

Still The Second Best Thing About Payday

Community Networks To Emerge

Success of NCI Research-Outreach Program Celebrated

By Neil Swan

A new paradigm for health disparities research involving community-based cancer education, research and training has proven itself a success, becoming the springboard for a second generation of cancer awareness, education and prevention programs sponsored by the National Cancer Institute in racial/ethnic and underserved communities.



Dr. Mark Clanton, NCI deputy director, speaks at the CRCHD Summit.

NCI's Special Populations Networks (SPN) celebrated a record of successes in nearing the end of their 5-year effort

to build infrastructures for promoting cancer awareness. Some 18 SPN research and outreach efforts are winding down in Asian American, Hispanic, African American, American Samoan, Native Hawaiian, Appalachian, American Indian and Alaska Native communities across the country.

At a recent session in Washington, D.C., the SPN Summit's grantee researchers and staffers gathered in "Celebrating the Power of Our Commitment to the Community." Sponsored and funded by NCI's Center to Reduce Cancer Health Disparities, the SPN effort and many of its participants will soon be transitioning to an ambitious new project—the Community Networks to Reduce Cancer Health Disparities Through Education, Research and Training (Community Network Program, or CNP).

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HIGHLIGHTS

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Lessons from a Flood

Zerhouni Steers NIH Through Conflict of Interest Issue

By Rich McManus

One year ago, NIH director Dr. Elias Zerhouni's waterfront home in Pasadena, Md., was nearly swallowed by the Chesapeake Bay, whose appetite had been churned up by Hurricane Isabel. The deluge, which ruined three cars and threatened the structure of a home he had helped design, taught him invaluable lessons in crisis management: emergency preparedness is sheer fiction until you've actually been in an emergency, and—in what has become a leadership mantra for him at NIH—it's not the blows you suffer that take the measure of a man or an institution, it's the way you respond to adversity that defines you.

In much the same way that Isabel threatened Zerhouni's home in September 2003, a wave of adverse publicity concerning conflict of interest at NIH



Dr. Elias Zerhouni

SEE CONFLICT ISSUE, PAGE 4

Your CFC at Work

Make-A-Wish Foundation Made a Life for Bail

By Jane DeMouy

Evin Louisa Tally Bail's story is about two births: the day in 1975 when the nurse first handed a little pink bundle to her mother, Julia, and a rebirth that took place many years later through the work of the Make-A-Wish Foundation of the Mid-Atlantic, Inc.—one of thousands of groups that benefit from NIH's annual Combined Federal Campaign.



Evin Bail at age 2

The Bails and Evin's pediatricians were baffled by the illnesses that stacked up in their little girl's medical history. A simple cold could become pneumonia;

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SUMMIT, CONTINUED FROM PAGE 1

“The SPN projects have done their job,” Dr. Kenneth Chu, CRCHD program director, told summit participants. “You have shown that special population researchers can publish—with more than 130 Medline papers about your work. You have shown that minority junior researchers can be found, trained and can become productive—with 200 minority investigators applying for pilot research projects. And you have shown that you leverage the NCI funds by obtaining an additional

\$20 million in non-NCI funding to further your efforts. Equally important, you have shown how to help your communities.”

In a presentation to the NCI board of scientific advisors, CRCHD pointed to SPN’s successes to request approval of

\$125 million for CNP’s next-stage 5-year program. With an enthusiastic “thumbs up” from NCI director Dr. Andrew von Eschenbach, the board approved the CNP, which will be launched next year after announcement of the grant winners, Chu noted.

“We have developed a new paradigm for health disparities research involving cancer education, research and training,” said CRCHD in its bid to the NCI board.

“When we engaged researchers to aid their own, train their own and perform research to help their own, we have uncovered the power of their commitment to their own. There is a bond of trust between the researchers and their communities,” the advisors were told. “We have an investment in these leaders and their communities. It has yielded great dividends. We need to build on this investment to yield even greater gains.”

Many of the 18 SPN research-outreach efforts, most affiliated with a university, hospital or NCI-sponsored cancer center, are now applying for funding from the new CNP.

“It’s wonderful now that we have researchers from these communities,” said CRCHD director Dr. Harold Freeman. He traced the history of NCI’s interest in cancer health disparities to a 1973 paper published by Dr. LaSalle Leffall, Jr., and Dr. U.K. Henschke that “put this issue on the map” by pointing to the striking inequalities in cancer mortality that unfairly burden African Americans.

NCI deputy director Dr. Mark Clanton told summit participants that addressing cancer disparities is a key element in the institute’s strategic planning.

After the SPN winds down early next year, the CNP will begin operating. The goals of the new program are to improve access to and use of interventions in communities with cancer health disparities in order to reduce inequalities. NCI plans to commit about \$24 million in 2005 and in 5 subsequent years to fund 18 to 22 grants under the CNP.

CNP will be implemented in three phases:

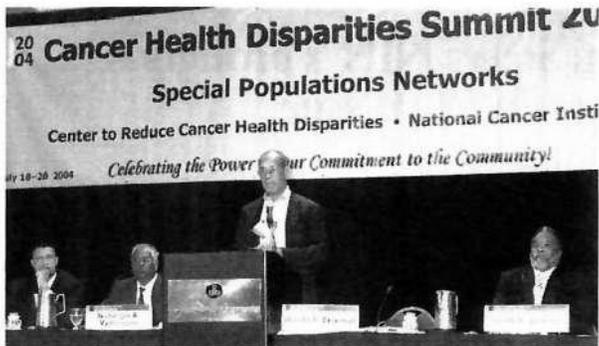
- ◆ Develop and increase capacity building to support community-based participatory education, research and training to reduce cancer health disparities;
- ◆ Develop community-based participatory research and training programs to reduce cancer health disparities; and
- ◆ Establish CNP credibility and sustainability. ■

2004 Flu Vaccine for NIH Employees

Last year’s flu season began earlier, peaked earlier and was more severe than usual. This year, NIH has ordered more doses of vaccine and is trying for earlier delivery in order to be able to offer vaccine to NIH employees early in the fall.

The influenza vaccine for the 2004-2005 season contains the following strains recommended by the FDA’s vaccines and related biological products advisory committee: A/New Caledonia/20/99-like (H1N1), A/Fujian/411/2002-like (H3N2) and B/Shanghai/361/2002-like.

Look for the upcoming schedule of dates and locations in the *NIH Record* and the Division of Safety web site at <http://www-staging.ors.od.nih.gov/ds/flu/>. If you have questions about the influenza vaccine, call the Clinical Center Hospital Epidemiology Service, (301) 496-2209. ■



At the summit podium, CRCHD director Dr. Harold Freeman addresses the audience as (from l) Dr. Mark Clanton, Dr. Nada Vydellingum, CRCHD deputy director, and Frank Jackson, program director of the Special Populations Networks, observe.

N I H R E C O R D

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Public, NIMH Discuss Mental Health Research Priorities

Representatives of mental health patient and family organizations recently met with senior staff of the National Institute on Mental Health in an all-day meeting to conduct a dialogue about mental health research priorities. The NIMH Alliance for Research Progress meeting presented an opportunity for NIMH staff to hear directly from these representatives about their views regarding the direction of future research. One attendee said, "We have all too long done business as usual. Business as usual is not going to get us to cures for our disorders."

NIH director Dr. Elias Zerhouni gave the keynote address and led a discussion with attendees about NIH activities, including multi-institute initiatives such as the NIH roadmap, the public trust initiative, and the neuroscience blueprint. He told participants, "There is a scientific imperative to have a better understanding and communication with you,



NIH director Dr. Elias Zerhouni (l) at the NIMH Alliance meeting with NIMH director Dr. Thomas Insel and there is obviously a right-thing-to-do imperative. We are funded by taxpayers dollars, and we need to make sure that whatever we do responds to taxpayer needs and that we do this in a transparent fashion that inspires trust and confidence." NINDS director Dr. Story C. Landis and NINR director Dr. Patricia Grady also participated.

NIMH director Dr. Thomas Insel chaired the meeting and explained his views on current and future research directions, and his recent actions to implement his vision, including a reorganization of the institute. He also described recent research accomplishments by NIMH-supported scientists. The rest of the morning session was devoted to group discussions to give advocates a chance to express their views on mental health issues. NIMH received additional input through afternoon breakout sessions devoted to discussions of public trust, science-to-service and the next generation of NIMH clinical trials.

Describing the future of clinical trials, Insel told attendees, "Dr. Zerhouni has really developed this concept of communities in research, which would be that you could have thousands of partnerships, with everyone from docs in private practice to community health clinics, to HMOs across the country, in which there would be an effort to involve patients from across the medical spectrum in clinical trials. Every patient would become a participant."

For more information on NIMH outreach, visit www.nimh.nih.gov/outreach/index.cfm. ■

Research Festival Set, Sept. 28-Oct. 1

The 2004 Research Festival runs from Tuesday, Sept. 28, through Friday, Oct. 1 at the Natcher conference center. It kicks off Tuesday at 9 a.m. with a keynote address by NIH deputy director for intramural research Dr. Michael Gottesman on new and emerging prospects in the NIH intramural research programs.

Symposia Tuesday and Wednesday focus on: Meeting the Continuing Challenge of Emerging Infectious Diseases; Epigenetics and Cell Cycle Control—From DNA Replication to Cancer Therapy; Proteomics in Disease; Molecular Biology of Parkinson's Disease; The Challenge and Promise of Stem Cells for Regenerative Medicine; Mast Cell Function—Biological and Clinical Implications; Signaling Mechanisms During Development; NIH Pharmacology and Therapeutics—The Road to Identification of Molecular Targets and their Structures; Technological Advances in Structural Biology and Biophysics; New Frontiers in Mammalian Genomics; Molecular Imaging—A Tool for Studying Systems Biology *in vivo*; Worms, Flies and Fish as Models of Human Disease; Computer-aided Detection in Diagnostic Radiology; Chromatin Remodeling and Gene Regulation; c-AMP-dependent Protein Kinase Signaling and Human Disease; Complex Genetics and Common Brain Disorders.

Festival food and music are provided midday Tuesday and Wednesday; Thursday offers the Job Fair for NIH postdocs and research and clinical fellows; and the Technical Sales Association Exhibit tent show runs Thursday and Friday. For program details and to register for lunch, see <http://festival04.nih.gov>. For reasonable accommodation, call the Visitor Information Center, (301) 496-1776.

OD Hosts Honor Awards Ceremony

The NIH Office of the Director Honor Awards Ceremony will be held on Friday, Sept. 17 at 1:30 p.m. in Natcher auditorium. The ceremony will present NIH Merit Awards, Commissioned Officer Awards (Achievement Medal or Public Health Service Citation) and recognize individuals with of 40 years of service to the federal government. All are welcome.

Hispanic Heritage Celebration

The annual Hispanic Heritage Month celebration begins Wednesday, Sept. 15 from 9 a.m. to noon in Lipsett Amphitheater, Bldg. 1. NIH director Dr. Elias Zerhouni will welcome attendees to a program titled, "Disease Invasion: Emergent Species." Guest speakers are Dr. Mercedes Pascual of the University of Michigan and Dr. Carlos Castillo-Chavez of Arizona State University. Sign language interpretation will be provided. For more information contact Elsa Berenstein, (301) 496-2514.

CONFLICT ISSUE, CONTINUED FROM PAGE 1

washed over the institution later that fall, when newspaper reports indicated that NIH was not being sufficiently vigilant in monitoring the outside activities of a small percentage of its staff. The conflict-of-interest storm was to last for months, testing the mettle of both the NIH director and the agency.

Zerhouni recently described his reaction to the flood of negative press, explaining how the tides of controversy pushed hard on the foundations of NIH and how the agency faced up to the issue quickly enough and resolutely enough to convince Congress and NIH's huge constituency that we had the issue under control.

No Pain, No Gain

"This issue has raised a tremendous amount of angst and attention from all the constituencies that have an interest in NIH," Zerhouni acknowledged. "It has taken an enormous amount of energy for all involved at NIH." Asked what percentage of his administrative time conflict has consumed in the past year, he smiles and says, "Too much. But all worth it."

Zerhouni noted that rules governing outside activities "were changed in 1995 in a way that removed almost completely any limits on either level of compensation, type of compensation, number of hours [spent on outside work]. And as often happens when this goes on, you have outliers—a few who then become sort of standard bearers for the behavior of the agency. In this case, what really is painful to see is the few cases that have tainted the good work and dedication of thousands of good, dedicated employees who really didn't have any conflict of any sort."

He continued, "That's what I point out to whoever wants to hear—we have five or six thousand scientists, and the total number of individuals involved in this over 5 years is about 300 people. And within that 300, the number of cases that raised the ire of our constituencies, and the press, and Congress were fewer than that. Nonetheless, I think it is a lesson to be learned—there's no doubt that we could have done a lot better."

Zerhouni said the Jesse Gelsinger case, in which an academic scientist was found to have had a financial interest in a therapy that proved fatal to a patient, should have sufficiently forewarned the medical community about the danger of its outside ties.

Zerhouni observed that the 1995 ethics policy "is very simple—you do pretty much whatever you want to do—I think 99.5 percent of all requests were approved." But as he has sought to assure stakeholders that he has come to grips with the issue, some unfortunate events have unfolded. "The thing that was most embarrassing to me is when I was pretty sure—and I had said to Congress—that

we hadn't harmed any patients and everybody had followed the rules, and then be told that over 100 scientists did not get approval for activities with industry—that truly was harmful in terms of perception. So we have to be honest with ourselves. The mark of a great organization is not so much how it stumbles, but how it recovers from the stumble, and I think that's where we are right now."

New Rules

Zerhouni said he thought the recommendations offered by the blue ribbon panel that had advised NIH on conflict last spring had been "very thoughtful," but acknowledged that reaction to its report was "initially quite negative. I think Congress felt a little betrayed by NIH, frankly. They felt angry. They have been strong supporters of NIH and our scientists across the board, and they supported the doubling of the NIH budget. Frankly, in the extramural community, the events were perceived with a lot of dismay. I received a lot of phone calls from deans and associations who basically said, 'We thought you were more rigorous than we were.' Lo and behold, they found this wasn't the case and that was conveyed to Congress in some indirect ways."

Zerhouni said he thought the blue ribbon panel "had done a great job" and was somewhat surprised by Congress' rejection of its recommendations. "But in the context of anger and disappointment, I think it was understandable—very understandable."

He disclosed that "initially, Congress truly wanted to ban [all outside activities], and the members of the committee have been very public about that...I was fortunate to be able to make contact with legislators and to help them understand what happened, how it happened, and why [a draconian response] might not be the right thing to do."

Zerhouni said that over the course of long discussion, a good consensus emerged that formed the basis of NIH's approach to the issue: stewards of public funds should never be vulnerable even to the perception that their activities could result in private gain. The top concern, he said, is, "How do you keep a true firewall and separation between the public trust—the money the public has given us in



Zerhouni says, "The mark of a great organization is not so much how it stumbles, but how it recovers from the stumble, and I think that's where we are right now."

trust—and the activities of those who manage that resource?”

He doesn't think it was well appreciated outside of NIH that the agency “has a dual nature—number one, we are a granting agency, but number two, we are also one of the most advanced, most capable biomedical research institutions in the world. So we're both sort of an academic, scientific research place, and yet next to that we're also a government agency with its own rules and regulations...I said, look, we need to build a firewall around those who have fiduciary responsibility relative to the government, and those who do not. And that's where we came up with these much more stringent rules for directors, deputy directors, and people who have those authorities, versus those who do not.”

NIH deputy director Dr. Raynard Kington has been put in charge of applying new managerial controls (see www.nih.gov/about/ethics_COI.htm), some of which may eventually require legislation, Zerhouni said. “We need to show that we are, in fact, committed above all to the public's interest, and we are. I have no doubt about that.” The fact that all institute and center directors voluntarily disclosed their holdings is a sign to Zerhouni of institutional good will. He said NIH cannot afford complacency and should become “a model of how to manage real and perceived conflict of interest—it's absolutely necessary.”

When some members of Congress were surprised and angered that certain NIH scientists earned as much as the vice president of the United States, Zerhouni repeatedly emphasized the unfair nature of the comparison. “This is not the right comparison because there is only one job called vice president of the U.S., one job called congressman. Whereas scientists at NIH could walk across the street and do the exact same thing, with less restriction and more compensation. So we have to balance the public's interest in having our ability to retain and recruit good scientists to our agency. And I think Congress understood that. That was a good development, I thought.”

Zerhouni said he is adamant that “pure academic activities such as writing a textbook and being part and parcel of academic life” be preserved and not impeded, owing to the research nature of the institution.

Opaque Rules Mean Poor Compliance

He admitted, “I think we were not as transparent as we should have been. I think our disclosure processes were opaque...Look at the fact that we didn't even know what the compensation was or what type of compensation our scientists were receiving. We didn't know that. Congressional committees had to go and ask industry to provide them with the information. It took us weeks and weeks to be able to collect the information here. So

in some ways, we didn't have a transparent system, we didn't have a fully disclosed system.”

He added, “The crossroads between ethics and science is a complicated one. When a decision needs to be made about what's an official duty or an outside activity on the basis of the scientific content of the activity, it's hard for me to see how just an ethics officer can do that. And that's who we delegate it to. So that's why creating NEAC (NIH ethics advisory committee) was a good step. It allows an element of peer review. I believe in peer review, and I see nothing wrong with having peers review the outside activities of their peers...The agency, in my view, was lacking that mechanism.”

Zerhouni said he hears from NIH scientists that some don't comply with the approval process because it is “tedious, long, complicated, bureaucratic. Frankly, that needs to be corrected. We shouldn't impose that sort of difficult process, because then it's not complied with. Compliance requires you to have a decent process in place. We need to make efforts there, and we will,” he said, envisioning a computerized, streamlined system.

Zerhouni singled out stock options as a particularly troublesome form of compensation, warning that they should be discouraged on the grounds that they persist over time and divide the loyalty of the employee. Service on corporate boards, too, is questionable because it pits fiduciary responsibilities to shareholders against responsibility to NIH. “I think we better just stay away from that,” Zerhouni noted. At least an arm's length should always separate an NIH scientist's interest in outside activities, no matter how outwardly benign, he suggested.

Zerhouni hopes that, in the end, the conflict controversy will “make NIH the paragon of how to manage conflict of interest and be the example of how to do it right...Again, it's not how you fall that determines how great you are, it's how you pick up and go.”

The great majority of officials at NIH support an attitude of “do whatever you can to get the right solution, to do what's right. I felt very supported by the NIH leadership, and the rank and file. That was a good aspect of the experience.”

Congress, too, trusts us to get it right, he added. “I tremendously benefitted from bipartisan support and understanding here,” he said. “Now we need to deliver, and I'm very confident we will.” ■

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Tom Goehl, editor-in-chief of Environmental Health Perspectives, was honored last month at the annual American Chemical Society meeting in Philadelphia. He received the division of chemical health and safety's Howard Fawcett Award for Outstanding Contributions to Chemical Health and Safety. Goehl served as science editor of EHP from 1994 until 2001, when he took over as chief of the NIEHS journal. “In that time...he has been almost single-handedly responsible for the efficacy and effectiveness of that journal. Under his guidance and leadership it has become the outstanding publication with the superior recognition that it now enjoys,” said Jay Young, chemical consultant, who nominated Goehl for the award.

CFC AT WORK, CONTINUED FROM PAGE 1

high fevers and infections were common; Evin had bronchitis, chronic sinus problems, meningitis, sepsis. Her doctor treated everything aggressively, but Evin failed to thrive. Because of frequent intestinal infections, she couldn't keep much food down, and weighed only 25 pounds when she entered kindergarten.

Julia Bail describes her daughter's medical treatment as "damage control" until she became 11.

That year, a serious bout with mononucleosis landed her in the hospital, where she was diagnosed with idiopathic thrombocytopenic purpura (ITP), a blood disorder in which the platelets that cause blood to clot are deficient. An infusion of intravenous immune globulin (IVIG), the

treatment of choice, sent Evin into anaphylactic shock. The local hospital gave up on her.

Her desperate mother contacted NIH and was referred to an NIH-funded researcher at Duke University. Duke doctors diagnosed Evin with primary immune deficiency and many other problems in addition to ITP. Blood tests identified antibodies to IgA in the IVIG given to her. With that insight, NIH doctors were able to give Evin IVIG infusions that stopped her chronic infections without sending her into shock.

Julia Bail credits NIH with saving her daughter's life.

The Bails took a deep breath. It began to look as if Evin's chronic ills might be controllable. But there was other fallout from her chronic and persistent sicknesses. At 16, Evin was still exceptionally small for her age, and constant illness had left her shy about talking to other people. Enter the Make-A-Wish Foundation, established to fulfill the special dreams of children diagnosed with life-threatening illness, in hopes of giving them a memorable and joyful life experience in the midst of their fight for health. Too shy to reveal her heart's desire to foundation staff, Evin confided her dream to her mother: she wanted to meet the cast of *Beverly Hills 90210*, the popular TV drama about a group of affluent teens.

Evin was not the only one who wished to shake hands with the most popular kids in America. Her name went on a list. But when her turn came, she confronted a decision. Another girl, farther down the list, was not expected to survive beyond the next 2 weeks. Would Evin give up her turn? She did. A week later, *Beverly Hills 90210* unexpectedly closed its set. Not to be outdone by Evin's generosity, the Make-A-Wish team arranged for her to appear in a

program with Brian Austin Green, who played David on *90210*. A TV fundraiser, *Sega Star-Kids Challenge*, featured teams competing to raise dollars for their charity.

Evin spent three happy days in California as the mascot on the Make-A-Wish team headed by Green. He introduced her to other TV icons like Scott Baio and Nicole Dubuc and Chelsea Hertford, stars of *Major Dad*.

"If life's a box of chocolates, Evin got them all," Julia Bail says of that life-changing trip. "She went out there a shy, withdrawn, sickly child. When she got back, she simply said 'I'm fine.' It was the most wonderful thing, and the CFC helped make it possible," her mother remembers.

Evin says of Make-A-Wish: "They're the people who put the silver lining back in clouds." With new confidence, Evin volunteered for Make-A-Wish activities for a year, acting as a Make-A-Wish mascot for fundraisers for cystic fibrosis and muscular dystrophy.

"Sixteen years ago, I nearly lost my life," says Evin, "and Make-A-Wish changed it."

Evin now has fun rollerblading and ice skating, sports that would have been impossible before her treatment was refined. She's become a rock climber. She went on to graduate from Chestnut Hill College in Philadelphia, where she majored in fine art studio and communications. Today, at 28, she is a statuesque blonde, whose healthy beauty betrays no sign of the disability she is still treated for once a month.

Nor is she the socially reticent young girl she once was. She travels across the country, speaking on behalf of Make-A-Wish and Baxter/Biolife, the company that makes her life-sustaining medication. In 2003, she was the keynote speaker for the Combined Federal Campaign for the National Capital Area, which she and her mother still wholeheartedly support. That same year, Make-A-Wish fulfilled 363 wishes for children with life-threatening ailments.

"My life used to be something I fit in around my illness. Since Make-A-Wish, my illness is something I allow into my life," Evin says. To see her original handmade books, visit http://www.formalsys.cnchost.com/eb_books.html.

For more information on the CFC and the charities it supports, see <http://cfc.nih.gov>. 



Evin with dad, Bill and mom, Julia, on a recent trip



Evin, 28, is a picture of health.

NIEHS's Devereux Retires After 33 Years

By Colleen Chandler

Thirty-three and a half years. That's how much time she officially put in at NIEHS. But more often than not, Teddy Devereux was at work early and stayed late. The real question is: will she know what to do with herself now that she has retired?

Devereux, whose real name is Theodora, started her career at NIEHS in 1971, shortly after she completed her master's degree at Duke University. The New York native came to Duke for her undergrad studies, but stayed for a master's. She applied to NIEHS in nearby Research Triangle Park just before she finished her degree. She landed a job, and quickly became accustomed to the independence and freedom offered. She was encouraged to develop her own projects. In 1986, she began working to identify critical target genes and gene alterations that may be involved in chemical carcinogenesis. In 1993, she became principal investigator in the molecular toxicology group within the Laboratory of Molecular Carcinogenesis. Among her career highlights: the isolation of clara cells in the lung. Her lab has identified a likely candidate gene for mouse lung-cancer susceptibility on chromosome 18. The group has collaborated with many other labs at NIEHS and has worked closely with the National Toxicology Program, validating results for 2-year liver bioassays.



Teddy Devereux

Many times over, Devereux has returned the mentoring she received at Duke and in her early years at NIEHS. She served on the science education committee, helping to direct the continuing education of scientists and technicians at NIEHS. "Her achievements are a testament to the success of women in science and she continues to encourage young men and women to aspire to great heights in science," said the mini-symposium brochure put together by her lab staff.

Devereux has mentored more than 50 students and postdocs, a number of whom returned to NIEHS recently for a mini-symposium that focused on Devereux's accomplishments. Some of those former students are now colleagues, who gave her some good-natured ribbing. Among the accusations tossed around were that Devereux was primarily responsible for the explosion in the number of "Oh-yes-I-can, get-outta-my-way, smart aleck, Devereux-inspired women" populating the fourth floor Laboratory of Molecular Carcinogenesis area.

When faced with the accusation, Devereux merely grinned. Another scientist Devereux mentored recalled what he described as the famous "Teddy grin. If she grins when trying to talk you into something, look out," he said.

Bob Maronpot, a colleague in the Laboratory of Experimental Pathology, said Devereux is the "paragon of the collaborator." He said her retirement will leave a big hole at NIEHS.

However, Devereux doesn't plan to let retirement keep her away from the institute. She still has use of her office, and is finishing three manuscripts for publication. She just won't spend as much time at work. "I don't really see it as closing the door at NIEHS. I have a feeling my ghost is going to be around one way or another," she said. "I am one of the most fortunate people to have found my niche and be able to do what I love here." ■

NIH Training Center Classes

The Training Center 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 (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Travel for NIH Travelers	9/16
Intercultural Communications at the NIH	9/20
Intercultural Communications for the NIH Scientist	9/20
Travel for Administrative Officers	9/20
Advanced Legal Drafting Seminar	9/21
NIH Foreign Travel (NBS Travel System)	9/27-28
Fellowship Payment System	9/29

CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Disaster Recovery	9/15
Social Sciences Resources	9/15
Data Warehouse Query: Technology Transfer	9/15
OS X Tips and Tricks	9/16
NCBI's Making Sense of DNA and Protein Sequences	9/16
Data Warehouse Query: Human Resources	9/20
Advanced FileMaker Pro	9/21
Programming with the Microsoft .NET Framework (Microsoft Visual C# .NET)	9/22-23
Data Warehouse Query: Property Management	9/23
Introduction to mAdd	9/28

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If you have severe lupus or someone you love has severe lupus, call for study information: 1-800-411-1222 (TTY 1-866-411-1010). ■

NIH Library Announces Fall/Winter Classes

Learn to use EndNote 8 and Reference Manager 11 (the latest versions) as well as EMBASE—an international biomedicine and pharmacology database. Free, hands-on classes on eight additional topics are provided by staff at the NIH Library Training Rm., Bldg. 10, or at the Fernwood Bldg. For more information, visit <http://nihlibrary.nih.gov/ResourceTraining/>.

Camera Club Holds Competition

The annual photo competition sponsored by the NIH Camera Club will be held Tuesday, Oct. 12 at the Classic Residence by Hyatt, 8100 Connecticut Ave., Chevy Chase. Registration of entries begins at 6:15 p.m. and judging begins at 7. Contest entry fee is \$1/image and judging will be done by a panel of three expert photographers from the community. Cash prizes will be given for the top three images in each category and ribbons will be given for honorable mention. The categories are black and white prints, color prints and color slides. Individuals may enter up to four images per category. Go to <http://www.recgov.org/r&w/camera.html> for competition rules and more information on the location or call Harvey Kupferberg (301) 983-0167 or Margaret Sprott (301) 299-6805.



Dr. Chuck Selden, NIH extramural staff training officer, competed in the U.S. Masters National Rowing Championships, held Aug. 19-22 in Oak Ridge, Tenn., winning one silver and four gold medals. He competed mainly in the 50-54 age group, winning in the pair oared shell, the 4 with coxswain and 8 with coxswain. His teammates were rowers from Detroit, Boston, Philadelphia, Arlington, Va., and Vienna, Austria. He also stroked a men's 60-64 (average age) 4-oared shell to a gold medal, and stroked a 55-59 age group 8-oared shell to a silver medal finish. In his single scull, Selden finished fourth in a group with 20 entries.

Children's Inn Volunteers Needed

The Children's Inn at NIH needs volunteers to drive families to and from the grocery store. The volunteers arrive at an established time each evening (6:30 p.m.) to help families do their food shopping. The process usually takes at least 30-40 minutes. Drivers use one of two inn vans to transport families. Volunteers may take a weekly run or volunteer every other week at the same time. Training is provided for each van operation.

The inn is also looking for volunteers to help assist with general handy work that needs to be done. Assignments include hanging pictures, shelves, etc. Use of power drills and hammers is necessary. Interested individuals should contact Laura King, director of volunteers at the inn, on weekdays at (301) 496-5672 or email lking@mail.nih.gov for more information. ■

Ever Have Postpartum Depression?

If you have a history of postpartum depression (PPD) following the birth of any of your children, consider participating in a PPD study with NIMH. The study seeks to examine if your PPD was caused by hormonal changes during or after pregnancy. The study is recruiting female participants between the ages of 20-45 years old. Call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010). ■

NCI Lecturer Urges 'Chemoprevention'

On July 29, the man who has helped put cancer prevention efforts on a "scientific and clinical foundation," according to National Cancer Institute director Dr. Andrew von Eschenbach, gave the annual Advances in Cancer Prevention Lecture. Dr. Waun Ki Hong spoke about cancer prevention research, in particular the promise of using molecular-based, targeted therapies to prevent the onset of cancer, an approach called chemoprevention.

Hong believes cancer treatment needs to migrate from the disease's advanced stage, when a patient's chances of survival are low, to its earliest stages. The first step in chemoprevention is identifying how great a patient's cancer risk is by taking into consideration family history, the results of screening for genetic risk factors and how any tumors look and behave.

Providing examples from his own research in oral and lung cancer at the University of Texas M.D. Anderson Cancer Center in Houston, where he heads the department of cancer medicine and chairs the department of thoracic, head, and neck medical oncology, Hong emphasized that "the risk model is crucial." Patients at low risk for lung cancer should make lifestyle changes like quitting smoking. However, he pointed out that because about half of lung cancer patients are former smokers—some have even quit smoking 20 years before they are diagnosed with the disease—quitting is not enough. Those at medium or high risk should receive chemoprevention, and those at high risk should be screened, with the hope that if cancer is present, it will be detected early.

But chemoprevention researchers face the same challenge as those working in general chemotherapy: developing interventions specifically targeted at tumor cells that do not harm other parts of the body. "We have to develop more effective chemoprevention approaches," Hong urged.

Hong, whom Von Eschenbach introduced as "one of the premier leaders in the cancer community," soon will start a large, 3-year lung chemoprevention study at M.D. Anderson. ■

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series—held on its namesake day at 3 p.m. in Masur Auditorium, Bldg. 10—features Dr. Lily Y. Jan giving the annual Margaret Pittman Lecture on Sept. 22; her topic is "Potassium Channels." She is HHMI investigator and Lange professor of physiology and biophysics, University of California, San Francisco.

There is no lecture on Sept. 29 due to NIH Research Festival.

For more information or for reasonable accommodation, call Hilda Madine, (301) 594-5595. ■