

Still The Second Best Thing About Payday

Ruvkun To Give Mahoney Lecture, Dec. 3 in Masur Auditorium

Dr. Gary Ruvkun will present the Florence Mahoney Memorial Lecture on Aging on "Genetic and RNAi Analysis of *C. elegans* Aging" at 3 p.m. on Wednesday, Dec. 3 in Masur Auditorium, Bldg. 10.

Ruvkun, professor of genetics at Harvard Medical School, uses molecular genetic and genomic analysis of the nematode *C. elegans* to study problems in aging, longevity and developmental biology. He began his work with *C. elegans* as a postdoctoral fellow with Dr. Robert Horvitz at Massachusetts Institute of Technology and Dr. Walter Gilbert at Harvard University, where he explored genes that control the temporal dimension of development. This

SEE MAHONEY LECTURE, PAGE 2

NIH Director's Town Hall Meeting Set for Dec. 16

The third NIH Director's Town Hall Meeting will take place on Tuesday, Dec. 16 with Dr. Elias Zerhouni, from noon to 1 p.m. in Masur Auditorium, Bldg. 10. All employees are invited to attend.

The forum welcomes questions on any issue within the NIH community that advances meaningful exchange and encourages wider NIH participation. To help guide the topics, send your questions, comments or ideas by Monday, Dec. 1 via the online feedback tool located at <http://townhallmeeting.nih.gov>.

Sign language interpretation will be available and accommodation can be made for those needing special assistance. The event will be videocast and can be viewed from your office computer at <http://videocast.nih.gov>. For more information, contact Carol Jabir at jabirc@od.nih.gov or 496-1776.

HIGHLIGHTS

1 NIH Scrutiny Has Long History, Uneven Impact

2 NIH'ers Among 'Most Cited'

3 New Group Helps Visiting Fellows

6 Zerhouni Hosts Halloweeners



7 CFC Holds Ghouls Day Out



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

November 25, 2003
Vol. LV, No. 24

If It Ain't Broke...

IOM's Fineberg Gives Context To NIH Reorganization Advice

By Rich McManus

Least people think that the recent congressionally mandated Institute of Medicine report on the revitalization and reorganization of NIH was a new thing under the sun, IOM president Dr. Harvey Fineberg—who was here giving the seventh James A. Shannon Lecture on Oct. 1—educated his Masur Auditorium audience that there have been at least 10 major reports on the organization of NIH since the mid-1950's. "All of them differ in detail, focus and time," he allowed, but all uncovered "a familiarity, a thematic repetition: NIH is doing an outstanding job; the scientific enterprise is critical to the nation and deserves support; and the current organization is largely sufficient" to meet NIH's mission.

The most recent study, ordered by Congress in FY 2001, reaches many of the same conclusions as its predecessors and shares a

SEE SHANNON LECTURE, PAGE 8



Dr. Harvey Fineberg

In 'Tour of Hope'

Cyclist Lance Armstrong Visits NIH

By Jennifer Michalowski

Cancer survivor and world renowned bicyclist Lance Armstrong told the NIH community that he owed his life and his five Tour de France victories to people like them—the doctors, researchers and clinical trial participants who made the treatment for his own testicular cancer possible.

Without research, Armstrong told a capacity crowd at Masur Auditorium on Oct. 17, there never would have been "a kid from Texas on a bike. Quite frankly, I wouldn't be here today. And I certainly wouldn't have clipped into a pedal and started a bike race ever again."

Armstrong visited NIH as part of the Tour of Hope, a week-long bicycle relay across the United States to raise awareness about cancer

SEE LANCE ARMSTRONG, PAGE 4



Cyclist Lance Armstrong visited NIH on Oct. 17

FEW Gathers Gifts for Holidays

The Bethesda chapter of Federally Employed Women (FEW) invites you to its meeting and holiday reception on Tuesday, Dec. 9 from noon to 1 p.m. in Bldg. 31, Conf. Rm. 6C06. Light refreshments will be served.

The chapter is also sponsoring a Toys for Tots drive. All toys will be donated to local charitable organizations. Bring an unwrapped toy to the reception and make a child smile.

MAHONEY LECTURE, CONTINUED FROM PAGE 1

work led to the discovery of microRNA genes in *C. elegans* and the subsequent detection of microRNA genes in other species.

Ruvkun and colleagues at Massachusetts General Hospital made the important discovery that *C. elegans* longevity and metabolism are regulated by an insulin/insulin-like signaling pathway highly homologous to the human insulin signaling pathway. Subsequently, similar insulin-like signaling pathways regulating longevity have been discovered in *Drosophila* and mice.

The discovery of these similar pathways in both invertebrate and mammalian species has demonstrated that disparate species have evolved using common pathways and molecular mechanisms to regulate longevity and life span. Thus, Ruvkun's elegantly characterized and genetically manipulable *C. elegans* model holds great promise for deciphering new components of this apparently ancient and universal regulatory mechanism.

Recently, he and colleagues used RNA interference (RNAi) methodology to survey 17,000 genes for their potential action in the regulation of *C. elegans* longevity and fat metabolism. This genome-wide RNAi analysis provides a global view of the potential molecular components in these key biological processes.

Ruvkun earned his A.B. degree in biophysics from the University of California at Berkeley (1973) and his Ph.D. in biophysics from Harvard University (1982). He has 90 publications to his credit, and has been issued two U.S. patents with three more pending. He serves on the editorial board of the journals *Developmental Biology* and *Development*. He also serves on the Damon Runyon-Walter Winchell Cancer Fund scientific advisory board and is a member of the Max Planck Institute directors advisory committee.

He is a recipient of an NIA MERIT award for his pioneering work on the genetic and molecular basis of *C. elegans* longevity and aging.

A reception will follow the presentation, which is part of the NIH Director's Wednesday Afternoon Lecture Series. ■

Have Rheumatoid Arthritis?

If so, consider taking part in an NIH medical research study. For more information call 1-800-411-1222 (TTY 1-866-411-1010). ■



Dr. Gary Ruvkun

NIH'ers Populate 'Most Cited' List

Of the top 50 "citation superstars," or most-cited researchers in the period 1983 to 2002, seven are NIH scientists, according to the September/October 2003 issue of *Science Watch*, a magazine that tracks trends and performance in basic research.

The "true citation elite" of the past two decades is determined by review of papers published and cited in Thomson ISI-indexed journals; Thomson ISI publishes *Science Watch*.

The NIH scientists are, in descending order: Dr. Anthony Fauci, NIAID (13th, with 53,932 citations); Dr. Steven A. Rosenberg, NCI (15th, 52,463); Dr. Ira Pastan, NCI (27th, 42,554); Dr. Ad Bax, NIDDK (37th, 39,875); Dr. Neal G. Copeland, NCI (44th, 38,032); Dr. Nancy A. Jenkins, NCI (47th, 37,146); and Dr. Anita B. Roberts, NCI (49th, 36,397).

Just missing the list of top 50 researchers, with almost 36,000 total citations, was Dr. David J. Lipman, director of the National Center for Biotechnology Information at NLM; he was senior author on the third most-cited paper of 1983-2002, "Basic Local Alignment Search Tool," S.F. Altschul et al., published in the *Journal of Molecular Biology* in 1990.

For more information on the rankings, visit www.isihighlycited.com. ■

Volunteers 18 and Older

NIMH seeks volunteers over age 18 for clinical trials exploring the research effects of medications compared to placebo for the treatment of depression and bipolar disorder. If you are interested call 496-5645 (TTY: 1-866-411-1010). ■

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, 2004.

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

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

Assistant Editor
Carla Garnett
cg9s@nih.gov

The Record is recyclable as office white paper.

Visiting Fellows Group Offers Help at NIH, Back Home

By Cathy Kristiansen

Visiting fellows who travel far from their home nations to work at NIH will have more networking avenues and help from NIH and its alumni colleagues, both on campus and when they return home, thanks to the formation of a new grassroots group—the NIH visiting fellows committee (NIHVFC), which became official on July 1.

The genesis of NIHVFC came in 2001, when the Fogarty International Center's deputy director, Dr. Sharon Hrynkow, initiated discussions with junior scientists at NIH from countries in the developing world and countries in economic transition to discuss how FIC could help recruit postdoctoral



Helping improve quality of life for visiting fellows are (from l) FIC director Dr. Gerald Keusch; Dr. Kamala Tirumalai, NIAID; Dr. Valeria de Mello Coelho, NIA; and FIC deputy director Dr. Sharon Hrynkow.

trainees from these countries and help them return home afterwards. These initial discussions came in response to an informal FIC study, which showed that of the 2,500 foreign trainees in the NIH Visiting

Program, only 20 were from sub-Saharan Africa; other parts of the world in which the burden of disease is exceptionally high were also poorly represented.

The immediate result was the launch of the Global Health Research Initiative Program for New Foreign Investigators (GRIP), which supports the return home of young NIH-trained foreign investigators from the developing world by providing \$50,000 per year, for 3 to 5 years, in the form of an R01 grant. Since its launch in 2002, GRIP has supported 25 young researchers returning home, providing partial salaries and support for the development of highly qualified scientific research projects. Furthermore, since 2001, visiting fellows and FIC have been working together on grant-writing and mock peer review sessions to help fellows gain as much experience as possible in grant-writing while at NIH.

NIHVFC is a natural extension of the development of GRIP. More than 30 fellows from several countries attended the committee's first official meeting, held recently at Lawton Chiles International House. Invited participants included senior NIH leaders who were asked to serve as advisors to the group.

The NIHVFC will be led in its first phase by Dr.

Valeria de Mello Coelho from Brazil and Drs. Devyani Haldar and Kamala Tirumalai from India. Initially, NIHVFC will represent fellows from developing countries only, in particular from Africa, Asia, Eastern Europe and Latin America, with a view to expanding membership to all fellows at a later time. ("Developing countries" is an operational term based on gross national product per capita and does not necessarily reflect a country's development status.) "The committee's main goal is to increase networking ability among visiting fellows while they are on campus and to help maintain their connection to the NIH and to each other after they return home," Tirumalai said. "People returning to their home countries often have spent many years away and it can be a struggle to navigate the bureaucracy to establish yourself professionally." But, if fellows maintain links with NIH, "both parties can benefit," she said.

The NIHVFC intends to develop strategies to improve the training experience of visiting fellows while they are at NIH, and to encourage the establishment and maintenance of strong institutional links of fellows with NIH after they complete their training and go back to their home countries. Furthermore, the group wants to strengthen mechanisms to help fellows cope with the many questions that arise during their NIH stay about administrative and career issues. NIHVFC will work closely with the NIH fellows committee and other existing groups as it moves forward.

NIHVFC proposes to establish an alumni database as well as a web site for members. The database, which will be supported by FIC and NIEHS, will be a major tool for NIH-trained scientists and will allow them to access colleagues—past, present and future—as they continue their research careers. NIHVFC proposes that a pilot alumni association focus on four countries: Brazil, India, Mexico and South Africa. "These countries have a critical mass of former visiting fellows and local sponsors willing to provide infrastructure support and to facilitate access to information," Coelho said.

FIC director Dr. Gerald Keusch acknowledged the group's great progress in such a short time and offered to work across NIH to identify funds needed to support key efforts.

"Fogarty has been supporting us all this while," Tirumalai said, offering special thanks to FIC's Hrynkow for her "unflagging" support. She urged all visiting fellows to become involved in the group and help it thrive. ■



Participants in the visiting fellows meeting gather at the Stone House.

LANCE ARMSTRONG, CONTINUED FROM PAGE 1

research and the importance of clinical trials. He and two of the 26 riders on the tour were welcomed to NIH by NCI director Dr. Andrew von Eschenbach and Clinical Center director Dr. John Gallin.

"We come together in tribute to a survivor who represents so many, many others across this country and across this world that have faced the challenge of cancer," said von Eschenbach. "Lance's incredible victories in the Tour de France have been an



Dr. Andrew von Eschenbach (l), NCI director, welcomes Lance Armstrong (r) and fellow Tour of Hope bicyclists Peter Scacheri and Milana Dolezal to NIH.

example to us of what is possible, what is within our grasp. There is no question in my mind that together we will achieve that ultimate victory—a world in which no one suffers and no one dies as a result of cancer."

Von Eschenbach lauded all the Tour

of Hope cyclists, including Peter Scacheri and Milana Dolezal, who took the stage with Armstrong and spoke about their reasons for participating in the relay.

Scacheri and Dolezal both are cancer researchers and avid cyclists. In addition, they have a personal connection with cancer. Each rode in memory of a loved one they had lost to the disease, carrying a photograph with them for inspiration throughout the grueling journey.

Scacheri, a postdoctoral fellow at NHGRI whose friends and colleagues exploded in applause when he approached the podium, urged all those in the audience to become educators about cancer research. "We need to give hope about the progress we've made during the past 10 years and the progress we're going to make over the next 10 to 20 years."

Dolezal, an oncologist at the Jonsson Comprehensive Cancer Center at the University of California, Los Angeles, began her oncology career at the age of 18 at NCI. She spoke of the changes she has seen in cancer treatment since her time at NIH more than 14 years ago, with the evolution from generic chemotherapy drugs to more targeted therapies.

All Tour of Hope riders were cancer survivors, researchers, nurses, physicians, advocates or caregivers, and the event crystallized their commitment to educating the public about clinical research. En route to NIH, the tour participants stopped at seven cancer centers to share stories about the importance of cancer research and urged Americans to consider clinical trials if they were ever diagnosed with the disease. Currently, only about 5 percent of

NHGRI's Scacheri rode in the Tour of Hope in honor of a friend who died of cancer. He carried the picture of his friend on the entire journey.



adult cancer patients enroll in clinical trials.

More than 33,000 people opted to sign a "Cancer Promise," pledging support for cancer research and agreeing to increase their awareness about cancer risks, screening and clinical trials. The pledges were delivered to von Eschenbach at a ceremony on the Ellipse, not far from the Capitol and White House, the day following the NIH event.

"Few people, in their lifetime, have such an opportunity to focus the world on the importance of participating in clinical research," Gallin told the NIH assembly, summarizing Armstrong's unique role as both a cancer survivor and a successful athlete. ■

University of Pittsburgh Training in Clinical Research Program

Applications for the 2004-2005 University of Pittsburgh Training in Clinical Research Program are available in the Clinical Center, Office of Clinical Research Training and Medical Education, Bldg. 10, Rm. B1L403.

The program, designed for Ph.D.'s and allied health professionals (i.e., pharmacists and nurses), consists of an integrated core curriculum taught over three semesters starting with an intensive 8-week summer session. The program has been modified so that NIH trainees are only required to spend the first 5 days of the summer session in residence at the University of Pittsburgh. Physicians and dentists are also eligible to matriculate in this program.

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 School of Medicine.

For more information, including tuition costs, visit http://www.cc.nih.gov/cc/cc_pitt/index.html or send an email to tcpr@pitt.edu. The deadline for applying is Mar. 1, 2004. Successful applicants will be notified by May 29, 2004.

Enrollment in this program is limited. Prospective participants should consult with their NIH institute or center regarding the official training nomination procedure.

'Grand Challenges' Set for Science

The Foundation for the National Institutes of Health and the Bill & Melinda Gates Foundation recently announced the first 14 scientific challenges that will be the focus of the Grand Challenges in Global Health initiative. The foundation now seeks grant proposals for research on these critical scientific and technological problems that, if solved, could lead to important advances against diseases of the developing world.

The Gates Foundation announced a \$200 million grant to FNIH in January to establish and administer the Grand Challenges initiative in partnership with NIH. NIH will identify activities that are appropriate for government funding. Possibilities include the parallel release of announcements to fund joint or associated projects, funding shared resources and training, and announcing funding opportunities for follow-up grants that complement the challenges initiative.

"Health problems of this magnitude demand that we bring our collective knowledge and experience together to effect real advances that will make a positive difference in people's lives throughout the world," said NIH director Dr. Elias Zerhouni. "It is clear that this initiative is moving forward with alacrity and focus."

The challenges announced Oct. 16 are associated with seven broad goals: improve childhood vaccines, create new vaccines, control insects that transmit disease agents, improve nutrition to promote health, improve drug treatment of infectious diseases, cure latent and chronic infections, and measure disease and health status accurately and economically in developing countries.

The FNIH now seeks grant proposals from the international scientific community for research on the 14 Grand Challenges. Grants will be awarded for up to a total of \$20 million for a maximum 5-year period. Applications are invited from every part of the world, from single or multiple institutions, both nonprofit and for profit. To apply for a research grant, investigators must first submit a letter of intent; those that show the most promising and innovative approaches will be invited to submit a formal grant proposal.

For more detailed information, visit www.grandchallengesgh.org. ■

Weight and Insulin Study

The Uniformed Services University of the Health Sciences is conducting a study examining weight and stress responses to exercise in African American and Caucasian men and women between the ages of 18 and 45. Volunteers will be compensated for their participation. Call (301) 295-1371 or email humanperformancelab@usuhs.mil. ■

Five NIH'ers Among AAAS 2003 Fellows

Five NIH'ers have been elected fellows of the American Association for the Advancement of Science for 2003, an honor bestowed upon members by their peers. Awarded to 348 members this year, the rank recognizes efforts to advance science or applications that are deemed scientifically or socially distinguished.

New fellows will receive a certificate and a gold and blue (representing science and engineering, respectively) rosette pin on Feb. 14 at the fellows forum during the 2004 AAAS annual meeting in Seattle. The recent NIH electees and their citations are:

Dr. Stephen L. Foote, NIMH, "For distinguished research on the role of the locus coeruleus in several species, as well as for distinguished leadership in the National Institute of Mental Health."

Dr. Curtis C. Harris, NCI, "For pioneering studies of human carcinogenesis, identification of interindividual variation in carcinogen metabolism, and carcinogen-induced DNA damage resulting in the scientific foundation of molecular epidemiology."

Dr. Steven M. Holland, NIAID, "For distinguished contributions to the study of genetic defects in phagocytes, particularly for discovery of mutations in interferon gamma receptors that predispose to mycobacterial infections."

Dr. Marian C. Johnson-Thompson, NIEHS, "For distinguished contributions to the training needs of underserved populations, as well as for identifying and helping alleviate minority groups' needs in community public health, and for being a mentor to countless members of minority groups."

Dr. Reed B. Wickner, NIDDK, "For innovative contributions to molecular biology, particularly for insights leading to the recognition and study of prion formation in lower eukaryotes."

Founded in 1848, AAAS is the world's largest general federation of scientists and has worked to advance science for human well-being through its projects, programs and publications in the areas of science policy, science education and international scientific cooperation. The tradition of AAAS fellows began in 1874.

Have Kidney Disease?

Call NIH at 1-800-411-1222 for new kidney studies, including lupus nephritis, membranous nephropathy and focal segmental glomerulosclerosis. Treatment provided at no cost. Transportation may be provided. (TTY: 1-866-411-1010) Email prpl@cc.nih.gov. ■

Two Join FNIH Board

Mark D. Ein and Dr. Ellen V. Sigal have joined the board of directors of the Foundation for the National Institutes of Health.

Ein is founder and chief executive officer of Venturehouse Group, LLC, a holding company that creates, invests in and builds technology and telecommunications companies. Prior to forming Venturehouse, he was a principal with the Carlyle Group, a large private equity firm with offices around the world.

Sigal is the founder and chairperson of Friends of Cancer Research, a Washington, D.C.-based nonprofit organization dedicated to accelerating the nation's progress toward prevention and treatment of cancer. She also serves on the board of scientific advisors for the National Cancer Institute and is a member of the NIH director's Council of Public Representatives.

Youngsters Trick-or-Treat at Bldg. 1 on Halloween

PHOTOS: ERNIE
BRANSON



Youngsters from the NIH Preschool paid a call on Bldg. 1 on Halloween to see if they could scare up some tricks or treats. NIH director Dr. Elias Zerhouni greeted them at the door and welcomed them in, as did members of his staff.



Children from the NIH Preschool program get a warm welcome in Bldg. 1



Chick Leasure (l), NIH deputy director for management, passes out candy to the kids, along with Colleen Crone (c), executive assistant to NIH deputy director for intramural research Dr. Michael Gottesman (at right, in Mickey Mouse ears).



Zerhouni and Leasure lead trick-or-treaters through the hallowed halls of Bldg. 1.



Preschoolers in Halloween costumes queue up in the lobby of Bldg. 1 for a high-level trick-or-treat visit.

Update on the CFC, NIH-Style

Here's what NIH'ers are doing to encourage contributions to the CFC, and to reward contributors.

CSR had a Halloween bake sale and raised \$405. In addition, they have ongoing weekly drawings for employees who pledge to the CFC. CSR employees donated the prizes.

OD staff embarked on a scavenger hunt through the CFC *Catalogue of Caring*. Those who answer correctly questions like, "What is the 4-digit CFC Code for the Children's Inn at NIH?" are entered into a drawing for a \$5 gift certificate good at any of the Eurest dining centers. Five winners were drawn each day for a week.

NINR held a drawing for early contributors to the CFC, with the winners receiving a set of handmade greeting cards with original photography.

NIH's CFC Hosts 'Goalish' Halloween Event

Organizers of NIH's 2003 Combined Federal Campaign hosted a lunchtime "Trick-or-Treat with the CFC" event on Oct. 31, featuring music and karaoke by BIG 100.3 FM radio as well as goodies to eat from Hard Times Café and Ben & Jerry's Ice Cream. Several tables were also set up to offer CFC information, and to collect loose change for the campaign.



Lydia Bradley of the NIH mailroom demonstrates her enchanting headwear.



NICHD's Jeanellen Kallevang (l), George Gaines and friend pose for a head shot.



Marly Davidson of Gates Global Advanced Internet Technologies models the latest Triassic finery.

FAES Announces Spring Courses

The FAES Graduate School at NIH announces the schedule of courses for the spring semester. The evening classes sponsored by the Foundation for Advanced Education in the Sciences will be given on the NIH campus.

Courses are offered in biochemistry, biology, biotechnology (daytime courses), chemistry, immunology, languages, medicine, microbiology, pharmacology, statistics, toxicology, administration and courses of general interest.

It is often possible to transfer credits earned to other institutions for degree work, and many courses are approved for category 1 credit toward the AMA Physician's Recognition Award.

Classes will begin Jan. 26; mail registration ends Dec. 26 and walk-in registration will be held Jan. 7-13. Tuition is \$100 per credit hour, and courses may be taken for credit or audit. Courses that qualify for institute support as training should be cleared with supervisors and administrative officers as soon as possible. Both the vendor's copy of the training form and the FAES registration form must be submitted at the time of registration. Note that FAES cannot access training forms entered in the NIHTS system; a signed hard copy (vendors' copy of SF 182 form) is needed in order to process registrations for classes. Asking your institute to pay your tuition does not constitute registration with the FAES Graduate School.

Schedules are available in the graduate school office in Bldg. 60, Suite 230; the foundation bookstore in Bldg. 10, Rm. B1L101; and the business office in Bldg. 10, Rm. B1C18. To have a schedule sent, call 496-7976 or visit <http://www.faes.org>.

STEP Offers 'Vaccine—Friend or Foe?'

The staff training in extramural programs (STEP) committee is holding a Current Controversies in Medicine forum on the topic, "Vaccines—Friend or Foe?" on Tuesday, Dec. 2 from 8:30 a.m. to 12:30 p.m. in Bldg. 38A's Lister Hill Auditorium.

For more than 200 years, vaccines have improved quality of life by decreasing human suffering, preventing permanent disabilities and reducing death rates. They have slowed, contained or averted epidemics worldwide. However, safety is an issue. Do the benefits to society outweigh the risks to the individual? What side effects are acceptable? What promises do novel methodologies hold for vaccine development? What are the hurdles for developing effective vaccines: Why can't we have them now?

Experts from the front lines of vaccine research, epidemiology and public health policy will offer their perspectives on these and related issues.

Schreiber To Give NCI Seminar

Dr. Stuart L. Schreiber, director of the Initiative for Chemical Genetics, Harvard University, will present a scientific seminar titled "New Tools in the Fight Against Cancer: Small Molecules, Diversity-oriented Synthesis and ChemBank." It will be held on Friday, Dec. 12 from 11 a.m. to noon in Masur Auditorium, Bldg. 10, sponsored by the Office of Cancer Genomics, National Cancer Institute.

The lecture will be videocast at <http://videocast.nih.gov>. For more information, or for reasonable accommodation, contact LaTonya Kittles at 451-6055 or the Federal Relay at 1-800-877-8339.

SHANNON LECTURE, CONTINUED FROM PAGE 1

common prejudice—that the proliferation of new institutes is something to be avoided. But because the forces shaping NIH are quadrilateral, Fineberg argued, including what NIH wants, what Congress wants, what outside advocacy groups want and what the scientific community wants, NIH sometimes ends up getting what it would rather not have. And the institution plunges forward.

Fineberg elaborated some of the past report findings and their results. Back in 1950, when NIH had 8 institutes and centers, it was recommended that there be no increase in the number of institutes. And in 1965, the Woodbridge report concluded that creating institutes to address disease categories was scientifically inappropriate, he recounted. “By 1976, NIH had 18 institutes and centers, most of them categorical,” noted Fineberg.

A 1984 IOM report declared that there should be “a presumption against the creation of new institutes,” he continued. “By 1990, the number of institutes and centers was up to 21. In the period from 1990 to 2000, the number grew to 27. What does that tell us? Maybe we shouldn’t have bothered doing the study?”

Fineberg found it useful to return to former NIH director (1955-1968) James Shannon’s founding principles, which resulted during his term of office in average annual budget increases of 26 percent, which, Fineberg noted, would have doubled the NIH budget every 3 years or less. “Shannon had a profound faith in the power of science, a powerful conviction that he was able to convey to all,” Fineberg began. Shannon’s avowed goals were to increase scientific efforts on all fronts in order to provide a broader base of understanding of health and disease. He held a loose rein, Fineberg explained, urging “bottom-up science” to flower by giving gifted investigators the freedom to follow their noses...when their creativity was unleashed, “wonderful things would and did happen.

“Shannon also had a remarkably close and productive relationship with key leaders in Congress, particularly Sen. Lister Hill and Rep. John Fogarty,” continued Fineberg. With Capitol Hill on his side, Shannon took advantage of two other communities—the independent public advocates, which included such influential people as Mary Woodard Lasker and Florence Mahoney, and prominent extramural scientists such as Sidney Farber and Michael DeBakey. With these constituents largely in agreement, NIH had its power base of the future firmly established.

But this separation of powers assured that NIH would not operate like a corporation run by a board

of directors, Fineberg explained. “Organizational decisions are not derived in the business-model way; where corporations report to their boards, NIH has committees of Congress.”

Thus in 1968, the National Eye Institute became the first new institute that NIH had publicly opposed, “then it became part of the family.” While NIH internally proposed the creation of what have become NIEHS and NHGRI, it had imposed upon it from without the NCCAM, Office of AIDS Research, Office of Research on Women’s Health, and the breast cancer emphases within NCI, Fineberg stated. “The process of relations between the four key players is as much political as scientific.”

Before embarking on its most recent study, IOM asked itself an important question: “What are the core principles in trying to make NIH not neater, but more effective?” said Fineberg. He proceeded to elaborate the report’s nine major recommendations, the last of which touched upon structure; whether we close old institutes or open new ones, the decision should be preceded by long consideration with plenty of public comment. He then mentioned eight trends in science and the research enterprise that ought to be accommodated (revitalized clinical research, attention to health disparities, large scale multi-institute projects, expanded public/private relationships), virtually all of which have found themselves incorporated into NIH director Dr. Elias Zerhouni’s new Roadmap initiative. “I am impressed to see the resonance between the roadmap and your recommendations—our 300 advisors must have been your advisors too,” quipped the director, who came late to Fineberg’s presentation because he was down on Capitol Hill preparing for the following day’s major hearing on—restructuring NIH.

Fineberg concluded with the IOM report’s 14 specific recommendations, falling into four major clusters, starting with “First, do no harm (in imposing structural change)...Don’t make things worse.” Again, the new roadmap initiative addresses most of the topics, but special emphasis is placed on NIH’s intramural research program—it should be strengthened to assure its “excellence and distinctiveness,” Fineberg reported.

He concluded, “NIH today has that special challenge, that special responsibility as the nation’s biomedical research leader to forge within it that consensus that will strengthen its own ability to carry out the mission, and in the future enable it to be ever more effective as the steward of the public funds for biomedical progress. In the coming years, if the Congress does its job of overall funding, if it follows the committee’s recommendations to establish greater stability for cross-cutting and high-gain initiatives through the set-asides, if it helps to provide stability and independence to the positions of the director and the institute directors, and if the



Dr. William I. Gay (l) and Fineberg enjoy a chat prior to the Shannon Lecture. Gay is past president of the NIH Alumni Association, which sponsors the annual lecture.

PHOTOS: BILL BRANSON

NIH itself works not only within but also without to build the political partnerships, the scientific partnerships, and the coordination required throughout the government, then the promise can be fulfilled."

The full IOM report, *Enhancing the Vitality of the National Institutes of Health: Organizational Change to Meet New Challenges*, can be viewed at <http://search.nap.edu/books/0309089670/html/>. ■

NIH-Duke Training in Clinical Research

Applications for the 2004-2005 NIH-Duke Training Program in Clinical Research are available in the Clinical Center, Office of Clinical Research Training and Medical Education, Bldg. 10, Rm. B1L403.

The NIH-Duke program, implemented in 1998, is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research. The program, offered via videoconference at the CC, offers formal courses in research design, research management and statistical analysis.

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 School of Medicine.

For more information about course work and tuition costs, visit <http://tpcr.mc.duke.edu/>. Email queries about the program may be addressed to tpcr@mc.duke.edu. The deadline for applying is Mar. 1, 2004. Applicants who have been accepted into the program will be notified by July 1, 2004. ■



The Clinical Research Information System—CRIS—project has convened a core user group to help with key initiatives. Dr. Steven Luxenberg (third from r), the CRIS project's physician informaticist, leads the group. Clinical Center members are (from l) Jennifer Chaney, diagnostic radiology department; Lucia DeMenezes and Keisha Potter, nursing department; Jeanne Preuss, department of laboratory medicine; and Sherry Sheldon, department of transfusion medicine. Group members will be involved with training, testing, communications and process change in support of CRIS. For more on the CRIS project, slated for implementation in 2004, visit cris.cc.nih.gov or attend an NIH all-hands CRIS information session from noon to 1 p.m. on Thursday, Dec. 4 in Lipsett Amphitheater, Bldg. 10.

NIH Receives First Electronic Applications

NIH's electronic Research Administration (eRA) achieved a major milestone this fall when it accepted its first 14 electronic grant applications (e-applications) for the October/November receipt dates. One of NIH's three enterprise information systems, eRA was established to develop an electronic grants-administration system that would minimize the need for paper throughout the grant life cycle.

Response from pilot participants has been enthusiastic. "Virginia Commonwealth University was delighted to have the opportunity to participate in the successful test of a pioneering system for electronic proposal data transmittal to NIH," said Herbert Chermiside, director of sponsored programs administration at VCU. According to Dr. Norman Altman, vice provost for research at the University of Miami, e-applications offer a way for grantors and grantees to realize significant efficiencies. "We can focus on our research instead of paperwork and optimize the return for our sponsors." Dr. Bill Caskey, director of research and grants administration at Children's Mercy Hospital, added, "After going through this [electronic submission] once, I don't want to go back to paper again."

Following the fall pilot, eRA will gear up for the February 2004 cycle, when eRA expects to invite more participants, expand the scope of functionality and accept application data from additional sources. At that time, eRA may allow additional application types (the fall pilot is limited to R01 type 1 and type 2 simple projects with modular budgets) and begin issuing Notices of Grant Awards electronically. During FY 2004, eRA will process an increasing number of e-applications for each cycle.

eRA also is working closely with Grants.gov, the federal "storefront" on the web for finding funding opportunities and for downloading and submitting grant proposals. Grants.gov will provide applicants with downloadable electronic forms.

The eRA team plans to enable a third method of submission for the February pilot: computer-to-computer application transmission from the institution to NIH. Interested grantees can obtain an information kit with data schemas, sample code and details of the technology needed to communicate electronically with the eRA system.

For more information about the eRA electronic grant project, contact David Wright at david.wright@nih.gov or 451-4349. ■

Have Premature Ovarian Failure (POF)?

NIH offers a variety of studies for POF. If you are 18-42, you may be able to take part. Call 1-800-411-1222 or 1-866-411-1010 TTY. ■

Holiday Auction Set, Dec. 5

The Clinical Center's department of laboratory medicine will hold its 31st Holiday Auction fundraiser on Friday, Dec. 5 in Bldg. 10, Rm. 2C310, which is the department's conference room and library. All proceeds benefit the Patient Emergency Fund and Friends of the Clinical Center.

Organizers welcome volunteers and 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 11:30 a.m., and the silent auction ends at 2 p.m.

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

NCI Talk Lauds Diversity

The value of diversity and its critical role in America's business and organizational life was the topic of a recent talk given by Annette Merritt Cummings, national director of diversity services and vice-president of Bernard Hodes Group. The third in a series of NCI-sponsored talks called Diversity Grand Rounds, the presentation highlighted the business case for diversity and engaged audiences in Bethesda and Frederick with a futuristic look into organizational America.



Annette Cummings engages the audience with a futuristic look into organizational America.

Cummings set the tone with a slide featuring an optometrist's eye chart labeled: "Warning: The Future Is Always Closer Than It Appears." She addressed the changing demographics in America, highlighting the increase of the aging population, women and minorities, and discussed how those changing demographics will dramatically affect the workplace.

"Change before you have to," she said, emphasizing

the importance of being proactive in adapting to new organizational realities. She noted that in response to changing demographics, organizational theory and practice are evolving to accommodate and ensure productivity in this new climate.

She pointed out that organizations are increasingly shifting their focus from valuing fixed assets to valuing intellectual capital. There is a growing realization that knowledge is a much more powerful organizational tool than machines and hardware. As well, organizations are realizing they must reward and foster creative thinking rather than encourage the mirroring of management's thinking.

Cummings said that because "78 percent of organizational assets are human," both the public and private sectors are increasingly investing in and developing the most important asset—its people. In this new climate, human capital and diversity management are now more critical than ever. ■



Christina Bruce (r), director of NCI's Office of Diversity and Employment Programs, presents guest speaker Cummings with a framed poster of this year's Diversity Grand Rounds Seminar Series.

NHLBI Biochemist Flavin Mourned

Dr. Martin Flavin, 83, a biochemist at NIH, died at his home in Garrett Park on Sept. 29 from complications related to Shy-Drager syndrome.

Flavin served as a commissioned officer in the Public Health Service from 1951 to 1954, first at the National Cancer Institute and then at the National Heart Institute in the laboratory of Dr. Christian B. Anfinsen. He then spent 2 years in the department of biochemistry at New York University with Severo Ochoa and a year in the department of agricultural biochemistry at the University of California, Berkeley, before returning to the heart institute in 1957, where he worked for the remainder of his career.



Dr. Martin Flavin

Flavin contributed importantly to scientific understanding of the intermediary metabolism of amino acids and the regulation of microtubules. He retired in 1988 as chief of the section on organelle biochemistry of the Laboratory of Cell Biology, but continued his research as a special volunteer for another 10 years. Flavin published numerous scientific papers and trained many young scientists.

He had lived in Garrett Park since 1967. He was an avid whitewater kayaker, skier and cyclist, and was active in the Sierra Club, the Potomac Appalachian Trail Club and the Federation of American Scientists. In his later years, Flavin authored a book, *Kurt Hahn's Schools and Legacy* (Hahn was the creator of Outward Bound), published by Middle Atlantic Press in 1996. He also wrote an as yet unpublished memoir about his experience of aging and of today's health care system.

Flavin is survived by his brother Sean Flavin of Monterey, Calif., and his nephews Christopher Flavin of Washington, D.C., and Colin Flavin of Cambridge, Mass. Flavin's wife of 17 years, Tomoko Flavin, died in 2000. A memorial service for Flavin will be held Sunday, Dec. 7 at 2 p.m. in the Town Hall of Garrett Park.

Pelvic Pain Relief Study

NIH invites women with endometriosis to take part in a pain relief study of the drug raloxifene (Evista). Call 1-800-411-1222 for more information. ■

NCI's Krutzsch Remembered for Scientific Excellence

By Peggy Vaughn

Colleagues of the late Dr. Henry C. Krutzsch, a research biochemist at NIH for three decades, are planning to name a lecture in his memory in the near future. Krutzsch died in March from the effects of a stroke. He was 61.

Colleagues praise the "elegant" research Krutzsch conducted while at NIH, particularly his scientific discoveries and insights into protein purification and sequencing while working at the National Cancer Institute's Laboratory of Pathology.

His rigorous approach to science, his independence of thought and his insightful and encyclopedic knowledge of chemistry earned him respect among his peers. His enthusiasm for science, optimism, humor and generosity of spirit earned their friendship.

"Henry will live on through the tremendous abundance of his scientific accomplishments," said Dr. Lance Liotta, senior investigator in NCI's Center for Cancer Research.

"Henry was a protein chemist by job description, but in reality he was more like Merlin the Chemistry Wizard when it came to discovering and sequencing proteins and correlating structure with function. In fact, students once gave him a Harry Potter-style hat with moons and stars on it to signify that his expertise transcended the boundaries of what we thought was possible."

Born in Alaska in 1942 and raised in La Jolla, Calif., Krutzsch graduated in 1964 from the University of California at Riverside with a B.A. in chemistry. In 1968, he earned a Ph.D. in organic chemistry at the University of Iowa.

He then spent 5 years as a research chemist working on fiber polymers at the duPont Co. in Delaware before deciding to study the major polymers of life—proteins and peptides—at NIH.

Originally hired as a chemist by NHLBI, he also conducted research at NIAID and NIDDK. Over the years at NIH, Krutzsch coauthored over 115 scientific papers, including 5 book chapters, and was co-inventor on 18 patents for biologically active peptides. He helped reveal the structures of many proteins of biologic interest, enzymes, antibodies, blood clotting factors, viral factors, neuroproteins and gene regulatory proteins.

For the past 15 years at NCI, he researched the proteins and peptides involved in cancer metastasis. His colleagues spoke at a memorial service of his uncanny ability to locate the active sites of proteins



Dr. Henry C. Krutzsch

by zeroing in on particular amino acids among hundreds of potential sequences.

"During the year prior to his stroke, he sequenced more than 600 protein samples and prepared countless peptides, all of which became incorporated into scores of publications," Liotta said. "Henry's contributions will lead to smart drugs with high efficacy and lower side effects."

Among his many discoveries, Krutzsch identified active sites of proteins involved in metastasis, angiogenesis, cell adhesion and cell proliferation. He helped purify and characterize an autocrine motility factor, which is used by some cancer cells to metastasize to distant sites. His interest in his analytical tools led him to develop a novel method to dramatically reduce the background for mass spec analysis.

He developed methods to predict the active domains on proteins. Using this information, he designed small synthetic peptides, which mimicked the function of active sites. To improve stability and clearance, Krutzsch created "retro-inverso" forms of the active peptides. The outcome was a series of therapeutic peptides, which reduced the growth of human breast cancer and brain cancer in animal models.

Aside from his contributions as a chemist, Krutzsch is fondly remembered for his skills as a friend and mentor. Despite his intense focus on his work, he generously offered his time, expertise and guidance to friends and colleagues.

"Henry insisted on perfection from himself and his collaborators and contributed deeply to the scientific process," said Dr. David Roberts of NCI's Laboratory of Pathology. "I found discussing research problems with Henry to be a great way to formulate new hypotheses. His direct style of thinking and deep understanding of chemical principles gave him the ability to place our biological questions into a molecular context. This often yielded new insights."

A man of wide interests, Krutzsch played 12-string guitar, restored the 1968 Camaro that he drove to work, and enjoyed traveling and gardening. He is survived by his wife of 29 years, Christine Krutzsch. ■

Malaria Vaccine Study Needs Volunteers

Healthy men and women ages 18-45, without previous history of malaria or receipt of a malaria vaccine, are needed to participate in a study on the safety and effectiveness of a new investigational malaria vaccine at Walter Reed Army Institute of Research in Silver Spring. Health screening and financial compensation provided. Call 1-866-856-3259 toll free or (301) 319-9335/9320, or visit www.wrairclinicaltrials.com. ■

Employee Needs Organ Donation

Wanda White, an employee with type A blood, is in need of a kidney transplant. If there is anyone interested in being tested as a possible donor match who has either type A or O blood, call Nancy at 435-2110.

Federal government donors can use up to 30 days of donor leave, which is not associated with sick or vacation leave.

Parkinson's Disease Study

People with Parkinson's disease may be able to participate in a study of the experimental drug fipamezole at NIH. For more information call 1-800-411-1222 (TTY 1-866-411-1010).

Could Your Computer Be a Security Threat to NIH?

Recent computer viruses and worms taught us a big lesson—an unacceptably high number of office and home computers were vulnerable to attack because the antivirus software and patches were not up-to-date. Many NIH computers were affected. Remote users, especially those who use Parachute, were hit the hardest. The NIH help desk received a record of more than 1,000 calls in one day. The malicious attacks underscore the need for all staff to learn what they need to do to make sure their computers are protected.

Why did this last round of worms and viruses (in particular, Blaster and SoBig) have such a huge impact on everyone? Hackers adopted a new attack strategy, one that eluded conventional security protections.

Up to now, NIH has been able to control the spread of viruses and worms by blocking them at perimeter email servers, or more locally at individual desktops. Unfortunately, this last round of infections attacked Microsoft's Achilles' heel—individual desktop machines running Windows that were not protected by the latest antivirus software and patches.

What needs to happen to keep NIH secure? Efforts have begun to electronically "push" updates to desktop computers. Be aware that this may require some action on your part (e.g., log-off but don't shut down computers on days when local software updates are being performed through your network connection). Note that this type of electronic updating does not work for remote computers. This means that you will need to perform the updates on your home desktop. If you use your home computer for work purposes, you are encouraged to download antivirus software from <http://antivirus.nih.gov/>.

To help users understand how to apply patches and update antivirus software, CIT has developed instructions for updating office and home desktops running Windows operating systems. They are available at <http://irm.cit.nih.gov/security/how-to.pdf>. Instructions for programming your computer to automatically update antivirus software and look for new patches are included in these directions. Non-technical folks who would rather not "do-it-themselves" can always get advice by calling the help desk at 496-HELP (4357) or by sending a message to helpdesk@nih.gov. You can also contact your IC information system security officer; the roster is located at <http://irm.cit.nih.gov/nihsecurity/sroster.html>.

CIT recommends checking for updates for office and home computers (including laptop computers) at least once a week. Remote users should consider installing a personal firewall if their home desktop is connected to the Internet for extended periods of

time (e.g., users of cable, DSL or high speed satellite).

NIH needs your participation to ensure the security of your computer and the information on it. If we are complacent, we are apt to be vulnerable. Because computers without updated patches and antivirus software are a threat to every computer they share a connection with—including the NIH network—we must all work together.—Cheryl A. Seaman

Christine Densmore recently joined the NIDDK Division of Digestive Diseases and Nutrition as project officer of the division's Bariatric Surgery Clinical Research Consortium (BSCRC). She will oversee all aspects of the BSCRC, which will facilitate coordinated clinical, epidemiological and behavioral research in bariatric surgery through clinical protocols, a sample repository and a bariatric surgery database. With more than 12 years of experience in clinical research conduct and oversight, Densmore will also handle the division's data and safety monitoring responsibilities as clinical research studies coordinator.



She earned a master's degree in neuropsychology in 1998 from George Mason University. Before joining NIDDK, Densmore coordinated the clinical component of NIAMS's extramural program and the clinical program in an NCI intramural laboratory.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features the Florence Mahoney Lecture on Dec. 3, given by Dr. Gary Ruvkun, professor, department of genetics, Harvard Medical School. See story on p. 1.

On Dec. 10, Dr. Natalie G. Ahn, HHMI investigator and associate professor, department of chemistry and biochemistry, University of Colorado, will speak on "Functional Proteomics: Methods Development and Applications to Signal Transduction."

On Dec. 17, Dr. Douglas C. Rees, HHMI investigator and professor, division of chemistry and chemical engineering, California Institute of Technology, will discuss "Getting Across the Membrane: Structural Studies of Channels and Transporters."

The series then takes a holiday break before resuming on Jan. 7, 2004, with a talk by Nobel laureate Dr. John Fenn.

For more information or for reasonable accommodation, call Hilda Madine, 594-5595.