

nih record



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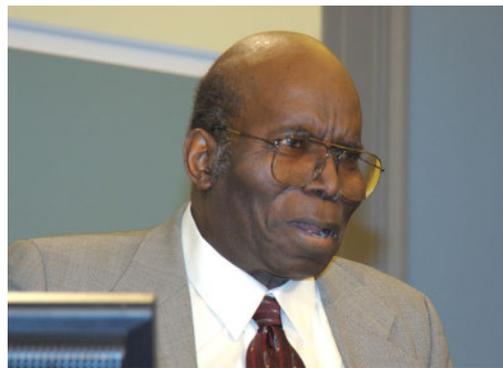
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Howard Professor Traces Arc of Black Economic Empowerment

By Rich McManus

NIH's observance of Black History Month on Feb. 18 gained instant authority when Prof. Russell L. Adams of Howard University was invited to speak on the topic of black economic empowerment. The son of a successful Georgia farmer, Adams, 79, has been alive for a generous portion of the timeline he traced, and his own recollections of growing up in the land of cotton gave him plenty of chances to illustrate his thesis.



Prof. Russell L. Adams

Currently emeritus professor and former chair of Howard's department of Afro-American studies, Adams remembered growing up in the 1940s in Brooks County, Ga.

"The medical population was thin for people of color when I was a young man," he recalled. "The doctor covered three counties and he came to our town [Quitman, Ga.] once a week."

Adams's grandmother was a midwife and

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Another Good Reason to Relax Stress, Social Perceptions May Lead to Obesity

By Valerie Lambros

You know all those reports that say being stressed could make you gain weight? There may be more to that hypothesis than just stress hormones. According to one visiting lecturer who spoke on campus recently, overindulgence or other factors that result in weight



Dr. David B. Allison

gain may be due in part to one's own perception of social standing and fears about an uncertain future.

Dr. David B. Allison, an obesity and statistical and research methodology researcher at the University of Alabama, Birmingham, presented his thoughts

SEE OBESITY, PAGE 4

NIAID Celebrates 20-Year Partnership With Malian Scientists

An NIAID delegation recently visited Bancoumana, Mali, to commemorate the 20-year partnership between NIAID and the University of Bamako School of Medicine and to honor the life and work of former NIAID deputy director Dr. John R. LaMontagne. The delegation joined representatives of the Malian government, community leaders and local villagers to dedicate a community-based laboratory and clinical research site to the memory of LaMontagne, who served as NIAID deputy director from 1998 until his death in 2004.

The Malian hosts provided the U.S. visitors with a West African-style celebration. Hundreds of local schoolchildren lined the main road into Bancoumana, chanting LaMontagne's name to welcome the visitors. The celebration continued with traditional singing and dancing in preparation for the unveiling of the plaque dedicating the research center.

The visit to Mali included a symposium to mark the 20th anniversary of the scientific

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STEP Forum on Alcohol, Mar. 25

The staff training in extramural programs (STEP) committee will present a Science in the Public Health forum on the topic "Alcohol Use to Alcoholism—Molecules to Management" on Thursday, Mar. 25, from 8:30 a.m. to 12:30 p.m. in Lister Hill Auditorium, Bldg. 38A.

NIH is thinking about drinking. You may be thinking about drinking too. But when does a good time become a big problem? Most Americans know someone who abuses alcohol; for example, 30 percent of 12th graders have engaged in binge drinking. What are the recent advances in the molecular biology and genetics of alcoholism and potential drug therapies? Come learn about the latest approaches in dealing with the behavioral aspects of alcoholism and managing the disease via rehabilitation programs.

Rapoport To Give Next Roberts Lecture

Dr. Judith Rapoport will give the eighth lecture in the Anita B. Roberts lecture series, which highlights outstanding research achievements of women scientists in the Intramural Research Program. Her talk on "Brain Development in Healthy, Hyperactive and Psychotic Children" takes place Thursday, Mar. 25 at 1 p.m. in Lipsett Amphitheater, Bldg. 10.



Rapoport is chief of the Child Psychiatry Branch, NIMH. Her research focuses on diagnosis in child psychiatry, attention deficit hyperactivity disorder and obsessive compulsive disorder. Over the past decade, her group has been studying the clinical phenomenology, neurobiology and treatment of childhood onset schizophrenia as well as normal and abnormal brain development in childhood and adolescence.

The lecture, sponsored by the NIH women scientist advisors committee and the Office of Research on Women's Health, is open to the public. Sign language interpreters will be provided on request. Individuals who need reasonable accommodation to participate should contact Deirdre Andrews at (301) 496-3891 and/or the Federal Relay, 1-800-877-8339, 5 days before the lecture.

Long-Term Admin Support Contracts Awarded

The highly anticipated Long-Term Administrative Support Contracts (LTASC) are now available. These contracts provide access to long-term (at least 12 months) administrative support. LTASC is not bound by the 120-day rule on temporary services and offers a single, consistent mechanism that can be used across all institutes and centers.

"The LTASC vehicle will provide all of NIH with an excellent option for procuring administrative support from a very qualified group of pre-screened vendors," said Tom Keith, associate director of the Office of Logistics and Acquisition Operations. "The vehicle is aligned with NIH's corporate objective to consolidate contracts and will help us meet our small business contracting goals."

Labor categories range from general clerical to executive assistant.

An LTASC support team will be available to support ICs through the task order process. A user-friendly web site has been established to provide easy access to ordering procedures, points of contact, answers to frequently asked questions and other useful information. Visit the site on the NIH intranet at <http://LTASC.od.nih.gov> or contact Elizabeth Leslie, LTASC contracting official, at leslieez@od.nih.gov or Gary Tyler, LTASC project officer, at tylerg@od.nih.gov.

Join the NIH-HHS Mentoring Program

Permanent federal employees interested in serving as mentors and mentees across the NIH community are invited to join the NIH April 2010 cohort. For more information, including links to online registration and a calendar of events, see the NIH-HHS Mentoring Program web site at http://trainingcenter.nih.gov/hhs_mentoring.html.

Play About Darwin's Impact, Mar. 22-23

The NIH community is invited to attend the world premiere of *From Orchids to Octopi: An Evolutionary Love Story*. The play was commissioned by NIH as part of the continuing celebration of Darwin's 200th birthday known as Evolution Revolution. Written by award-winning playwright Melinda Lopez, the show is filled with art, science, animals and history. Details may be found at www.nigms.nih.gov/News/Meetings/DarwinPlay2010_a.htm.

Showtimes are Monday, Mar. 22 at 7:30 p.m. and Tuesday, Mar. 23 at 10 a.m. and 7:30 p.m. at the Bethesda Theatre, 7719 Wisconsin Ave. Tickets are \$15 at the door or in advance (with additional fees) through Ticketmaster. School groups are admitted free during the 10 a.m. showing. Following the evening performances, audience members are invited to join a conversation with scientists and cast members. For more information, contact Alisa Machalek at (301) 496-7301 or alisa.machalek@nih.gov.



FDA commissioner Dr. Margaret Hamburg (l), HHS Secretary Kathleen Sebelius and NIH director Dr. Francis Collins met at NIH to announce the Joint NIH-FDA Leadership Council.

NIH, FDA Announce Collaboration

NIH and the Food and Drug Administration on Feb. 24 held a joint meeting in Lipsett Amphitheater to announce a new level of partnership. The agencies will establish a six-member Joint NIH-FDA Leadership Council to help ensure that regulatory considerations form an integral part of biomedical research planning and that the latest science is integrated into the regulatory review process.

In addition, NIH and FDA will jointly issue a Request for Applications, making \$6.75 million available over 3 years for work in regulatory science.

“We’ve all been following the remarkable advances in biomedical sciences led by the NIH with great enthusiasm for years,” said HHS Secretary Kathleen Sebelius. “However, much more can be done to speed the progress from new scientific discoveries to treatments for patients. Collaboration between NIH and FDA, including support for regulatory science, will go a long way to foster access to the safest and most effective therapies for the American people.”

“The FDA plays an essential and unique role in how therapies are evaluated,” said FDA commissioner Dr. Margaret Hamburg, who will co-chair the Leadership Council with NIH director Dr. Francis Collins. “We are the bridge between biomedical research discoveries and new medical products. We now have a special opportunity—and responsibility—to harness advances in science and technology to support our efforts. We are working in collaboration with the best minds and research institutions available, so that we can better develop and utilize new tools, standards and approaches needed to properly assess the safety, effectiveness and



quality of products currently in development or already on the market.”

Collins said, “This collaboration is the first of its kind and will use the NIH’s breadth of experience as a leader in biomedical sciences to help make the translation of biomedical discoveries into effective treatments as seamless as possible.”

The agencies will hold a public meeting in the spring to solicit input on how they can work better together. 

A packed Lipsett Amphitheater, where questions from constituents were addressed, provided the venue for the announcement.

PHOTOS: BILL BRANSON



Ice Now, Porter II Later

A frozen pond at the site of the future Phase II of the Porter Neuroscience Research Center was captured by Dawn Walker at sunrise on the morning of Feb. 25. Walker is a technical laboratory manager in NCI’s Laboratory of Molecular Biology. Porter Phase II is in the contracting process at the moment; proposals were due on Mar. 15. Construction, using ARRA funds, is expected to start in early summer.

OBESITY

CONTINUED FROM PAGE 1

on the subject during NIDDK's Brain and Obesity Intramural Lecture Series event Feb. 3. The lecture covered social status, hunger, fatness and longevity, and made some intriguing connections.

While not disputing other claims that disparities in the availability of healthy foods or the lack of financial means to purchase them may influence a person's ability to remain at a healthy weight, Allison proposed there could be an additional factor that may cause someone to further tip the scales. His theory posits that perhaps the stress that comes with a low perception of one's current social stability or future prospects might lead someone to turn to food and accrue additional energy in the form of body fat to provide a buffer against energetic insecurity.

Allison began by looking at relationships between children and their parents, both natural and adoptive. While he found no

apparent genetic correlation to account for a tendency to become obese, he did instead find evidence consistent with the effect of being raised in a home of low socioeconomic status and the likelihood of the children becoming obese as they grew up.

With this data, Allison began focusing on behavior. He took several steps back to examine the ways in which instinctual behaviors in other species might signal that similar impulses are at play in human beings. What he found may add another layer to the already complex discussion about what is making Americans so fat.

"In studying social status, scarcity and weight gain in birds, we find that birds low in the social hierarchy gain weight and fat when food is somewhat scarce," he said.

What's interesting, Allison continued, is that the birds that collect the most food are the furthest down the flock's social ladder. While birds that have higher social standing may not feel concerned because they can simply steal food from those who have stockpiled, the less-important birds may feel stressed to over-collect to ensure their own survival in lean times. Faced with the uncertainty of not knowing whether food will be plentiful in the future, the birds

may expend much of their time on food gathering and consuming and less on other activities.

In an anecdotal turn that the audience found telling, Allison compared the impulse to guard resources and cut out unnecessary expenditures of energy to what happens in an economic downturn within academia.

"When money is tight at a university, you'll see some of the workforce laid off while the school moves to protect the endowment," he said. "You keep the fat and cut the muscle."

The same phenomenon occurs within the research community, he said.

"In lean times in research, people will say they're hedging their bets and will apply in many more places for funding. With approximately the same number of principal investigators, overall grant applications will go way up."

Allison also drew connections between energy intake, weight and longevity, noting that BMI, or body mass index, tends to have a U-shaped relationship with how long someone lives. While the very obese and the very skinny tend to not live quite as long as their more average counterparts, the idea of losing weight as a general rule doesn't necessarily mean someone in that middle ground may live longer, though the day-to-day improvement in energy and attitude are certainly great perks.

However, as shown in mouse models, some caloric restriction may have a lightly beneficial effect, he said. But there's a catch. The studies suggest that it is not only the amount of energy consumed that affects longevity, but also the perception of the amount consumed and the perception of the caloric richness of the environment. If the body remembers eating more in the same setting and enjoys eating the type of food it has grown accustomed to, it will hunger for those same foods at the old levels, sparking a brain-body reaction that holds out hope for the good ol' days.

Paraphrasing another author, Allison quipped, "So if you want to live longer, eat less and don't enjoy it."

Anyone interested in attending future lectures in the NIDDK series is encouraged to contact Dr. Giovanni Cizza to be added to the mailing list. He may be reached at Giovanni.Cizza@nih.gov, or by calling (301) 496-8711. 📞



Allison looked at other species besides man for insights into obesity.

PHOTOS: ERNIE BRANSON

*Coping with Copious Snow***Staff Keep NIH Functioning, Even When Government Is Closed**

The extra work it took to keep NIH functioning during February's snowfalls did not go unnoticed. "I commend all of the NIH employees whose dedication and commitment to the NIH mission enabled us to continue to operate," said NIH director Dr. Francis Collins. "From working extended hours to shoveling mounds of snow, these individuals provided critical services during the days when the federal government was closed [Feb. 8-10].



"There was no break in the outstanding care provided to patients by our Clinical Center employees," Collins continued. "Many Clinical Center staff worked additional hours and stayed overnight to meet all patients' needs, ensuring that our patients continued to receive outstanding care. Their dedication is greatly admired by all of us at NIH."

Office of Research Facilities employees and contractors worked around the clock during the storms to ensure that NIH buildings and grounds were safeguarded. The CC provided food vouchers and rooms to sleep in for ORF staff.

Prior to the storms, ORF and its contractors had a plan. They were prepared for snow removal, salting/sanding of walkways and roads, equipment failures at gates and utility sites, power outages, co-generation plant monitoring and more. Many were ready to remain on campus throughout the bad weather.

ORF had approximately 135 federal employees and 100 contractors who remained on site during the Feb. 5-6 storm, sleeping on cots and working around the clock. Snow removal was by far the most visible activity. Clear roads were crucial to ensure trucks could deliver supplies and fuel. Another critical job was keeping the central utility plants functioning at Bethesda, Poolesville and Baltimore. Providing steam to the buildings was essential to protect not only the patients in the Clinical Center, but also the numerous animals housed on campus, many of which have been bred over generations to study the effects



of aging. Other employees monitored all buildings to be sure that air-handling units clogged with snow were restored to full capacity.

Normally, on weekends, ORF's Donna Phillips resides with her 76-year-old mother in Shepherdstown, W.Va. Instead, she stayed on the Bethesda campus once the storm began. She made sure her mom was prepared to be alone, ensuring that she had an ample supply of medications and showing her how to use the snow blower to give their dogs a place to run.

Shift supervisor Leroy Proctor, who lives in Indian Head, Md., is responsible for maintaining campus operations during off hours. During the storms, he ventured home once during an 8-hour period when his home lost power and his wife became ill. He returned in time to start his next shift.

Proctor ended up lodging his wife at a hotel while he pulled double shifts at NIH. After the storms, he learned that the weight of the snow on his carport was collapsing the structure. Still, he remained at NIH until the situation on campus was stable.

Phillips, Proctor and other employees were dedicated to assuring that the mission of NIH was sustained, even when personal obligations weighed heavily on them. ❁

At left, Francis Seymer, an employee of the Office of Research Facilities, removes a fallen tree blocking a fire door at the Children's Inn.

Above, ORF contract employees from Diversified Services Group help clear the Lincoln Dr. entrance near Old Georgetown Rd.



BLACK HISTORY

CONTINUED FROM PAGE 1

Adams (fourth from l) is joined by others involved with OEODM's Black History Month observance, including (from l) Jesse Burnett, Black Employment Program manager; Melanie Keller, executive officer at the Center for Scientific Review; Dr. Helena Mishoe, associate director for minority health affairs, NHLBI; Hilda Dixon, OEODM deputy director; and Craig Stewart, research biologist, NIMH.

PHOTOS: BILL BRANSON

Adams remembers his father, “who had an Eliot Ness-style Buick, with running boards that you had to step up to reach,” ferrying her across farm fields to a remote locale where she delivered babies.

“In Brooks County, the only nurse was the wife of the local undertaker—it was kind of a strange arrangement,” he quipped in a talk that mixed anecdote, sociology and quantitative science.

Back then, a black physician who wanted to refer a patient to the hospital had to have a white sponsor. And Georgia would not educate a black student who wanted to pursue an advanced degree; Adams himself had to go out of state, to the University of Chicago, for his graduate studies, although the state did pay a portion of his tuition.

Adams argues that three factors were crucial to the establishment of black economic empowerment: urbanization (“Coming to town was a big thing,” he noted. Educational opportunities in cities were far more abundant than down south, “where the cotton was too thick.”), the civil rights movement and post-World War II job opportunities.

Also important was the 1890 law that established land-grant colleges in the United States, said Adams. “That’s where you got your A&T’s and A&I’s and A&M’s. This is where the initial foundation of blacks in the health field was laid, beyond mojo and folklore and roots.”

Adams couldn’t help but note that his maternal grandmother, who practiced root medicine, lived to age 96.

“In the Deep South, black public schools did little in science, except a little biology and chemistry,” he said. “It was not encouraged. You could learn some agricultural stuff, but the sciences were not sufficiently pushed.”

In addition to the land-grant schools, “private,

church-related colleges and HBCUs (historically black colleges and universities) did most of the pre-med training.” Adams numbered Howard, Fisk, Talladega and his own alma mater, Morehouse, as among leaders in encouraging black scientists. He recalled an anatomy department at Morehouse so keen on acquiring animals for research that “cats were a rare thing walking in the city of Atlanta.”

The G.I. Bill, he said, “was very important for males. Enrollment exploded at colleges. It placed tens of thousands of young black men in college. In fact, Morehouse survived due to veteran enrollment.”

Black servicemen were exposed to mechanical learning, Adams noted. “World War II took black women from the kitchen, and from house-keeping work and put them in factories. There was a tremendous shift in how the black community saw itself at work, and as individuals... The mindset was greatly different in the pre-war period versus the post-war era. People felt an investment in their country. Deference disappeared. A sense of ‘can do’ and ‘show us’ took over as blacks learned to manipulate the world.”

The civil rights movement “further accelerated the increase in [employment] options,” Adams observed.

A trained social scientist, Adams presented data on black professional achievement that, while impressive, is not nearly enough to count as real power, he said. “There are 17,313 African-American physicians, 64,000 people teaching college, 26,000 CEOs, including Xerox, and 33,900 lawyers. But there are 25,000 white lawyers in D.C. alone. K Street is like a beehive!”

While his own institution, Howard, boasts a long-revered medical school and hospital, currently hosting some 150 physicians (“Probably the most in one spot in the U.S.,” he said), “there used to be five or six other black hospitals in St. Louis, Chicago and North Carolina, but they are no longer there.”

He continued quantifying: 500+ black physicists, more than 1,000 engineers, 1,000 physical scientists. “Howard has a large percentage of these people,” he said. His own curiosity prompted him to ask black physicians at Howard why they chose the profession. “Ninety-eight percent said it was the prestige,” he reported.

Adams acknowledges that a complex interaction between “policy, pecuniary considerations and people” governs black economic prospects, but lamented, “There is no Sloan-Kettering,

or Mayo Clinic or NIH in the black community. Black empowerment is now at what I would call the 'black presence' stage. A critical mass is being reached. We are starting to have some say about policy, and can exert persuasion through membership in a variety of professional societies and associations that are not black-run."

He concluded, "It will probably take another generation for power to become manifest. Gaining power and visibility will take awhile, but we have made progress from the era of the granny in the white apron. Those 17,000 physicians represent potential power. Black economic empowerment is a gradual process."

The Black History Month observance, held in Wilson Hall and sponsored by the Office of Equal Opportunity and Diversity Management, also marked the 100th anniversary of the National Urban League, one of the oldest civil rights organizations in the U.S. ⑦



Pettigrew Elected to NAE

Dr. Roderic Pettigrew, director of the National Institute of Biomedical Imaging and Bioengineering, has been elected to the National Academy of Engineering. He was recognized for "the use of MRI in human blood-flow studies and leading advancements in bioengineering research and education as the initial director of NIBIB." NAE, a member of the National Academies, has peer-elected members who are among the world's most accomplished engineers and physical scientists. It was founded to provide engineering leadership in service to the nation; election to the NAE is one of the highest professional distinctions accorded to an engineer. Pettigrew is one of 68 new members elected nationwide in 2010. He becomes the first member of the NIH community to be elected to both the NAE and the Institute of Medicine, an honor he received in 2007.



NINR director Dr. Patricia Grady (second from r) with (from l) NINR science director Dr. Raymond Dionne, BNC fellow Dr. Sunny Alperson and Bravewell representatives Michele Mittelman, Bonnie Pfeifer Evans and Teresa Bonner

PHOTO: BILL BRANSON

NINR Offers New Fellowship in Integrative Medicine

NINR recently partnered with the Bravewell Collaborative and the Clinical Center (collectively referred to as the BNC) to develop a new postdoctoral training program in integrative medicine, the BNC Fellowship. This unique, 2-year fellowship focuses on key issues in integrative medicine research toward the goal of optimizing health and healing for individuals and society. The program combines the academic environment of a university with the research resources at NIH, encouraging multi-disciplinary collaboration.

In the summer of 2009, Dr. Sunny Alperson was selected as the first BNC fellow. She completed her undergraduate nursing studies in South Korea and received her training in nursing science at the University of San Diego. As part of the first year of the fellowship, Alperson is attending the University of Arizona's Program in Integrative Medicine. For her second year, she will come to NIH for training in clinical research.

At a recent meeting of NINR's Advisory Council, Alperson presented her proposed biobehavioral research project involving a mind-body intervention with overweight and obese adults. Her goal is to help participants achieve better health through both gentle exercise and greater mind-body awareness, with improved weight management expected as an indirect result.

"The BNC Fellowship represents an innovative approach to training the next generation of researchers. Fellows are expected to become strong scientists and creative leaders," said NINR director Dr. Patricia Grady. "I want to commend Dr. Alperson for pursuing this exceptional opportunity. We look forward to the contributions that she, and future BNC fellows, will make to the health and well-being of all."

To mark the inaugural year of the fellowship, a reception was held with NINR Council members and representatives from Bravewell. The philanthropic Bravewell Collaborative provides financial support for the BNC Fellowship. As defined by Bravewell, integrative medicine is patient-centered and integrates the best of Western medicine with other modalities, including traditional Chinese and Ayurvedic medicine, to achieve optimal health and healing, help individuals to take responsibility for their own health, encourage healing partnerships between patient and provider and create a culture of wellness.

For more information about the BNC fellowship, visit www.ninr.nih.gov/Training/BNC. You may also contact Dr. Natalie Rasmussen, NINR intramural research training director, (301) 443-5061, rasmussenna@mail.nih.gov.



NIH Demographer Bachrach Retires



Dr. Christine A. Bachrach retired recently after 30 years of federal service. She worked at NIH for 21 years, 18 in the Demographic and Behavioral Sciences Branch, NICHD. Most recently she served as acting NIH associate director for behavioral and social sciences research and acting director of the Office of Behavioral and Social Sciences Research, since April 2008.

Before coming to OBSSR, Bachrach worked in the Demographic and Behavioral Sciences Branch in NICHD's Center for Population Research. She started in 1988 as a statistician/demographer and in June 1992 became chief of the branch. She came to NICHD from CDC's National Center for Health Statistics. She was a longtime member of the NIH behavioral and social sciences research coordinating committee and a founder and co-chair of the NICHD Consortium for Behavioral and Social Sciences Research.

Bachrach spearheaded several NIH initiatives including the National Longitudinal Study of Adolescent Health; the 2000 conference, "Toward Higher Levels of Analysis: Progress and Promise in Research on Social and Cultural Dimensions of Health"; and the social environment working group of the National Children's Study. She received an NIH Director's Award in 1997.

Bachrach received her Ph.D. in population dynamics from Johns Hopkins University School of Hygiene and Public Health. Her research has examined a variety of topics related to the family, including fertility, contraceptive use, sexual behavior, cohabitation and adoption. She was the 2009 recipient of the Robert J. Lapham Award from the Population Association of America for her contributions to population research.

While she will miss her NIH colleagues, Bachrach looks forward to creating a new phase of her professional life, one that she hopes will involve active engagement in her own research on families as well as a range of other activities that will serve the scientific community. With her passion for basic social sciences research, she will focus initially on two areas—social influences in health and cultural change. Finally, she says she is looking forward to "slowing down and adopting a lifestyle that is no longer 100 percent work!"

PARTNERSHIP

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Above: Schoolchildren in Bancoumana, Mali, celebrate the memory of former NIAID deputy director Dr. John R. LaMontagne and welcome visitors from Bamako and the United States.

Below: LaMontagne's life and work were honored at the dedication of a community-based laboratory and clinical research site in Bancoumana, Mali. Shown are (from l) Dr. Kathryn Zoon, Mrs. Elaine LaMontagne and Dr. Hugh Auchincloss.

partnership to conduct research on the *Anopheles* mosquitoes that transmit malaria. Growth in the collaboration between NIAID and the University of Bamako School of Medicine led to designation of the research partnership as an International Center of Excellence in Research (ICER) in 2002. The ICER program is designed to build sustainable research capacity in regions with a high infectious disease burden. The Mali ICER currently provides in-country support for state-of-the-art laboratories at the University of Bamako and laboratory field sites in the villages of Bancoumana, Donegoubougou and Bandiagara on the Dogon Plateau.

The scientific priorities of the ICER now encompass research on malaria pathogenesis; testing of candidate malaria vaccines; clinical research on filariasis, leishmaniasis; and HIV/TB co-infection. In 2008, scientists from NIAID and the University of Bamako initiated the collaboration to study relapsing fever, a bacterial illness spread by ticks. The training of young scientists has always been an integral component of the ICER program; over the last 20 years the initiative has trained dozens of young Malian scientists at academic institutions and laboratories in Mali and the United States.

For more information on the dedication of Bancoumana research station or the NIAID ICER in Mali, visit www3.niaid.nih.gov/topics/globalResearch/.—Michelle M. Grifka





milestones

NIDCR Immunologist Sandberg Is Mourned

Dr. Ann L. Sandberg, an internationally recognized immunologist who retired from NIDCR in 2005, died Dec. 31, 2009, in Bozeman, Mont. She was 71. Sandberg was with NIDCR for 33 years; at the time of her retirement she was acting director of the Center for Integrative Craniofacial Research. She leaves behind a legacy of scientific and personal accomplishment and a host of colleagues and friends who celebrate her life and mourn her loss.



“Ann Sandberg was a true pioneer. At a time when relatively few women were scientists, Ann was a leader in the field of oral infectious disease,” said Dr. Lawrence Tabak, director of NIDCR. “Following her tenure as an intramural investigator, Ann joined the NIDCR extramural program where she markedly enhanced the institute’s portfolio in oral cancer research. I was delighted when Ann agreed to assume a larger leadership role as the director of the Center for Integrative Craniofacial Research. Her extraordinary leadership skills and ‘matter of fact’ approach to dealing with challenges helped the institute enhance research investments in ‘omic’ biology during her tenure.”

Sandberg joined NIH in 1972 as chief of the humoral immunity section in the Laboratory of Microbiology and Immunology at the (then) NIDR. Her work advanced the understanding of alternate pathways for activation of the cascading sequence of then relatively unknown complement proteins, now appreciated to be instrumental in innate and adaptive immunity.

In 1988, she was named chief of the microbial receptors and pathogenesis section, Laboratory of Microbial Ecology. She made noteworthy contributions to the biomedical literature on innate immunity, bacterial activation of neutrophils and infective endocarditis.

After 23 years with the intramural program, she joined the institute’s extramural program in 1995 as chief of the Neoplastic Diseases Branch and was subsequently promoted to lead the Division of Basic and Translational Sciences.

Throughout her career, Sandberg also mentored

and supported the career development of multiple students, young investigators and postdoctoral fellows.

“Ann was remarkable for her perceptive insight, genuine concern and involvement with people within or outside her laboratory, the basis for enduring friendships,” said Dr. Sharon Wahl, who served as a research fellow in Sandberg’s lab and is now chief of NIDCR’s Oral Infection and Immunity Branch. “For those of us who had the privilege of knowing Ann and working with her during her scientific career, she will be sorely missed. The immunology community has lost one of its finest.”

Sandberg’s colleagues remember her graciousness, warmth and fun-loving spirit that emerged whether in or out of the lab. Said Wahl, “She had an uncanny ability to make colleagues and strangers alike feel as if they had known her forever.” Beyond her life in science, Sandberg loved her family, literature, music and gardening; after retirement she had reignited her passion for piano lessons, Wahl noted.

NCI Alumnus Kraus Dies

Dr. Matthias Kraus, who worked at the National Cancer Institute from 1981 through 1995 and was a pioneer in the study of ErbB proteins, died of a heart attack on Dec. 1, 2009, at the age of 55.

As a member of the Laboratory of Cellular and Molecular Biology initially as a postdoctoral fellow and subsequently as a visiting scientist, Kraus was involved in seminal studies of *erb-2* and *erb-3*, members of the epidermal growth factor (EGF) receptor family. He contributed importantly to the discovery and initial cloning of ERBB2 as an amplified ERBB-related gene from a human breast carcinoma. It is now known that around 20-25 percent of human breast carcinomas contain this amplified and/or overexpressed gene. He and his colleagues went on to describe multiple mechanisms of ERBB2 oncogenic activation. With colleagues C. Richter King and Stuart A. Aaronson, he was co-inventor of patents pertaining to the ERBB2 gene that form the basis for diagnostic testing of all breast cancers for ERBB2 amplification. Today, a monoclonal antibody directed against the *erb-2* receptor has become standard therapy for many thousands of patients with breast cancers that contain the amplified ERBB2 gene.

Kraus also discovered ERBB3, the third member of the EGF receptor family; cancer therapies targeting this receptor are currently in clinical development.

Kraus was born in Bavaria, Germany, and earned his M.D. and doctorate in medicine from the University of Cologne in 1980 and 1981, respectively. He left NCI in 1995 to become director of a research unit at the newly formed European Institute of Oncology in Milan, Italy. In 2000 he moved to the University of Alabama, Birmingham, where he held various academic positions, working in close association with Dr. Beatrice Hahn and her group. He continued to study mechanisms of malignant transformation and was also engaged in simian and human immunodeficiency virus research.

Kraus’s colleagues remember him as a selfless team player who loved working in the laboratory. He was a meticulous experimentalist and superb teacher with a kind disposition illuminated by an ever-present smile. Outside the lab, he was an accomplished pianist, photographer and soccer player and he had a fondness for well-engineered cars. His mother and sister survive him.





NCI Board of Advisors appointees include (above, from l) Dr. Jeffrey Drebin, Dr. Joshua LaBaer, Don Listwin, Dr. Richard Schilsky and Dr. Frank Torti.

NCI Board Names Chair, New Members

The NCI Board of Scientific Advisors has announced its chair and new and reappointed members. The chair is Dr. Richard Schilsky, professor of medicine and associate dean for clinical research at the University of Chicago. An international expert in gastrointestinal malignancies and cancer pharmacology, he has served on a number of peer-review and advisory committees for NCI and completed a term as chair of the FDA oncology drugs advisory committee.

New BSA members are:

Dr. Chi Dang, vice dean for research at Johns Hopkins University School of Medicine, oversees the Hopkins Institute for Cell Engineering. His laboratory is studying the mechanisms underlying the neoplastic activities of the MYC oncogene.

Dr. Jeffrey Drebin, chair of the department of surgery and the 14th John Rhea Barton professor of surgery at University of Pennsylvania School of Medicine, was recently voted president-elect of the Society for Clinical Surgery, one of the oldest surgical societies in the nation.

Dr. Joshua LaBaer, director of the new Virginia G. Piper Center for Personalized Diagnostics at Arizona State University in Tempe, served as former director of the Institute of Proteomics at Harvard Medical School.

Don Listwin, a 25-year veteran of the technology industry who launched the Canary Foundation in 2004 to accelerate early cancer detection research activities, is the former CEO of Sana Security, Openwave and former No. 2 executive at Cisco Systems.

Dr. Frank Torti, director of the Comprehensive Cancer Center at Wake Forest University School

of Medicine, has written extensively on prostate and bladder cancer and contributed substantially to the understanding of molecular mechanisms that underlie inflammatory diseases and cancer.

Reappointed BSA members include:

Dr. Kathleen Foley, attending neurologist in the pain and palliative care service at Memorial Sloan-Kettering Cancer Center, has developed scientific guidelines for the use of analgesic drug therapy through pharmacologic studies of opioid drugs.

Dr. Sanjiv Gambhir is director of the molecular imaging program and head of nuclear medicine at Stanford University School of Medicine. His contributions to cancer research include emphasis on early detection through imaging technology.

Dr. Joe Gray, director of the division of life sciences at Lawrence Berkeley National Laboratory, is also program leader of breast oncology at the UCSF Helen Diller Family Comprehensive Cancer Center.

Dr. Mary Hendrix, professor of pediatrics at Northwestern University, also serves as president and scientific director of the Children's Memorial Research Center.

Dr. Christopher Logothetis, professor and chair of the department of genitourinary medical oncology at University of Texas M.D. Anderson Cancer Center, is principal investigator of the M.D. Anderson SPORE in prostate cancer.

Dr. Edith Perez, professor of medicine at Mayo Medical School in Jacksonville, Fla., serves as director of the cancer clinical study unit at the Mayo Clinic in Jacksonville. 

digest

Diabetes and Depression Associated with Higher Risk for Major Complications

People with type 2 diabetes and coexisting major depression are more likely to experience life-threatening diabetes-related complications, according to a recent NIMH-funded study published in the February 2010 issue of *Diabetes Care*.

Research has shown that depression is commonly associated with diabetes. People who have both diabetes and depression tend to have more severe symptoms of both diseases, higher rates of work disability and use more medical services than those who only have diabetes alone.

Researchers from Group Health Research Institute in Seattle and colleagues from the University of Washington examined the association between type 2 diabetes and depression among 4,623 patients enrolled in Group Health, a health plan serving residents of Washington state. They first interviewed the participants between 2000 and 2002, and then conducted follow-up interviews between 2005 and 2007. They tracked the participants' rates of microvascular complications (e.g., blindness, end-stage kidney disease, amputations and kidney failure deaths) and macrovascular complications (e.g., heart attack, stroke, cardiovascular procedures and deaths).

At the follow-up interview, 14 percent of the participants had developed a clinically advanced microvascular complication and 24 percent had developed a severe macrovascular complication. Over the 5-year follow-up period, those with major depression had a 36 percent higher risk of developing microvascular complications and a 25 percent higher risk of developing macrovascular complications compared with patients without major depression.

More research is needed to identify the underlying mechanisms for the association between depression and diabetes complications and to develop interventions that treat both diabetes and accompanying major depression.

Childhood Asthma Treatment: Not One-Size-Fits-All

A new study has found the addition of long-acting beta-agonist therapy to be the most effective of three step-up, or supplemental, treatments for children whose asthma is not well controlled on low doses of inhaled corticosteroids alone.

The study was designed to provide needed evidence for selecting step-up care for such children and was supported by the National Heart, Lung, and Blood Institute. Researchers also identified patient characteristics, such as race, that can help predict which step-up therapy is more likely to be the most effective for a child with persistent asthma.

The study found that almost all of its participants had a different response to the three different treatments. Although adding the long acting beta-agonist step-up was 1.5 times more likely to be the best treatment for most of the study group, many children responded best to the other two treatments instead.

The results were presented Mar. 2 at the American Academy of Asthma, Allergy and Immunology 2010 annual meeting and were published online in the *New England Journal of Medicine*.

Surgery, Stenting Equally Safe and Effective for Stroke Prevention

A major new study of people at risk for stroke showed that two medical procedures designed to prevent future strokes are safe and effective overall. Physicians will now have more options in tailoring treatments for their patients at risk for stroke. In the trial of 2,502 participants, carotid endarterectomy (CEA), a surgical procedure to clear blocked blood flow and considered the gold standard prevention treatment, was compared to carotid artery stenting (CAS), a newer and less invasive procedure that involves threading a stent and expanding a small protective device in the artery to widen the blocked area and capture any dislodged plaque.

One of the largest randomized stroke prevention trials ever, the Carotid Revascularization Endarterectomy vs. Stenting Trial (CREST) took place at 117 centers in the United States and Canada over a 9-year period. CREST compared the safety and effectiveness of CEA and CAS in patients with or without a previous stroke. The trial was funded by the National Institute of Neurological Disorders and Stroke and led by investigators at Mayo Clinic, Jacksonville, Fla., and the University of Medicine and Dentistry of New Jersey in Newark. The overall safety and efficacy of the two procedures was largely the same with equal benefits for both men and for women, and for patients who had previously had a stroke and for those who had not.



An NHLBI-supported study has found the addition of long-acting beta-agonist therapy to be the most effective of three step-up, or supplemental, treatments for children whose asthma is not well controlled on low doses of inhaled corticosteroids alone.

Quick Primer on Feathered Cohabs Geese Mating Season Holds Potential Pitfalls

Spring is in the air and our resident Canada geese are pairing up. NIH Landscape Architect Lynn Mueller has some advice for sharing the campus peacefully with its feathered residents. Soon the goose (female) will be looking for a nesting site that will be seriously guarded by the gander (male), he notes. Contrary to popular belief, geese do not need to nest near water. “Sometimes they will select, to our way of thinking, inappropriate real estate—planter boxes, rooftops or sidewalks and building entrances,” Mueller points out. “No matter the location, the gander will aggressively protect her day and night.”

Canada geese mate for life and are dedicated to each other and to their goslings. Females will begin laying eggs about the last week of March through early April. The eggs, from 3 to 8, will hatch in about 21 days with the young ready to leave the nest almost immediately to search for insects and tender green shoots. The gander’s aggressive behavior may include hissing, standing fully upright with neck outstretched, full wing displays and false or real charges.

“Our best defense against an aggressive gander is to give him as much room as possible,” Mueller suggests. “Only if you get too close to the nest will a male actually charge. That is usually his last defense. Once the eggs hatch and the family begins to move off, the adults, especially the gander, will begin to relax.” Also, don’t worry about young goslings hatching on rooftops. At the encouragement of the adults on the ground, the light fluffy young will jump safely to the ground.

The apparent large influx of birds over the past 2 years is the result of construction activities across Rockville Pike at the Navy Medical Center, Mueller explains. Building activities near their ponds and meadows have sent the birds to NIH with hopes of finding a more peaceful environment.

Females who had successful nests last year will often return to the same area the following spring. “Past campus locations that have been nest sites and that you should be aware of in the coming weeks are near the Bldg. 5 front entrance, parking lot 4A planters,



Bldgs. 31B, 38 and 45 cafeteria roofs and the construction site for future Bldg. 35,” Mueller says. “However, since the population is increasing every year and may double every 5 years, they may set up housekeeping anywhere across the NIH campus.”

The Office of Research Facilities recently placed wildlife crossing warning signs at campus entrances and near common road crossing points. Be aware of wildlife families crossing roads and give them the right of way.

Finally, remember: Canada geese are protected under the Federal Migratory Bird Act of 1918. A special U.S. Fish and Wildlife Service permit is necessary to remove an adult, eggs or a nest. Fines can range up to \$10,000. Report aggressive goose behavior to the ORS Division of Occupational Health and Safety, Community Health Branch at (301) 496-4294. 📞

With spring in the air, NIHers should be on the lookout for geese family scenes similar to the ones above, documented in photos from May 2009.

PHOTOS: YING HUANG, SHUKO YOSHIKAMI