

nih record



ABOVE • Dr. Kuan-Teh Jeang (l) greets Dr. Kenneth Yamada at the 2012 scientific program for Asian American Heritage Month. See pages 6-7 for stories, more photos.

features

Alzheimer's Research Accelerated At Summit 1

Therapeutics Discovery Initiative Adds Partners, Compounds 3

NIH Celebrates Asian American Heritage Month 6-7

Addiction Film Plays to Full House 12

departments

Briefs 2
Seen 12

Researchers, Advocates Gather to Accelerate Alzheimer's Research

“We are at an exceptional moment scientifically for Alzheimer’s,” declared NIH director Dr. Francis Collins before more than 500 researchers and advocates gathered on campus May 14-15 for the Alzheimer’s Disease Research Summit: Path to Treatment and Prevention. Significant progress has been made, but much more needs to be done, he told the group. “This is not about just celebrating where we’ve come from, but rolling up our sleeves to see where we can go,” he said.

Collins’ remarks came as HHS Secretary Kathleen Sebelius visited the summit to unveil a new National Plan to Address Alzheimer’s Disease. The plan, mandated by the January 2011 National Alzheimer’s Project Act, sets forth 5 goals for Alzheimer’s



NIA director Dr. Richard Hodes at the AD Summit

SEE ALZHEIMER’S SUMMIT, PAGE 4

Harm Also Likely Late-Life Care of Frail Elderly Is Often Capricious, Teno Says

By Rich McManus

One of the most fraught decisions in the medical care of elderly patients with advanced dementia is whether to insert a feeding tube or not. Those unfamiliar with the situation are apt to think, “Feeding is good. Go for it.”

But for experts like Dr. Joan Teno, professor of health services, policy and practice at Brown University’s Warren Alpert School of Medicine and a 20-year veteran of hospice care, that decision is not only often ambiguously reached, but also is demonstrably harmful to patients, resulting in earlier death and higher rates of infection, especially bed sores.

Speaking to the NIH end-of-life palliative care special interest group on May 17, Teno, an NIA grantee, presented data from recent studies showing how haphazard care is for this population nationally. In Los Angeles County alone, in hospitals only a mile apart, the feeding tube insertion rate varied from 3.3 per 100 to 13.2 per 100 in patients with similar diagnoses.

More disturbing, and obvious only to a physi-

SEE LATE-LIFE CARE, PAGE 8

Collaborating to Improve Health for All NIH Celebrates Minority Health Month

Hundreds of NIH employees, grantees, federal representatives, students, community advocates and members of the public came out for the first-ever NIH Minority Health Promotion Day on Apr. 19 in the Clinical Center. Hosted by the National Institute on Minority Health and Health Disparities, the event represented a collaboration with dozens of institutes and centers, federal agencies and academic and community organizations that came together to commemorate National Minority Health Month.



Dr. John Ruffin

The day began with an exhibit and poster session. Participants received blood pressure and heart rate screenings sponsored by the NIH Division of Occupational Health and Safety. Attendees visited tables with health promotion materials. A highlight was NIDCD’s It’s a Noisy Planet spin-the-wheel game.

SEE MINORITY HEALTH, PAGE 10



The NIH Record is published biweekly at Bethesda, MD by the Editorial Operations Branch, Office of Communications and Public Liaison, for the information of employees of the National Institutes of Health, Department of Health and Human Services. The content is reprintable without permission. Pictures may be available upon request. Use of funds for printing this periodical has been approved by the director of the Office of Management and Budget through September 30, 2012.

To receive alerts to our latest issue, send an email to listserv@list.nih.gov with the words "Subscribe NIHRECORD" in the message body.

NIH Record Office Bldg, 31, Rm. 5B41
Phone (301) 496-2125 Fax (301) 402-1485

Web address <http://nihrecord.od.nih.gov>

Editor
Richard McManus
Rich.McManus@nih.gov

Associate Editor
Carla Garnett
Carla.Garnett@nih.gov

Staff Writer
Jan Ehrman
Jan.Ehrman@nih.gov

The NIH Record reserves the right to make corrections, changes or deletions in submitted copy in conformity with the policies of the paper and HHS.

NIH...Turning Discovery Into Health

nih record

Collins To Speak at Geroscience Interest Group

The geroscience interest group (GSIG) will host a presentation by NIH director Dr. Francis Collins on recent developments in the field of Hutchinson-Gilford progeria. The seminar will be held on Thursday, July 12 from 10:30 to 11:30 a.m. in Masur Auditorium, Bldg. 10.

In 2003, Collins and his research team at NHGRI identified Lamin A as the gene whose mutation is responsible for the extreme accelerated aging phenotype observed in people with Hutchinson-Gilford progeria. Collins will discuss this research finding, what we know today about the disorder and its implications for the study of aging.

GSIG is a recently formed trans-NIH scientific interest group. Its goal is to enhance interactions and discussions of the intersection between the biology of aging and the diverse diseases and conditions of interest among NIH institutes and centers. To learn more, visit <http://sigs.nih.gov/geroscience>.

Global Health Interest Group Recruits Members

The global health interest group is a cross-institute, fellow-driven initiative whose mission is to unite and strengthen the NIH biomedical community interested in global health and those performing relevant research. It maintains a global health seminar series, where NIH scientists/physicians present to the group to highlight the many global health activities at NIH. Additionally, it hosts global health professionals and organizations (from areas such as basic biomedical science, clinical science/clinical trials, policy and public health) to NIH to make members aware of the work they do in the field. Other activities include organizing an annual global health retreat and hosting social gatherings for global health networking.

GHIG currently has a listserv (GLOBAL_HEALTH@LIST.NIH.GOV) that is used to notify interested individuals of relevant global health events going on at NIH. The events and listserv are open to all NIH fellows and staff. For more information, or to be added to the listserv, contact Jessica Taaffe (jessica.taaffe@nih.gov) or Priscilla Kelly (priscilla.kelly@nih.gov).

Behavioral and Social Sciences Research Retreat

The Office of Behavioral and Social Sciences Research is convening all NIH behavioral and social scientists for a full-day conference aimed at bolstering the internal behavioral and social science research community and fostering enhanced collaboration. The event targets all NIH staff trained or employed in the behavioral or social sciences.

The retreat will feature scientific discussions and networking opportunities.

Plan to attend on Monday, Oct. 22, from 9 a.m. to 5 p.m. in Natcher Conference Center. Further details, including an event web site and registration, are forthcoming. Contact OBSSR's Dana Sampson (Sampsond@od.nih.gov) for more information.



Above, OHR's corporate recruitment unit hosts Gallaudet University students for a morning of "Getting to Know NIH." Below, students learn about working at NIH.

PHOTOS: JEREMY SWAN



Gallaudet University Students Visit

The Office of Human Resources corporate recruitment unit recently hosted Gallaudet University students for a morning of "Getting to Know NIH." Students explored the campus, learned its history and toured an NCI lab and the Clinical Center.

The CC hospitality services department conducted a tour showcasing the facility's unique history and mission as the largest research hospital in the world. Next, students got an in-depth look at a working lab. NCI microbiologist Larry Pearce, working with Dr. Peter Blumberg, head of the molecular mechanisms of tumor promotion section, shared his research on manipulating enzymes that may inhibit painful reactions, a common side effect in some cancer treatments. Students were invited to peek into test tubes and learn of the typical types of lab methodology in practice. Pearce, a Gallaudet alumnus, answered students' questions about working at NIH.

Also helping coordinate the visit were members of the Office of Equal Opportunity and Diversity Management, whose Diversity Recruitment Forum was created to assist with recruitment of persons with disabilities and increase the representation of minorities and women in federal service.

If you would like to join the forum, contact Sheila Monroe, (301) 496-6504 or Monroes@od.nih.gov.

Experiencing, Observing Abuse Is Linked to Lower Childhood IQ

By Jan Ehrman

Severe maltreatment or witnessing domestic violence, especially very early in life, is associated with lower child intelligence, a long-term study has revealed. This cognitive-lowering effect could be as dramatic as lead exposure for young children, according to National Institute of Mental Health-supported scientists at Children's Hospital Boston.

Many factors can have adverse effects on the budding brain, including malnutrition, medical neglect and physical abuse. While it has been established that childhood trauma can affect multiple measures of cognitive functioning in youth, there is a dearth of information on how exposure to trauma has an impact on the first few years of life.

"Our data suggest that both physical and emotional maltreatment, as well as witnessing violence against the mother, harms a youngster's brain by impacting the development of cognitive skills," said Dr. Michelle Bosquet Enlow, lead researcher in the longitudinal investigation.

For this research, more than 200 children in Minnesota, between birth and 5 years of age, were assessed at different stages for exposure to sexual abuse, physical or emotional abuse or neglect and intimate partner violence directed at the mother.

The families involved in the study were generally of low income and socioeconomic status. Children were tracked for up to 8 years of age.



Dr. Michelle Bosquet Enlow

Bosquet Enlow and her colleagues used home observations, maternal interviews and questionnaires and assessments of child medical and child protection records to reach

the findings. After accounting for factors such as maternal IQ, cognitive stimulation in the home, child gender, race, birth complications and birth weight, the results suggested that trauma exposure had "significant and enduring effects" on cognitive development that were most robust when the exposure occurred between 0 and 24 months of age, a stage when the brain is rapidly maturing.

"We saw an average of a 7-point difference in cognitive scores between those youngsters exposed to maltreatment or violence between birth and 2 years of age and unexposed children," said Bosquet Enlow. By comparison, she added, "the average lead exposure among children in the U.S. at the time

these children were evaluated has been associated with a 6-point decline in IQ scores." She suggested, "Perhaps we should be treating childhood trauma exposure in the same manner as we treat lead exposure—as a national health issue."

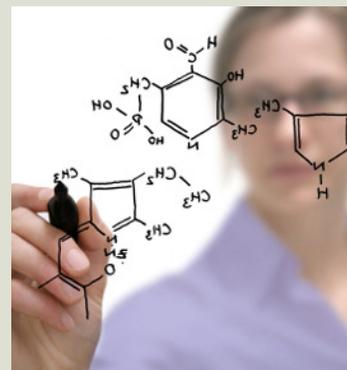
Post-traumatic stress disorder and anxiety and depressive disorders that can result from trauma exposure may contribute to these processes. For example, heightened feelings of anxiety or withdrawal or intrusive memories of the trauma may interfere with children's abilities to learn new cognitive skills and achieve academically. "IQ is associated with achievement scores, so in essence, they would be entering school already at a disadvantage," Bosquet Enlow said.

What happens next? That depends on whether there are existing "buffers"—helpful individuals, programs or mental health treatments tailored to the child's needs. Supportive people in the environment may include a caring family member or an understanding teacher or therapist, the researcher suggested. However, if youngsters are left untreated, adverse cognitive and emotional consequences could persist well into later childhood and even adulthood.

Results of the investigation appeared in the Apr. 4 online issue of the *Journal of Epidemiological Health*. 

Therapeutics Discovery Initiative Adds Industry Partners, Compounds

Last month, NIH and NCATS launched the Discovering New Therapeutic Uses for Existing Molecules pilot program, which will match scientists with industry molecular compounds. Since then, five new industry collaborators joined the initiative, NCATS released funding information and the number of compounds the companies are making available to researchers more than doubled to a total of 58.



Abbott, Bristol-Myers Squibb Co., GlaxoSmithKline, Janssen Pharmaceutical & Research Development LLC and Sanofi now have joined Pfizer, AstraZeneca and Eli Lilly and Co. in the innovative approach to research.

NCATS created the program to re-engineer the research pipeline. By crowdsourcing compounds that already have cleared several key steps in the development process, including safety testing in humans, scientists nationwide and NIH intramural researchers have the opportunity to contribute their expertise to advancing these resources for new disease therapies.

Each compound has advanced to clinical studies but been unsuccessful in its original therapeutic indication or not pursued for business reasons. Preliminary information about the compounds is available at <http://ncats.nih.gov/therapeutics-directory.html>.

For more information about the program, visit <http://ncats.nih.gov/therapeutics.html>.



ALZHEIMER'S SUMMIT

CONTINUED FROM PAGE 1

Above:

At the recent summit on Alzheimer's disease, HHS Secretary Kathleen Sebelius (l) outlines major goals of the plan.

While recognizing significant scientific progress in AD research, NIH director Dr. Francis Collins says, "This is not about just celebrating where we've come from, but rolling up our sleeves to see where we can go."

PHOTOS: BILL BRANSON, ERNIE BRANSON

research, care and services; the first goal is development of effective prevention and treatment approaches for Alzheimer's disease and related dementias by 2025.

In addition to research, Sebelius outlined other major goals of the plan and announced a number of actions being taken now, including training for physicians assessing patients for memory loss and a new public awareness campaign about federal and other information resources available about the disease and caregiver support. The campaign features establishment of a new federal portal web site—www.alzheimers.gov—for easier access to information on disease, diagnosis, research and clinical trials found at NIA's Alzheimer's Disease Education and Referral Center.

The secretary stressed the urgency of ramping up research and other national efforts on the disease. "A lot more needs to be done and it needs to be done right now, because people with Alzheimer's disease and their loved ones and caregivers need help right now," she said.

The summit, hosted by NIH and the Department of Health and Human Services, with private sector support through the Foundation for the NIH, was one of the first activities to be undertaken under the new national plan's research goal. It brought together "representatives from academia, industry and the advocate community," said NIA director Dr. Richard Hodes. "These are the very groups that need to work together if we're going to most effectively approach the problem" that Alzheimer's disease presents.

"The overall purpose of the summit was to develop new ways of thinking about treatment and prevention for Alzheimer's," said Dr. Neil Buckholtz, chief of the Dementias of Aging Branch in the NIA Division of Neuroscience, who led the event. "We expect recommendations that will provide us with better approaches toward finding treatments, as well as indicating the kind of infrastructure that we need

to modify or develop in order to get us to better therapeutics in the future."

Fifty-seven presenters and panelists were asked to address 6 topics critical for identifying effective therapies for treatment and prevention:

- Interdisciplinary approach to discovering and validating the next generation of therapeutic targets
- Challenges in preclinical therapy development
- Whom to treat, when to treat and what outcomes to measure
- Drug repurposing and combination therapy
- Nonpharmacological interventions
- New models of public-private partnerships.

At the end of the summit, a writing committee consisting of a subgroup of presenters and panelists formulated a series of recommendations and highlighted the major themes:

- Recognize the heterogeneity and the multifactorial nature of the disease
- Employ new research paradigms such as systems biology and network pharmacology
- Enable rapid and extensive sharing of data, disease models and biological specimens
- Build new multidisciplinary translational teams and create virtual and real spaces where teams can operate
- Develop strategies to overcome intellectual property barriers to Alzheimer's disease drug development
- Develop new public-private partnerships
- Establish a National Institutional Review Board for Alzheimer's disease clinical research.

The full list of recommendations can be viewed at www.nia.nih.gov/newsroom/announcements/2012/05/alzheimers-disease-research-summit-offers-research-recommendations.

The summit also highlighted an announcement by Collins of two new major grant awards for clinical trials. The trials are being supported as part of an additional \$50 million in fiscal 2012 funding directed from within NIH toward Alzheimer's research.

The first trial will test whether an insulin nasal spray can improve memory, cognition and daily functioning among people with mild cognitive impairment and mild to moderate Alzheimer's.

Dr. Suzanne Craft of the University of Washington and Veterans Affairs Puget Sound and her team will conduct the year-long treatment trial at multiple sites across the U.S. At the end of the year, researchers will compare cognition, memory and functional performance between the treated and control groups.

The second trial is a 5-year prevention trial focusing on people who are cognitively normal but at extremely high risk of developing Alzheimer's.

The effort is an international collaboration led by Drs. Eric Reiman and Pierre Tariot at the Banner Alzheimer's Institute in Phoenix, working with a unique and large family in Colombia sharing a genetic mutation known to cause observable signs of Alzheimer's disease at around age 45. Study participants will include some 300 adult members of the Colombian clan with a family history of early onset Alzheimer's, as well as a smaller number of U.S. participants.

Brain scans, fluid biomarkers and cognitive testing will be used to track changes in brain structure and function and cognitive performance. ①

Fourth Protocol Navigation Lecture Set, July 2

The fourth lecture in the IRP Protocol Navigation Training Program Seminar Series will be held Monday, July 2 from 1 to 3 p.m. in Bldg. 50, Conf. Rm. 1227/1328. The program is a trans-NIH effort to develop resources and tools and to provide training for intramural staff involved in protocol development, writing, coordination and management. Dr. Larissa Lapteva of the Center for Drug Evaluation and Research at FDA will present "Navigating Through Regulatory Waters: The DOs and DON'Ts of Preparing an Investigational New Drug Application." For more information, contact Beverly Barham, (301) 594-2494, bbarham@mail.nih.gov or Marcia Vital, (301) 451-9437, vitalm@mail.nih.gov.



Durán Heads NIMHD Strategic Planning, Science Policy

Dr. Deborah Guadalupe Durán has been appointed chief of the Office of Strategic Planning, Legislation and Science Policy at the National Institute on Minority Health and Health Disparities. This is a newly established office within the Office of the Director, NIMHD, resulting from the recent organizational change of the new institute.

"Dr. Durán is a well-respected expert in strategic planning, science policy and evaluation," said NIMHD director Dr. John Ruffin. "Her wealth of expertise in these areas will be quite valuable to the NIMHD in leading the NIH priority-setting and

evaluation for health disparities research. Dr. Durán will be responsible for the NIH health disparities strategic plan and budget."

Durán's career at NIH dates back to 2001, when she joined the National Cancer Institute as a senior policy analyst in the Office of Science Planning and Assessment. Most recently, she served as deputy director of the NCI Center to Reduce Cancer Health Disparities. Durán has spent much of her NIH career serving as performance director in the NIH OD, with a wide range of responsibilities including NIH program performance monitoring, budget performance integration, organization performance assessments and strategic planning. Many have referred to Durán as the Government Performance and Results Act guru.

"I am honored to join the NIMHD at such an important time in its transition to an institute," said Durán. "I look forward to the opportunity to assist the institute in fulfilling its congressional charge to plan, review, coordinate and evaluate the NIH minority health and health disparities research activities. I dream that these efforts will reduce disparities and improve the health of all."

Prior to joining NIH, Durán was a public health analyst at the Substance Abuse and Mental Health Services Administration. In addition, she served as senior research and science policy advisor and research director for the National Coalition of Hispanic Health and Human Services Organization. She was also assistant professor at Wittenberg University in Springfield, Ohio, an adjunct professor at George Mason University and a principal investigator on a National Institute of Mental Health-funded study, the Latina Health Study.

A certified evaluator, Durán received her undergraduate degree from the University of Nevada, Las Vegas, an M.S. in computers from Nova University, Ft. Lauderdale, Fla. and her Ph.D. in social psychology with a minor in statistics and research design from the University of Denver.

Graduate & Professional School Fair Scheduled, July 20

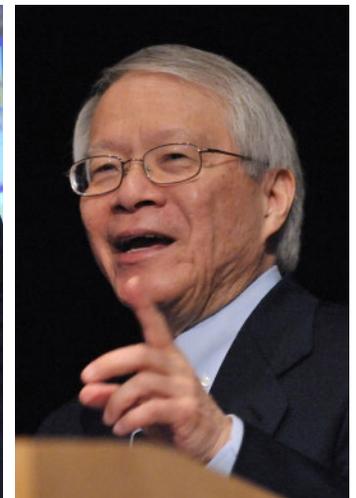
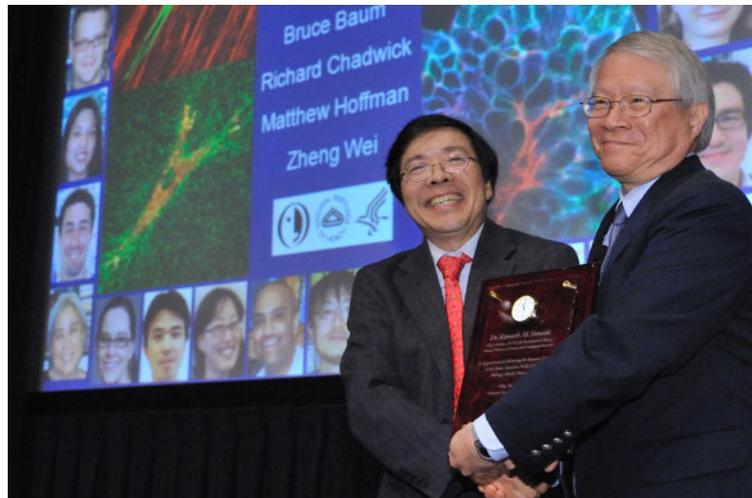
The Office of Intramural Training & Education invites summer interns and postbacs to the NIH Graduate & Professional School Fair on Friday, July 20 at the Natcher Conference Center and Lister Hill Auditorium from 9 a.m. to 3 p.m. Exhibits will be open from 10 a.m. to 1:45 p.m.

The fair will provide an opportunity for interns (especially those in college), postbacs and college and university students from the Washington, D.C., area to prepare for the next step in their careers by exploring educational programs in the biomedical sciences leading to graduate and professional degrees.

More than 100 outstanding colleges and universities will send representatives from their graduate schools, medical and dental schools, schools of public health and other biomedical programs. Further information on the fair, including the day's agenda, a list of institutions planning to participate and registration information can be found at http://www.training.nih.gov/gp_fair.

Right:

NIAID's Dr. Kuan-Teh Jeang (l) congratulates NIDCR's Dr. Kenneth Yamada, who presented the keynote address at a scientific program observing Asian Pacific American Heritage Month. In his talk, he focused on specific contributions of "a diverse, highly creative group" of postdocs and grad students in his lab.



Below:

At the APAO Ethnic Food Fair, Chinese dancer Grace Wang entertains the crowd.



NIH Celebrates Asian Pacific American Heritage Month

Yamada Keynotes Scientific Program

NIH held an Asian Pacific American Heritage Month observance, "Striving for Excellence in Leadership, Diversity and Inclusion," on May 16 in Lipsett Amphitheater, Bldg. 10.

Dr. Kenneth Yamada, chief of NIDCR's Laboratory of Cell and Developmental Biology gave the keynote address. He focused on "the remarkable dynamics that we can now see using new technology in trying to understand organ formation and cancer cell invasion" as well as "the specific contributions of each of a diverse, highly creative group of postdocs and graduate students in our laboratory."

Dr. John Hanover, chief of NIDDK's Laboratory of Cell Biochemistry and Biology and a 30-year colleague of Yamada's, introduced the keynoter. The program was sponsored by the NIH Office of Equal Opportunity and Diversity Management.

Below:

At left, Phalla Keng (l) and Lonnie Lisle staff NIDCD's *It's a Noisy Planet* exhibit during the food fair. At right, scientific program participants include (from l) NIH principal deputy director Dr. Lawrence Tabak; Dr. John Hanover, chief of NIDDK's Laboratory of Cell Biochemistry and Biology; Jeang; Yamada; Tyrone Banks of OEODM; and Dr. Sally Hu.

PHOTOS: ERNIE BRANSON, SALLY HU, RUBY LEE

Annual APAO Ethnic Food Fair a Success

As part of the 40th observance of May as National Asian Pacific American Heritage Month, the NIH Asian and Pacific Islander American Organization coordinated the annual Ethnic Food Fair held May 23 on the patio of Bldg. 31A.

The fair was attended by an estimated 500 visitors who enjoyed a variety of Asian foods from area restaurants such as Tandoori Nights, Korean Korner, Shanghai Café and Hollywood East Café; Asian-style accessories; Chinese dance; and nice weather. Attendees also took part in hands-on activities such as origami and calligraphy and learned about professional organizations and community health groups. Representatives from the Asian Pacific American officers committee and scientist professional advisory committee of the Public Health Service Commissioned Corps, NIH Employee Assistance





Above, Laura Wong (r) demonstrates Chinese calligraphy. At right, a view from the hill overlooking Bldg. 31's patio shows some of the estimated 500 visitors who enjoyed the Ethnic Food Fair in celebration of National Asian Pacific American Heritage Month.



Program, National Institute on Minority Health and Health Disparities, National Institute of Arthritis and Musculoskeletal and Skin Diseases and National Institute on Deafness and Other Communication Disorders' Noisy Planet exhibit were also on hand for the fair.

The event not only honored the culture, traditions and history of Asian Americans and Pacific Islanders in the United States, but also actively fostered the recruitment, career development and advancement of AAPI in the PHS. The fair was included in a White House list of programs by federal agencies to observe Asian Pacific American Heritage Month.—**Eric Zhou, Sally Hu**



Above, 2012 APAO leadership includes (from l) JoAnne Wong, council member; Dr. Shioko Kimura, co-executive secretary; Prahlad Mathur, council member; Aaron Bell, treasurer; Hu, president; Eric Zhou, vice president; and Wong, executive secretary. Below, the scientific program organizing committee poses with keynote presenter Yamada (c). Committee members include (from l) Dr. Kyungjae Myung of NHGRI, Hu, Dr. Ka-Yun Ng, Banks, Dr. Xiang Li, Dr. Zoe Huang, Lucie Chen and Jeang.



Above: Jewelry vendor Cecilia Yang (r) helps Donna Adderly (c) select Asian-style accessories.

Right: A variety of Asian food vendors from such area restaurants as Tandoori Nights, Korean Korner, Shanghai Café and Hollywood East Café offer cuisine samples.

Far right: Kimura (l) shows an origami exhibit.



LATE-LIFE CARE

CONTINUED FROM PAGE 1



Dr. Joan Teno and her team examined factors associated with higher feeding tube insertion rates and found three main culprits: for-profit institutions, large hospitals and hospitals with more aggressive care.

cian experienced enough and compassionate enough to study such a disadvantaged, twilight population, FT insertion often has no benefit whatsoever, merely prolonging misery for the patient and his/her family. “The risk of tube insertion itself often outweighs potential benefits,” Teno said.

This was one of those “if you only knew how risky it was, you’d think long and hard about ordering it” revelations that NIH audiences are sometimes privy to, and which, when more widely appreciated, may change medical practice nationally.

A major part of the problem is decision-making, Teno said. Because feeding often equates in the public mind with caring, the decision to withhold it, or to allow “comfort feeding” only, can seem inhumane. But few families and patients, and caregivers, devote much time or deliberation to the FT decision. When they do decide, emotion, habit, convenience or financial incentive tends to trump the evidence.

Meanwhile, Teno and her colleagues are producing a host of recent studies in major journals showing that FT insertion is often both useless and harmful.

The watershed study in the field was published in the *Journal of the American Medical Association* in 1999, led by Dr. Thomas Finucane. It was a qualitative synthesis of the literature that questioned the efficacy of feeding tube insertion. The tubes, in this study, were found *not* to be associated with: improved survival, healing of pressure sores, prevention of aspiration pneumonia or improved quality of life.

In an 18-month study of patients suffering from dementia in nursing homes in the Boston area, 86 percent were found to have eating problems and nearly 40 percent died within 6 months of developing the condition. Teno was second author on that paper, published in the *New England Journal of Medicine*.

In a nationwide study, using Medicare data, of more than 97,000 elderly nursing home residents with dementia, 64 percent died within a year of FT insertion. Sixty-eight percent of the FT insertions were performed during an acute-care hospital stay, meaning these patients were bouncing between nursing homes and hospitals.

Such “transitions,” Teno said, are not lightly borne by patients, who typically suffer relocation stress, increased risk of medical error,

lack of coordinated care and special care needs that go unmet.

“Moving people in the last 90 days of life is not serving them,” she said. A variety of incentives, nonetheless, create a pathway of shuttling these patients off to the hospital rather than treating them in a nursing home. “It’s too easy for providers to simply send patients to the hospital,” Teno said.

Teno and her team examined factors associated with higher FT insertion rates and found three main culprits: for-profit institutions, large hospitals and hospitals with more aggressive care. “Follow the money—I think that’s a lot of what’s going on here,” she said.

In a 5-state survey of FT decision-making, researchers found that one-quarter of family members eventually regretted the decision. Half of respondents said the decision conversation lasted less than 15 minutes and, in half the cases, the attending physician strongly favored the procedure. Some 13 percent felt pressured by the doctor to agree to the procedure.

Over on the patient side, Teno showed, 39 percent of FT recipients were bothered by the procedure, 22 percent had to be restrained for FT insertion and 20 percent had to be “pharmacologically restrained.”

Just 3 days before the NIH lecture, Teno’s group published an article in the *Archives of Internal Medicine* concluding “the decision to insert a feeding tube in nursing home residents with advanced dementia is more about which hospitals you go to than a decision-making process that elicits and supports patient choice.” Further, “there are important risks to feeding tube insertions.”

The same paper also provides evidence of harm. “Those who got the tube tended to develop pressure ulcers,” Teno said. Diarrhea was also a common side effect and neuroleptics were often needed to calm unwilling recipients. “The body simply rejects [FT insertion],” she said.

“The patterns [in treatment of this patient population] we have right now don’t make sense,” Teno concluded. Her recommendations include fewer relocations of elderly patients with dementia, better decision support for both patients and families, more reliance on nurse practitioners and a “new order” of comfort feedings rather than tube insertion.

The goals of care should be paramount, she said. Hospitals, she argued, should be less about speed and more about quality. The result, Teno said, is likely to be improved survival, better care and cost savings. Win, win and win. ①



Dr. Lawrence Agodoa (l), director of NIDDK's Office of Minority Health Research Coordination, with NIDDK deputy director Dr. Greg Germino

Minority Researchers Network Going Strong After 10 Years

By Anne Wright

A theme resonated among members of NIDDK's Network of Minority Research Investigators (NMRI) who gathered in Bethesda for the group's annual workshop and 10th anniversary celebration recently: receiving and giving back.

A career development network, NMRI aims to increase the number of minority researchers in NIDDK's mission areas and encourage research on health disparities. Members share best practices to help them succeed as investigators and advance toward tenure.

"I think the network will be here another 10 years, especially if those of us considered junior members give back as much as we're getting," said Dr. B. Michelle Harris of the University of the District of Columbia. "I'd like to help other people who come behind me."

Mentoring is the linchpin of the network. Between 2009 and 2011, the group increased its mentor/mentee pairs from 4 to 23. Workshop speakers stressed the importance of mentors in helping new investigators write successful funding proposals and launch research careers.

"If you're not getting mentored, your chance of success is very low," said Dr. Jasjit Ahluwalia of the University of Minnesota Medical School. He advised new investigators to market themselves and to not discount smaller grants, which could lead to bigger opportunities.

"The NMRI is the type of program that can make a long-term commitment to providing the support for up and coming investigators that

is necessary if we are to develop the diverse biomedical scientific workforce for solving our important health challenges," said former NIH acting director and current Grinnell College president Dr. Raynard Kington, a past NMRI keynote speaker. "Every major study of our career system's success in increasing diversity has noted the need for better mentoring. It doesn't happen overnight and it doesn't happen without the infrastructure provided by programs like NMRI."

"NMRI's value is in the networking and in a large group coming together like this, as well as in the mentor/mentee liaisons," said Dr. Carmen Castaneda Scepca, chair-elect of NMRI's planning committee and associate professor at Northeastern University in Boston. "This meeting gives us a good knowledge of what's going on and how to apply successfully for a grant."

Under Dr. Lawrence Agodoa, director of NIDDK's Office of Minority Health Research Coordination—of which NMRI is a part—the network has grown from a handful of people to 200 strong. During the workshop, members honored Agodoa for his decade of leadership and mentorship.

The meeting included mock study sections, a poster session and scientific presentations. During the study sections, scientific review officers and experienced researchers who won grants, often after failed first attempts, reviewed sample grant applications and offered feedback.

"What has happened [with NMRI] over the years is remarkable—the continuity, the growth, the membership of young people," said Dr. Jacqueline Tanaka, NMRI's first chair and associate professor of biology at Temple University.

Agodoa hopes to perpetuate NMRI's cycle of sharing wisdom, saying, "A desirable achievement over the next 10 years would be a markedly increased number of underrepresented minorities in academia serving as role models, and that the network's members would be instrumental in recruiting the next generation of minority research investigators and nurturing them."

For more information or to join the network, visit <http://nmri.niddk.nih.gov>. 

Storz Elected to National Academy of Sciences

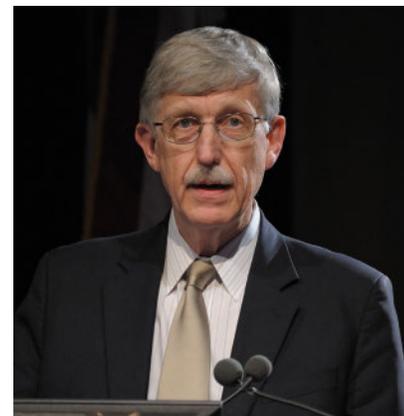
The National Academy of Sciences on May 1 announced the election of 84 new members and 21 foreign associates from 15 countries in recognition of their distinguished and continuing achievements in original research. Among them was Dr. Gisela Storz, senior investigator and deputy director, Cell Biology and Metabolism Program, NICHD.



Storz's group studies bacterial and fungal responses to oxidative stress, according to the Office of Intramural Research: As a result of the serendipitous discovery of the peroxide-induced OxyS RNA, one of the first small, regulatory RNAs to be discovered, work in her lab shifted to the genome-wide identification and characterization of small RNAs in bacteria. More specifically, her lab has two main interests—the identification and characterization of small noncoding RNAs and the identification and characterization of small proteins of less than 50 amino acids.

The recent election brings the total number of active members to 2,152 and the total number of foreign associates to 430.

Election to the academy is considered one of the highest honors that can be accorded a U.S. scientist or engineer.



MINORITY HEALTH

CONTINUED FROM PAGE 1

Above, from l: Angela Bates (l) of the Office of Research on Women's Health and Valerie Lambros of NIDCR manage exhibits during Minority Health Promotion Day.

In addition to health screenings and a poster session, many exhibits were on display in the Clinical Center lobby. The event represented a collaboration with dozens of institutes and centers, federal agencies and academic and community organizations.

At a speakers' forum, NIH director Dr. Francis Collins addressed the afternoon assembly in Masur Auditorium.

PHOTOS: BILL BRANSON

By afternoon, the audience segued into the speakers' forum titled "Social Determinants of Health: Can We Afford to Ignore Them?" in Masur Auditorium. NIMHD director Dr. John Ruffin opened the session, welcoming federal partners and stressing the importance of partnerships at every level to examine the strong influence of social and environmental factors on health. He introduced NIH director Dr. Francis Collins, who pointed out, "social determinants of health is a critical aspect of what we need to come to grips with if we are going to successfully address this major problem both in this nation and across the world of health disparities."

Session moderator Dr. Brian Smedley of the Joint Center for Political and Economic Studies set the tone with an overview of the social determinants of health, which he defined as "the social, economic and environmental conditions that shape health."

Dr. Peter Ashley described the Department of Housing and Urban Development's work to promote smoke-free multi-family housing and reduce the prevalence of lead poisoning in children. Estimating that 90 percent of the housing stock in Baltimore has lead-based paint, Ashley noted that the children of those who cannot afford to move are exposed to lead toxins. This exposure, he noted, "limits their ability, because of the cognitive damage, to raise themselves up out of poverty."

Dr. Onyemaechi Nweke described the Environmental Protection Agency's strategy to achieve environmental justice and highlighted some of its programs. Key focus areas for EPA include efforts to: understand the pathways through which environmental injustices occur; identify risk management options to mitigate existing or prevent new environmental health disparities; identify multiple points of intervention; enhance policies based on scientific evidence and "figure out a way to talk about environmental justice in scientific terms." An important milestone she noted was a partnership with NIMHD to fund trans-disciplinary centers and networks of excellence on the environment and health disparities.

The Department of Transportation's Amber Ontiveros revealed that of the 3.6 million Americans who miss or delay medical care because of transportation constraints each year, almost one-third are African American or Hispanic and more than half have annual incomes below \$20,000. Citing a CDC study that found that 29 percent of transit users met the recommended 30 minutes per day of physical activity by walking to and from transit, Ontiveros detailed how her agency is collaborating with federal partners to create community living initiatives to fund economical transportation and promote walkable urban design.

Dr. Thomas Feucht from the Department of Justice explained how the attorney general's initiative to reduce children's exposure to violence could improve their cognitive and physical development. He also mentioned a recent special emphasis on reducing intimate partner violence against American Indian and Alaska Native women and announced a new program to prevent violence and victimization among racial and ethnic minorities.

Finally, Shawn Malarcher of the U.S. Agency for International Development discussed how socioeconomic status affects family planning in developing countries. In Nepal, for example, women across socioeconomic status reported wanting two children ideally. However, in reality, families in the lowest wealth quintile had an average of 4 children, while the wealthiest women averaged 1.5. "Data from 41 countries show similar trends," Malarcher said. She also explained how her agency successfully partnered with community health workers to reduce social, linguistic, geographic and financial barriers to family planning.

A focus on partnership underscored every aspect of the day. In closing remarks, Ruffin reiterated the event's theme: "The take-home message...is how complex health disparities really are. It's going to take all of these individuals...to be connected in order for us to really be able to address the issue of health disparities." 

New Interagency Pain Research Committee Holds First Meeting

By Shannon E. Garnett

Pain is universal. It affects nearly everyone at some point in life. In fact, more than 100 million Americans suffer from chronic pain conditions that cost roughly \$600 billion annually in medical bills and lost productivity.



Dr. Story Landis chairs the IPRCC.

To address the problem, the Department of Health and Human Services created the interagency pain research coordinating committee (IPRCC), which held its inaugural meeting at NIH recently. The group, which serves as a federal advisory committee, was formed as part of the 2010 Patient Protection and Affordable Care Act to enhance research efforts and promote collaboration across the government.

“We have a remarkable collection of members, bringing an extraordinary range of views and perspectives on pain,” said NINDS director Dr. Story Landis, who chaired the meeting. “Congress is looking to us to work together to coordinate the federal government’s pain research effort.”

IPRCC consists of 7 federal members and 12 non-federal members (6 from scientific/medical communities; 6 from public/stakeholder groups).

“The burden of pain in the 21st century is enormous,” said NIH director Dr. Francis Collins, in welcoming remarks. “Reducing this burden is going to take a lot of work, research and coordination. We hope to gain from your expertise and to expand our focus of pain research through effective partnerships. This group will help in propelling pain research forward.”

Collins also gave the group its charge from the Affordable Care Act. IPRCC will develop a summary of pain care research advances supported or conducted by the federal government and identify critical gaps in basic and clinical pain research.

Committee member Dr. Sean Mackey of Stanford University provided an overview of the Institute of Medicine’s 2011 report, *Relieving Pain in America: A Blueprint for Transforming Prevention, Care, Education and Research*.

“NIH has already implemented a number of the IOM’s recommendations,” said Landis, giving an update on NIH’s response to the report:

■ NINDS plans to establish an office to support all activities of the NIH Pain Consortium and the IPRCC. (NINDS is lead IC for NIH’s pain research.)

■ The NIH Pain Consortium—which promotes research collaboration across ICs—has organized or funded a number of pain disorder conferences to identify gaps and opportunities and has established new trans-NIH working groups on chronic pain.

■ NIH recently established an NIH-FDA leadership council to improve regulatory science and the drug development pipeline.

■ NIH supports a wide range of interdisciplinary pain research efforts and currently supports longitudinal studies on a number of chronic pain conditions.

The afternoon included a presentation on FDA’s Analgesic Clinical Trial Translations, Innovations, Opportunities and Networks (ACTTION), a model public-private partnership. At the end of the day, the group formally elected Landis to serve as IPRCC chair. 📍

‘East-West Ballers’ Grab Basketball Tourney Crown

With a tip of the campus cap to the co-occurring NBA playoffs, the Spring into Health 3-on-3 on campus basketball tournament had just about everything you’d want from a championship game—tenacious defense, running bank shots and a plethora of high-post moves that even Oklahoma City Thunder big man Kevin Durant might envy. Clear skies and 80-degree weather only heightened the competitive spirit of play.

The tournament, now an annual ritual at NIH, was held May 30-31 at the Sport Court next to the Clinical Center. Twenty teams participated in the single-elimination affair.

Rules for the refereed 15-minute contests were basic. The ball was tossed in at half court. Fouls were called but no free throws were given until a team had reached 10 fouls. In addition, each squad was required to have at least one female playing at all times. Teams were allowed several reserve players who could enter the game at any time.

The hotly contested championship match, held May 31, featured TakeOver, last year’s champions, and the East-West Ballers. The game came down to the final seconds, with the Ballers eking out an 18-16 win.

Anyone who “shoots the rock” knows that defense often wins games. “That’s pretty much what led us to victory—the key was definitely our defensive effort,” said Mikaela Robinson, who scored 6 points in the contest. A staffer with Patient Escort Services in the Clinical Center, Robinson, who “hawked” her opposition throughout the series, noted that the competition this year was very good, which dictated the need for tight “D.”

Members of the Ballers also include captain/coach James Rowe, Greg Fourqurean, Darryl Gibson, Chauncey Buford and Mike Tate.

The tournament was sponsored by the Office of AIDS Research, with support from the Office of the NIH Director, the Office of Research Services and its Division of Amenities and Transportation Services. It was a component of the Spring

into Health Initiative, a month-long series of wellness activities.—Jan Ehrman



At left, the East-West Ballers include (from l) Mike Tate, Mikaela Robinson, Greg Fourqurean, Darryl Gibson, Chauncey Buford and James Rowe.



Addiction Incorporated Plays to Full House in Lipsett

On June 1, NIDA hosted a free screening of the film *Addiction Incorporated* in Lipsett Amphitheater, Bldg. 10. It tells how Dr. Victor DeNoble, a former Philip Morris research scientist, became one of the most influential whistleblowers in history, testifying before Congress about his findings on the addictive nature of nicotine.

Members of the tobacco industry attempted to suppress his findings, which finally came to light during congressional hearings in 1994 and ultimately resulted in passage of the Family Smoking Prevention and Tobacco Control Act of 2009.

The event was introduced by NIDA director Dr. Nora Volkow, followed by brief remarks from Charles Evans Jr., director and producer of the film. DeNoble, Volkow and Evans then joined Dr. David Shurtleff, NIDA acting deputy director, and Dr. Paul Mele—a former Philip Morris researcher with DeNoble who was also featured in the film—in answering questions from the audience.

Queries ranged from how to talk to children about the dangers of tobacco/drug addiction to how art can be used to transmit public health messages.

For more information about the movie, visit www.addictionincorporated.com.



Above, Addiction Incorporated plays to a full house in Lipsett Amphitheater on June 1. At right, movie subject Dr. Victor DeNoble (c) speaks to audience members following the screening. Below, on hand for a Q&A session were (from l) Dr. David Shurtleff, NIDA acting deputy director; Charles Evans Jr., film director and producer; Dr. Paul Mele, former scientist for Philip Morris; Dr. Nora Volkow, NIDA director; and DeNoble.



PHOTOS: SUSAN HOLBROOK

