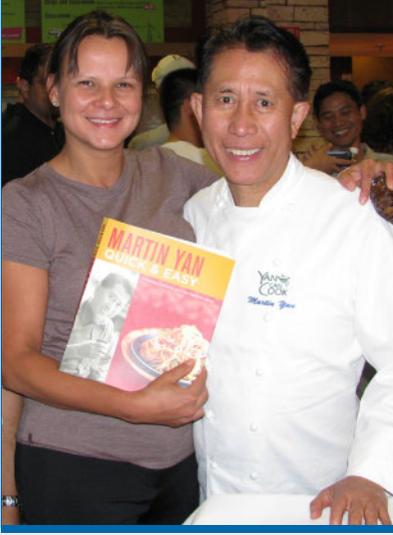


nih record



ABOVE • **Yan and Fan:** Celebrity chef Martin Yan (r) visits NIH; see story on p. 12.

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Collins Nominated as NIH Director

President Obama on July 8 announced his intention to nominate Dr. Francis Collins as the 16th director of NIH. Collins left NIH a year ago as director, since 1993, of the National Human Genome Research Institute. If confirmed by the Senate, he would become the first former institute director in 34 years to rise to the top position at the agency.

In his statement, Obama said, “The National Institutes of Health stands as a model when it comes to science and research. My administration is committed to promoting scientific integrity and pioneering scientific research and I am confident that Dr. Francis Collins will lead the NIH to achieve these goals. Dr. Collins is one of the top scientists in the world, and his groundbreaking work has changed the very ways we consider our health and examine disease. I look forward to working with him in the months and years ahead.”

HHS Secretary Kathleen Sebelius added, “I hope the Senate acts quickly to confirm his nomination. I want to thank Dr. Raynard Kington for his leadership as acting di-

SEE COLLINS, PAGE 6



Dr. Francis Collins

Dr. Susan Goldin-Meadow discusses body language at a recent STEP forum.



STEP Forum Interprets Body Language

By Belle Waring

If you walk into a meeting where there’s a lot of arm-crossing, you’ll sense a problem—some anxiety, at least—in the defensive posture.

Yet nonverbal communication isn’t always easy to read. A recent Staff Training in Extramural Programs (STEP) forum in Natcher Bldg. invited three panelists to explore “Body Language: Let Me Hear Your Body Talk!”

Nonverbal communication includes a wide range of behaviors: use of physical space, timing, movement, facial expression, gesture, posture, touching and eye gaze.

SEE BODY LANGUAGE, PAGE 8

Blood Bank’s Needs Take No Summer Break

By Valerie Lambros

Every day on this campus, there are hundreds of patients who need help. But for many of them, the aid they require won’t necessarily come from doctors or nurses. It will instead come from people willing to donate something very precious, something for which there is no substitute.

Dr. Harvey Klein is chief of the Clinical Center’s department of transfusion medicine located on the first floor of the CC, and his daily reality includes worrying about what could happen if the NIH Blood Bank were to come up short.

“The blood bank is more like a pipeline than a bank,” he said. “We are constantly using it. It’s not like we can really bank it away. The need is every day.”

Blood bank representatives are proud to say that NIH is a self-sufficient entity where blood resources are concerned, drawing its blood

SEE BLOOD BANK, PAGE 4



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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.

briefs

MyDelivery – Call for Beta Testers

MyDelivery, a prototype tool for communicating health and biomedical information developed by NLM's research engineers, is released for beta testing. MyDelivery enables two individuals to exchange information in a highly secure and reliable way, even through potentially unreliable wireless networks, and overcomes limitations of attachment size and quantity often encountered in email. MyDelivery's email-like user interface allows file attachments to be large in size (several gigabytes) or quantity (several thousand). Furthermore, its HIPAA-compliant end-to-end encryption and verification of data is accomplished through the invisible management of security certificates. This tool has potential applications in communication of patient health information, biomedical research, library document delivery, secure data exchange and telecommuting. Beta testers are invited to use it and provide feedback on its utility. The free registration and Windows client software are available at <http://mydelivery.nlm.nih.gov>.

FAES Class on Art Songs

The fall semester of FAES classes will include "Art Songs, a Guided Tour," which will feature lectures and live performances. The course will explore European and American art songs from the classical period to the 20th century. The lectures are intended for music lovers of all kinds, whether they have formal music training, a little background or none at all. For more information call (301) 496-7976 or visit www.faes.org.

Principles of Clinical Pharmacology Course

The Principles of Clinical Pharmacology course, sponsored by the Clinical Center, will begin in Lipsett Amphitheater, Bldg. 10 on Sept. 3. The course will be held Thursday evenings from 6:30 to approximately 7:45 and will run through Apr. 22, 2010. Deadline for registration is Aug. 21.

The course covers topics such as pharmacokinetics, drug metabolism and transport, assessment of drug effects, drug therapy in special populations and drug discovery and development. An outstanding faculty has been assembled to present the lectures. The faculty has also prepared a textbook, *Principles of Clinical Pharmacology*, Second Edition, which will be available in the Foundation for Advanced Education in the Sciences, Inc. bookstore located in Bldg. 10. The textbook is also available from Amazon.com.

Registration is open to all interested persons

free of charge unless the course is being taken for graduate credit through FAES. Certificates will be awarded at the end of the course to students who attend at least 75 percent of the lectures. More information about the course, including online registration, is available at www.cc.nih.gov/training/training/principles.html or by calling (301) 435-6618.

Advances in Cancer Prevention Lecture, July 29

The 10th annual Advances in Cancer Prevention Lecture will be given Wednesday, July 29 from 3 to 4 p.m. in Lister Hill Auditorium, Bldg. 38A. The talk, titled "Clinical Cancer Genetics and Prevention," will be given by Dr. Olufunmilayo F. Olopade, professor of medicine and human genetics and director, Cancer Risk Clinic, at the University of Chicago.



Olopade is an internationally renowned leader in the field of clinical cancer genetics at the University of Chicago Pritzker School of Medicine. Her research has focused on why women of African descent tend to get breast cancer earlier and with greater severity than their United States and European counterparts. Olopade has conceptualized groundbreaking discoveries about breast cancer through an interdisciplinary approach, leading to the development of treatment plans based on individual risk assessment for breast cancer patients on a case-by-case basis.

Olopade has received numerous honors and awards including a MacArthur fellowship "genius" award. Most recently she was inducted into the Institute of Medicine of the National Academy of Sciences.

For more information, contact the Cancer Prevention Fellowship Program, (301) 496-8640. That is also the number to call if you require any reasonable accommodation to participate.

Griffith Named NIDCD Scientific Director

Dr. Andrew Griffith, chief of the molecular biology and genetics section and the Otolaryngology Branch at NIDCD, has been appointed the institute's scientific director. He succeeds Dr. Robert Wenthold, who will remain chief of the section on neurotransmitter receptor biology in the Laboratory of Neurochemistry.



"Dr. Griffith is an exceptional clinician and scientist who has made major advances in identifying genes associated with hereditary hearing loss," said NIDCD director Dr. James Battey. "We're fortunate to have someone with his experience at NIH continuing to build on the strong research foundation laid down by Dr. Wenthold."

Griffith earned his M.D. and Ph.D. in molecular biophysics and biochemistry at Yale University and went on to complete his residency in otolaryngology-head and neck surgery at the University of Michigan Medical School. He arrived at NIDCD in 1998 as a research fellow with a clinical and basic scientific interest in hearing and balance and became a tenure-track investigator in 2000. He was tenured and appointed chief of the Otolaryngology Branch in 2006.

For Griffith, a pivotal time in his research career was at the University of Michigan, where he found he could combine his research and clinical interests through studies in genetics.

"The conventional techniques of tissue sampling in molecular biology weren't appropriate for the study of the inner ear, because you can't get to the tissue in a human subject without sacrificing hearing and balance," he said. "Genetic studies allow us to identify genes and proteins associated with hearing and balance without having to access the tissue."

When he began his research, only a few genes had been discovered for hereditary disorders of hearing and balance. Now, however, Griffith and other investigators in labs across the world have collectively identified dozens of genes for hereditary hearing and balance disorders. Griffith and his group at NIDCD have discovered a variant of a gene that modifies the severity of at least one form of hereditary hearing loss and have also identified another novel gene with domi-

nant and recessive alleles that can cause progressive hearing loss or congenital deafness in both mice and humans. His research now focuses on functions and molecular mechanisms of these genes and mutations in mouse models.

Griffith plans to continue the program in hearing, balance, speech and language research already established at NIDCD. He also hopes to build up the clinical research program and increase the diversity of investigators. "Since I'm a clinician," he said, "I'm sensitive to the importance of trying to translate basic discoveries into things that benefit patients."

During the course of his career, among many other honors, Griffith has been awarded the M.D./Ph.D. Prize for Outstanding Graduate of the Medical Scientist Training Program at Yale in 1992, and the Presidential Early Career Award for Scientists and Engineers in 2002. 📍

NICHD Goes Green with Community Garden

"Once you start gardening, you also start worrying about the weather. You look at the sky and wonder if it is going to rain. Weather changes take on an altogether new meaning," muses Brenda Hanning, director of the Office of Education at NICHD. She is discussing the new NICHD community garden, a welcome addition to campus. Such a venture is not new to NIH. During World War II, NIH had its own garden, one of more than 20 million victory gardens in the U.S. destined to alleviate food shortage. The garden was on Garden Ln., behind today's Bldg. 31B.

Times have changed and inspiration now comes from sustainable agriculture and the green movement. Hanning thought it would be great to have a garden run by fellows that would help them break with the lab routine and connect with the physical environment of the campus.

She initiated a process of contacts with various NIH offices in fall 2008, which came to a happy conclusion on Apr. 23 (Earth Day) when the project was officially launched. The inauguration of the White House Kitchen Garden by the First Lady a month earlier (Mar. 20) gave considerable impetus to the enterprise.

Lynn Mueller, NIH groundskeeping manager and landscape architect, was of great assistance in picking the location for the garden, adjacent to Stone House, with a nearby fresh water supply. "The garden is an excellent idea and a wonderful place. There is certainly room for expansion should other institutes be interested," says Mueller. Today, approximately 30 people, mostly NICHD fellows, take care of the 10 plots of the garden; they also formed the "Garden Club" through NIH R&W.

"My partner, Russ Morton, and I go to the garden every evening," says Jen Gillette, an NICHD fellow who cares for one of the plots. They have planted a variety of vegetables including squash, tomatoes and pumpkins. All the plots are pesticide-free and marigolds help keep garden pests away. "It is a fantastic experience. Getting your hands in the dirt helps put things in perspective," adds Gillette.

For its 3 months of existence, the NICHD garden is doing well and has set a fine example for other NIH institutes.—Laertis Ikonomou



BLOOD BANK

CONTINUED FROM PAGE 1

supply from employees as well as members of the community who enter NIH's gates in order to give. But sometimes—such as when several high-use surgeries are scheduled for the same day—that supply can run perilously thin.

On average, the CC uses more than 30 units of blood a day and at least 12 to 14 units of blood platelets (the part that helps the blood to clot). While the blood bank can measure the length of time it can store a whole blood donation in weeks, the window for platelets is brief at 5 days. Subtract from that 36 hours in which the platelets are tested for bacteria and it's down to 3½ days. And having enough platelets for a patient suffering from something like leukemia, aplastic anemia or cancer can mean the difference between life and death.

"Our supply and demand ebbs and flows," said Phyllis Byrne,

managing director of the NIH Platelet Center, who also works to recruit and register bone marrow donors. "If we have a huge case in the OR, we're going to use up more resources. Or if we have several people getting transplants or major surgery, it's going to take its toll on our supply, but we have to keep up with the inventory."

Keeping up with the demand has until now rarely been a problem. However, lately, those who work in the blood bank are becoming concerned, most specifically about a shrinking donor base. Due to age, illness or commitments that take people away from the community, donors steadily drop from the blood bank's rolls and don't often get replaced by new donors to keep the supply at acceptable levels. Klein acknowledges that "it has become increasingly difficult for community donors to access the NIH campus given the security screening, but we have been working to make the process smoother and more rapid."

Nonetheless, he is starting to wonder what his department can do to keep the need for donations in the public eye, especially during summers and before major holidays when the demand for resources is at its peak, yet the stream of donations slows to a trickle.

"If there is an emergency, such as Sept. 11 or

the recent Metro accident, we'll always get more people coming in who understand that you need blood in a situation like that," he said. "But people tend to forget about it at other times. The big challenge is keeping people sensitized to that need. No one assumes it won't be there when they need it, but if people don't donate, that very well could happen."

Both Byrne and Klein stress that if everyone who is not yet a donor began giving blood or platelets just once a year, the blood bank would never have to worry about its ability to serve the Clinical Center. Many supervisors are supportive of their employees' desire to donate, said Klein, understanding when they slip away from the office for this altruistic purpose. But most of the time, it's not a matter of getting the boss's okay.

"If they could just take the time to fit it into their busy schedules," he said. "And many people have a fear of needles. These are valid concerns, but we would still love to work with them."

Some people choose to have their blood typed and then ask to be notified when their blood type is strongly needed, much the way bone marrow donors get entered into a registry. But the truth of the matter is that both types of donations—blood and platelets—are constantly needed.

While the blood donor room was quiet on a recent Monday morning, two visitors from outside NIH's borders were donating in the adjoining platelet room.

Diane Straub began donating several years ago when a friend's daughter had health problems and needed donations of blood and marrow.

"I guess it's my good deed," she said.

In the recliner beside her, Carol Allen, a donor who travels in from Woodbine, Md., agreed, saying she always feels welcomed by the staff whenever she walks in the door, which happens often. Allen's been donating since the early 1980s and donates about five times a year.

"I like to think I'm helping someone when I come here," she said. "Well that, and I also come for the snacks," she added with a laugh.

For more information about donating blood, platelets or other resources to the NIH Blood Bank, go to bloodbank.nih.gov, or call (301) 496-1048. ●

"Our supply and demand ebbs and flows. If we have a huge case in the OR, we're going to use up more resources. Or if we have several people getting transplants or major surgery, it's going to take its toll on our supply, but we have to keep up with the inventory."



feedback

Want to know about some aspect of working at NIH? Ask anonymously at www.nih.gov/nihrecord/index.htm (click on the Feedback icon) and we'll try to provide answers.

Feedback: We all know that bicycles are a great way to get around and, for those who live close, a green way to commute. With the ever-increasing bike traffic at NIH, are the campus police ever going to enforce traffic laws for cyclers? Every day I see them run stop signs or ride up next to turning cars and not even slow down. Are bicyclists at NIH exempt from traffic law? Are the campus police going to wait until one gets hit before enforcing traffic laws?

Answer from the Office of Research Services: Bicyclists traveling on the roadways of the Bethesda campus are responsible for obeying the same laws applicable to motorists. Bicyclists have the same right to use the roadways as do motorists. Along with this right comes the same responsibility as that of a motor vehicle operator.

Bicyclists' violations that negatively impact safety on the roadway will be enforced by the NIH Police when officers witness violations. Attention will also be paid to those motorists who disregard bicyclists' rights as legitimate users of the roadway.

If you observe a motorist or bicyclist committing a flagrant violation, call the NIH Police non-emergency number at (301) 496-5685. However, unless the violation is witnessed by a police officer, the offender cannot be issued a citation. Notifying the police helps them know in what areas and during what times frequent violations are occurring. Patrol officers will give added attention to those areas.

Patrol officers are currently reviewing traffic laws applicable to all roadway users and are receiving additional training on how to safely and effectively provide education and enforce violations committed by motorists, bicyclists and pedestrians. It is our aim to make our campus roadways safer for all users.

Feedback: In the May 29, 2009, issue, the *Record* reported that the CRC is below capacity and that the Intramural Research Program is declining in both projects and staff, yet as reported in the June 12, 2009, *Record*, NIH is spending nearly half of its ARRA money on building Porter II—another project for the IRP. We apparently wasted millions of taxpayer funds on a hospital that has no patients and now NIH is going to waste another \$265 million dollars for a building for a declining Intramu-

ral Research Program. Meanwhile, Bldg. 31 is in horrible shape—over capacity, infested with mice, frequently without water, experiences floods, has offices where the room temperature is never below 78 degrees and others where the temperature is never above 60 degrees—and is apparently getting nothing from ARRA. Instead of pouring more money into a declining IRP, why doesn't NIH forget about Porter II and spend the money on an already existing and much-needed building like 31?

Answer from ORS: Your question has two aspects. The first is the technical perspective. Bldg. 31 is, indeed, in poor condition. One significantly deficient area relates to the electrical system. In recognition of this, NIH is allocating approximately \$13.1 million in American Recovery and Reinvestment Act (ARRA) funds to upgrade major elements of the electrical distribution systems in Bldgs. 31A, B and C. Of course, as you point out, there are many other areas of significant concern in Bldg. 31. To address this, the Office of Research Facilities (ORF) commissioned a complete evaluation of Bldg. 31. This study resulted in several long-term concepts, all of which involve considerable resources that are not presently available.

The second aspect is one of prioritization. The facilities investments are governed principally by the facilities working group (FWG), which is composed of rotating IC directors, executive officers, scientific directors and ORF staff. The goal is to ensure that scientists, clinicians and administrators all contribute to the formulation of facilities investments. Each year, the FWG updates its 5-year plan. For the FY 2011-FY 2016 timeframe, the FWG identified the following strategies:

- Ensure safe and reliable facilities
- Patient safety, animal safety, biosafety, fire protection of occupants paramount
- Stabilize and manage Bldg. 10 to remedy building infrastructure problems
- Renovate Bldg. 10 Core to support bench-to-bedside research
- Sustain/improve existing facilities by modernizing assets and improving their energy efficiency so that we achieve a Condition Index (CI) > 90 for all NIH-owned facilities (CI is an industry measure of the physical condition of a facility that compares the projected cost of needed repairs to the total replacement cost of the facility; a CI of 100 equates to no repairs needed, while a CI of 0 indicates the cost of repairs equals or exceeds the cost of total replacement.)
- Reduce lease space costs by utilizing government-owned facilities
- Optimize use of all NIH sites to support science enterprise.

In terms of ARRA, the FWG factored into its priorities the "shovel readiness" of projects, given the requirement to obligate all funds by Sept. 30, 2010, and spend all funds by Sept. 30, 2015. The Porter Neuroscience Research Center (PNRC) Phase II project met several of the above-described goals, including the reduction of expensive lease costs via the relocation back to campus of a number of neuroscience programs now located in leased facilities. Phase II also corrects crowded conditions within PNRC I. Completion of the PNRC Phase II also meets the important goal of providing a single complex where neuroscience researchers could meet and work together within a collegial setting that promotes synergies in the exchange of ideas.

In summary, we recognize that the conditions in Bldg. 31 are problematic. We have addressed the situation as best we can given available funding and overall priorities. Critical issues, such as the stairwell on the north face of the Bldg. 31 complex, have been addressed to ensure that life safety standards are met. A significant portion of the ARRA funding was allocated to address critical Bldg. 31 electrical systems. A decision to replace or renovate the Bldg. 31 complex is still under analysis.

Collins sings and plays guitar at *The Directors* performance in honor of outgoing NIH director Dr. Elias Zerhouni last Oct. 30.



COLLINS

CONTINUED FROM PAGE 1

rector at NIH, and I also want to recognize the groundbreaking work that the scientists and staff at NIH do every day. From the new stem cell guidelines to the Recovery Act, this is truly an exciting time for NIH and for science in this country.”

Collins is best known for landmark discoveries of disease genes and his leadership of the Human Genome Project, which culminated in April 2003 with the completion of what he called “the book of life”—a finished sequence of the human DNA instruction book. His own research laboratory has discovered a number of important genes, including those responsible for cystic fibrosis, neurofibromatosis, Huntington’s disease, a familial endocrine cancer syndrome and, most recently, genes for adult onset (type 2) diabetes and the gene that causes Hutchinson-Gilford progeria syndrome.

Collins, 59, has a longstanding interest in the interface between science and faith and has written about it in *The Language of God: A Scientist Presents Evidence for Belief* (Free Press, 2006), which made the *New York Times* bestseller list. He just finished a new book on personalized medicine, *The Language of Life: DNA and the Revolution in Personalized Medicine* (Harper-Collins, to be published in early 2010).

A native of Staunton, Va., where he was homeschooled as a child, Collins received a B.S. in chemistry from the University of Virginia, a Ph.D. in physical chemistry from Yale University, and an M.D. with honors from the University of North Carolina.

Prior to coming to NIH in 1993, he spent 9 years on the faculty of the University of Michigan, where he was an investigator of the Howard Hughes Medical Institute. He has been elected to the Institute of Medicine and the National Academy of Sciences and was awarded the Presidential Medal of Freedom in November 2007.

On campus he is recognized as an approach-

able, affable scientist who makes no secret of his love of guitar playing, singing and motorcycle riding. He helped found *The NIH Directors* impromptu rock band, which plays at important campus events, and composes event-specific music for the group.

At a going-away ceremony last summer in Natcher Auditorium, Collins was presented with a custom-made Huss & Dalton (luthiers based in his native Staunton) acoustic guitar whose fretboard was inlaid with a DNA helix. If he is confirmed, employees will no doubt get to hear that guitar in concert.

The only other former institute director to become NIH director was Dr. Donald S. Fredrickson, who had been NHLBI director from 1966 to 1968 before being named NIH director in 1975. 🎸

Free Outdoor Film Festival Aug. 14-21

The movie line-up has been announced for the 13th annual Comcast Film Festival that will take place nightly from Friday, Aug. 14 to Friday, Aug. 21. Come out to the grounds of the American Speech-Language-Hearing Association & Strathmore and see movies viewed on the big screen. Bring your blanket, chairs (low chairs only) and anyone who loves movies to this event. The movies are free, food will be available to purchase on site and there will be a raffle (donations also accepted) to help raise funds for the NIH Charities (Friends of the Clinical Center, the Children’s Inn and Camp Fantastic/Special Love).

Friday, Aug. 14 *The Curious Case of Benjamin Button*

Saturday, Aug. 15 *The Dark Knight*

Sunday, Aug. 16 *Kung Fu Panda*

Monday, Aug. 17 *Indiana Jones and the Kingdom of the Crystal Skull*

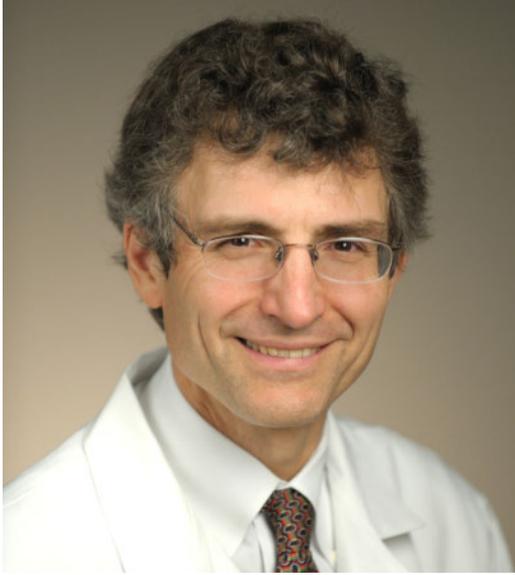
Tuesday, Aug. 18 *Singin’ In the Rain*

Wednesday, Aug. 19 *Twilight*

Thursday, Aug. 20 *Slumdog Millionaire*

Friday, Aug. 21 *Madagascar: Escape 2 Africa*

Restaurants will open at 6:30 p.m. and the movies will begin at 8:30. For more info, visit www.filmfestnih.org or call (301) 496-6061. If you are interested in volunteering for this event, contact Kallie at wassermankt@mail.nih.gov.



New NIDDK deputy director Dr. Gregory Germino

Germino Named NIDDK Deputy Director

Dr. Gregory G. Germino was recently named as NIDDK's new deputy director.

"Dr. Germino is a world-renowned physician-scientist, a committed mentor to the next generation of researchers, an experienced manager of budgets and people, and a compassionate communicator to professional and patient advocacy organizations," said NIDDK director Dr. Griffin Rodgers, who made the appointment. "We are very fortunate to have him join us."

Germino will help oversee an annual budget of \$1.9 billion and a staff of 630 scientists, physician-scientists and administrators at research facilities in Bethesda and Phoenix. NIDDK's research interests include both common conditions such as diabetes and obesity and rare diseases such as sickle cell disease, Cooley's anemia and polycystic kidney disease, an inherited condition characterized by the development of cysts in the kidneys.

"I'm honored to have been chosen as NIDDK's deputy director," said Germino. "NIDDK's history is distinguished, and I look forward to encouraging and contributing to its future."

As a research investigator at Johns Hopkins University School of Medicine, where he was a professor of medicine in the division of nephrology and professor in the department of molecular biology and genetics, Germino made important contributions to understanding the genetic origins of polycystic kidney disease. He will continue his research at NIDDK.

Germino received his undergraduate degree in biology from Loyola University of Chicago in 1979 and his medical degree from the Pritzker School of Medicine at the University of Chicago in 1983. In the same year, he began further training in internal medicine and nephrology at Yale and stayed on as a junior faculty member for another 4 years. He also spent a research year at Oxford University in England.

Germino moved to Johns Hopkins University in 1992 and became a full professor in 2003.

Germino has been a visiting professor and invited lecturer at universities, medical centers and professional and nonprofit associations across the United States and around the world. He has written more than 70 papers in peer-reviewed journals and more than a dozen book chapters. In addition, he has received numerous awards including the NIH Physician-Scientist Award (1988-1993), the NIH MERIT Award (2000) and the Lillian Jean Kaplan International Prize for the Advancement in the Understanding of Polycystic Kidney Disease (2005).—

Arthur Stone

Gibson To Direct CSR Division

The Center for Scientific Review recently named Dr. Joy Gibson as director of the Division of Translational and Clinical Sciences. She had been acting director of that division for several months.

"Dr. Gibson has been an integral part of our CSR team. Her impressive career has prepared her to continue to contribute in ever more vital ways," said CSR director Dr. Toni Scarpa. "We conducted a national search and drew an exceptional group of candidates. Joy's service to CSR distinguished her as the best candidate. I am excited to see her in her new role."



The areas covered by her division's review groups include cardiovascular and respiratory science, blood disorders, oncology and surgery and bioengineering. The division has five review groups and 34 study sections, with one assigned scientific review officer per section.

CSR recently realigned like-science integrated review groups within five divisions to better reflect the science represented; it created one new division, and renamed the other four. Gibson now heads one of the four re-titled divisions.

In her previous role at CSR, Gibson was chief of the cardiovascular sciences and hematology IRGs. She oversaw numerous regular study sections for cardiovascular sciences and hematology, two small business panels and two other review panels.

Gibson joined CSR in 2001 after spending 14 years in the pharmaceutical industry. She received a D.Sc. in nutrition from Harvard University School of Public Health. After 2 years of postdoctoral research at Cornell University, she studied lipid and lipoprotein metabolism in a clinical setting at the University of New South Wales in Australia, Mt. Sinai School of Medicine and the University of Miami School of Medicine, where she attained the rank of associate professor.



STEP forum panelists (from l) Dr. John Stern, Dr. Curtis LeBaron and Goldin-Meadow

PHOTOS: BILL BRANSON

BODY LANGUAGE

CONTINUED FROM PAGE 1

The traditional view, said the University of Chicago's Dr. Susan Goldin-Meadow, is that body language expresses affect (that is, emotion) and not content, and so "frames the conversation, but is not the conversation itself."

In fact, she said, research shows that "nonverbal behavior can convey ideas."

Using video clips of schoolchildren learning arithmetic, Goldin-Meadow compared the verbal and nonverbal components in how the kids learned—or didn't. By teasing out the distinct effects of gesture and speech, she found that the nonverbal behavior of both students and teachers is crucial to learning.

Children are so sensitive to adults' gestures that they absorb them readily, even if the information contained in the gestures isn't true.

For example, while explaining an addition problem on the board, a teacher who made a clumsy gesture inadvertently misled students in how to solve it. Her verbal instructions were clear enough, yet the gesture contradicted her words.

The kids got the problem wrong. It was the teacher's gesture that stuck.

Because gestures convey substantive information about a speaker's thoughts, the best teachers learn to interpret them in their students and to master them in their own teaching performance.

Moreover, as a student, "if you gesture, you learn more than if you don't," Goldin-Meadow said. "The fact that it's under the radar potentially makes it important and powerful."

Focusing on the human face, Washington University's Dr. John Stern presented the bio-behavioral phenomena of blinking, pupillary

movements and saccades (rapid, simultaneous movements of both eyes in the same direction).

Using simulators for air traffic control and flight, Stern examined blink effects on "saccade duration"—that is, the length of these eye movements. Such patterns help us make inferences about cognition, attention and alertness, he said.

Blinking protects our eyes, of course, by keeping them moistened. Adults blink spontaneously at 2- to 10-second intervals, yet beyond that, Stern said, there are marked differences in how individuals respond.

The blinking interval grows longer when we're taking in important information, as when reading or driving, and especially when we're on high alert, attending closely to any change in our visual or auditory environments.

"Many accidents attributed to 'human error' are occasioned by alertness lapses," Stern noted.

Studying the blink helps identify these lapses and their precursors. These in turn may "allow for the development of procedures to reduce their likelihood of occurrence."

Brigham Young University's Dr. Curtis LeBaron also looked at "big issues through the study of small things" using video-based case studies.

"Observed in the wild [outside the laboratory], gestures tend to resist categorization," he said. Yet "gestures are conceptual; they are not just feeling and affect."

In close-ups of surgery in progress, LeBaron showed how even the smallest gestures made by attending physicians were crucial in teaching younger doctors how to operate.

These were not conversational hand-wavings or shrugs, but micro-gestures with sterile instruments in the surgical field.

Nonverbal communication is intrinsic and inescapable. It's so much a part of us that we may not notice it. Yet "the resident's success," said LeBaron, "depended on the subtle, silent and supportive behavior of the expert" in tiny, specific gestures.

As the resident learned to interpret and internalize these expert gestures, they served as "scaffolding at every turn of surgical activity." The sooner the resident was able to recognize the attending physician's nonverbal behaviors as cues for action, the more expert the resident showed him- or herself to be.

Something to consider the next time your supervisor asks you to pass the stapler. 🗨️

Grady Discusses 'Limitless Opportunities' in Nursing Research

NINR director Dr. Patricia Grady recently gave the keynote address at the Oklahoma Statewide Nursing Research Day conference. The event, held in Oklahoma City, drew over 200 nursing faculty and students from across the state.



NINR director Dr. Patricia Grady speaks at the Oklahoma Statewide Nursing Research Day conference.

PHOTO: BEVERLY BOWERS

In her presentation, "Nursing Research in the 21st Century: Limitless Opportunities," Grady discussed nursing science and its pursuit of excellence. As she noted, "All nurses are trained in observation, critical thinking and problem-solving—the basic elements of research. Nursing research is a cross-cutting, interdisciplinary field that brings the added dimension of clinical-based observation and expertise to its investigations."

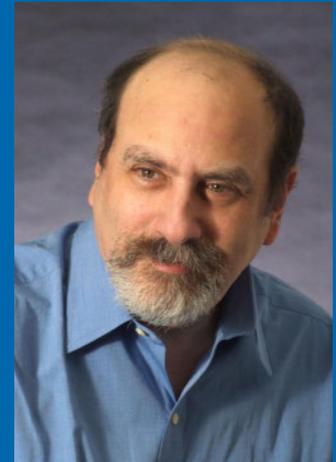
Citing several examples from NINR-funded studies—including research on reducing the risk of HIV exposure among adolescents, predicting recovery from traumatic brain injury and improving end-of-life care in the ICU—she reflected on the depth and breadth of nursing science and the critical importance of translating the findings from this research into evidence-based practice. In addition, she discussed the opportunities available through NINR and NIH to health professionals and students interested in research careers.

As she told the audience in conclusion, "The world needs you to apply your energy, ingenuity and dedication to science to promote health and ameliorate illness and disease. In turn, a research career will provide you with limitless opportunities and endless rewards."—Ray Bingham

Garte To Direct CSR's Division of Physiological, Pathological Sciences

The Center for Scientific Review has named Dr. Seymour Garte as director of the Division of Physiological and Pathological Sciences.

"Dr. Garte joins us from outside the NIH after a nationwide search," said CSR director Dr. Toni Scarpa. "His contribution to science has been tremendous and I am confident that his contribution to the NIH will be equally great. Equally important, he will bring precious experience from his interactions with scientists and societies in this country and abroad."



Garte comes to CSR from the University of Pittsburgh Graduate School of Public Health, where he was a professor of environmental and occupational health sciences and a member of the University of Pittsburgh Cancer Institute.

An alumnus of the City University of New York with a Ph.D. in biochemistry and a bachelor of science degree in chemistry, he was a professor at New York University Medical Center's department of environmental medicine and at the University of Medicine and Dentistry of New Jersey, School of Public Health. He also was scientific director of the Genetics Research Institute in Milan, Italy.

Garte has over 200 scientific publications in genetics, epidemiology, the environment and other areas. He is the author of *Where We Stand: A Surprising Look at the Real State of the Planet* and *Genetic Susceptibility to Environmental Carcinogenesis* and is co-editor of *Molecular Epidemiology of Chronic Diseases*.

The Division of Physiological and Pathological Sciences reviews applications related to endocrinology and reproduction, immunological, infectious diseases and microbiology, nutritional and metabolic, digestive and urological areas. It contains four review groups and 31 study sections, with one scientific review officer assigned to each section.

NIH Accepts Bike to Work Day Award

NIH was recently honored by the Metropolitan Washington Council of Governments (MWCOC) for having the highest employee participation—for the fourth year in a row—in Bike To Work Day. On hand for the plaque presentation were (from l) Chantal Buchser of the Washington Area Bicyclist Association;



Dr. Alfred Johnson, director, Office of Research Services; Nicholas Romfos, director of MWCOC's Commuter Connections; and Angela Atwood-Moore, president, NIH Bicycle Commuter Club.

As College Drinking Problems Rise, New Studies Identify Prevention Strategies

Alcohol-related deaths among U.S. college students rose from 1,440 deaths in 1998 to 1,825 in 2005, along with increases in heavy drinking and drunk driving, according to an article in the July supplement of the *Journal of Studies on Alcohol and Drugs*.

The special issue describes the results of a broad array of research-based programs to reduce and prevent alcohol-related problems at campuses across the country. These studies resulted from the Rapid Response to College Drinking Problems Initiative, a grant program supported by the National Institute on Alcohol Abuse and Alcoholism.

Reviewing the magnitude of the college alcohol problem, Dr. Ralph Hingson and colleagues analyzed data from the Centers for Disease Control and Prevention and other government sources. They found that serious problems persist, as indicated by the increase in drinking-related accidental deaths among 18- to 24-year-old students. In this population, most unintentional alcohol-related injury deaths result from traffic-related incidents. In addition, the researchers found the proportion of students who reported recent heavy episodic drinking—sometimes called binge drinking, defined as 5 or more alcoholic drinks on any occasion in the past 30 days—rose from roughly 42 percent to 45 percent, and the proportion who admitted to drinking and driving in the past year increased from 26.5 percent to 29 percent.

New Biomarker Method Could Increase Number of Diagnostic Tests for Cancer

A team of researchers has demonstrated that a new method for detecting and quantifying protein biomarkers in body fluids may ultimately make it possible to screen multiple biomarkers in hundreds of patient samples, thus ensuring that only the strongest biomarker candidates will advance down the development pipeline. The researchers have created a method with the potential to increase accuracy in detecting real cancer biomarkers that is highly reproducible

across laboratories and a variety of instruments so that cancer can be caught in its earliest stages.

The results of the Clinical Proteomic Technology Assessment for Cancer study, which is sponsored by the National Cancer Institute and partner organizations, appeared online June 28 in *Nature Biotechnology*.

“These findings are significant because they provide a potential solution for eliminating one of the major hurdles in validating protein biomarkers for clinical use. Thousands of cancer biomarkers are discovered every day, but only a handful ever makes it through clinical validation. This is a critical roadblock because biomarkers have the potential to allow doctors to detect cancer in the earliest stages, when treatment provides the greatest chances of survival,” said NCI director Dr. John Niederhuber. “The critical limiting factor to date in validating biomarkers for clinical use has been the lack of standardized technologies and methodologies in the biomarker discovery and validation process, and this research may solve that dilemma.”

NIDA Study Shows School-Based Prevention Program Reduces Problem Behaviors

A study suggests that school-based prevention programs begun in elementary school can significantly reduce problem behaviors in students. Fifth graders who previously participated in a comprehensive interactive school prevention program for 1 to 4 years were about half as likely to engage in substance abuse, violent behavior or sexual activity as those who did not take part in the program. The study, supported by the National Institute on Drug Abuse, will appear in the August 2009 print issue of the *American Journal of Public Health*.

“This study provides compelling evidence that intervening with young children is a promising approach to preventing drug use and other problem behaviors,” said NIDA director Dr. Nora Volkow. “The fact that an intervention beginning in the first grade produced a significant effect on children’s behavior in the fifth grade strengthens the case for initiating prevention programs in elementary school, before most children have begun to engage in problem behaviors.”

The study was conducted in 20 public elementary schools in Hawaii. The intervention tested was Positive Action, a comprehensive K-12 social and emotional development program for enhancing behavior and academic achievement. The program consists of daily 15-20-minute interactive lessons focusing on such topics as responsible self-management, getting along with others and self-improvement.



An NIAAA-supported study has found that alcohol-related deaths among U.S. college students rose from 1,440 deaths in 1998 to 1,825 in 2005, along with increases in heavy drinking and drunk driving.

Cancer Epidemiologist Patel Dies

Dr. A.R. "Joe" Patel, who retired from NCI in January 2006, died on June 3. Most of his career was spent working in the extramural epidemiology research program, where he was known especially for his early stewardship of research on diet, nutrition and cancer and on minorities and cancer. He had worked for NCI for 28 years and retired as a program director with the Epidemiology and Genetics Research Program of NCI's Division of Cancer Control and Population Sciences.



For the last 15 years of his career at NCI, he focused on encouraging extramural investigators to launch epidemiologic studies on U.S. ethnic and minority populations and cancer, an achievement Patel viewed as his most important. With expansion of this research portfolio, he began promoting the establishment of cohort studies so that long-term prospective studies, particularly on diet and cancer causation in diverse populations, would be possible. By the time he retired, Patel left behind a range of cohort studies for which he was program director that included populations of U.S. African Americans, Latinos, Native Americans, Native Hawaiians, Japanese, Filipinos, Chinese and Caucasians. Some cohort studies have wide name recognition, such as the Nurses' Health Study, Health Professionals Follow-Up Study, Black Women's Health Study and California Teachers Study.

In the early 1980s, he jumpstarted investigation of diet and cancer by writing a Request for Applications (RFA) to encourage research grants in dietary assessment methods. "At this time, diet and nutrition were only starting to be appreciated as possible determinants of cancer. The RFA was central to the advancements that have been made in the field of nutritional epidemiology," said Dr. Walter Willett of Harvard University, who is internationally renowned for his research on diet and nutrition and was one of Patel's grantees for more than 20 years.

"The development of validated dietary assessment methods through the NCI funding had a major benefit not only for cancer research but many other fields as well," said Willett. "For example, as a result of leads provided by dietary assessments, vitamin A supplementation is now part of standard care for patients with visual impairment due to retinitis. Trans fatty acids have been identified as an important contributor to coronary heart disease and are rapidly being removed from the food supply. B-vitamin supplements are part of standard care for pregnant women in Africa who are infected with HIV. None of this would have happened without the methodological developments encouraged by Dr. Patel."

CSR Mourns Warehouse Supervisor Robb

The Center for Scientific Review's warehouse supervisor, Thomas H. "Butch" Robb, died June 20 of a heart attack.

Robb was a federal employee for 40 years, beginning his NIH career in 1969 at 17 with two temporary appointments at the Division of Research Grants (DRG), now called CSR. The next year, Robb took the first of several permanent positions at the NIH Printing and Reproduction Branch, ultimately returning to DRG in 1987. He was promoted to support services supervisor in 1997.

"Butch spent most of his federal career here at CSR, and we will greatly miss his smile, willingness to go out of his way to help and most of all his kind spirit," said CSR Executive Officer Melanie Keller. "His death is met with great sadness and shock."

Robb's commitment to NIH drew him numerous awards, including a 1998 NIH Director's Award.

He is survived by siblings Ruth Blue, Evelyn, Tawanna and George Robb and his former wife and companion Marcell Robb, a step-daughter, Marty Robb, and other family members and friends.



The phone numbers for more information about the studies below are 1-866-444-2214 (TTY 1-866-411-1010) unless otherwise noted.

Januvia Study

Volunteers are needed for a study examining the immune function in healthy volunteers given short-term treatment of sitagliptin. Investigators wish to determine if and how sitagliptin alters immune function. If you are 18 years or older and healthy, consider participating in this study. All study-related tests are provided at no cost. Compensation is provided. Refer to study 09-DK-0055.

Sleep Deprivation and Obesity

A sleep and weight study for obese adults ages 18 to 50 who sleep less than 6 hours at night is recruiting volunteers. This study will examine the relation of sleep to body weight, the amount of body fat and the level of hormones that control appetite. Medical history and physical examination provided at no cost. Compensation is provided. Refer to study 06-DK-0036.

Type 1 Diabetes Clinical Research Study

Individuals ages 16-30 who have been diagnosed with type 1 diabetes within the last 4 months are needed for a clinical research study. The goal is to look at restoring beta cell function in individuals recently diagnosed with T1DM. No cost for study-related tests, medications or treatments. Compensation is provided. Travel assistance may be available. Refer to study 09-DK-0056.

Healthy Volunteer Smokers Needed

The Mood & Anxiety Disorders Program, NIMH, is looking for healthy volunteers with no current or history of mental illness, between the ages of 18 and 65, to participate in a variety of research studies. Study procedures may include: PET and/or MRI scans, psychological interview and neuropsychological testing, depending on the study you choose to participate in. Call (301) 435-8982 for more information.

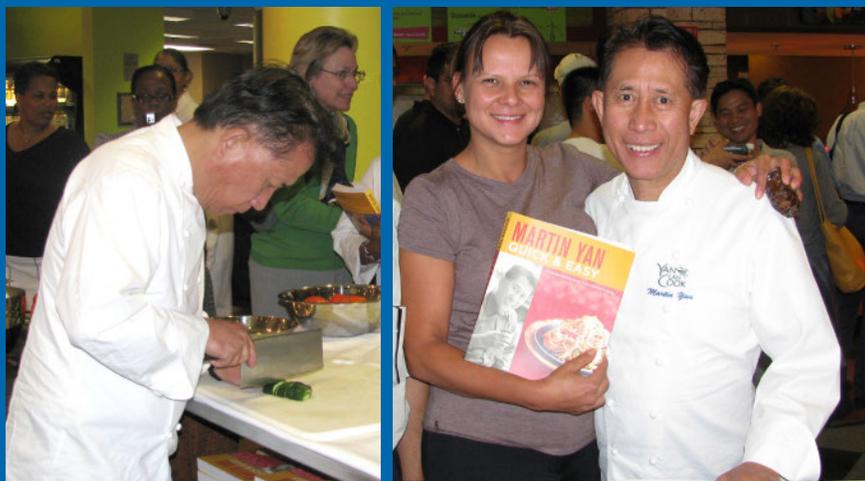
CTSA Consortium Drafts Clinical Research Management Improvement Plan

Leaders of the Clinical and Translational Science Award (CTSA) consortium announced a plan to improve clinical research management (CRM) at CTSA sites nationwide. The plan recommends 1) using data-driven methods of process improvement, 2) motivating “champions of change” at each site to drive improvement, 3) publishing comparable data on each site to foster awareness of the need for improvement, 4) sharing best practices as teaching tools, 5) adopting standards in CRM across the CTSA consortium and 6) monitoring results and intervening as needed.

Industry, stakeholder groups, private consulting firms, NIH and CTSA sites are eager to improve CRM at U.S. academic medical centers (AMCs) because many have slow, inefficient and unreliable clinical trial performance characteristics. CRM at many U.S. AMCs includes unnecessary process steps and lengthy delays, insufficient enrollment, high rates of non-compliance and insufficient trial completion. For example, at many sites, it can take many months to activate an investigator-initiated protocol or to sign a contract and more than a year to enroll the first patient. Trials conducted outside the U.S. often are completed more quickly at locations where processes are months shorter and far less costly.

The CRM improvement plan grew out of discussions at the second annual Clinical Research Management Workshop, held June 22-23 at the Natcher Conference Center. The National Center for Research Resources, in conjunction with the CTSA consortium and the Yale Center for Clinical Investigation, sponsored the event.

To view presentations from the workshop, visit www.ncrr.nih.gov/crmm.



Celebrity chef Martin Yan presents a garnish demonstration at NIH. At right, he also meets fans and signs one of his cookbooks.

Yan Visits NIH Café, Eurest to Expand Nutrition Information

Celebrity chef Martin Yan visited the NIH campus on June 1, presenting a garnish demonstration and signing his recent cookbook, *Martin Yan Quick & Easy* in Bldg. 10's B1 café. The menu highlighted Yan's “best of the best”—from his orange chicken to his kung pao beef. From the feedback received, diners' favorite dish was the chicken. Customers were excited to meet Yan and waited patiently in line for him to sign copies of his cookbook.

Eurest Dining Services, in tandem with the Office of Research Services, is working to provide a better defined nutrition experience in the cafes. Building on the original Balanced Choices campaign, Eurest will provide additional meals at designated stations that meet the “sensible selection” criteria. A Sensible Selection meal is moderate in calories, fat, cholesterol and sodium. The meal has less than 600 calories, 30 percent or fewer calories from fat, 10 percent or fewer calories from saturated fat, 80 mg or less cholesterol and 600 mg or less sodium. The meals will be highlighted with a Sensible Selection icon and will be available for breakfast and lunch.

To satisfy requests for nutrition information, Eurest is now providing on the ORS web site nutrition data ranging from the salad bar to Au Bon Pain offerings. Visit <http://does.ors.od.nih.gov/food/nutrition.htm> for more information.

NIAID Receives Tech Transfer Award

The National Institute of Allergy and Infectious Diseases recently received an Award for Excellence in Technology Transfer from the Federal Laboratory Consortium for Technology Transfer (FLC) for highly effective transfer of a “Mast Cell Line for Research on Allergies and Inflammatory Diseases.” Developed by Drs. Arnold Kirshenbaum, Cem Akin and Dean Metcalfe,



the line represents a potent tool for understanding the normal functions of human mast cells and identifying the mechanisms of a variety of diseases. Research using this cell line holds great promise in the development of novel therapies to combat allergic diseases. Shown are (from l) J. Scott Deiter, FLC chair and director of technology transfer, Naval Surface Warfare Center, Indian Head, Md.; Dr. Arnold Kirshenbaum, adjunct investigator, NIAID Laboratory of Allergic Diseases; Dr. Michael R. Mowatt, director, NIAID Office of Technology Development and representative to FLC; J. Susan Sprake, vice-chair, FLC and business development, Los Alamos National Laboratory.