

nih record



ABOVE • How does the quake-recovery effort in Haiti? An NIH'er gives a firsthand account. See story below.

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August Appointments: Collins Chooses Two Deputies

Tabak Named Principal Deputy Director, Rockey In as Deputy for Extramural Research

Bldg. 1 has finally collared for keeps the services of NIDCR director Dr. Lawrence Tabak as NIH principal deputy director, a title he once held with “acting” in front of it. Another familiar face, Dr. Sally Rockey, also accepted a full deputy directorship, becoming deputy director for extramural research. She had held the post on an acting basis since October 2008.

On Aug. 19, NIH director Dr. Francis Collins announced that Tabak would assume his new role on Aug. 23. Tabak succeeds Dr. Raynard Kington, who left last month to assume the presidency of Iowa’s Grinnell College. Rockey’s new post was effective Aug. 15.

“I am delighted to have Dr. Tabak as deputy director during this critical time for biomedical research,” said Collins. “His outstanding service in numerous activities across the NIH and combination of skills and experience



New NIH principal deputy director Dr. Lawrence Tabak

SEE AUGUST APPOINTEES, PAGE 4



One of many tent cities where temporary housing has become semi-permanent in post-quake Haiti

Disease Potential Detected

Pest Expert Team Examines Post-Quake Conditions in Haiti

By Carla Garnett

Trevor Lubbert was advised to expect a war zone. Never having visited a war zone, however, he still was unprepared for his first view of post-earthquake Haiti.

The humidity and heat hit him first. His next impression was of the large throngs of people hailing him and his party at the airport. Crowds of citizens seemingly size up every

SEE HAITI, PAGE 6

Can Correct Weight, Metabolism

Researchers Explore Bariatric Surgery for Adults, Teens

By Valerie Lambros

As American waistlines continue to expand, doctors are widening their tool set accordingly to help their patients address the problem and lose the weight.

With the complications that being overweight or obese can bring—type 2 diabetes, hypertension, heart disease, arthritis and sleep apnea, to name a few—it’s no wonder patients are often willing to try almost anything to shed the extra pounds.

The available options include diet, exercise, medication and, in some cases, bariatric surgery, especially when excess weight is causing health complications that make it difficult for the patient to lose weight in other ways.



Dr. Lee Kaplan

SEE BARIATRIC, PAGE 8



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briefs

NICHD Hosts Infant Mortality Awareness 5K

All HHS staffers are invited to run, walk or roll their wheelchairs to raise awareness about infant mortality. NICHD is sponsoring a 5K event on Thursday, Sept. 16 in conjunction with Infant Mortality Awareness Month. The race kicks off at 11 a.m. from the starting line at Bldg. 1. Research and public health advances by NIH and sister HHS agencies have contributed to a general decline in infant mortality in recent years. "We've made progress, but much work needs to be done," said Dr. Regina James, director, NICHD Division of Special Populations. The infant mortality rate for the overall U.S. population is 6.68 infant deaths per 1,000 live births. However, James noted, the rate is much higher for certain groups: 13.35 per 1,000 births for non-Hispanic blacks, 8.01 for Puerto Ricans and 8.28 for American Indians/Alaska natives. HHS employees are encouraged to come to the event to learn about these issues, current research and the agenda for future research efforts to further reduce infant death rates in the U.S. and around the world. For more information about the event, an agenda and a course map, visit www.nichd.nih.gov/about/meetings/2010/091610.cfm.

VFC holds 7th Expo, Sept. 17

The NIH visiting fellows committee will host its 7th annual International Opportunities Expo on Friday, Sept. 17 from 8 a.m. to 4 p.m. at the Natcher Conference Center. The expo provides an opportunity for NIH graduate students and postdoctoral fellows interested in careers abroad to network with science and technology representatives from embassies, funding agencies and other organizations with a global presence. This year, in addition to the exhibitor fair and informational talks, the expo will include panel sessions that focus on issues specific to fellows exploring career paths abroad. Topics include Developing and Maintaining Global Professional Networks, Finding a Job Abroad, Non-Bench Career Paths and Hot Research Topics Worldwide.

In addition, the Fogarty International Center is sponsoring a reception for exhibitors, panelists and participating fellows at the Lawton Chiles International House (Stone House) immediately after the expo. The reception is an opportunity for fellows to network in a social atmosphere.

Expo information and registration for fellows and the reception can be found at www.training.nih.gov/international_expo.

OITE Hosts Community College Day, Oct. 1

The NIH Office of Intramural Training & Education

will host the 2010 Community College Day on Friday, Oct. 1 from 8 a.m. to 4 p.m. at the Natcher Conference Center. Community college students and faculty will visit the NIH campus to learn about careers and training opportunities in biomedical and health care fields. For more information and to register, go to www.training.nih.gov/cc2010.

Symposium Kicks Off ORWH's Third Decade

In honor of its 20th anniversary, the Office of Research on Women's Health will hold a day-long symposium on Monday, Sept. 27, beginning at 8:30 a.m. in Natcher Conference Center. The event will include a summary of accomplishments and offer a preview of the next decade with "A Vision for the Year 2020." Some advances involve medical differences between women and men, as well as implications for sex-gender appropriate clinical care and personalized medicine.

Dr. Vivian Pinn, who has directed ORWH since 1991, will welcome back to campus Dr. Bernadine Healy, the former NIH director who launched the Women's Health Initiative—a \$625 million effort to study the causes, prevention and cures of diseases that affect women at midlife and later. The WHI uncovered evidence that combined hormone replacement therapy can carry a greater risk than previously thought for heart attack and stroke, particularly in older women. Healy's keynote talk will be about how visions from the past lead to our future.

Also speaking will be Dr. Linda G. Griffith of MIT, who will discuss women in science, as well as the integration of tissue engineering and systems biology in women's health research. A special guest, scheduled to speak about the importance to women of research on high blood pressure, heart disease and stroke, is Cicely Tyson. She has won two Emmy Awards and been nominated for an Academy Award for her portrayal of strong, positive African-American women.

For more information about this free and open scientific symposium, visit <http://orwh.od.nih.gov> or call (301) 402-1770.

Workshop on VA, CTSA Resource Sharing

The National Center for Research Resources' Clinical and Translational Science Awards (CTSA) program and the Veterans Health Administration will sponsor a 1-day workshop designed to encourage collaboration and resource sharing among members of the Department of Veterans Affairs and the CTSA consortium. "Opportunities for Collaborative Clinical and Translational Science: Enhancing Clinical Phenotyping," will be held Tuesday, Sept. 28, from 8 a.m. to 5 p.m. at Natcher conference center. Geneticist and lupus researcher Dr. John B. Harley will give the keynote presentation, "Genomics in Clinical Science: Exploiting the Data Tsunami for Lupus." Register for the event by Sept. 17 at www.research.va.gov/CTSA/registration.cfm. For more information, visit www.research.va.gov/CTSA/ or contact Alexander Ommaya at (202) 461-1695 or Alex.Ommaya@va.gov.



Dr. Phillip Gorden (l), former director of NIDDK, accepts the NIDDK Distinguished Scientist Award from NIDDK director Dr. Griffin Rodgers.

NIDDK Celebrates 60th Anniversary, Honors Researchers on Capitol Hill

Members of Congress, congressional staffers and representatives of many scientific and patient-advocacy organizations celebrated the 60th anniversary of the National Institute of Diabetes and Digestive and Kidney Diseases with a congressional breakfast recently in the Rayburn House Office Bldg. on Capitol Hill. Sponsored by a coalition of 23 medical, professional and volunteer groups, the event highlighted NIDDK-funded advances over the past 60 years, as well as emerging scientific opportunities.

Among the lawmakers who addressed more than 100 attendees were Rep. Nita Lowey (D-NY), a member of the House appropriations subcommittees on labor, health and human services, and education; Reps. Zack Space (D-OH) and Gene Green (D-TX), who sit on the House energy and commerce committee; and Rep. Diana DeGette (D-CO), co-chair of the Congressional Diabetes Caucus, and also a member of the energy and commerce committee.

The coalition presented two NIDDK grantees and a former NIDDK director with the NIDDK Distinguished Scientist Award:

▲ Dr. David Nathan, director of the General Clinical Research Center and the Diabetes Research and Training Center at Massachusetts General Hospital, was recognized for his leadership and vision in NIDDK-supported diabetes research, including his role as one of the chief architects of the landmark Diabetes Control and Complications Trial (DCCT), which has revolutionized the treatment of type 1 diabetes; and as chair of the NIDDK-supported Diabetes Prevention Program (DPP) clinical trial, which showed that type 2 diabetes prevention is possible through lifestyle change. He continues to play critical roles in major ongoing clinical studies.

▲ Dr. Jeffrey Gordon, director of the Center for Genome Sciences at Washington University in St. Louis, was cited for his groundbreaking work on the roles of the vast array of microorganisms residing in the human digestive tract in both health and disease.



Rodgers (l) chats with (from l) Kim Hollander and Brett Rosen of the Oxalosis and Hyperoxaluria Foundation and Rep. Nita Lowey (D-NY).

PHOTOS: BILL BRANSON

▲ Dr. Phillip Gorden, a former NIDDK director who is now a senior investigator in the institute's Diabetes Branch, was honored for both his leadership and his own research. His pioneering efforts during his tenure as NIDDK director include initiating the DCCT and overseeing the launch of the DPP. His research has shed light on insulin action and insulin resistance in diabetes and recently established the efficacy of leptin treatment for lipodystrophy.

All of the Distinguished Scientist awardees also were also recognized for their mentorship of many biomedical researchers.

NIDDK director Dr. Griffin Rodgers presented Dr. Theo Heller of the Liver Diseases Branch with the NIDDK Early Career Investigator Award. Rodgers himself was honored with the same award at an NIDDK 40th anniversary event 20 years ago. "NIDDK's ongoing support for promising young scientists is helping to ensure that the next 60 years of research will build upon the many discoveries and medical advances we've made in the past 60 years," said Rodgers.

The forerunner to NIDDK, the National Institute of Arthritis and Metabolic Diseases, was signed into law by President Harry Truman on Aug. 15, 1950.

NIDDK continues to celebrate its 60th anniversary this year with a series of events, including a scientific symposium chaired by three previous NIDDK directors on Tuesday, Sept. 21, "Unlocking the Secrets of Science: Building the Foundation for Future Advances." The event is free and open to the public. More information is available at www3.niddk.nih.gov/fund/other/NIDDK60thAnniv-er.—Bill Polglase and Britt Ehrhardt

Join the HHS Mentoring Program in October

Permanent federal employees interested in serving as mentors and mentees across the NIH community are invited to join the NIH October 2010 cohort of the HHS Mentoring Program. Building a confidential, interactive relationship is the cornerstone of the program. It emphasizes developing leadership and management competencies at various levels to ensure a beneficial experience for both mentors and mentees. Program components include senior-to-junior and peer-to-peer mentoring, online application and matching system to connect individuals, mentor-mentee online orientation, 1-year mentoring relationship and professional development events and activities.

As a tool in employee development, the HHS Mentoring Program does not supplant the NIH scientific mentoring and customized institute/center leadership mentoring available to employees in some ICs. Instead, it fills a need and enables NIH-wide or operating division-wide relationships. For more information, including links to online registration and upcoming information sessions, visit http://trainingcenter.nih.gov/hhs_mentoring.html.



Above, Dr. Sally Rockey is NIH's new deputy director for extramural research. Below, Dr. Isabel Garcia has taken the acting directorship at NIDCR.



AUGUST APPOINTEES

CONTINUED FROM PAGE 1

will help the NIH move forward in these revolutionary times for the biomedical sciences.”

Tabak has been director of NIDCR since September 2000. He came to NIH from the School of Medicine and Dentistry at the University of Rochester, where he had been senior associate dean for research, director of the Center for Oral Biology, professor of dentistry and professor of biochemistry and biophysics. So he already had experience in wearing multiple hats.

“I am very pleased to have the opportunity to work more closely with Dr. Collins and his leadership team to contribute to NIH’s continued success in supporting biomedical research, career development and training,” said Tabak. “While I will surely miss my day-to-day interactions with my colleagues at the National Institute of Dental and Craniofacial Research, and the members of the dental, oral and craniofacial research community, it will be a great privilege to serve NIH in this new way.”

In addition to his versatility as an administrator, Tabak has never abandoned his own research on the biosynthesis and function of mucin-glycoproteins. He has long maintained an active research lab within NIDDK.

Tabak was acting principal deputy NIH director from November 2008 to August 2009, and recently served as acting director of the Division of Program Coordination, Planning, and Strategic Initiatives.

For the 3 years before taking on the role of acting NIH deputy director for extramural research, Rockey had served as deputy director of the Office of Extramural Research

In a note to top staff on Aug. 10, Collins summarized Rockey’s professional accomplishments: “An insect physiologist by training, Sally has been a leader in Federal Assistance and research administration for almost 25

years. Before joining the NIH, she led the U.S. Department of Agriculture Extramural Competitive Research Program at the Cooperative State Research, Education and Extension Service. While in that position she was called on because of her strong executive skills to serve as the chief information officer as well.

“Throughout her federal career, Sally has been a leader in research ethics, particularly in the area of conflicts of interest and research misconduct management, and she continues to serve as the NIH agency extramural research integrity officer. She chairs or is an active member of numerous federal committees related to science and research. She also collaborates closely with the academic, scientific and business communities. She has strong leadership and management qualities, is a true problem-solver and maintains productive relationships among the NIH extramural programs, our stakeholders and the grantee community.”

Collins said Rockey “demonstrated her outstanding leadership during the NIH’s implementation of ARRA [American Recovery and Reinvestment Act]. I am delighted that she will continue to serve as DDER and lead OER.”

Dr. Isabel Garcia, Tabak’s deputy director at the National Institute of Dental and Craniofacial Research, will now lead NIDCR on an acting basis.

Garcia, who holds the rank of rear admiral in the Public Health Service, joined NIDCR in 1995 as a special assistant for science transfer from the Agency for Healthcare Research and Quality, where she was a health scientist administrator. She later directed NIDCR’s Office of Science Policy and Analysis before being appointed deputy director of the institute. 12

Hepatitis B Immunity Study Recruits

Did you receive the hepatitis B vaccine or did you recover from acute hepatitis B more than 10 years ago? Would you like to know if you still have protective antibody levels? Consider participating in the hepatitis B vaccine immunity study. This study consists of one outpatient clinic visit for a blood draw and a short research questionnaire. Participants must have been 18 years of age or older and younger than age 60 when the hepatitis B vaccine was administered. The vaccine must have been given prior to the year 2000. Individuals who have a history of chronic HBV infection or those who did not receive all 3 doses of HBV vaccine are not eligible for participation. For more information, call (301) 435-6121, TTY 1-866-411-1010, or visit www.clinicaltrials.gov. Refer to study 10-DK-0187. Compensation is provided.



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: Although we have this lovely NIH Visitor Center at the Metro entrance, some visitors still seem to be confused as to where to go. Many appear to get off the Metro or buses or come from the parking garage and somehow miss the Visitor Center building. I've had to direct many away from the employee gates back to the Visitor Center entrance. The big sign located on the first bus shelter doesn't help—it tells them to go to the last bus shelter for NIH shuttle buses (it predates the Visitor Center). Maybe better signage would help direct visitors into the Visitor Center? Also, could the employees in the Visitor Center give better directions to Bldgs. 45 and 38/38A? They need to be told that visitors should take the elevator up to the upper level, go out that door and follow the sidewalk. Too many are waiting for a shuttle to take them there and the only one that goes directly there comes by every 20 minutes or they can take a 20-minute ride on the campus shuttle. I hate telling them to just walk up the grassy hill (since the sidewalk was taken out).

Response from the Office of Research Services/Office of Research Facilities: The location you reference near the Metro station is the NIH Gateway Center. The "NIH Visitor Center" is located in Bldg. 45. The guards at the NIH Gateway Center and the Gateway Inspection Station constantly advise and inform visitors on how to locate Bldgs. 45, 38, 38A as well as other on- and off-campus buildings. Inside the Gateway Center there are also signs indicating the direction to the facilities in question. Directions for walking (including using elevator or stairs) or riding an NIH shuttle bus are also provided by staff, when asked, to assist visitors in making the choice that best suits them to reach their destination.

ORF is working to finalize a campus-wide signage study that, when implemented, will improve way-finding signage for employees and visitors. We appreciate your comments about the signage near the Gateway Center/Medical Center Metro Station and will consider them as part of the study.

Finally, as previously addressed in the *NIH Record* Feedback section in April 2009, the sidewalk that used to lead from the Gateway Center shuttle loop to the back of the Natcher Bldg. on the grassy hillside was always intended to be temporary only. The

area in question is designated as open green space in the NIH master plan. The pathway existed only while the Gateway construction was under way and was removed, as required, once the project was complete. The project required the area to be restored to its original condition to prevent soil erosion. A direct, permanent and ADA-compliant pathway now exists from the Gateway Center/Metro area to the same general location behind the Natcher Bldg. that the temporary sidewalk previously served.

Feedback: Is there something that can be done about the graffiti (sometimes vulgar) that seems to populate some elevators in Bldg. 10? Apparently some employees/contractors of juvenile minds find it funny to write on the walls of certain elevators (thankfully I haven't seen any in the new CRC elevators).

Response from ORS/ORF: The Office of Research Facilities has been routinely cleaning up graffiti in Bldg. 10, particularly in the freight elevators and lobbies. If you continue to notice any excessive or vulgar graffiti in any NIH facility and want to have it removed, report it to the ORF maintenance line at (301) 435-8000 or <http://orf.od.nih.gov/PropertyManagement/MaintenanceServiceRequests/>.

The NIH Police will take the appropriate enforcement action against any person observed placing graffiti on NIH property. If you witness a person damaging government property, contact the NIH Police at (301) 496-2387 (after hours, 301-496-5685). If you prefer to report the crime anonymously, simple instructions can be found at <http://ser.ors.od.nih.gov/police.htm>.

The damage of government property by graffiti or other means is a crime punishable with fines and/or imprisonment under Title 18 of the United States Code, Chapter 65, Section 1361.

Feedback: Does NIH have a dress code? Can individual groups or offices develop their own?

Response from the Office of Human Resources: NIH as a whole does not have a uniform dress code; however, individual institutes as well as individual managers and supervisors within the institutes may develop their own performance and conduct standards that may include the topic of appropriate dress in the workplace. In providing their expectations, supervisors consider safety concerns, as well as the mission, tone, environment and individual positions within the organization. The objective for the manager is to be mindful of an individual's sense of taste and style while communicating a standard of attire that promotes the goals of the organization rather than detracting or disrupting. For example, many supervisors provide professional staff an opportunity to dress in business casual attire on Fridays, but would be reasonable in prohibiting non-business attire such as faded or holey jeans, any type of shorts, beach and athletic wear that would not be generally accepted as office attire. Additionally, other organizations may need to institute dress standards to promote a healthy and safe workplace. For additional information, contact the Employee Relations Branch at (301) 402-9203.

Feedback: When you drive into the entrance of MLP-9, there are some pedestrians crossing as the footpath and elevators are nearby. However, the entrance is blind for drivers and it can be dangerous for pedestrians. Can a pedestrian walkway be painted at the entrance, so that drivers will know to look out for pedestrians?

Response from the Office of Research Services: After reviewing the situation, the Office of Research Services has determined that additional signage to alert drivers of the pedestrian crossing, along with repainting the crosswalk on the first floor, would be helpful. The ORS will have these improvements added to the MLP-9 garage. 🚗



Above:
The NPMA team found evidence of termite infestation in this building's support beam and roof.

Left:
The first hospital the group visited in Port-au-Prince was a privately operated facility. Many of the city's buildings, though in stages of unfinished construction, were occupied and in use.

HAITI

CONTINUED FROM PAGE 1

Below:

NIH entomologist Trevor Lubbert (top, third from l) was among a delegation of pest management experts invited to visit Haiti to assess whether earthquake-recovery efforts were being impeded by insects, rodents and other pests. Several of the technical experts have since returned on follow-up missions.

incoming group for their potential to offer help in the devastated nation.

Lubbert, an urban/industrial pest management specialist and board-certified entomologist at NIH, was one of 11 technical experts in the field to visit Haiti recently at the invitation of the National Pest Management Association (NPMA), a non-profit organization that paid all expenses for the trip.

Sweating the Small Stuff

It's okay to call them the "bug guys" or "critter crew." They are qualified to look for and deal with every kind of insect—flies and mosquitoes, for instance—as well as cockroaches and rodents.

And lest you think little creatures can't cause big problems, consider this: According to the NPMA, "cockroaches can spread at least 33 different types of bacteria, 6 kinds of parasitic worms and at least 7 other kinds of human pathogens. Cockroach allergens are also known to trigger asthma attacks, with an increased incidence in children. Mice can carry fleas, mites, ticks and lice on their bodies, while rats urinate on food and support many external para-

sites. Rodents spread filth, contaminate food and transmit disease...flies are vectors of more than a hundred different types of disease-causing germs."

Those are just some of the health effects. We won't go into the structural damage termites can cause.

Acknowledging conditions that could severely hamper the nation's rebuilding efforts, Haiti's minister of the environment asked NPMA to gather a delegation to "assess pest management problems and develop a treatment plan to minimize Haitians' exposure to disease-carrying pests." The all-volunteer team was accompanied by NPMA's executive director and two camera operators who documented parts of the experience for NPMA's blog. Lubbert attended as the only U.S. federal worker and the only pest professional on the team who has experience in pest management for biomedical research/health care settings.

Potential Pest Problems

Moments into the group's ride into central Port-au-Prince, the country's capital city and virtual epicenter of the Jan. 12 earthquake, Lubbert saw evidence of the destruction firsthand.

"Even the structures that are still standing show signs of the stress and damage they've been through," he said. "The walls are cracked. There's no rebar in them."

In terms of the pest managers' 3-day mission there, Lubbert and his colleagues also found a lot of potential trouble. At the first hospital—a private medical facility—the group visited, Lub-





bert immediately spotted a danger sign before they even entered the facility.

“I could see a huge mosquito-breeding body of water on the side of the hospital that continued underneath the structure,” he said. “Sure enough as we approached the area, I saw that the water was teeming with mosquito larvae. In addition, we found filthflies, including houseflies and blowflies, which are known for spreading disease.”

Inside, conditions were just as bad. Windows and doors were without screens and there were holes in the ceiling straight through to the roof, so patients were completely exposed to the damp, humid air as well as any flying or crawling pests.

In addition, unsanitary practices were making conditions worse. Trash and refuse bins contained no plastic liners, so even empty the receptacles harbored germs from previous contents. Bedpans and linens were not being changed regularly, so flies and other winged pests were likely cross-contaminating any surfaces they landed on, including the eyes, noses, mouths and open wounds of patients.

Similarly, biowaste such as needles, syringes and ampules were not being disposed of properly. Lubbert saw such items tossed out an open window onto a makeshift dump site along one of the hospital’s walls. Animals such as goats, pigs and pet dogs were loose, left to wander through the garbage.

“This was the case throughout the city of Port-au-Prince,” said Lubbert.

At nearly every facility the group visited—including two hospitals, a waste transport center and several “tent cities,” where Haitians

are living while their city is recovering—serious issues involving bug and rodent control were evident.

“From what we saw, the people definitely have potential for a major epidemic,” Lubbert said.

Suggested Strategies

In response, NPMA pledged to raise at least \$250,000 in donations to help empower the Haitian people with information and resources. The organization put together a program for comprehensive pest management strategies that include:

▲ **Structural fixes.** Haitian workers will be engaged to patch holes, seal openings and install screens in building windows and doorways.

▲ **Sanitation suggestions.** The delegation recommended a program of good waste management practices, with such easily adopted solutions as simple plastic bags to line trash receptacles and regular changing and proper disposal of the bags.

▲ **Cultural reorientation.** Haitian government officials and local pest management firm Boucard will help design culturally sensitive and relevant programs to train individuals and groups to sustain the pest management practices.

NPMA will also develop a public awareness campaign on basic pest management strategies that citizens can accomplish easily in their homes, schools and other general environments.

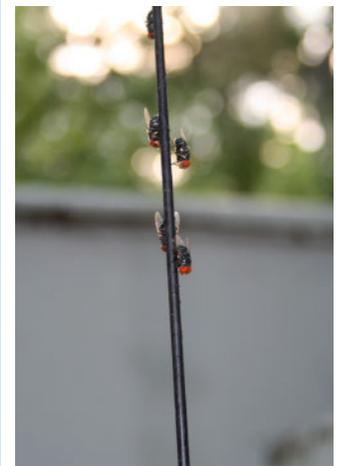
Lubbert and the rest of the group left Haiti energized and motivated to come back for follow-up visits.

“The delegation will return to train people,” Lubbert said. “We want to make it a model for hospitals, schools and other public facilities.”

Above, l: Structural damage of some kind marked most downtown buildings. Many are condemned.

Above, r: A goat meanders through makeshift dump in the city. The delegation witnessed a variety of domestic animals foraging unleashed.

Below: Blowflies, which are known to show up at the first sign of waste and can cross-contaminate surfaces, were rampant during Lubbert’s visit.



BARIATRIC

CONTINUED FROM PAGE 1



Dr. Thomas Inge of Cincinnati Children's Hospital Medical Center

PHOTOS: BILL BRANSON

Surgical intervention, often described as stomach stapling or gastric banding, can be a critically valuable therapy for patients whose severe or medically complicated obesity leaves them few other options. Bariatric surgery was the subject of a pair of recent lectures in the NIH obesity research task force's seminar series on the uses and effects of the procedure in adolescents and adults.

Dr. Thomas Inge of Cincinnati Children's Hospital Medical Center not only studies use of this surgery for teens, but also directs the Center for Bariatric Research and Innovation. He is currently principal investigator for a large multicenter bariatric study funded by NIH.

The slides he presented in Lipsett Amphitheater offered a grave picture of what the medical community is up against as our sedentary lifestyles, poor eating habits and technological conveniences fill our lives with more calories than we could ever use. And it's not just adults who are guilty of eating chips on the couch, a soda in one hand and a remote control in the other.

"Pediatric obesity is becoming an increasing problem," Inge said. "The complications this causes and the quality of life limitations can persist into adulthood."

While the idea of using bariatric surgery in patients who are not yet of age may sound controversial, the procedure has produced such dramatic results that researchers now recognize new groups of patients in whom the benefits likely outweigh the risks. Once someone undergoes a typical bariatric procedure, weight loss is usually substantial and sustained, which is a big positive in the long run.

"This is significant because many preteens are developing huge BMIs," Inge said.

BMI, or body mass index, is the calculation of height as it relates to weight. The higher the BMI, the greater a person's risk of developing weight-related health complications. With bariatric surgery, a person's BMI drops significantly and generally stays that way.

"It's a manipulation of the digestive tract that hopefully will allow the weight-loss effect to persist over time," Inge said.

Of course any surgery, especially on a youngster, is not without risks, which is why Inge stresses that it only be used in special circumstances after an assessment of co-morbidities (complications compromising a patient's health) and informed consent. Even then, the weight loss comes with

some risks attached. Recent data from a randomized trial of adjustable gastric banding in Australian teens showed that 24 percent required additional procedures after the original surgery. This high rate of early reoperations has not been reported with other types of surgery in teenagers.

Still, Inge says that early intervention in an obese patient may be preferable, because it could correct co-morbidity factors sooner, giving the patient a longer, healthier life.

For Dr. Lee Kaplan, another NIH researcher who is director of Massachusetts General Hospital's Weight Center and who works extensively on obesity and gastrointestinal physiology, examining what bariatric surgery can do for patients involves more than just weight.

By manually correcting the body's food intake system with surgery, he says, the feedback loop that regulates energy balance and metabolism is dramatically altered.

"The body does defend its weight," Kaplan said, by regulating the amount of stored fat. This occurs even in the presence of obesity, which is why long-term weight loss from diets is so difficult to achieve.

By changing the body's "set point" through bariatric surgery, the signaling between body and brain about energy intake and expenditure is rewired. The body recognizes that it doesn't need as much food and begins correcting the imbalance of being overweight by burning off excess fat, thus aiding and maintaining weight loss. It's as if the surgery hits a "reset" button on the body's ability to regulate weight naturally.

"It goes well beyond the weight," Kaplan said. "In our animal models, we have seen that surgery also prolongs lifespan and improves diabetes and metabolic diseases more generally. The changes in metabolic function are related to the surgery, but not necessarily to the weight loss. Surgery creates a sense that the body is overweight, which the body then corrects to drive itself to a new, lower set point."

While this intervention would seem to be a magic bullet for many who struggle with weight, Kaplan said the procedure is a "fairly blunt tool," and its effectiveness must be balanced against its invasiveness, risk and cost. Because surgery is so effective, however, we can study how it works and use those physiological mechanisms to design less costly and invasive means of mimicking its effects, he said. One of the lessons learned has been the value of combination therapies for obesity.

"Combination therapies targeted to individual patients will be most effective" in tackling obesity, he said. "I see a bright future where we get away from the 'one size fits all' thinking." ●

digest

Discovery Opens Door to Possible Treatment of FSH Muscular Dystrophy

Scientists are closer to understanding what triggers muscle damage in one of the most common forms of muscular dystrophy, called facioscapulo-humeral muscular dystrophy (FSHD).

FSHD affects about 1 in 20,000 people and is named for progressive weakness and wasting of muscles in the face, shoulders and upper arms. Although not life-threatening, the disease is disabling. The facial weakness in FSHD, for example, often leads to problems with chewing and speaking.

The research was funded in part by NIH and appeared Aug. 20 in the journal *Science*.

Until now, there were few clues to the mechanism of FSHD and essentially no leads for potential therapies, beyond symptomatic treatments, said Dr. John Porter, a program director at the National Institute of Neurological Disorders and Stroke.

"This study presents a model of the disease that ties together many complex findings, and will allow researchers to test new theories and potential new treatments," he said.

Outward Knee Alignment Increases Arthritis Risk, Finds NIH-funded Study

People with a particular kind of knee alignment have a greater chance of developing osteoarthritis than do those with other types of leg alignment, reported researchers supported by NIH.

The study authors found that the higher risk occurred among those with an outward-facing alignment—knees relatively far apart and ankles closer together. Known as varus alignment, the knee configuration resembles bowleggedness, but is not as extreme.

Osteoarthritis results from the deterioration of cartilage, the hard, slippery material that cushions the ends of bone at the joints. The condition causes pain and often results in disability. According to the Centers for Disease Control and Prevention, osteoarthritis of the knees affects 6.1 percent of all adults over age 30.

The current finding, from a 2½-year study of nearly 3,000 people, may lead to the development of new ways to prevent osteoarthritis of the knee or lessen its symptoms.

The researchers also confirmed earlier findings that for people who have arthritis, varus alignment as well its opposite, the valgus, or inner facing, alignment contribute to worsening of the condition on the side of the knee bearing more stress.

The study was published online in *Annals of the Rheumatic Diseases*.

Researchers Uncover Early Step in Brain Event Cascade Leading to Addiction

A regulatory protein best known for its role in a rare genetic brain disorder also may play a critical role in cocaine addiction, according to a recent study in rats, funded by the National Institute on Drug Abuse. The study was published Aug. 16 in the journal *Nature Neuroscience*.

Researchers at the Scripps Research Institute in Jupiter, Fla., found that cocaine consumption increased levels of a regulatory protein called MeCP2 that shuttles back to the nucleus to influence gene expression in the brains of rats. As levels of MeCP2 increased in the brain, so did the animals' motivation to self-administer cocaine. This suggests that MeCP2 plays a crucial role in regulating cocaine intake in rats and perhaps in determining vulnerability to addiction.

"This discovery, using an animal model of addiction, has exposed an important effect of cocaine at the molecular level that could prove key to understanding compulsive drug taking," said NIDA director Dr. Nora Volkow. "It should open up new avenues of research on the causes and ways to counter the behavioral changes linked to addiction in humans."

This is the second time this year that a critical factor related to cocaine self-administration in rodents has been identified. In a study published in July in the journal *Nature*, Scripps researchers identified regulatory molecule miRNA-212 as playing a key role in cocaine intake. However, MeCP2 increased motivation for cocaine, whereas miRNA-212 had the opposite effect, suggesting that the latter plays a protective role against drug seeking.

Gene Causing Kabuki Syndrome Discovered

Using a new, rapid and less expensive DNA sequencing strategy, scientists have discovered genetic alterations that account for most cases of Kabuki syndrome, a rare disorder that causes multiple birth defects and mental retardation. Instead of sequencing the entire human genome, the new approach sequences just the exome, the 1-2 percent of the human genome that contains protein-coding genes.

Kabuki syndrome, which has an estimated incidence of 1 in 32,000 births, was originally described by Japanese scientists in 1981. Patients with the disorder often have distinct facial features that resemble the make-up worn by actors of Kabuki, a Japanese theatrical form.

The work, published Aug. 15 in the online edition of *Nature Genetics*, was carried out by scientists at the University of Washington in Seattle as part of a larger effort to use "second generation" DNA sequencing technologies in new ways to identify genes for rare disorders. The project is funded by a \$3.9 million American Recovery and Reinvestment Act grant from the National Human Genome Research Institute. ●





Maxine Steyer and NIMH director Dr. Thomas Insel

NIMH's Steyer Retires After 36 Years

By Nancy Garrick

In a career spanning 36 years in the Intramural Research Program of the National Institute of Mental Health, Maxine Steyer has worked with every scientific director in the history of the institute except one, who preceded her arrival in 1974. In many ways, Steyer has been the “institutional memory” of the program. So it was with fondness tinged with sadness that more than 200 current and former members of the NIMH community gathered recently to bid her farewell upon her retirement.

Steyer began her career in the section on alkaloid biosynthesis, headed by Dr. S. Harvey Mudd, in Bldg. 32A. She moved to the old Bldg. 36 in 1978 to assist Dr. Giulio Cantoni, who headed the Laboratory of General and Comparative Biochemistry. In 1983, she transitioned into the scientific director's office in Bldg. 10, where she began acquiring the higher-level administrative skills that have in turn enhanced the careers of so many who have passed through the NIMH intramural program over the past 27 years.

Steyer's memories are marked by the many transitions experienced by NIMH. She was here through the transfer of NIMH to the Alcohol, Drug Abuse and Mental Health Administration in 1974, and back to NIH in 1992. She also worked through the transfer of St. Elizabeths Hospital to the District of Columbia in 1987 and its scientific staff's return to the NIH campus in 1999. Her fondest memories, however, center on the many staff and faculty recruitments she handled over the years as a program specialist in the Office of the Scientific Director.

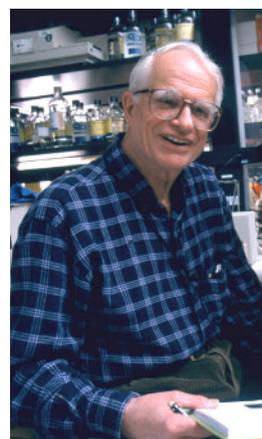
One of her great strengths has always been her ability to anticipate change and make the most of it. Steyer was instrumental in shaping the changes that came about in personnel appointment mechanisms and review processes, so much so that other NIH institutes asked for her input when Title 42 pay models were implemented. She took the lead when the tenure-track system was established in 1994 and has been here for every tenure-track appointment since; she was also instrumental in establishing a new position, that of administrative lab manager, in 2003.

When asked what the best part of spending an entire career at one institute was, Steyer didn't hesitate a moment: “Where else would I have had the opportunity to work directly with a Nobel laureate, a Lasker Award winner, many members of the IOM and the

National Academies and such great, world-renowned scientists and clinicians?” She continued, “But it was always the support staff who made it easy and worthwhile during the rough periods.”

Steyer served on numerous committees during her career, including the NIH employee orientation committee, NIH A-76 subcommittee, NIMH crisis response team and NIH HR liaison committee. She received an ADAMHA Administrator's Award for exceptional achievement, numerous NIMH Director's Awards and an HHS Employee of the Month Award. “Max Steyer is one of the most beloved employees of NIMH,” said scientific director Dr. Richard Nakamura. “She knows and has cared for all of us as individuals.”

Steyer has returned to her family's farm in Garrett County, Md., where she looks forward to spending time with her many family members. An avid gardener and admirer of all things floral, she anticipates spending a lot of time digging in the rich soil and nurturing new growth—just as she did at NIMH.



Dr. Robert Chanock, in 2003

Chanock, Distinguished Virologist, Dies

On July 30, the NIH community lost a colleague, mentor, scientific pioneer and friend when renowned virologist and former chief of the NIAID Laboratory of Infectious Diseases (LID), Dr. Robert M. Chanock died at age 86.

“NIAID and NIH mourn the loss of Bob Chanock, an outstanding scientist whose innumerable contributions to the understanding of viral diseases helped make the world a healthier place for millions of people,” said Dr. Anthony Fauci, director of NIAID. “Bob truly was a legend whose work has had a profound influence on so many in the scientific community, including me. He will be greatly missed.”

Chanock is perhaps best known for his discoveries of disease-causing viruses, most notably human respiratory syncytial virus (RSV), the most common cause of serious lower respiratory tract disease in infants and children worldwide, and the four parainfluenza viruses, which include the most common cause of severe croup in infants. He isolated new strains of rhinovirus and coronavirus (causes of the common cold) and helped to develop an FDA-approved vaccine for the respiratory pathogen

adenovirus that proved 100-percent effective in preventing disease among U.S. military recruits. He also proved that the disease known as walking pneumonia was caused not by a virus, but by a bacterium that could be treated with an antibiotic.

“When I first was learning about infectious diseases in medical school and residency,” Fauci noted, “Bob’s papers and chapters popped up everywhere; the name ‘Chanock’ seemed synonymous with disease discovery.”

Perhaps rivaling his success as an individual investigator, Chanock’s accomplishments as chief of LID, in a tenure spanning more than three decades, show that he was an inspiring and engaging leader to younger scientists. Dr. Albert Z. Kapikian, an LID senior investigator noted for his discovery of the Norwalk virus, a major cause of acute gastroenteritis, credits Chanock as one of the three individuals with the greatest influence on his own career at NIH. He says Chanock’s “creativity, enthusiasm and leadership...kept the LID in a prominent position for over 30 years.”

At the helm of LID, Chanock was involved in research that led to the first nasal spray influenza vaccine and to an FDA-approved antibody to prevent RSV disease in high-risk infants. He established studies that led to the development and licensure of vaccines for hepatitis A and rotavirus and launched an ambitious program for developing vaccines against dengue fever. Candidate vaccines from the dengue program are now in clinical trials.

Among his many honors, Chanock was elected a member of the National Academy of Sciences and the Danish Royal Academy of Sciences. He received the Infectious Diseases Society of America Joseph E. Smadel Medal, the E. Mead Johnson Award for research in pediatrics, the Robert Koch Medal, the Bristol-Myers Squibb Award for Distinguished Achievement in Infectious Disease Research and the Albert B. Sabin Gold Medal for exemplary research in the field of vaccinology. He also received the Public Health Service Meritorious Service Medal and Distinguished Service Medal.

Dr. Robert W. “Bobby” Brown, academic cardiologist, former New York Yankee all-star and former president of Major League Baseball’s American League, once wrote in a personal letter to Chanock, “Victories occur in all segments of life, but research victories that enhance health are the greatest of all. In the endless fight against disease you truly have been a champion of champions.”

Chanock is survived by his son Stephen, a senior investigator at NCI, and four grandchildren. His legacy of academic and scientific achievement,

especially in the field of pediatric respiratory disease research, continues to inspire his colleagues at NIH and beyond.



Bell, NIA Intramural Chemist, Dies

Jane M. Bell, a long-time NIA employee and Bethesda resident, died July 17 at age 76. She was a chemist in the brain physiology and metabolism section (BPMS) in NIA’s intramural research program.

Born in France, Bell received her B.A. degree from Trinity College and began her career as an NCI chemist in June 1955. She joined the National Heart Institute in 1961, leaving federal service in 1967. She returned to the government in 1982, working in the NIA Laboratory of Neurosciences under the leadership of Dr. Stanley Rapoport.

“Members of the BPMS and the NIA will miss her greatly,” said Rapoport. “She was a warm and wonderful person.”

During her 40-year NIH career, Bell was instrumental in providing a supportive work environment for employees. In 1992, she was a founding member of the NIA IRP human relations committee. In 2005, she was elected to represent BPMS on the committee and served until her death.

Dr. Michele Evans, acting NIA scientific director, said, “When I served as the first NIA woman scientist advisor, it was Jane who worked closely with me to organize NIA IRP women scientists and technical staff on the Bethesda campus so there would be an open channel of communication about women’s issues at NIH and NIA. She will be missed.”

Bell is survived by two daughters, a son and five grandchildren.

NCI Alumnus Wollman Mourned

Dr. Seymour H. “Sy” Wollman, 92, one of the first scientists to arrive at the then-new NIH campus in the late 1940’s, died on June 6 after a prolonged illness.

Trained as a physicist at Johns Hopkins and Duke universities, and with Dr. Leonor Michaelis, he came to the Laboratory of Physiology, NCI, in 1948. He spent his long and productive scientific career on numerous aspects of thyroid gland function until his retirement in 1985. In the mid-1960s, he was head of the cancer physiology section at NCI.

He brought a rigorous and quantitative approach to the new area of iodine metabolism, often in collaboration with Dr. Robert Scow in the early years. Wollman developed an international reputation and later had numerous coworkers from Sweden (where he also received an honorary doctorate from the University of Göteborg), Belgium and Italy.

His interest gradually shifted to histochemistry and the cellular organization of the thyroid follicle and its contents. He focused on the location in the follicle of the synthesis of the thyroid hormone and its precursor protein, thyroglobulin, on the remarkable inhomogeneity among thyroid follicles, as well as on the crucial role of thyroid vasculature in iodine kinetics.

Always self-effacing and reticent, he was a patient explainer, but nevertheless persisted for however much time and effort it took to get things right rather than just publishing his findings, said Dr. Jan Wolff of NIDDK. “He was, and is, highly respected in his field,” said Wolff. “His work has stood the test of time and has become the basis of many textbook sections or paragraphs.”

Wollman’s wife, Tete, died several years before him. He is survived by his daughter Susan and his son Arnold, who cared for him during his long illness. ●

Longaker To Speak On Reparative, Regenerative Medicine

On Tuesday, Sept. 14 at 2 p.m., Dr. Michael Longaker will deliver a talk titled “Reparative and Regenerative Medicine: A Surgeon’s Perspective,” in Lipsett Amphitheater, Bldg.

10. His is the third of four talks in this year’s NIDCR Seminar Series “From Basic Research to Therapy—The Latest Frontier.”

Longaker is a pediatric craniofacial surgeon at Stanford University School of Medicine. His research focuses on the development of new approaches for restoring craniofacial form and function using a combination of stem cell- and bioengineering-based technologies. He will present early clinical data on a new device he and his colleagues developed that helps build healthy tissue while optimizing wound-healing and minimizing scarring.

Longaker will also speak about efforts to use stem cells derived from a patient’s own adipose tissue for “bedside tissue engineering.” Such a strategy would involve harvesting cells from a patient, combining them with a biomimetic scaffold and placing them back in the same patient to restore deficient or dysfunctional tissues.

Finally, Longaker will talk about his recent work in a mouse model to repair cleft palate *in utero*.

Longaker is director of children’s surgical research at Stanford University School of Medicine, Lucile Salter Packard Children’s Hospital and is also the Deane P. and Louise Mitchell professor. He is a member of the major academic surgery societies and is past president of the Society of University Surgeons and the Plastic Surgery Research Council. Longaker is also a member of the Institute of Medicine of the National Academies. He has more than 960 publications and currently holds several NIH grants.

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



Maria Hessie (c) of NIAID holds one of the awards won by the VPEP program for its efforts to teach English to NIH housekeepers. Fellow teachers, students and supporters gathered recently at FAES House to discuss the program, its successes and its possibilities for growth.

PHOTO: VALERIE LAMBROS

VPEP Gathering Includes Kudos, Talk of Expansion

Instructors and students of the Volunteer Program for English Proficiency (VPEP) met recently at the FAES House to talk about the program, offer ways it could be modeled by other agencies and to celebrate the accolades bestowed on the group at this year’s NIH Director’s Awards. The program serves mostly the members of NIH’s housekeeping staff, who often speak Spanish or Haitian Creole as a first language and struggle with English.

As the program approaches its fourth anniversary, VPEP founder Maria Hessie of NIAID beamed at the assembled group and thanked them for their commitment to the program. Even with busy schedules, meetings and other routine obstacles, she said, the more than 50 instructors who make up the teaching staff always “make sure that class happens.” Instructors are asked to commit to teaching one day a week.

Several of the program’s longtime students offered thanks to their teachers and to Hessie in particular.

“Thank you, all of you, for your help and for your vision,” said student Gloria Reyes. “I am always grateful. The one thing I can do for you is pray for you. You are very good people.”

Anyone interested in learning more about the program is encouraged to contact Hessie at mhessie@niaid.nih.gov, or by calling (301) 496-3981.

Conference on Clinical Research for Rare Diseases

The Rare Diseases Clinical Research Network and NCCR’s Clinical and Translational Science Awards Program will hold a 1-day conference on conducting clinical research in rare diseases. It will be held Tuesday, Sept. 21 at the Bethesda North Marriott. The keynote address will be given by John Crowley, former CEO of Novazyme Pharmaceuticals and president and CEO of Amicus Therapeutics, Inc. For more details and to register, visit www.RareDiseasesNetwork.org/conference.