the Children's Inn at NIH on a project to expand the facility by one-third. The new wing will be built on the south side of the existing structure, some of whose windows can be seen boarded-up. The new wing—slated to open in 2003—will provide space for 18 more families, bringing the inn's total capacity to 55 families. In the photos below, work continues on two new buildings—NIH's new firehouse (c) and the John Edward Porter Neuroscience Research Center (bottom). The firehouse, just a few ladders' lengths away from a county firehouse at the corner of Old Georgetown Rd. and Cedar Lane, will include 22,000 square feet and open next spring as home to the NIH Fire Department. The new Porter labs will occupy 560,000 gross square feet, or approximately the same space as three Bldg. 36s. It is to be built in two phases, with completion of the whole lab facility by spring 2007.



A-76 Program Information Session

On Tuesday, Nov. 19, the NIH commercial activities review team will conduct an information sharing session on the NIH Competitive Sourcing Program (A-76). The session is open to all NIH employees and will be held in the Natcher Auditorium from 12:30 to 3:30 p.m.

The session will address the steps NIH is taking as it implements the competitive sourcing aspect of the President's Management Agenda. NIH is committed to maintaining open, honest lines of communication with its employees throughout the A-76 process. Employees will be encouraged to ask questions.

Sign language interpretation will be provided. For other reasonable accommodation contact Carey Roberts at least 5 days in advance at 402-2960 (voice), or 711 via Md. Relay Service or by email at RobertsC@od.nih.gov.

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ries, but also many of the individuals who are carrying out cutting-edge basic research are involved in clinical research as well. This uniquely positions the intramural research program to be an organization at the forefront of translational research, that is, taking findings from the laboratory, bringing them to the clinic and also taking insights from the clinic and bringing them back to the laboratory."

Timing May Be Everything

Looking back over the 26-year period from 1976 to 2002, Dr. Judith Rapoport, chief of the Child Psychiatry Branch in NIMH's Division of Intramural Research Programs, said a confluence of circumstances led to the success she and her team accomplished on obsessive-compulsive disorder (OCD).

"This brought back a wonderful period in which research on a little-known disorder in psychiatry and what happened from clinical research and clinical observations led to some very interesting and useful laboratory work," she said. "I've titled this 'Bedside to Bench,' but it has certainly reverberated many times since."

Rapoport explained that despite the fact that the term obsessive-compulsive has become part of cultural vernacular and is often used jokingly in reference to benign habits, OCD is actually a severe and chronic disorder that interferes in a major way with daily functioning.

It was while studying OCD in the late 1970s, Rapoport recalls, that several concurrent events propelled her research forward: The first epidemiologic report of psychiatric disorders in the U.S. found that a larger than expected percentage (2-3 percent instead of .01 percent) of Americans met criteria for OCD. Anecdotal evidence from Spain and England reported that in depressed patients with OCD, the antidepressant drug clomipramine seemed to benefit both disorders. Clomipramine was no longer being systematically tested, however.

"A lot of things happened around the same time," Rapoport remembered, "and for something to work this well in a project, timing may be one of the most important things." Also around then, her group began a clinical study of young people with OCD; the publicity following a radio interview with one of the study participants opened the floodgates for calls from OCD patients. Next came Rapoport's book, *The Boy Who Couldn't Stop Washing*, which—to her surprise—made the *New York Times* bestseller list and prompted Rapoport to hit the talk-show circuit.

"That was a fascinating experience—both scientific

cally and otherwise," she recalled. "With the enormous media exposure, we started getting responses to these studies in groups where hundreds of people would phone in. That immediately—and in a terribly efficient way—led to a series of studies on a number of disorders we'd never considered before that had in common non-useful excessive behaviors."

While studying one of those related disorders—trichotillomania (the compulsion to pull out one's hair)—Rapoport's group ended up developing the first animal model of OCD. Hearing of her work with trichotillomania, a veterinarian approached her team about Labrador retrievers diagnosed with canine acral lick dermatitis, which causes dogs to lick their fur until bald patches and ulcers appear. As a result, Rapoport admitted that her group "conducted the only clinical animal study in the history of NIH."

The success of the OCD work surpassed all expectation, and is validated by its widespread adoption by peers in other fields of study.

"Five years before we started," Rapoport said, "there were no papers on OCD. Now there are at least 250 papers on the diagnosis, treatment and neurobiology of the disorder."

In addition, scientists at NIH produced the first brain-imaging studies for OCD, and an OCD subspecialty now exists. There are about 500 treatment clinics specifically for OCD across the U.S. and nearly 75 percent of patients treated with some combination of therapy derived from this work have a significant degree of positive change.

"Obsessive-compulsive disorder is now claimed by our neurology colleagues as well as our psychiatry colleagues," Rapoport concluded. "In summary, the NIH studies did a series of firsts with bewildering speed, even to the investigators. We showed that (OCD) was common, we showed there were effective treatments, we showed—first with anatomic then with functional studies—that there was dysfunctional circuitry, we developed the first animal model, and perhaps most importantly, we've seen the development of new immunosuppressant treatments under the current leadership of Dr. Susan Swedo at the NIMH."

If At First You Don't Succeed...

Dr. Steven Rosenberg, chief of surgery at NCI, has every right to be frustrated. Despite his best attempts to develop new treatments for people with invasive cancers, many of his patients still die. However, many of his patients survive longer than predicted, and many others are cured entirely. And that, he said, is the purpose of NIH research.

"Cancer is a curable disease today in about half of all individuals who develop it," Rosenberg said. "We have three effective treatments—surgery, radiation therapy and chemotherapy—that will cure



NIMH's Dr. Judith Rapoport, NCI's Dr. Steven Rosenberg (c) and NIDCD director Dr. James Battey offered words of wisdom about basic, clinical and extramural research during the NIH Research Festival.

PHOTOS: ERNIE BRANSON

patients and allow them to live out their normal lifespans. The problem we face in modern medicine is the remarkable incidence of this disease."

Last year in the U.S. alone, he noted, there were more than 1,200,000 new cases of invasive cancer; thus, the half of patients who could not be cured accounted for over 530,000 deaths.



Rosenberg discusses immunotherapy.

Rosenberg explained the need to develop treatment options for those patients whose disease does not respond to standard methods. One option, he said, could be immunotherapy, a

treatment that "doesn't use an external force like a scalpel, radiation beam or drug, but rather attempts to alter the body's own natural defenses to fight the disease. The body recognizes a cancer as foreign, we now realize, but not foreign enough to reject it. The goal of immunotherapy is to see if we can enhance the body's defenses to fight off the invading cancer."

He also put human faces on the research, describing the medical histories of Michele, a 28-year-old wife and mother of a 7-year-old, and Andy, a 16-year-old high school senior. Both came to NIH with invasive skin tumors that had resisted all other treatments.

Through a series of slides, Rosenberg showed the tremendous success with interleukin 2, which stimulates the patient's immune system to destroy tumor cells. Of all melanoma patients whose tumors disappeared completely, no recurrences have been seen in 80 percent up to 15 years after treatment.

As of 2001, among 409 patients with widespread metastatic melanoma treated since 1985 in the Clinical Center, about 7 percent undergo a complete regression; another 9 percent undergo at least a 50 percent regression of all of their disease. Regression appears to be permanent.

"Is complete regression possible? The answer is yes," said Rosenberg. "But it only happens in a small percentage of patients."

Such treatments did not prove permanent for Michele and did not reduce Andy's tumors at all.

Over a period of 13 years, Michele would undergo several procedures at NIH to resect tumors, identify anti-cancer antigens and boost her body's natural ability to fight cancer. She died at age 41, but not before seeing her little girl grow up, marry and deliver Michele's first grandchild. For Andy, Rosenberg's team was forced again and again to return to the drawing board. None of the immunotherapy options that had been effective in other patients were having any effect at all on the young

man's tumors. At the lowest point, Andy dropped out of school, was bedridden and needed painkillers. As a final option—part of a compassionate therapy agreement—Rosenberg's team tried another tumor-fighting combination. Remarkably, the new mixture completely eliminated the tumors and Andy, cancer-free for more than 2 years, returned to college.

Immunotherapy investigators learned quite a bit from Michele's and Andy's illnesses, but adding to the knowledge base is not what satisfied Rosenberg.

"We understand a lot at the molecular level that the patients have taught us," he said, "but our goal is certainly not only to understand the underlying biology, but also to use this information to develop a better treatment, to take this bench research back to the bedside. As Sophocles stated more than 2,000 years ago, 'What profits wisdom when there is nothing to be done?'...The point of this symposium is to emphasize the importance of taking basic scientific findings from the laboratory to patients in desperate need of new treatments for their disease."

Sweet Sound of Synergy

Imagine hearing a "ping" and being glad to have your son tell you it's just the microwave oven. That's what a cochlear implant has done for Donna Sorkin, who struggled with hearing loss for most of her life and lost most of her ability to hear at age 35. A guest of NIDCD director Dr. James Battey, Sorkin was invited to discuss her journey from barely noticeable hearing impairment to profound hearing loss, and back.

"The cochlear implant could only be developed after there were many basic breakthroughs," said Battey, giving a brief background of the device, from concept to reality. "This is a truly multidisciplinary endeavor, where anatomists together with physicists and engineers were needed to figure all the things that were needed to develop a clinically useful cochlear implant."

The effort to develop the device spanned dozens of years and garnered both private and public funding; NINDS (NINDB, on early grants) and NIDCD supported grantees working on the implant, which was not without its detractors.

"In the early going most auditory researchers did not believe the cochlear implant would ever be of benefit to patients," Battey said. "(This is) yet another example where conventional wisdom proved to be wrong. Most auditory researchers in the early 1980s did not believe that this device could ever work clinically."

Important hallmarks began in electronics with the development of the transistor in the 1940s. By 1957 the first implant had been placed in a patient, who could then detect sound but not understand speech.



Donna Sorkin, who uses a cochlear implant, said sounds most people with normal hearing take for granted—such as the ping of a microwave oven—were foreign, but welcome, to her ears after she received her implant. Battey (l) invited Sorkin to tell her NIH success story at a recent plenary session.

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In 1965, NINDB grantee Blair Simmons and colleagues at Stanford University developed an implant that allowed a patient to distinguish between sound frequencies, providing the basis for speech recognition. NIH grantees showed in 1975 that determining the correct levels of electrochemical stimulation was crucial to prevent damage to the auditory system.

In 1989 and 1991, dramatic advances in speech recognition were developed by NIH-supported biomedical engineers. Today, about 50,000 people worldwide use cochlear implants, which have become the treatment of choice for postlingually deaf adults and an option for deaf babies.

During her talk, Sorkin—now vice president for consumer affairs at Cochlear, which manufactures the implants—summarized 40 years of her hearing tests, which since elementary school days had showed mild hearing loss but by age 27 reflected rapidly diminishing hearing. She began to have difficulty keeping up in meetings, hearing the soundtrack at movies and communicating by telephone. By age 35, she had a profound hearing loss that was difficult to correct with a hearing aid. She required captioning for meetings, and worried about stopping work completely. She decided to pursue the possibility of having surgery for an implant, if only to augment her lipreading ability. More than 3 years after surgery and rehabilitation, Sorkin's hearing is nearly back to where she began—equivalent to mild hearing loss.

"This was the result of a lot of research that had been funded by NIH," she said. "People often ask me what the sound is like, if it's as I remember. The answer is that it's really very good sound. Voices that I remember from the time before I lost my hearing, voices of my friends and family sound very much as I remembered them. I enjoy music. It's not exactly the way I remember music to be, but it's an enjoyable experience. Using the telephone was a watershed. I think sometimes we forget how important using the telephone is in your life. For me that was the ultimate."

On average, adults with the implant require 3 to 5 years following surgery before achieving their optimal hearing, Battey said, emphasizing the importance of rehabilitation. Asked about the years-long delay before hearing is recovered, he said investigators have a theory: "We believe the answer is in two words. Neural plasticity. The brain learns again to interpret the input as meaningful speech, much in the way that the brain learned that same process over not a dissimilar period when you're a young child. The cochlear implant story is an enormous testament to technology, but it's an even bigger testament to the phenomenal plasticity of the nervous system." **R**



Battey emphasizes the importance of rehabilitation following cochlear implant surgery. In one of three NIH success stories presented during a plenary session of the 2002 Research Festival, the development of cochlear implants was hailed as a multidisciplinary, public-private accomplishment that surprised its early critics.

Signs of the Times

NIH's 16th Annual Research Festival Includes Multiple Poster Sessions

Jeannine Botos of NCI's Laboratory of Receptor Biology and Gene Expression points out details of her work on "Cellular Processing of Progesterone Receptor in

Mouse Mammary Adenocarcinoma Cells" to Bradley Scroggins, also of NCI. Her poster was one of hundreds on display at NIH's 16th annual Research Festival.



Tadashi Yamashita (l) explains his work on "Enhanced Insulin Sensitivity in Mice Lacking Ganglioside GM3."



Dzung H. Nguyen (r) answers questions on his work with D.D. Taub on "Inhibition of Chemokine Receptor Function by Microbial Cholesterol Oxidase and Sphingomyelinase."



Assia Derfoul (l) gets an explanation of Qi Wang's poster on "Interaction of Corepressors with Agonist and Antagonist Complexes of Glucocorticoid Receptors."



NCI's Matt Garin views poster with NICHD's Meg Cooley (c) and Lauren Axelrod.



Gitanjali Saluja (r) of NICHD shares her work on "Childhood Injuries and Adult Supervision: Results of a Retrospective Study," with institute colleagues Margaret Hillier (l) and Courtney Johnson.

Zhen-Dan Shi of NCI-Frederick stands by his poster "Design and Synthesis of a Novel Macrocyclic that Exhibits High Grb2 SH2 Domain-binding Affinity."



NIMH's E. Anne Riley stands by her poster on the Schizophrenia Program.



NCI's Terrence R. Burke (l) shows his poster on potential new anticancer therapeutics to NIMH's Jon Marsh.



NCI's Paris K. Ponder (r) shows a guest her work on helping youngsters quit smoking tobacco.



On Thursday of Research Festival week, a tent outside the Natcher Bldg. was the site of a free lunch catered by a number of local restaurants, and which featured live music.



Nurses (from l) Margie Lloyd, April Powers, Colleen Ternisky, Susan Marden and Julie Gumowski proudly show their poster, "Does Structured Intermittent Therapy in HIV Patients Improve Symptom Distress and Health-related Quality of Life?"

Susan Leitman of the Clinical Center's department of transfusion medicine explains a protocol to treat hemochromatosis (HH) subjects with phlebotomy. The blood derived from these subjects constitutes 10 percent of the blood transfused to CC patients, she said. "The subjects are thrilled not to have their blood discarded," said Leitman, who would like to see the day when all infants are routinely screened for HH.



PHOTOS: RICH MCMANUS

EVOLUTION, CONTINUED FROM PAGE 1

organization that funds aging and global infectious disease research.

Evolutionary biology can contribute significantly to the understanding of disease-causing organisms, Eckstrand said. "Because evolution is a fundamental feature of all living systems, it must be built into the models," she explained. One goal of evolutionary biology is to build better models of how and why populations change over time. Another is to

help identify which genes and blocks of genes are undergoing evolutionary changes, an important consideration in developing antimicrobial drugs and vaccines. A third goal is to build mathematical and computational models that give insight into



Scientists (from l) Karen Day, University of Oxford; Daniel Hartl, Harvard University; and Dyann Wirth, Harvard School of Public Health, discuss differing models for dating the most recent common ancestor of the malaria parasite during a break at the "Evolution of Infectious Diseases" meeting held at the Natcher Conference Center recently.

biological processes.

The meeting was held to give researchers participating in an NIH funding initiative on the same topic the opportunity to look for common themes in the evolution of disease-causing organisms and to identify productive areas for future research. The initiative was started 2 years ago by NIGMS and NIAID. NIDCR and NIDDK have also participated. Its goal is to develop a predictive science of infectious disease by applying evolutionary biology methods to the study of disease emergence, prevention and treatment. To date, the initiative is funding 35 research projects.

The more than 100 attendees included NIH grantees, other leading evolutionary biologists, mathematicians, computer scientists and infectious disease experts from around the world. Participants were eager to share their own results and learn about the work of colleagues whose research covered diverse organisms such as *Streptococcus* bacteria, the malaria parasite, various plant pathogens, the Lyme disease organism and the dengue fever virus.

"We want to understand the basic principles of evolution. The fact that we're doing it with infectious diseases makes it more relevant and interesting," Eckstrand said. Evolutionary biologists have already helped biomedical researchers more accurately predict future flu strains and develop more effective drugs and vaccines.

Several of the scientists who attended the meeting have recently published articles in *Science* and other prominent journals, an indication of heightened

interest in this field. "It's a very hot topic," said Eckstrand.

During the meeting, scientists presented recent findings on evolutionary processes in many different disease-causing organisms and the hosts they infect, and on related topics such as antibiotic resistance and vaccine development.

In one workshop devoted to the "Evolution of Virulence," Dr. Michael Hood of the University of Virginia presented evidence of a "host-shift" in a fungus that attacks particular flowers in the carnation family. The fungus causes anther smut disease in one species of flower, yet in field studies Hood observed it infecting a related species that it had previously never infected.

Understanding how and why this shift occurred could help biomedical researchers understand the ecological and genetic conditions that lead bacteria, viruses and fungi to shift species. Many microbes that cause human disease, including the AIDS and flu viruses, shifted to humans from other species.

In another talk, Dr. Marc Lipsitch of Harvard School of Public Health discussed a study that could help assess the potential effects of new vaccines for pneumonia. Although a vaccine could block a strain of *Streptococcus* bacteria known to cause pneumonia, it might also make way for other related—and potentially harmful—strains to colonize the respiratory tract.

Certain strains of *Streptococcus* colonize specific tissues within the body. Other strains are held in check by competition. Removing one strain through widespread vaccine use could release other strains from their competitive disadvantage. Sufficiently complex models of the ecological relationships between related strains are needed to help assess the potential effects of widespread use of a vaccine against one strain, he said.

In other talks, researchers challenged common notions about antibiotic resistance, discussed models for the evolution of malaria and covered the development of variation in a bacterium associated with stomach ulcers, *Helicobacter pylori*. Dr. Paul Keim of Northern Arizona University, an internationally known expert on DNA analysis of the bacterium that causes anthrax, delivered the keynote speech on "Evolutionary Biology and Bioterrorism."

Many attendees told Eckstrand that prior to the meeting, they only knew a small percentage of the other scientists attending. The meeting gave them the opportunity to meet many new colleagues and discuss new collaborations. Several scientists also told her that for that reason, the meeting was especially productive, Eckstrand said.

To learn more about the meeting, see <http://pub.nigms.nih.gov/evolution>. ■

Financial Division Launches C-RADS

The Division of Financial Advisory Services (DFAS), in OA's Office of Acquisition Management and Policy, recently launched C-RADS (Commercial Rate Agreement Distribution Services), a secure web-based system that provides restricted online access to indirect cost rates DFAS negotiates with commercial organizations. Because the commercial indirect cost rates are proprietary business information, a secure system had to be developed to prevent unauthorized access to the confidential data.

A team of programmers and computer security experts in OD's Office of Information Technology spent months developing the complex C-RADS system, which incorporates numerous security features. Access to the system is restricted to federal employees who have a bona fide need for the indirect cost rate information, e.g., contracts and grants officials. In order to access the system, each authorized individual must register and obtain a user ID and password.

Access to C-RADS currently is limited to NIH employees. HHS Secretary Thompson recently made the decision to centralize the indirect cost rate negotiation function at NIH for all commercial organizations that receive the preponderance of their federal awards from HHS; therefore, access will be expanded to all HHS employees with a genuine need in the near future. Eventually access will be expanded to all federal employees with a bona fide need since the rates negotiated by DFAS are used government-wide. ■

Levon O. Parker, minority and special concerns officer, NINDS, recently received a 2002 Minority Access National Mentor Role Model Award for his work as a mentor to students. He was also recognized for helping minorities, women and individuals with disabilities do research on the brain and nervous system, and for stimulating interest in clinical and basic research training opportunities at, and supported by, NIH. Parker, who has long been a champion for providing biomedical research training opportunities to young people, also serves as director of the NINDS Summer Program in the Neurological Sciences—a program he founded some 18 years ago that offers students hands-on research experience at NIH. He was nominated for the award by the Meyerhoff Scholarship Program of the University of Maryland-Baltimore County, where he has served for a number of years as a mentor. The Minority Access National Role Model Awards were created to honor those who have excelled in biomedical research, as well as their supporters including recruiters, mentors and institutions.



Fredrickson Papers Added to NLM Site

The papers of former NIH director Dr. Donald S. Fredrickson have been added to Profiles in Science, a web site created by the National Library of Medicine that is dedicated to documenting the lives and works of prominent 20th century biomedical scientists.

Fredrickson discovered the relationship between cholesterol and heart disease, and headed NIH from 1975 to 1981.

Fredrickson, who died in June, was remembered as a scientist, statesman and humanitarian by colleagues at a memorial program in Natcher Auditorium on Oct. 18.

The occasion was marked by the addition of his papers to NLM.

"Fredrickson's studies of the connection between lipids (fats and cholesterol) and heart disease made him one of the most widely cited physiologists of the 1960s and 1970s, and highlighted the benefits of a healthy diet," said NLM's Dr. Alexa McCray who heads the Profiles in Science project, located at www.profiles.nlm.nih.gov.

The online exhibit about Fredrickson features correspondence, diaries, unpublished manuscripts, published articles and editorials, photographs and audio recordings illustrating his life and career. Visitors to the site can view, for example, his childhood scrapbook, as well as extensive documentation relating to the regulation of genetic research and to government funding for biomedical research in a time of fiscal constraints. An introductory exhibit places Fredrickson's accomplishments in historical context. ■

Symposium on Oligonucleotides, Dec. 16-17

The therapeutic oligonucleotide interest group will hold its 6th symposium, "Therapeutic Oligonucleotides: Antisense, RNAi, Triple-Helix, DNA-Decoy and DNA-Chip," on Dec. 16-17. The meeting will be held in Masur Auditorium, Bldg. 10 from 7:55 a.m. to 5:20 p.m. In addition to scientists from NIH, FDA/CBER, Georgetown, Johns Hopkins and the Carnegie Institution of Washington, speakers will be coming from the University of Pennsylvania, Thomas Jefferson University, Columbia, UC-San Diego and biotech companies in the U.S. and Canada. Speakers are also coming from the Institut Gustave-Roussy, France; University of Zurich; University of British Columbia and the University of Naples. There will be 35 speakers in all. Registration is not required. Contact Dr. Cho-Chung (yc12b@nih.gov) for more details. ■



Attending the Oct. 18 service in memory of the late Dr. Donald Fredrickson are (from l) NIH director Dr. Elias Zerhouni, Fredrickson's son Rurik, the director's wife Dr. Nadia Zerhouni and Fredrickson's widow Henriette.

*'Reclaiming Our Health'***BIG, Black Caucus Share Radio Segment**

Blacks in Government (BIG) and the Congressional Black Caucus Foundation (CBCF) recently shared a segment of Bernie McCain's WOL radio show. McCain used a segment of his talk program to spread the word on two issues: minority leadership in government workforces and minority health.

McCain alternately interviewed BIG leadership and tuned in to a CBCF issue forum, "Prime Time Sisters Call to Action: Reclaiming Our Health." Dr. Vivian Pinn, NIH associate director for research on

women's health, who served as a forum panelist, presented "Successful Aging and Menopause."

She said that 38 percent of U.S. women who are at least 45 years old are experiencing menopause. The biggest question many of these women ask is, "Should I take hormones?" Pinn described a study on postmenopausal hormone therapy that was recently stopped

early because the risks outweighed and outnumbered the benefits. The study of the risks and benefits of combined estrogen and progestin in healthy menopausal women began in 1998 and was scheduled to run until 2005. Although noteworthy benefits were found, the disadvantages were significant enough to terminate the study earlier this year. For example, estrogen/progestin therapy resulted in a 26 percent increase in risk of breast cancer.

Complete information on the study and the results that caused it to be ended can be found online at www.nhlbi.nih.gov under Postmenopausal Hormone Therapy.

During his interview, Gregg Reeves, BIG executive vice president, described the organization's efforts to bring valuable information to its membership. "BIG represents roughly 3 million state, federal and local government employees," he said. "We are an advocate of issues directly related to black government workers." Noting that BIG's recent training conference was webcast and can be viewed at www.bignet.org, he said that a 65 percent increase in web activity has been experienced since the conference. "The webcast will definitely assist in getting information to the government employees whom BIG represents," he said.—Felicia Shingler ■

Anthrax Vaccine Study Recruits

Walter Reed Army Institute of Research is currently seeking volunteers for an anthrax vaccine study. You may be eligible if you are healthy between ages 18 and 50. Participants will be provided a free medical evaluation including blood tests and financial compensation. For more information, call (301) 319-9335 or (301) 319-9320. ■

Duke, Pitt Offer Clinical Research Training

Applications for the 2003-2004 NIH-Duke Training Program in Clinical Research and the University of Pittsburgh Training in Clinical Research Program are available in Bldg. 10, Rm. B1L403.

The NIH-Duke Training Program in Clinical Research, begun in 1998, is designed primarily for physicians and dentists who want formal training in the quantitative and methodological principles of clinical research. The program, offered via videoconference at the Clinical Center, allows the integration of a student's academic coursework with his or her clinical training.

Academic credit earned by participating in this program may be applied toward satisfying the degree requirement for a master of health sciences in clinical research from Duke University School of Medicine.

For more information about courses and tuition, visit <http://tpcr.mc.duke.edu/>. Email queries may be addressed to tpcr@mc.duke.edu. The deadline for applying is Mar. 1, 2003. Applicants who have been accepted into the program will be notified by July 1, 2003.

The University of Pittsburgh Training in Clinical Research Program, designed for Ph.D.'s and allied health professionals (i.e., pharmacists and nurses), allows trainees to gain the knowledge and skills required for the conduct of clinical investigation, as well as more extensive knowledge relative to a specific area of concentration.

Participants have the option of receiving a certificate in clinical research (15 credits) or a master of science in clinical research (30 credits) from the University of Pittsburgh.

For more information, visit http://www.cc.nih.gov/cc/cc_pitt/index.html or send an email to tcpr@imap.pitt.edu. The deadline for applying is Mar. 1, 2003. Successful applicants will be notified by May 29, 2003. Physicians and dentists are also eligible to matriculate in this program.

Enrollment in these programs is limited. Prospective participants should consult with their institute or center regarding the official training nomination procedure. ■

Native American Heritage Month Program Set

All employees are invited to attend NIH's second annual American Indian and Alaska Native Heritage Month Program on Thursday, Nov. 21 from 11:30 a.m. to 1:30 p.m. in the main auditorium of the Natcher Conference Center. The keynote speaker will be A. Paul Ortega, a traditional healer from the Mescalero Apache Tribe. For more information, call Frank GrayShield, 594-2373 or William Reeves, 435-1203. Sign language interpreters will be provided. For other reasonable accommodation, call 402-3681 or (TTY) 1-800-877-8339. ■



Participants in the WOL radio broadcast included (from l) Dr. Joycelyn Elders, former U.S. surgeon general; Gregg Reeves, BIG executive vice president; and Dr. Vivian Pinn, NIH associate director for research on women's health.



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>.

Introduction to MS Access 2000	11/19
Fellowship Payment System	11/20
Successful Mentoring for Women in Science	11/20
Impac II Population Training Module	11/21
Domestic Travel	12/2-4
Fellowship Payment System Refresher	12/2
Communication and Negotiation for Women in Science	12/4-6
Professional Service Orders	12/5
Purchase Card Processing System	12/6
Negotiating Skills for Early Career Scientists	12/9
Travel Refresher Course	12/9
Foreign Travel	12/10-11
NIH Retirement Seminar—CSRS	12/11-13

Campus Cyclists Reminded to Ride Safely

NIH Police want to get the word out about the rights and responsibilities of bicyclists riding on NIH grounds. "Recently it has been brought to the attention of the NIH Police that bicyclists on the campus have been observed operating their bikes in what could be considered an unsafe manner," said Warren LaHeist, acting traffic division sergeant.

Because there are no federal laws governing the operation of bicycles on NIH roads, LaHeist said Maryland state laws on traffic issues are "assimilated" by the NIH Police.

"This means any bicyclist on NIH roads must stop for stop signs, must yield to pedestrians and so forth," LaHeist pointed out. "Bicyclists are also required to ride as far to the right of the roadway as possible, and must use arm signals when making turns." When turning left, extend the left arm; when turning right, extend the right arm, pointing to the right.

In Maryland, bicyclists are not prohibited from riding on sidewalks. Bicyclists on campus who use the sidewalk should use extreme care, LaHeist reminded. "It is also helpful for those walking on campus to give bikers room on some of the tighter pathways by staying to the right of the sidewalk."

In addition, bicycles are required to have a bell to warn pedestrians of their approach. LaHeist said another acceptable alert is to call out when approaching someone. Finally, bicyclists riding on campus after dark must have both a headlight and taillight. "This is more for the safety of the bicycle rider than anything else," he concluded. "If you can't be seen, you place yourself at risk." ■

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>.

RACF on South and Titan Systems	11/13
Getting Started with GCG and Other Sequence Analysis Programs on the Helix Systems	11/13
SAS Programming Fundamentals II	11/13-14
Project Management Book-of-Knowledge and Certification	11/14
Relational Database Overview	11/14
AFNI Hands-On: Region of Interest Drawing and Usage	11/14
Introduction to TCP/IP	11/15
PowerPoint Topics: Graphs, Links and More	11/15
Data Warehouse Query: Budget & Finance	11/15
Introduction to the Mac Operating System	11/18
Introduction to HTML	11/18
Introduction to Perl for Biologists	11/18-21
Data Warehouse Query: Staff Training & Development	11/19
Introduction to NIH Information Resources on the Web	11/19
Data Warehouse Query: Procurement & Market Requisitions	11/20
Using Secure Email in the Exchange Messaging Environment	11/20
KMIG - Knowledge Management Interest Group	11/20
DSG - Desktop Support Group	11/20
Advanced FileMaker Pro 5	11/21
mAdb Basic Informatics	11/21
AFNI Hands-On: Using the Volume Rendering Plugin	11/22
Creating Composite Images with Photoshop	11/25
The NIH Contractor Performance System for New Users	11/25
Experience the New Technologies of Office XP	11/26
Using Photoshop to Work w/Scientific Images	11/26

The NIH Evening Speakers Toastmasters Club celebrated its 20th anniversary with a dinner party on Sept. 10. The guest of honor was club founder Dr. Padman Sarma, shown here with Dr. Francoise Arnaud, current club president.



He was roasted and toasted by enthusiastic club members. Members improve their public speaking and leadership skills through mutual help in a friendly and supportive atmosphere. Meetings are held in Bldg. 10, Rm. 2C116 (medical board room) on the second and fourth Tuesdays of the month, 7:30 to 9 p.m. Visitors are welcome.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Donald Kennedy on Nov. 20, giving the sixth James A. Shannon Lecture (see story on p. 3). There is no lecture on Nov. 27 due to Thanksgiving break. For more information or for reasonable accommodation, call Hilda Madine, 594-5595.

'Families, Fitness, Fun & Fellowship'

NIH-Asbury Health Fair Urges 'Building a Healthier You'

NIH took its health disparities message on the road recently, teaming with several public and private organizations to present "Families, Fitness, Fun & Fellowship: Building a Healthier You," a health fair held at Asbury United Methodist Church, located in the heart of downtown Washington, D.C.

"I want to thank the NIH and its leadership for acknowledging that there are health disparities in our communities and for taking the initiative to bring this valuable information from their campus into a diverse area of the District," said Anthony Williams, mayor of Washington,

D.C., who stopped by the fair and took part in several activities including a blood pressure screening and an eye health exam. "Prevention is our first line of defense against disease and it is important that this kind of information reach the people."

Kicking off literally with a 10-minute interactive fitness demonstration by YWCA Fitness and Aquatic Center trainer Claudia Booker, the fair mixed brief lectures on breast and prostate cancer awareness, hypertension and obesity—diseases disproportionately affecting minority communities—with exhibits, demonstrations and health screenings by such organizations as the Maryland Statewide Health Network, the Shaolin Wu-Shu Martial Arts Academy and Delights of the Garden vegetarian restaurant. Event planners

led by Kay Johnson Graham, NINR/NIDCD EEO officer, included representatives from a cross-section of NIH and Asbury church. Tables were packed with NIH information and staffed by employees from several institutes, the Clinical Center and the Office of the Director. In addition, NICHD, NIAMS and NIAAA hosted exhibits of their own, and the Office of Research on Women's Health ran a short film throughout the day.

"This event represents a real partnership between NIH and the church," said Dr. Yvonne Maddox, NICHD deputy director, who gave the event's keynote talk on health disparities. "The role of NIH is to improve the health of all people. We know that the Bible says the body is a temple, so this is a wonderful setting for a health fair. Prevention and

health promotion are things we all can do to maintain our temples. The first step is educating yourself."

"We're gratified to join hands with NIH," said Rev. Eugene Matthews, pastor of Asbury.

The group's next community event is a panel discussion on "Asthma Across the Lifespan," featuring Dr. Floyd Malveaux,



Dr. Jacqueline Griffiths examines the mayor's eyes.

associate provost for health affairs at Howard University. The discussion will be held on Sunday, Nov. 24 from 1:15 to 3:30 p.m. at Nineteenth Street Baptist Church in Washington, D.C. The discussion is free and open to the public.—Carla Garnett



Anthony Williams (l), mayor of Washington, D.C., is welcomed to the recent NIH-Asbury health fair by NICHD deputy director Dr. Yvonne Maddox and Rev. Eugene Matthews, pastor of Asbury United Methodist Church.

PHOTOS: JANET STEPHENS



Lennox Graham of the University of Maryland Statewide Health Network demonstrates how blood flows for fair attendees.



NIAAA's Dr. Anton Bizzell offers information at one of several NIH tables at the event.



Former NIDDK fellow Dr. Soren Snitker gives talk.



NCI nurse Florentino Merced-Galindez, who also represented the National Association of Hispanic Nurses, discusses NIH clinical trial opportunities.