SEPTEMBER 4, 2009
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The Second Best Thing About Payday

nih record

ABOVE • *NIH'ers wander into the wide world of Wikipedia. See story below.*

features

departments

Coming Home

Collins Sworn in as NIH Director

By Carla Garnett

New NIH director Dr. Francis Collins packed probably a week's worth of work into his first day on the job Aug. 17. Following a short informal swearing-in at 8 a.m., he briefly assembled senior Office of the Director staff and then held an all-hands town hall meeting in Natcher auditorium. By early afternoon, he was addressing members of the media for the first time as head of the nation's largest medical research agency.

Throughout the day, Collins emphasized two things: the community spirit at NIH is a treasure and he will make communication a top priority.

"It's great to be home again and that's what this feels like to me," he said, after entering the auditorium to a standing ovation. "I can't imagine a better outcome [to his year-long absence from NIH to write a book on personalized medicine and serve on the Obama transition team] than to be

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Dr. Francis Collins, joined by wife Diane Baker (c), is sworn in as NIH director. Chris Major, head of NIH human resources, administers the oath.

Dr. Bill Wedemeyer speaks at NIH's Wikipedia Academy.

Coaxing a New Community of Contributors

NIH, Wikipedia Join Forces to Improve Online Health Info

By Carla Garnett

If NIH and Wikipedia end up producing hundreds or even thousands of offspring, then the date of their conception might be recorded as July 16, 2009. That's the day the two "parents" officially joined forces in Wilson Hall for a Wikipedia Academy, the first ever held in the U.S. The event was also the first time the Wikimedia Foundation, the nonprofit organization that runs the online encyclopedia, has collaborated with a federal agency.

About a dozen foundation staff and volunteers joined a hundred or so scientists, science educators and writers as well as other communi-

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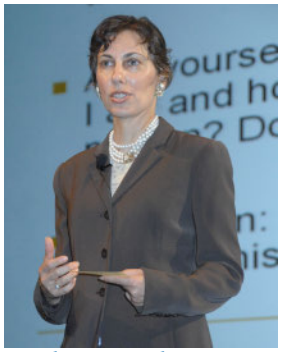
Consultant Offers Ways to Deal with Difficult People

By Rich McManus



Sandra Crowe discusses handling the handfuls.

Judging from the number of people who filled Masur Auditorium June 18 for a lecture on "Dealing with Difficult People," and the emotional pitch of their chatter before guest speaker and author Sandra Crowe took the stage, it seems at least possible that NIH might employ one or two difficult people.

Now it's not you, and it's not me—let's get that out of the way early. But there does seem to be a small number of people for whom the workday is a trial of aggression and frustration. Crowe's 75-minute presentation, leavened by several role-playing skits, boiled down to something like lessons from an experienced toreador: how to wave less red flag in front of the

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briefs

Seminar Series on Obesity Continues

Could your cell phone help you count calories? Do gut bacteria contribute to obesity? These are some of the cutting-edge research questions being explored in the new NIH Obesity Research Task Force Seminar Series. The task force initiated the series this year to bring the exciting and diverse fields of obesity research to the attention of the broader NIH community.

The next seminar will be held Thursday, Sept. 24, with the theme of non-traditional risk factors for obesity. Dr. Jeffrey Gordon of Washington University in St. Louis will present "The human gut microbiota: dining in with a few trillion fascinating friends." Dr. Nikhil Dhurandhar, from Pennington Biomedical Research Center, will speak on the potential role of viruses in obesity development: "Infectobesity–Obesity of Infectious Origin." NIEHS's Dr. Jerry Heindel will discuss "Chemicals in the environment: What doesn't make us sick makes us...fatter." Dr. Elissa Epel of the University of California, San Francisco, will address, "What's eating you? Stress pathways to obesity." Gordon and Dhurandhar are supported by NIDDK; Epel is funded by NIA. The seminar will be in Lister Hill Auditorium, Bldg. 38A, from 9:30 a.m. to 2 p.m.

All NIH staff are welcome to attend the seminars. The seminars are also videocast at http://videocast.nih.gov.

NIH Institute Relay Set, Sept. 17

The 26th NIH Institute Challenge Relay will be held Thursday, Sept. 17 in front of Bldg. 1, beginning at 11:30 a.m. The NIH Recreation and Welfare Association, members of the original NIH Health's Angels and ORS's Division of Amenities and Transportation Services invite you to this year's race. The relay consists of teams of five runners, each of whom runs a ½-mile loop around Bldg. 1. All institutes, centers, divisions and contractors are invited to enter as many teams as they wish. Each team must have men and women runners with at least two runners of the same sex (two females-three males or three females-two males). The winning team will have their names engraved on the Allen Lewis NIH Memorial Trophy located at the Bldg. 31 Fitness Center. There is a $10 entry fee per team. Group leaders should email schoolsr@ors.od.nih.gov with your group leader, team name and team participants. Volunteers are also needed; call David Browne or Kallie Wasserman at (301) 496-6061 or email nihrw@ors.od.nih.gov if you would like to help.

Wednesday Afternoon Lectures Resume

The 2009-2010 Wednesday Afternoon Lecture Series kicks off the season on Wednesday, Sept. 16 at 3 p.m. in Masur Auditorium, Bldg. 10, with Dr. Helen Piwnica-Worms. As the Gerty T. Cori professor of cell biology and physiology at Washington University in St. Louis and an investigator for the Howard Hughes Medical Institute, Piwnica-Worms will present "Targeting Chk1 in Breast Cancer."

To learn more about the "research all-stars" coming to campus this year, visit the new WALS web site at http://wals.od.nih.gov. You can check out the entire 2009-2010 Wednesday Afternoon Lecture Series schedule; request a 2009-2010 poster; sign up for lunch with a speaker if you're a postdoc or grad student; follow WALS on Twitter; save lecture dates directly to Outlook, iCal or Entourage; join the LISTSERV; download previous lectures to your iPod.

For any questions or requests, contact Sarah Freeman at sarah.freeman@nih.gov or (301) 594-6747.

NICHD Mourns Shriver's Passing

NICHD recently mourned the passing of the institute's namesake, Eunice Kennedy Shriver. In 2008, Congress acknowledged Shriver's role in the founding of the institute by renaming it the Eunice Kennedy Shriver National Institute of Child Health and Human Development. Shriver persuaded her brother, then-President Kennedy, to propose an NIH institute focusing on child health and human development research. Shriver testified in support of that subsequent legislation establishing the new institute and worked to persuade members of Congress to approve it. NICHD director Dr. Duane Alexander noted that the institute Shriver championed was responsible for advances that have nearly eliminated such once-common causes of intellectual disability as Haemophilus influenzae *type B meningitis, phenylketonuria and hypothyroidism. He added that other institute-sponsored research documented the benefits and feasibility of mainstreaming children and adults with intellectual and physical disabilities into schools and communities. "We owe these and numerous other advances in health, especially for those with disabilities, to Mrs. Shriver's determined efforts," he said. "She will be greatly missed." Shown above is the plaque commemorating the renaming of the institute in Shriver's honor.*

Good News from the CC Anesthesia Front

By Rich McManus

There was actually good news about pain at the final Clinical Center Grand Rounds of the season on June 24 as two anesthesiologists from the department of anesthesia and surgical services (DASS) at the hospital presented studies.

In an 8-year study of the risk of sedation/anesthesia in pediatric patients at the CC, which involved more than 600 patients and about 1,500 administrations of anesthesia, there was not a single serious adverse event, reported Dr. Zenaide Quezado, chief of DASS.

"Believe me, when you've got a kid who has to spend 2 hours in an MRI machine, trying to be still, anesthesia is necessary," she quipped.

In her half of the Grand Rounds hour, Quezado demonstrated that the safety of anesthesia, not just in the relatively delicate case of children but in all patients, is improving.

As recently as the 1980s, she reported, the mortality rate for anesthesia procedures was 2 in 10,000; the rate is now 1 in 100,000 to 200,000 according to the Institute of Medicine. "Safety has improved significantly," she said.

Part of the improvement may be related to the use of standard monitoring and the development of safer anesthetic drugs. It is also important, Quezado said, to understand the staging of patients according to American Society of Anesthesiology (ASA) classifications, which rank patients for procedures from 1 (in good health) to 5 (burdened with an assortment of serious health issues) as it can be associated with complications during anesthesia. Most of the patients in her study (70 percent) had genetic disease, brain tumors or inborn errors of metabolism, and hence were ASA-3 (severe systemic disease with some functional deficit). Most were ages 2-8 and were being administered anesthesia in advance of MRI procedures.

A total of 98 events took place during the 1,500 procedures, involving 63 patients, about 12 percent of whom had airway abnormalities to begin with. "Most events were respiratory, followed by cardiovascular events, but none were serious," she said.

Most events took place during induction of anesthesia, or what Quezado referred to as "when the plane takes off." The higher the patient's ASA classification, the more common the incidence of an event, she found. Other factors increasing risk were the duration of the procedure and the presence of an airway abnormality.

Grand Rounds recently featured reports from Drs. Zenaide Quezado (l) and Andrew Mannes.

PHOTOS: VALERIE LAMBROS

Age, she found, had a protective effect; the older kids tended to do better. And IV administration [the most common drug is propofol], versus inhalation, was also better tolerated.

The second 30 minutes offered hope to that percentage of us who may one day face the specter of severe, intractable cancer pain, which happens to be the research focus of Dr. Andrew Mannes, a DASS anesthesiologist since 2001.

Speaking on "Recent Innovations in Pain Management," he briefly sketched three promising new approaches to anesthesia: resiniferatoxin (RTX), an Investigational New Drug on which Mannes is the principal investigator; substance P fusion protein, which blocks protein synthesis in cells that sense pain, leading to cell death; and herpes-mediated gene transfer, targeted to dorsal root ganglia, which transmit pain signals.

"Pain is the second most common reason for hospital admission, next to fever," Mannes reported. "Sixty to 80 percent of advanced cancer patients have pain, and dying in pain is not uncommon. Around 1,500 people per day die of cancer—it's the second most common cause of death."

Most cancer patients in pain get effective relief from opioids such as morphine, but 5-15 percent don't respond well, reporting constipation among other problems, Mannes said. Hence the need for new therapies.

RTX is derived from a succulent plant native to Morocco and is 1,000 times more potent than the hottest chili pepper (whose active ingredient is capsaicin). It doesn't burn the tongue of cancer cells though, but acts to prop open calcium channels within cells that form pain-sensing fibers, inducing rapid cell death. It goes right to the cells that transmit pain and ablates them forever. "The response is lifelong," said Mannes. "The cells are gone."

Mannes showed trial data and videos demonstrating the remarkable effectiveness of RTX in animals such as dogs and Nubian goats. "We have shown efficacy in all species tried so far," he said. His study is now recruiting patients for human trials.

The second approach, substance P, is an 11-amino acid protein that ablates pain-sensing neurons.

The third innovation, gene therapy, employs a nonreplicating herpes virus as a vector and is now in clinical trials, said Mannes. Injected cutaneously, it works in small regions, not systemically. "It's not so good in coverage of the whole body," he cautioned. This therapy has been in development for two decades, including 8 years of animal studies.

Noting that morphine has supplied reliable analgesia for more than 5,000 years, Mannes said the new innovations represent "an exciting time for pain treatments. We are expecting great progress in the next 5 to 10 years."

In his view, RTX may hold the most promise of the three treatments for severe cancer pain he described but the relative efficacy and benefit of these novel therapies have to await completion of the clinical trials.

WIKIPEDIA

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***Above left**:*
Led by NIH Associate Director for Communications and Public Liaison John Burklow (c) and his deputy Dr. Marin Allen (second from r), NIH collaborates with Wikipedia. The group teamed up to hold the first U.S. Wikipedia Academy recently at NIH.

***Above right**:*
Kelli Carrington (seated), NIH public liaison officer, gets oriented to writing for and uploading to the online encyclopedia.

PHOTOS: BILL BRANSON

cation professionals around laptop-equipped tables to encourage the agency to become contributors to what is now "the world's largest encyclopedia."

Matchmaker, Make Us a Match

The partnership was actually born of a "wake-up call" about how people now get their health information, according to John Burklow, NIH associate director for communications and public liaison. The academy event—a first date, of sorts—was organized over several months by staff of the NIH Office of Communications and Public Liaison.

It's no secret that the Internet has transformed how we communicate, bank and navigate various other aspects of living. More and more, people are turning to so-called new media or social media vehicles such as Wikipedia as the "go-to source" for answers to medical questions, Burklow said. As a treasure trove of health data and research on medical matters, NIH is a logical resource for Wikipedia.

Collaborating seems only natural, stressed Dr. Marin Allen, NIH deputy associate director for communications: "We're all public servants. We all want to provide shared, trustworthy health information for use worldwide."

The morning of the all-day academy was devoted to getting NIH'ers acquainted with Wikipedia, its history and potential. By afternoon, the assembly of about 130 had formed several small work groups for hands-on orientation to Wikipedia mechanics, writing and editing.

Free Info Online for Everyone

What if everybody everywhere could find any kind of information they wanted at any time for free? Ambitious doesn't even begin to describe that goal, yet Wikipedia founder Jimmy Wales not only voiced it as an objective, but also made it a personal and professional mission.

Begun in January 2001, Wikipedia is written by hundreds of thousands of volunteers sitting at computers around the world. Basically, if you have Internet access, you can contribute to Wikipedia's bank of knowledge.

The resource "has grown rapidly into one of the largest reference web sites, attracting around 65 million visitors monthly as of 2009," according to its own entry (called an "article") on Wikipedia. "There are more than 75,000 active contributors working on more than 13,000,000 articles in more than 260 languages."

Wikipedia is the fifth most popular property on the web, according to Jennifer Riggs, foundation chief program officer. That places the online resource in the same stratosphere as Google, Yahoo, Microsoft and Facebook. Good company for NIH—the largest medical research agency in the world, funding health studies in all 50 United States and 90 nations worldwide.

As of July 31, the English version of the web-based encyclopedia contained close to 3 million articles and more than 17 million pages that have experienced over 323 million edits. With that many cooks in the kitchen, the quality of Wikipedia's content often has been questioned.

An internal assessment by the foundation found only 1 percent of Wikipedia science articles rated excellent, with 84 percent rated incomplete and 15 percent rated ambiguous. So, how reliable can the information be, if everybody can add their two cents? That's exactly where NIH can be of service, academy leaders explained.

Wiki Terms of Endearment

Wiki—Originally coined to describe a simple software for creating online databases, wiki is now used more broadly to refer to a collaborative web site. It is often used as a prefix or combined with another word as in "Wikipedia" = wiki + encyclopedia.

Featured article—High-quality content designated by a small bronze star and considered by Wikipedia editors to be among the resource's best offering on a topic.

Daughter article—Spin-off link or, in other words, a term contained in the text of an entry that has grown in relevance to be its own independent article. In the unique nature of wiki, a feature article may contain several daughters, which then may give birth to more generations of daughter articles. The original articles do not become longer or overly complex for the reader; they grow deeper with links that the user can choose whether to explore.

Stubs—Wikipedia-speak for entries that are incomplete, abbreviated or otherwise too spare in detail to be helpful to users. At the recent academy, NIH'ers were encouraged to contribute knowledge that will help grow stubs into full-fledged articles.

Sandbox—Online testing ground where wiki newbies can safely play around with their potential contributions/edits without fear of wrecking the real thing.

Staff from NIH and Wikipedia take enthusiastic first steps in a partnership to upgrade the scientific and medical information available through the popular online encyclopedia.

"We hope to infect you with our enthusiasm," said Frank Schulenburg, the foundation's head of public outreach. "We hope you will give us feedback to make Wikipedia better."

Ultimate Peer Review?

Dr. Tim Vickers, a biologist and Wikipedia registered editor, told academy attendees that writing for the online encyclopedia offers something highly valuable not only to users but also to contributors. "[It] gives us the opportunity as scientists and science educators to put [science topics] into context," he noted.

Some scientists might see the wiki invitation as a chance to pen the ultimate peer-review publication, dazzling their colleagues with perhaps brilliant, but nevertheless academic prose. Wikipedia leaders instead encourage writing that the masses can easily digest. The point is to be accessible to everyone, after all.

Wikipedia content is "meant to derive its authority from journal references, scientific literature, not from [contributors'] personal experiences," explained Dr. Bill Wedemeyer, a biochemistry and physics professor at Michigan State University who conducted a quality evaluation of Wikipedia from 2006 to 2008. He said in addition to scientists having a "broader impact on science outreach and education," Wikipedia offers "collaborative development of teaching materials" and its articles can serve as "an introduction to science, medicine and research for new and future students." That's already three good reasons for NIH'ers to consider contributing.

Most scientists did not choose the profession in hopes of amassing huge monetary rewards, Wedemeyer supposed aloud, but rather they considered the promise of accumulating valuable knowledge. "One person can make an enormous contribution to Wikipedia," he concluded. "[It can be] a powerful friend and provide riches beyond your wildest imagination."

Flu Vaccinations for Employees Start in October

Once again, the flu vaccine will be available to NIH employees. The vaccine is free of charge, available at work and will be offered starting in October. Look for the upcoming schedule and locations at the Foil the Flu web site (http://foiltheflu.nih.gov). You must have an employee badge to be vaccinated.

Last year, NIH modified the flu vaccine requirements, making it mandatory for all employees who have contact with Clinical Center patients. The medical executive committee approved this new requirement in February 2008. Those who are unable or unwilling to be vaccinated by the Occupational Medical Service will be required to sign a declination form explaining their reason(s) for declining vaccination.

Despite solid evidence that vaccinating health care workers protects patients from influenza, the health care workforce has a surprisingly low rate of influenza vaccination. An emerging consensus among public health experts has led the Infectious Diseases Society of America and Society for Healthcare Epidemiology of America to call for universal vaccination of health care workers. In a concerted effort to promote patient safety and reduce the risk of hospital-based transmission of influenza, the CC has adopted this strategy. Health care workers with medical contraindications or religious or philosophical objections to vaccination will submit declination forms.

The influenza vaccine for the 2009-2010 season contains the following strains recommended by the FDA's vaccines and related biological products advisory committee: A/Brisbane/59/2007 (H1N1)-like, A/Brisbane/10/2007 (H3N2)-like and B/Brisbane/60/2008-like virus. This vaccine will not prevent against the novel H1N1 agent that was introduced from Mexico this past spring, but will prevent infection with the other seasonal strains that have been circulating. An additional vaccine is in production that will prevent infection with the novel H1N1 agent. The novel H1N1 vaccine should become available later in the fall. As infection with influenza can be life-threatening for many of our patients, immunization with both vaccines will be required for all individuals who have contact with our patients.

This year NIH may be able to offer vaccine to contractors who have contact with patients. Additional information about this new program will be available within the next month.

If you have questions about the influenza vaccine, call the CC Hospital Epidemiology Service at (301) 496-2209.

First Hotel Fair Set for Sept. 11

The first annual BPA Hotel Fair will be held on Friday, Sept. 11 at 6701 Rockledge Dr. from 10:30 a.m. to 2:30 p.m. on the upper parking deck behind the Rockledge II Bldg. Representatives of BPA hotels will visit from several major U.S. cities, including Seattle, San Francisco, San Diego, Durham, Chicago and the D.C. metro area. Scientific review officers and others who assist in planning and scheduling peer review meetings can gather information about meeting space, hotel amenities and other accommodations and develop a network of personal hotel management contacts. Shuttles will be provided. For details, call David Browne, (301) 496-6061.

There was more than a little DeGeneres-ity in some of Sandra Crowe's enactments of workplace tension. Here she dons a number of props to illustrate her points.

PHOTOS: BILL BRANSON

DIFFICULT PEOPLE

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raging bull and how to artfully avoid its horns.

"Difficult people live outside of you and inside of you as well," Crowe counseled. "It's like the two wings of a bird." Her prescription for keeping negative emotions from taking flight included three parts: learn to become aware of your own triggers, those pet peeves that the difficult people in life locate so readily; understand why people are difficult—it can lead to feeling less prone to anger; and practical solutions—Crowe offered 6 tools for maintaining one's emotional balance at the end of her talk.

"People don't care why you're angry," she explained, "they care *that* you are angry. Once you're aware of what triggers your anger, you can prepare ahead" and minimize the emotional toll. Crowe proposed designing conversations so that the content flows in a positive direction.

"Ninety-five percent of the cure [of a difficult relationship] is awareness of self," she said. "What triggers you? How do you feel when you're around a difficult person? Now visualize how you would like to act and feel around that person, and imprint it in your mind."

Anyone can become a human IED (improvised explosive device) if four basic needs aren't met, she explained. These are the need to be right (Crowe does not advocate outright lying, but suggested it can be fruitful to allow an adversary "at least the possibility of rightness"), the need to be recognized, the need to be heard and the need to be liked and included.

"You've got to fill people's buckets sometimes, so they don't feel so empty," she said.

All conversations include three components, Crowe continued: body language, words themselves and emotions. It is possible to sculpt positive interactions by being aware of all three.

"The take-home message today is 'Move the conversation forward,'" she emphasized. "Avoid getting stuck. Learn to get past the 'stuff' in order to arrive at what you want to see happen, and when."

Recognizing that stronger emotions tend to dominate in human interactions, Crowe recommended several strategies involving both mental and physical agility to defuse tension. It's okay, for example, to stoop down to the level of a gloomy type—at least temporarily—to establish empathy. More often it can be beneficial to expand your emotional center—by actually mentally ordering yourself to "Expand!"—when under duress.

Crowe also suggested literally shaking off, like a dog wiggling out of wetness, emotional detritus. "It can relieve the sense of trauma and repression," she said, demonstrating a physical shedding of unpleasantness. That witnesses might laugh at such behavior is only to the good in lowering tension, she added.

"And if that doesn't work, go find someone you like."

Crowe advised the audience to "reward behaviors you want to see repeated and inflict pain when you don't." The latter category can include ignoring, admonishing, removing privileges or simply saying no.

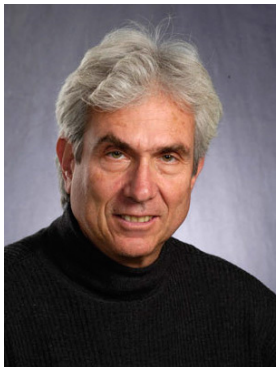
"One of the very challenging things is to have compassion for people. We all need to be less judgmental," she said. She advocated humor as a means of bridging gaps and emphasized the need to be "solution-oriented—that's the key to moving forward."

Phrases like "Based on my observation…," "What I've noticed is…" and "My perception is…" are void of judgment and invite rapprochement, she said.

She concluded with six recommendations for workplace harmony: neutralize conflicts when you sense them building, pay attention to body language for cues, listen and acknowledge the other person, move from emotion to logic, propose solutions and act.

"Focus on how you want to feel in your next interaction—that's the way to get better outcomes in the future."

Crowe's talk, the last of four in the current Deputy Director for Management seminar series, can be viewed at http://videocast.nih.gov.



Karin To Speak on Inflammation and Metastasis, Sept. 15

On Tuesday, Sept. 15 at 12:30 p.m., Dr. Michael Karin of the University of California, San Diego, will speak on "Control of Tumor Promotion and Metastatic Progression by Inflammatory Signaling," in Lipsett Amphitheater, Bldg. 10. His talk is part of NIDCR's seminar series "From Basic Research to Therapy—The Latest Frontier."

Karin will describe his recent work on the role of inflammatory processes in the development of tumor metastasis. His research in prostate and lung cancer models supports the hypothesis that metastasis is driven not only by genetic alterations in cancer cells, as previously thought, but is also highly dependent on dynamic and reciprocal interactions between cancer cells and inflammatory cells. Inflammatory cells are recruited into tumors to produce pro-metastatic cytokines, which activate critical signaling pathways required for metastasis.

Karin is a leading authority on signal transduction pathways that regulate gene expression in response to extracellular stimuli. He is professor of pharmacology at the School of Medicine, UC San Diego, where he has been on the faculty since 1987. He is also the Frank and Else Schilling-American Cancer Society research professor and a member of the National Academy of Sciences. He has published more than 200 articles and is an inventor on many patents. Karin's publications are among the most cited in the world.

If you wish to meet with Karin during his visit, contact Dr. Nadya Lumelsky at (301) 594-7703 or nadyal@nidcr.nih.gov.

Sign language interpretation will be provided. For more information, or for reasonable accommodation, contact Mary Daum, (301) 594-7559, and/or the Federal Relay (1-800-877-8339).

NIH To Improve Accessibility, Provide Reasonable Accommodation

As one of his last initiatives as acting NIH director, Dr. Raynard Kington in August assured that NIH "is making every effort to ensure that our campus and our research activities are accessible to all. The NIH strives to meet and exceed all accessibility standards and to make reasonable accommodations as needed."

He shared a set of recommendations:

Ongoing efforts to remove accessibility barriers—"Improvements are being made to sidewalks and doors, and we are developing an interactive, web-based map (plus hard copies at locations such as the Gateway Center) indicating the most accessible way to get to and enter NIH campus buildings," said Kington. The Office of Research Facilities can typically fund facility-related enhancements, such as automated doors in order to provide enhanced accessibility. The ORF point of contact for such enhancements is Tracey Johnson-Butler, an architect who may be reached at (301) 402-8494; johnsotr@od.nih.gov.

Designation of priority seating in auditoriums and cafeterias—Designations have been placed in NIH's largest conference rooms and will soon appear in cafeterias. These designations do not preclude the use of this seating by other individuals but should be made available to people with disabilities when requested.

Increased enforcement of disabled parking restrictions—Individuals parking in disabled spaces will be randomly asked to provide the state-issued disability parking certification in addition to having a disability parking hanger.

Parking assistance—Valet attendants are available at lot 31B to assist with disability parking for Bldgs. 31, 33 and the Bldg. 6 cluster. Attendants at other lots will also assist people with disabilities and others with parking.

Utilization of the NIH Police special events unit to assist with parking at campus events—The unit (301-402-9133) can assist in obtaining parking for events on campus when given advance notice.

Travel Accommodations—"We are seeking to broaden reasonable travel accommodations for employees with disabilities who attend local meetings," Kington noted.

Gindhart Joins NIGMS Division

Dr. Joseph Gindhart has joined NIGMS as a program director in the Division of Cell Biology and Biophysics. He oversees research grants involving motor proteins, cytoskeletal filaments and intracellular transport. Prior to joining NIGMS, Gindhart was an associate professor in the department of biology at the University of Richmond, where he studied the intracellular transport of proteins in Drosophila *and taught courses in cell biology, genetics and bioinformatics. He also served as the principal investigator on a grant from the Beckman Scholars Program, which supports undergraduate research training for students in chemistry, biochemistry and biological and medical science fields. Gindhart earned a B.S. in biology from the University of Pennsylvania and a Ph.D. in genetics from Indiana University. He did postdoctoral research at the University of California, San Diego.*

COLLINS

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Above, Collins (r) receives a standing ovation as he enters his first town hall meeting as NIH director. Deputy director Dr. Raynard Kington (second from r), who served for 9 months as acting NIH director, jokingly advised him not to get too used to such receptions.

Below, Collins chats with members of the media.

PHOTOS: BILL BRANSON, ERNIE BRANSON

here taking on this enormous challenge, which is exciting, daunting and perhaps the most amazing job that anybody could ever ask for, to lead this institution, which represents everything that is awesome and wonderful about biomedical research."

'Brilliant Collection of Minds'

Collins reminisced briefly about the first time he set foot on the NIH campus in 1972. He was 2 years into pursuing a Ph.D. in physical chemistry at Yale. For an assignment, he asked to visit NIH and meet with esteemed NCI investigator Dr. Ira Pastan. The encounter had a profound effect on young Collins.

"It was remarkable to me to find the kind of environment created here on this campus—so open, so encouraging," he recalled. "I left thinking this must be the most amazing place to do research in the world...My opinion has not changed."

Musing aloud, Collins said the world-class facilities and $30 billion budget here are noteworthy but don't completely explain the agency's value. "What makes NIH so special anyway?" he asked. "It's really the people, the amazing creative way that the people who work here serve the public from whatever direction and in whatever job they have.

"Notice what a diversity of people contribute to our mission," he continued, describing several employees by name and job. "That's what makes us special. It's not just a collection of brilliant minds but a brilliant collection of minds. Think about the difference."

Collins said as director he wants to preserve and channel NIH's unique environment. "Zest, laughter, compassion, imagination," he said, borrowing terms his playwright mother used to describe the community where Collins was reared. "Doesn't that sound like NIH? That's my hope for us, for what we can continue to be here."

Five Themes, Broadly Outlined

Launching into his vision for NIH, the new director said, "Of course the mainstay of NIH both intramural and extramural will be the creativity of individual investigators." He shared "five areas of special opportunity in the coming years":

• High-throughput technologies, which "provide us the opportunity to ask questions that before now had to be limited in their scope because our science couldn't get beyond that...Questions that have 'all' in them: What are all the transcripts in a cell? What are all the protein interactions?"

• Translation of NIH science into practice. "We have to take advantage of the new discoveries of the causes of diseases, to push that agenda forward as rapidly as we can to develop diagnostics and preventive strategies and therapeutics for the diseases we currently treat poorly or often can't even diagnose."

• The third theme is "putting science to work for the benefit of health care reform. We are being called upon increasingly at NIH to produce the data necessary to make wise decisions about health care and I don't think we should be reluctant to respond. I think this is an opportunity to inform a conversation that is going some-

Collins Meets the Press

Shortly after 1 p.m. on Aug. 17, NIH director Dr. Francis Collins sat down in Wilson Hall with more than two dozen representatives from various media outlets, including several who participated via telephone. After offering an abbreviated version of his five-theme Vision for NIH, he addressed questions that ranged from Will there be many top personnel changes? (answer: searches are under way for directors at NHGRI and NCI. The NIAAA director search is on hold until a scientific review board reports back on whether to merge the institute with NIDA.) to Did you compose a song for your first day? (Collins jokingly replied that the idea was "considered and rejected by those whose judgment is better than mine. I was considering it, but they thought it was undignified, but at some future time...")

One reporter suggested that the fact that Collins plays guitar makes him (and therefore, NIH) more "relatable" to the public. How will he capitalize on it? Smiling, Collins said he intends to employ everything at his disposal in his commitment to greater openness and communication at NIH.

"I made a list of things I'd like to accomplish in the first 6 months," he quipped, mentioning the prospect of engaging a younger generation of medical research intellects by using such "new media" tools as Twitter, "and this is on that list."

where and clearly needs to go in a direction based on evidence."

• Greater focus on global health. Collins suggested it may be time for the U.S. to be viewed in a new light and that NIH could play a crucial role. "[In recent times] the world has seen us as the soldier to the world. Might we not do better both in terms of our benevolence and our diplomacy by being more of a doctor to the world?"

• The last theme, he noted, is related to all the others: "The need to reinvigorate and empower the biomedical research community through stable and predictable funding increases, through high-quality training programs, for particular focus on encouraging young scientists, making sure our peer review system is rewarding risky and innovative approaches, emphasizing the diversity of the workforce and using the NIH Common Fund creatively" to support projects that fall outside the mandate of an single institute or center.

As for what challenges Collins foresees, he said the one that keeps him up at night is the post-ARRA period that he described as potentially "falling off a cliff" in terms of sudden funding losses. Still, he said, NIH will make the case that we are good for the economy in terms of job creation as well as in potential reduction of health care costs.

Broad Range of Questions

For the last half of the hour-long meeting, Collins answered questions from the audience as well as a few that had been emailed in response to the announcement of the town hall meeting. He addressed a wide range of issues from whether his priorities include health disparities research to allocating resources based on disease burden.

He was also queried about potential changes to the Intramural Research Program. He said he believes the IRP is strong and that he is resistant to the idea of any dramatic redo of it. Noting that he will continue to maintain his own lab in Bldg. 50, he said, "I have great admiration for the IRP. I am one of you. I am excited at what you do."

To watch the town meeting in its entirety, visit http://videocast.nih.gov and click on Past Events.

On hand at the BTRIS launch were (from l) Elaine Ayres, Dr. Jack Jones, Dr. James Cimino and Dr. Michael Gottesman.

Biomedical Translational Information System Launched

The Biomedical Translational Information System (BTRIS) was launched with a ribbon-cutting ceremony at the Clinical Research Center on July 30. Dr. Michael Gottesman, NIH deputy director for intramural research, cut the ribbon and spoke on the role BTRIS will play in redefining the way researchers will use and access data at NIH while protecting the privacy of human subjects. Dr. Jack Jones, NIH chief information officer, addressed the crowd, composed of staff who helped develop and implement the information system and future BTRIS users, calling the new approach to the mining of medical data "groundbreaking."

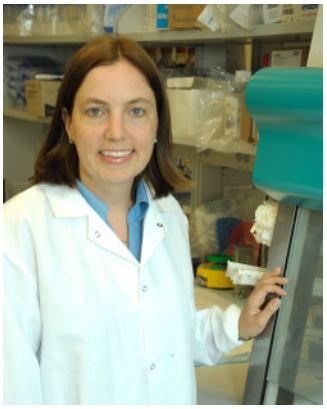
Dr. James Cimino, chief of Laboratory Informatics, outlined the top five uses of BTRIS: create an IRB inclusion enrollment report in seconds; search across one or multiple protocols for demographic data; tell an investigator all the patients on his or her protocol who received a particular drug; find all of an investigator's patients with a lab value over a certain amount; create subsets of protocol subjects for retrieving detailed data sets.

BTRIS is an evolving system that is now available to all principal investigators with active protocols at NIH. BTRIS provides current and historical demographic, vital sign, laboratory and medication data for subjects in all active protocols. Over the next few months, clinical documentation, alerts and allergies, radiology results, anatomic pathology, blood bank, echo, EKG, pain and palliative care, pharmacy and pulmonary function test data will become available.

More detailed information about BTRIS is available at http://btris.nih.gov/intranet. Anyone with an NIH user name and password can access the training material. A support center is available to users Monday through Friday, 8:30 a.m. to 5 p.m. on the 4th floor of the CRC, near the Medical Board Room, Rm. 10-4/2480. Users are encouraged to schedule an appointment by calling (301) 827-8270. Walk-ins are also welcome.

On Sept. 15, access to de-identified data will begin for researchers within the NIH intramural program. Cimino will launch this phase with a town hall presentation in Lipsett Amphitheater, Bldg. 10, at 2 p.m. He will provide a live demonstration of BTRIS's advanced capability to search, filter and aggregate de-identified data sets to support ongoing studies and stimulate ideas for new research. All NIH researchers are encouraged to attend.

milestones



Dr. Kristin V. Tarbell, chief of the immune tolerance section in NIDDK's Diabetes Branch, is a 2008 PECASE recipient.

White House Announces 2008 Awards for Early Career Scientists, Engineers

Eleven NIH grantees and one intramural scientist have been selected by the White House Office of Science and Technology Policy to be among this year's 100 researchers to receive the Presidential Early Career Award for Scientists and Engineers (PECASE), the nation's highest honor for scientists at the outset of their professional careers. Since the program began in 1996, NIH has funded a total of 153 PECASE recipients. Awardees will be honored by President Obama at a White House ceremony later this year.

"These 12 NIH-supported PECASE winners are a source of great pride for the agency," said then NIH acting director Dr. Raynard Kington. "Early in their research careers, these individuals have already shown exceptional potential for scientific leadership. We can only look forward to greater discovery and contribution by these gifted biomedical researchers."

The intramural scientist is Dr. Kristin V. Tarbell, tenure-track investigator and chief of the immune tolerance section in the Diabetes Branch, NIDDK. "It was a really nice surprise and a confirmation that my work is heading in the right direction," she said.

Tarbell and her team are probing the role of dendritic cells in the autoimmune process that underlies type 1 diabetes. Her goal is to understand how these immune cells behave normally and in autoimmunity and to manipulate them to induce immune tolerance (that is, to quiet the immune attack). In type 1 diabetes, the targets of that misguided attack are the insulin-producing beta cells in the pancreas. "We want to modulate dendritic cells because they function at critical decision points for immune responses," she explained. "We always have in mind the question—how can we translate what we learn to treat autoimmunity?"

Extramural PECASE Awardees

The extramural PECASE awardees are:

Dr. Thomas P. Cappola, University of Pennsylvania School of Medicine—His research on the use of genetic and genomic approaches for studying ventricular remodeling in humans is supported by a grant from NHLBI.

Dr. Pablo A. Celnik, Johns Hopkins Hospital—His research on the underlying mechanisms of plasticity in the central nervous system in order to develop novel therapeutic approaches that promote recovery of function following an injury is supported by a grant from NICHD.

Dr. Felicia D. Goodrum, University of Arizona—Her research on hematopoietic progenitor cells and their influence on latency in human cytomegalovirus infections is supported by a grant from NIAID.

Dr. Bruce J. Hinds, III, University of Kentucky—His research on the use of gated carbon nanotube membranes for transdermal drug delivery is supported by a grant from NIDA.

Dr. Helen H. Lu, Columbia University—Her work on the use of biomimetic scaffolds to promote chondrocyte-mediated regeneration of the interface between soft tissue and bone is supported by a grant from NIAMS.

Dr. Ulrike Peters, Fred Hutchinson Cancer Research Center—Her research on selenium and the interaction of genetic variations and nutrition on cancer prevention is supported by NCI.

Dr. Jeremy F. Reiter, University of California at San Francisco—His research on the role of the proto-oncogene Smoothened and its interaction with the primary cilium in the development of cancer is supported by a grant from NIAMS.

Dr. Marisa Roberto, Scripps Research Institute—Her research on neuropeptides, neuronal function and synaptic communication related to alcohol and other drugs of abuse is supported by a grant from NIAAA.

Dr. Erica Ollmann Saphire, Scripps Research Institute—Her studies on the role of glycoproteins in the pathogenicity and immunogenicity of Ebola virus is supported by a grant from NIAID.

Dr. Oscar E. Suman, Shriner's Hospital for Children, University of Texas Medical Branch—His research on supervised and structured aerobic and resistance exercise on muscle mass and bone mass in severely burned children is supported by a grant from NICHD.

Dr. Gonzalo E. Torres, University of Pittsburgh—His research on cellular and molecular regulation of monoamine transporters in brain and the relationship to psychiatric disorders and drug addiction is supported by a grant from NIDA.

Dendritic cells, though few in number compared to the hefty populations of other immune cells, are important for directing how the immune system will respond to different stimuli. These front-line defenders fight infection by responding to environmental signals, like bacteria, and presenting antigens to T cells, which then move into action. But dendritic cells also have a peace-making role, emitting signals that turn off the immune response. Working mainly with a mouse model of type 1 diabetes in humans, Tarbell is trying to understand all the signals that dendritic cells respond to under different conditions.

"The immune system is designed to be antigen-specific, and in type 1 diabetes, some common antigens, such as insulin, expressed in beta cells, have been identified. The idea is to find a way for dendritic cells to present antigens in a way that will turn off the autoreactive responses and leave alone the desirable ones—that's for me the ultimate goal," Tarbell said. To accomplish this, she's looking at a number of approaches, such as inducing dendritic cells to activate regulatory T cells, which also play a role in calming the autoimmune response.

As a postdoc at Rockefeller University, Tarbell and her advisor showed that dendritic cells could be coaxed into stimulating the growth of regulatory T cells that are specific for beta cell antigens. Treatment with these regulatory T cells then protected beta cells in mice from further destruction by immune cells, curing diabetes in the mice. Regulatory T cells rein in destructive T cells and might hold the key to treating autoimmune diseases.

Tarbell and her group at NIH are now pursuing new studies in diabetes-prone mice. They're attempting to prompt dendritic cells to increase the regulatory T cell responses against beta cell antigens and turn off the T cell responses killing the beta cells. Their strategy uses antibodies against proteins expressed on certain types of dendritic cells to deliver antigen to those cells in a way that promotes immune tolerance.

Tarbell earned a B.A. from Cornell University in 1995 and a Ph.D. in immunology at Stanford University in 2002. That year, she started a post-doc with Dr. Ralph Steinman at Rockefeller University. She joined NIDDK's Diabetes Branch, led by Dr. David Harlan, in 2007.—**Joan Chamberlain**

Edwards Named IRG Chief at CSR

The Center for Scientific Review recently named Dr. Samuel Edwards as chief of the brain disorders and clinical neuroscience integrated review group.

"We selected Dr. Edwards from an impressive group of candidates for many cogent reasons," said CSR director Dr. Toni Scarpa. "First, he has an extensive background in neuroscience and research exploring the cellular basis of brain diseases such as Parkinson's and Alzheimer's. Second, Dr. Edwards brings nearly 10 years experience as a scientific review officer and team leader. He knows every aspect of peer review from administration to policy and he has excelled in multiple leadership roles with various CSR and peer review committees and initiatives."

Since 2000, Edwards has been a scientific review officer for CSR's cell and molecular immunology A study section. Among other leadership roles, he coordinates the peer review policy section of CSR's intranet. He has a Ph.D. in zoology with an emphasis in cell biology and physiology and had postdoctoral training at the National Eye Institute and the Whitney Laboratory of the University of Florida.

Before coming to CSR, Edwards was an assistant professor at the University of South Florida College of Medicine where he taught cell biology, molecular pharmacology and cell signaling mechanisms. During his tenure there, he also conducted research in cellular neuroscience.

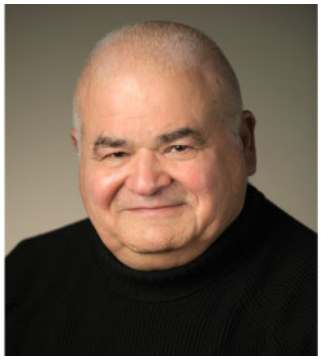
Podskalny Honored by American Gastroenterological Association

NIDDK's Dr. Judith Podskalny recently received the 2009 Research Service Award from the American Gastroenterological Association at its annual meeting in Chicago. She was recognized for her significant contributions to gastroenterological science and research.

As a program director in the Division of Digestive Diseases and Nutrition (DDDN), Podskalny manages the career development, research fellowship and digestive disease centers programs. She is also responsible for the minority supplements for training grants within DDDN and represents NIDDK on the NIH training advisory committee.

Recognized for her commitment to nurturing young gastroenterological researchers, Podskalny also partners with colleagues from NIDDK's Division of Endocrinology and Metabolic Diseases to organize a "new investigator" workshop every 18 months for NIDDK career (K) awardees. Recipients attend once during the period of their K award.

Podskalny started her career at NIH in 1972 as a research technician in the Pediatric Metabolism Branch of what is now NIDDK. In 1974, she moved to NIDDK's Diabetes Branch. She later became a scientific review administrator in the review branch of the institute's extramural research division. She accepted her current position in 1991. Podskalny received her bachelor of science degree in biology from Duquesne University and her doctorate degree in genetics from George Washington University.



Dr. Warren Strober of NIAID's Laboratory of Host Defenses celebrates a multitude of recent awards for his contributions to science.

NIAID's Strober Honored for Lifetime of Achievements

By Julie Wu

Dr. Warren Strober, chief of the mucosal immunity section in NIAID's Laboratory of Host Defenses, has much to celebrate these days. Between 2008 and 2009, he received four awards for his work in the field of mucosal immunity and his contributions to the current understanding and treatment of inflammatory bowel diseases (IBDs), notably Crohn's disease and ulcerative colitis.

The most significant honor is the 2009 William Beaumont Prize from the American Gastroenterological Association. Named for the pioneer of 19th century gastroenterology, the award was established in 1976 to recognize investigators whose work has markedly advanced the field of gastroenterology.

Since joining NIAID in the early 1980s, Strober has led a team of clinicians and research scientists working to define the mucosal immune system, which is found in the moist lining of the nose, mouth, lungs and gastrointestinal (GI) tract. His group also studies the interactions between immune cells that coat the inside of the GI tract and commensal bacteria, or microflora, normally found in the intestines of healthy people. Their discoveries have formed the basis of knowledge about the key role the antibody immunoglobulin A plays in mucosal immunity. In addition, their work has led to a greater understanding of how inflammation and immune tolerance—the damping down of self-destructive immune responses—occur in the gut.

Research on inflammatory bowel diseases has gained Strober and his colleagues the most recognition. He views IBDs as autoimmune diseases because people with these disorders mount a response to commensals.

"Our research has been concerned with understanding what mechanism leads to this abnormal response to the normal gut microflora and exploring possible therapeutic options," he said.

Since 2004, Strober's group has published a series of studies that clarified the mechanism by which polymorphisms, or different forms, of a gene called CARD15, lead to increased risk of developing Crohn's disease. These studies have revealed a genetic basis for the hypersensitivity to microflora characterizing Crohn's disease.

Other areas of research in his lab focus on new treatments for IBDs. They have shown that an antibody against the inflammatory protein interleukin-12 is effective in reducing the symptoms of Crohn's disease. Clinical trials also are planned to explore the therapeutic efficacy of antibodies against interleukin-13 (IL-13) in ulcerative colitis, which is the result of work conducted in Strober's laboratory showing that immune cells producing IL-13 are a major mechanism in the cause of this disease.

Over the years, Strober has received numerous awards including the Distinguished Achievement Award from the American Gastroenterological Association, the Distinguished Service Medal at NIH and many Public Health Service awards. In addition, he has been awarded an honorary doctorate from Humboldt University, Berlin. Strober has provided leadership to the scientific community as chair of the American Board of Allergy and Immunology, past president of the Society for Mucosal Immunity and senior advisor to the Harvard Digestive Disease Center and other digestive disease centers.

Despite the recognition Strober has received for his research, he remains humble and grateful to those who have worked with him to make these discoveries possible.

"My most significant accomplishment is the training of clinicians and Ph.D.s who have gone on to make independent and important contributions after leaving my laboratory," he said. "I maintain contact with many former trainees since they have moved on from the lab, and I have several joint projects with former lab members.

"I am also honored to have two outstanding long-time research associates, Dr. Ivan Fuss and Dr. Atsushi Kitani, who have been instrumental in making our research successful," he added. "The Beaumont Prize, which is only given by the American Gastroenterological Association every 3 years, is really a testament to and recognition of the achievements of our entire lab."

The three additional awards presented to Strober are the Scientific Achievement Award for Basic Science from the Crohn's and Colitis Foundation (2008); the Ismar Boas Medal from the German Gastroenterological Association (2008); and the Lifetime Achievement Award from the Society of Mucosal Immunology (2009).

feedback

Have a question about some aspect of working at NIH? You can post anonymous queries at www.nih.gov/nihrecord/index.htm (click on the Feedback icon) and we'll try to provide answers.

Feedback: What happens to NIH computers, laptops, monitors and Blackberrys that are replaced with newer models? Are they donated or recycled? There must be a significant amount of equipment that is replaced each year and I would like to know if the old equipment is donated, and if so, where?

Response from the Waste and Resource Recovery Branch, Division of Environmental Protection, Office of Research Facilities: Discarded government computers and cell phones are part of the "Go Green" campaign. The first priority is to redeploy property back to NIH for use prior to going through the disposal processes. The Office of Logistics and Administrative Operations manages the disposition of all discarded government property, including computers and cell phones. Visit their web link at http://olao.od.nih.gov/GovernmentProperty/DisposingOfProperty/DomesticDonationsSchools/.

This office does an excellent job of reusing the equipment through donations or government sales.

NIH also participates in the Federal Electronics Challenge (FEC). FEC goals include the reuse and recycling of discarded computers and monitors. The FEC also addresses the purchasing of "green computers and monitors" and achieving energy savings through various power-saving techniques.

Feedback: I am all for saving water but some of these waterless urinals stink to high heaven. Help.

Answer from ORF: The federal government has embarked on an effort to green our facilities to help reduce our environmental impact and to reduce operating costs. While many people are now familiar with and are beginning to see the effects of global warming, this is the opening overture. We are expecting water shortages and water quality issues to be the next big environmental impact.

NIH has several new rules that also require reduction in water use at federal facilities with the sole focus on bathroom fixtures and sinks in our buildings. Waterless urinals are just now becoming popular for their ability to save 40,000 gallons a year per unit. These units require a different type of maintenance compared to conventional urinals. When properly maintained, these units are typically odorless. We recommend that when you notice odor issues, report them to the ORF Maintenance Operations Center at http://58000.nih.gov or call (301) 435-8000.

Feedback: Feedback in the 1/23 and 7/10 issues this year highlighted disturbing parking issues in MLP-10. Regardless of Division of Amenities and Transportation Services review findings, there is indeed a dramatic decrease in parking space availability at 8:30 a.m. that has not been alleviated by summer vacations. It is especially upsetting to employees when we drive by those recently reserved spaces on level 4, many of which are never occupied, regardless of the time of day. Obviously, that many special spaces are not needed in MLP-10. What does ORS plan to do to alleviate this parking problem?

Answer from ORF: As mentioned previously, the analysis from the Division of Amenities and Transportation Services could not determine any single identifiable reason for an increase in traffic volume on the NIH campus, including at MLP-10. Traffic counts to the campus remain consistent with previous years' numbers.

If MLP-10 is full, ample parking remains available at other locations on the campus. Employee lots MLP-8 and Lot 41 both continue to have spaces available and are served regularly by NIH shuttle buses.

Regarding the newly created reserve spaces, these are spaces that NIH established to recognize the achievements of our leading scientists that meet stringent criteria. A block of 10 spaces in MLP-10 was set aside for IC senior staff located off-campus for situations when they need to attend meetings or collaborate with their research colleagues on the main campus. DATS is monitoring the use of these spaces and will make adjustments as necessary.

Employees' Kids Get Into the Mystics

NIH employees were welcomed to the Verizon Center on July 21 for a game with the Washington Mystics. R&W arranged for employees to shoot baskets from the floor after the game and get basketball tips from Mystics star player Alana Beard (l). With Beard are Jabraughn Hill (c), 11, daughter of NINDS employee Renee Hill, and her friend Christine Benson, 12—both girls played for St. Jane de Chantal's A team last season. Beard stayed after the game to discuss basketball, pose for pictures and sign autographs. Also part of the evening, Eryn Crosby, son of NIH contractor Marco Crosby, won a basketball signed by all members of the Mystics team.

digest

Imitation Promotes Social Bonding In Primates

Imitation, the old saying goes, is the sincerest form of flattery. It also appears to be an ancient interpersonal mechanism that promotes social bonding and, presumably, sets the stage for relative strangers to coalesce into groups of friends, according to a study by scientists at NIH and two Italian research institutions. The study appeared in the Aug. 14 issue of *Science*. Study authors found that capuchin monkeys preferred the company of researchers who imitated them to that of researchers who did not imitate them. The monkeys not only spent more time with their imitators, but also preferred to engage in a simple task with them even when provided with the option of performing the same task with a non-imitator. "Observing how imitation promotes bonding in primates may lead to insights in disorders in which imitation and bonding is impaired, such as certain forms of autism," said NICHD director Dr. Duane Alexander. The NIH portion of the study was conducted by NICHD's Drs. Annika Paukner and Stephen Suomi.

Study authors found that capuchin monkeys prefer the company of researchers who imitate them to that of researchers who do not imitate them.

Gene Therapy 1 Year Later: Patients Healthy, Maintain Early Visual Improvement

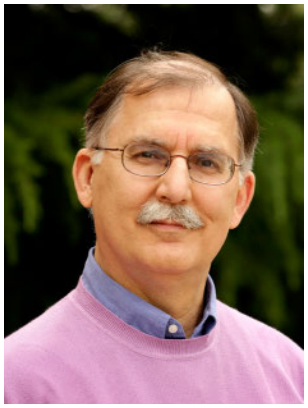
Three young adults who received gene therapy for a blinding eye condition remained healthy and maintained previous visual gains 1 year later, according to an August online report in *Human Gene Therapy*. One patient also noticed a visual improvement that helped her perform daily tasks, which scientists describe in an Aug. 13 letter to the editor in the *New England Journal of Medicine*. These findings have emerged from a phase I clinical trial supported by the National Eye Institute and conducted by researchers at the University of Pennsylvania and the University of Florida. This is the first study that reports the 1-year safety and effectiveness of successful gene therapy for a form of Leber congenital amaurosis (LCA), a currently untreatable hereditary condition that causes severe vision loss and blindness in infants and children. The three patients in the study—ages 22, 24 and 25—have been legally blind since birth due to a specific form of LCA caused by mutations in the RPE65 gene. The protein made by this gene is a crucial component of the visual cycle.

NIH Researchers Identify Key Factor that Stimulates Brain Cancer Cells to Spread

Researchers funded by NIH have found that the activity of a protein in brain cells helps stimulate the spread of an aggressive brain cancer called glioblastoma multiforme (GBM). In a move toward therapy, the researchers showed that a small designer protein can block this activity and reduce the spreading of GBM cells grown in the laboratory. GBM is named for the fact that the cancerous cells have properties of support cells in the brain called glial cells. Rather than simply growing in a single tumor mass, GBM cells tend to migrate throughout the brain, making it difficult to remove them surgically. As the cells spread and multiply, they also tend to become resistant to radiation and chemotherapy. NINDS funded the new study through an initiative that encourages research on why brain tumor cells are so highly invasive and how to therapeutically target these cells. The study's senior author, Dr. Susann Brady-Kalnay, is a neuroscientist at Case Western Reserve University and an expert on retina development. For years, she has studied how cells migrate to their proper places in the forming retina. In particular, she examined how this process is regulated by cell adhesion molecules—proteins at a cell's surface that can keep the cell stuck to its surroundings or help the cell move. She has shown that a cell adhesion molecule called PTPmu is required for retinal cell migration. Investigating the role of PTPmu in GBM dispersal was a logical extension, she says.

NIH Study Finds Low Short-Term Risks After Bariatric Surgery for Extreme Obesity

Short-term complications and death rates were low following bariatric surgery to limit the amount of food that can enter the stomach, decrease absorption of food or both, according to the Longitudinal Assessment of Bariatric Surgery (LABS-1). The study was funded by NIDDK. Results were reported in the July 30 issue of the *New England Journal of Medicine*. Less than 1 percent (0.3 percent) of patients died within 30 days of surgery, further supporting the short-term safety of bariatric surgery as a treatment for patients with extreme obesity. Bariatric surgery can have dramatic health benefits such as improved blood sugar control or even reversal of type 2 diabetes. But it also carries serious risks, including death. The LABS-1 study aimed to evaluate the short-term safety of bariatric surgery to help doctors and patients understand the risks.—**compiled by Carla Garnett**



NIEHS Biostatistician Umbach Honored

NIEHS Biostatistics Branch staff scientist Dr. David Umbach was honored as an American Statistical Association (ASA) fellow at the annual ASA Joint Statistical Meeting in Washington recently. Umbach, who joined NIEHS in 1992, is the third member of his branch to be named an ASA fellow. He develops new statistical tools for detecting and characterizing gene-environment interactions through epidemiologic studies, especially in regard to the design of case-control and case-parents investigations. Umbach is also a key contributor to studies of such topics as genetic susceptibility to cancer, environmental and genetic influences on neurodegenerative diseases such as Parkinson's disease and amyotrophic lateral sclerosis, effects of pesticides on respiratory diseases in the Agricultural Health Study cohort and the hormonal effects of soy formula in infants. Founded in Boston in 1839, ASA is the second oldest continuously operating professional society in the United States.

PHOTO: STEVE MCCAW

volunteers

Volunteers Needed for Personality Study

Would you describe yourself as adventuresome, daring and impulsive? Or are you quiet, reserved and reflective? Log on to learn more about this personality research study: https://live.datstat.com/brain_and_personality. Or call (301) 295-2288. Participants will be compensated.

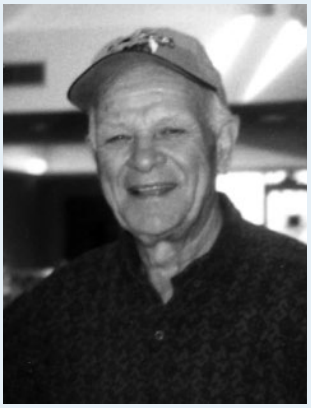
Pain in the Neck?

If you are a healthy individual over age 21 who has been experiencing neck pain for 3 months or less, you may be eligible to participate in a neck pain study and receive a comprehensive cervical musculoskeletal examination. This is not a treatment study. For more information, email neckpainstudy@gmail.com or call (301) 451-7514 during office hours.

Menopause Study Recruits

African-American and Caucasian women ages 40-60 are needed for a research study addressing questions about menopause. Participation requires completing an online or paper survey. Some volunteers who live in the Washington, D.C., metropolitan area may also be eligible to participate in a substudy that involves a small blood draw. Participants may be compensated. To see if you qualify or for more information, contact Robert Clark at menopausestudy1@gmail.com or (301) 295-9666.

Inn Volunteer Horner Mourned



Wally Horner, 83, a longtime volunteer at the Children's Inn at NIH, died Aug. 2 at his home in Kensington. For the past 18 years, he had been an energetic and generous presence at the inn.

Horner arrived at the inn every morning at 5:30. A retired U.S. Navy and CIA veteran, he first walked the outside perimeter of the inn to make sure everything was as it should be. He then spent several hours stocking linen closets and food pantries and assembling the morning teacart.

"Most people thought Wally ran the inn," said Laura King, director of volunteers and community outreach. "He was so much a part of our mission. The kids, the families, we all miss him so much."

Horner followed the progress of many youngsters, giving them a needed hug to boost their spirits on their way to treatment each day. For all he did, he was presented with the Lifetime Presidential Service Award.

Horner will be remembered as a grandfather figure to many young children. "He always had a twinkle in his eye and a kind word for anyone who greeted him," said King. He was the beloved bingo caller every other Tuesday.

Horner recently said about volunteering, "I've been here, working for the Children's Inn, being with the children and the families you know, nothing like it. Perfect, couldn't be better...just like heaven, couldn't be any nicer."

2.7 Seconds to Grab Ya

Social Media Expert Offers Communication Tips

By Rich McManus

You've heard of Avogadro's number and the Hubble constant, but nothing lashes more cruelly at the soul of a communicator than what might be termed Shankman's interval—the 2.7 seconds, on average, that we can afford to give any one of the typical day's 16,000 bids for our attention.

Welcome to the world of social media, where you better be interesting, honest, original and easy to find—all within the blink of an eye—or be irrelevant.

Our tour guide for this world is Peter Shankman, a public relations expert whose fast-paced, glib and entertaining presentation "Get Into Their Heads—It's Not Web 2.0, It's Not Web 3.0, It's Just Life," was sponsored by NHLBI in Natcher auditorium on July 21.

"Social media has been seen as the solver of all problems, but really what it does is allow you to screw up before a much larger audience in a much shorter time period," he quipped.

"Social media is just a new set of tools," he explained. "It's how you use them that determines how effective you are. The tools themselves are not the solution."

So often nowadays, the boss asks, "Make this viral [so popular that everyone has to click on it], which is impossible," he said. The real challenge is to produce quality, to put your reputation on the line.

Social media boils down to customer service, he said. And in a world inured to poor service, even a small step in the direction of social grace is a victory.

He offered four common-sense rules that communicators can use to grow their message or brand.

"Transparency," said Shankman, "has to rule supreme." If your web site, Facebook page or Twitter presence reek faintly of falsehood, you're going to be found out quickly. "Some dateless 15-year-old kid sitting home alone in front of the computer on a Saturday night" is going to bust you.

The second rule is relevance. "You've got to find out where your audience is," he said, and the easiest way to do that is to ask. "You need to find out how your audience likes to receive its information."

Rule three is brevity. "The generation that grew up on MTV has an attention span of about 3 minutes," said Shankman. Media research has shown that the average American copes with more than 16,000 bids for his/her attention daily, and within 3 seconds, we either tune in or tune out.

"You better know how to write," he urged. "You've got to master the art of storytelling in just a paragraph or two…Brevity will save the world."

Unable to resist asides, which he attributed to his own ADHD, Shankman noted that voice mail is taboo—no one likes or uses it, so better to email or text, and even at that, "be compelling.

"The fourth rule is what I call 'top of mind,'" he said. By taking the time to reach out and contact people—to wish happy birthday, for instance, to people on your Facebook network—you remain on their minds in sort of a warm, neural way. "Social media lets you make that connection with people," Shankman said. Such connections "make people want to come back to you."

> *"You better know how to write. You've got to master the art of storytelling in just a paragraph or two…Brevity will save the world."*

Reaching out on a personal level is at the heart of social media. "It's a conversation, not a broadcast."

Shankman thinks the world is moving toward "a one-network society," and that sites like Facebook, which offer a "two-dimensional" version of individuals, will evolve to full 3-D. Already, a new tool known as a Mingle Stick is becoming popular in Europe, he said. The device, resembling a thumb drive, contains one's personal electronic profile, and when it senses a like-profiled stick bearer, begins to emit a signal, kind of a cyber version of Marco Polo. Warm up to someone, and the exchange of contact info is as swift as a clinked glass.

Relevance is the grail of this new world—we all seek people who know something, who we can trust, and who could enrich, perhaps even literally, our lives. Shankman called to mind Venn diagrams, areas of overlapping interest. A Mingle Stick could do this sorting automatically.

In his metaphor, "In the giant social media lava lamp, we're all oil bubbles, rising and falling."

Shankman believes that, with social media, for the first time ever, "information will flow from inside the network out, not the other way around." In other words, I will trust you not because the *New York Times*, or your media strategist, says you're a good guy, but because Fred, who has already earned my trust and been invited to my network, tells me so.

Getting other people to spread your gospel is the way to succeed in the world of social media, he argued.