

nih record



ABOVE • Wear Red Day featured dancing, apparel and outreach. See story on p. 12.

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Cardin Cheers NIH Workforce at Town Hall Meeting, Hopes Sequestration Can Be Avoided

By Rich McManus

At his second NIH Town Hall appearance in 17 months, and his fourth official campus visit during that time, Sen. Ben Cardin (D-MD) on Feb. 8 assured a Masur Auditorium audience of his enthusiastic support for the NIH workforce and its mission and his optimism that Congress and President Obama can find an alternative to painful budget cuts required by sequestration, due to take effect Mar. 1.

Cardin spent the first 20 minutes of the hour-long session thanking employees for “world-class” research that has made inroads in cancer, heart disease, HIV/AIDS and mental health and giving a budget deficit overview. He had arrived at NIH earlier in



Sen. Ben Cardin (r, D-MD) and NIH director Dr. Francis Collins were present for a Feb. 8 Town Hall meeting.

SEE CARDIN VISIT, PAGE 6



Dr. Gregory Germino

Questions Remain About the Spice of Life STEP Forum Shakes Up Salt Debate

By Carla Garnett

Does America have an unhealthy relationship with salt? A recent Staff Training in Extramural Programs forum, “Dietary Salt: To Shake or Not to Shake?,” presented a 2-hour moderated discussion on how much salt is appropriate in our diet.

“Humans have had a long and complicated relationship with sodium that goes back thousands of years,” said moderator Dr. Gregory Germino of NIDDK. “Long ago, humans discovered that not only did it taste good, but also—perhaps even more importantly from a commercial perspective—salt has an important role as a preservative...However, even Lot in the Book of Genesis knew that too much was probably a bad thing!”

SEE SALT DEBATE, PAGE 8



Dr. David Rock applies brain science to leadership.

Create a ‘Toward’ State Author Rock Applies Brain Research to Change Management

By Dever Powell

Your team gets downsized, you’re relocating members to smaller offices, you’re shuffling their pet projects and your way of doing business has got to change.

How do you make it work when change is perceived as a threat? What makes an organizational-change event succeed?

The answer lies in the science of the brain,

SEE MANAGING CHANGE, PAGE 4



briefs

Poet Dove To Give Rall Cultural Lecture, Mar. 13

Pulitzer Prize winner and former U.S. Poet Laureate Rita Dove will deliver the J. Edward Rall Cultural Lecture as part of the 2012-2013 Wednesday Afternoon Lecture Series. "An Afternoon with Poet Rita Dove: Sonata Mulattica," will be held on Mar. 13 at 3 p.m. in Masur Auditorium, Bldg. 10.



Dove served as U.S. poet laureate from 1993 to 1995 and was the youngest person—and the first African American—to receive this highest official honor in American poetry. She is the author of nine collections of poetry, including *Thomas and Beulah*, which earned her the 1987 Pulitzer Prize, making her the second African-American poet (after Gwendolyn Brooks in 1950) to receive this award. Her most recent book is *Sonata Mulattica* (2009), a poetic treatise on the life of 19th-century Afro-European violin prodigy George Polgreen Bridgetower. She is the sole editor of the *Penguin Anthology of Twentieth-Century American Poetry* (2011) and is the Commonwealth professor of English at the University of Virginia.

Seating for the lecture is on a first-come, first-served basis. For more information, or to request reasonable accommodation, contact Jacqueline Roberts at (301) 594-6747 or robertsjm@mail.nih.gov.

The lecture honors the memory of Rall, founder of the Clinical Endocrinology Branch (now within NIDDK) and scientific director of the National Institute of Arthritis and Metabolic Diseases, which is now represented by NIDDK and NIAMS. He recommended in 1984 that NIH add a cultural lecture to its Director's Lecture series.

STEP Forum on Allergies, Mar. 19

The staff training in extramural programs (STEP) committee will present a Science in the Public Health forum on the topic "Allergies: Food, Drugs and Pollen—Oh My!" on Tuesday, Mar. 19, from 9 to noon in Lister Hill Auditorium, Bldg. 38A.

Almost everyone has allergies, ranging from minor inconveniences to life-threatening situations. Are allergies becoming more prevalent? Why might your immune system react to seemingly harmless substances as though they are threats?

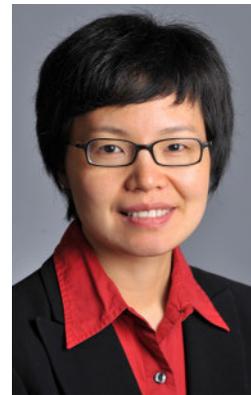
Join us as we look at responses to food, drug and environmental allergens. You will learn about

therapies for allergic reactions and prevention of allergies in children and adults.

Orioles and Nationals Online Ticket Sale

Batter up! It's that time of year again. The R&W will once again offer tickets to the Baltimore Orioles and Washington Nationals. To better serve the NIH, NOAA and HHS communities, tickets will be sold online. Nationals tickets will go on sale on Tuesday, Mar. 5 at 8 a.m. online at www.recgov.org/nihshop. R&W has 2 seats in section 219, row D. Ticket prices are available on the R&W listserv. Orioles tickets will go on sale Thursday, Mar. 7 at 8 a.m. online. Available are two regular season tickets (2 seats behind first base – section 14BBB, seats 7-8) for \$70 (\$35 per seat). Tickets for Yankees and Red Sox games will be \$100 per game. You must be a preferred 2013 R&W member to purchase tickets. When you come to pick your tickets up at your local R&W store, you will be required to show proof of membership. Preferred memberships can also be purchased at the time you pick up your tickets or online. Membership is \$9 for the year.

NLM Lecture Features Weng, Mar. 6



The National Library of Medicine Informatics Lecture Series will feature Dr. Chunhua Weng on Wednesday, Mar. 6, from 2 to 3 p.m. in Natcher Bldg., balcony A. She will speak on "Bridging the Semantic Gap between Research Eligibility Criteria and Clinical Data: Methods and Issues."

With the burgeoning adoption of electronic health records (EHRs), vast amounts of clinical data are increasingly available for computational reuse. However, there is a semantic gap between the raw clinical data and free-text human-provided eligibility criteria. Weng will describe the evolving understanding of the semantic gap and approaches to overcoming it in the context of EHR-based phenotyping and clinical trial prescreening.

Weng is the Florence Irving assistant professor of biomedical informatics at Columbia University, where she has been a faculty member since 2007.

The talk will be broadcast live and archived at <http://videocast.nih.gov/>. Sign language interpreters will be provided. Those who need reasonable accommodation to participate should contact Ebony Hughes, (301) 451-8038, Ebony.Hughes@nih.gov or the Federal Relay (1-800-877-8339).

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NIH...Turning Discovery Into Health

nih record

NCI Expands Global Cancer Health Activities

World Cancer Day was recognized on Feb. 4 and marked an opportunity to acknowledge there is serious cause for concern about cancer as a growing international health problem. Cancer incidence and death rates are climbing rapidly in the developing world. By 2030, it is estimated that of the more than 20 million global cancer deaths, nearly two-thirds will occur in developing countries.

NCI director Dr. Harold Varmus has made improving global cancer health among his top priorities. He has formed a Center for Global Health (CGH) to better coordinate and expand the institute's global research activities. Ted Trimble, director of CGH, and Varmus agreed that the opportunity and the obligation to address the global burden of cancer have never been greater. They believe NCI's expanding efforts in the global health arena can build on the strong foundation created by the success in combatting infectious diseases like malaria and AIDS.

High incidence of specific cancers in certain areas of the world is a priority for further research. For example, the east coast of Africa, from South Africa to Somalia, has a strikingly high incidence of esophageal cancer, while Chile has the highest rate of gallbladder cancer of any country in the world. NCI is working with researchers from around the world to help them better understand why certain cancers are so prevalent in their countries, collaborating on epidemiologic and molecular biology studies and developing clinical trials to test new prevention and treatment interventions.

CGH is already working across NCI to develop proposals for a variety of research projects that can influence care beyond U.S. borders, including expanding clinical trials run by NCI-funded cooperative groups to include more sites outside the United States. As more is learned about the molecular biology of different cancers, there is a need to cast a global net to quickly accrue patients to important scientific studies.

Conducting and supporting cancer control and treatment research outside of the U.S. is nothing new to NCI. The institute has longstanding programs and research collaborations in places such as the Middle East and China.

More recently, NCI has initiated research collaborations in Latin America. In 2009, NCI formally launched a network involving five Latin American countries—Argentina, Brazil, Chile, Mexico and Uruguay. Since that time, Columbia, Peru and Puerto Rico have also joined.



New Communications Contract Draws Interest

More than two dozen vendors who provide a range of communication services visited NIH on Jan. 30 for the kick-off of the NIH Public Information and Communication Services (PICS) master contract. The event, held in Natcher Conference Center, drew staff, primarily from NIH communications and public liaison offices, who had an opportunity to meet the vendors. Above, John Burklow, NIH associate director for communications and public liaison, tours the exhibits. Below, representatives of IQ Solutions staff a table. The firms brought summaries indicating their capabilities and provided samples. The main task areas under the contract include: communications and outreach; graphic design, web and database support; and exhibit support. For more information, visit <http://pics.olao.od.nih.gov/>.

PHOTOS: LYDIA POLIMENI



Rockey Addresses NCI Town Hall Meeting

NIH deputy director for extramural research Dr. Sally Rockey appeared at a town hall meeting hosted by the trans-NCI extramural awareness group (TEAG) recently at Executive Plaza North in Rockville. She spoke about budget challenges, NIH special council review, HHS policy on conference grants, opportunities for collaborative research at the Clinical Center through U01 awards, NIH guidelines for stem cell research and findings of the biomedical research workforce group.

She ended her presentation with references to the OER *Extramural Nexus* and to her popular Rock Talk blog. Rockey also responded to questions from the audience about scientific, administrative and financial challenges.

"The NCI extramural staff greatly appreciated the opportunity to hear from Dr. Rockey about her role at the NIH and for responding to questions," said Dr. Sonia Jakowlew, a program officer in the Center for Cancer Training who chairs TEAG.

MANAGING CHANGE

CONTINUED FROM PAGE 1



How can leaders help others reinterpret change as opportunity rather than threat?

Rock cited NIH-funded studies in social cognitive and affective neuroscience, the science of how brains interact. These breakthrough studies using functional MRI show how deeply social the brain is and how social pain mimics the appearance of physical pain on these scans.

Rock and his colleagues have summarized the results of these studies in a framework of five social situations: status, certainty, autonomy, relatedness and fairness (SCARF). Each has implications for productive leadership, especially in helping teams navigate change.

For example, if you shuffle their pet projects, your employees may go into threat mode because they may perceive an attack on their status. It's better to invite them to make choices wherever possible and to share their opinions, which may enhance their perceived status as well as their sense of certainty and autonomy.

"If you want to grow people, have them come to their own insights," Rock said.

Change demands imagination. "Take 3 to 4 minutes to imagine what may happen with SCARF," he said. "It may be the most useful time you spend on a project."

NIH'ers can watch the lecture online at <http://videocast.nih.gov/> under Past Events. 📺

according to Dr. David Rock. His recent talk, "The Neuroscience of Leadership," launched the 2013 Deputy Director for Management Seminar Series in Masur Auditorium.

Rock coined the term "neuroleadership," a field exploring the neural basis of leadership and management practices. He and his colleagues at the NeuroLeadership Institute, an international consultancy, are bringing together neuroscientists and other experts to build a new science for leadership development.

"We are living in complex, changing times," Rock said. "Uncertainty is increasing."

Although there's mounting pressure on leaders to grasp the fundamentals of change management, Rock showed that 33 percent do not support change and 39 percent of employees resist change.

Result: 70 percent of organizational change initiatives currently fail.

"Leaders need to ask how they can prepare their teams for change," Rock said. What's needed now is a brain-based change model.

The brain is the most complicated thing in the known universe, he said. "And change is perhaps the second most complicated."

If you understand the brain and anticipate the way it perceives change as a threat, you can predict your staff's resistance to change and find ways to minimize the threat. Your goal is to influence your team to approach change with interest.

Rock calls this a "toward," or reward, state. It counters the reflexive "away," or threat state.

He then sketched on flipcharts, showing how the brain's limbic system and prefrontal cortex work under stress.

The limbic system sits on top of the brain stem and involves emotions and memory. The much smaller prefrontal cortex is in the front of the brain and is central to thinking things through.

A perceived threat, such as change, can hamper prefrontal cortex functioning.

"The more worked up you are, the harder it is to think," Rock said.

Even a small threat can inhibit the brain's creativity, invention, new thinking, judgment and impulse control.

Right:

Rock of the NeuroLeadership Institute discusses breakthrough studies of neuroscience and its implications on leadership.

PHOTOS: BILL BRANSON



feedback

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

Feedback: We read about [NIH director] Dr. Collins' research in your Aug. 17 [2012] issue and were curious about how many other senior-level NIH scientists continue to maintain their own labs/PI [principal investigator] status? Who are they and what are they working on?

Response from the Office of Intramural

Research: The following is a list of IC directors and deputy directors with labs:

From the Office of the Director:

NIH director Dr. Francis Collins—PI, Genome Technology Branch, NHGRI

NIH principal deputy director Dr. Lawrence Tabak—PI, biological chemistry section, NIDCR

NIH deputy director for intramural research Dr. Michael Gottesman—PI, multidrug resistance section, NCI

From the Institutes and Centers:

NCI director Dr. Harold Varmus—PI, Cancer Genetics Branch, NHGRI

NEI director Dr. Paul Sieving—PI, section on translational research for retinal and macular degeneration, NIDCD

NHLBI director Dr. Gary Gibbons—PI, health inequities in cardiovascular disease cluster, NIMHD

NIA director Dr. Richard Hodes—PI, immune regulation section, NCI

NIAID director Dr. Anthony Fauci—PI, immunopathogenesis section, NIAID

NIAMS director Dr. Stephen Katz—PI, Dermatology Branch, NCI

NIBIB director Dr. Roderic Pettigrew—collaborator, Laboratory of Diagnostic Radiology Research, CC

NIDCR director Dr. Martha Somerman—collaborator, Office of Science and Technology, NIAMS

NIDDK director Dr. Griffin Rodgers—PI, Molecular and Clinical Hematology Branch, NHLBI

NIDA director Dr. Nora Volkow—PI, Laboratory for Neuroimaging, NIAAA

NIEHS director Dr. Linda Birnbaum—collaborator, Division of Intramural Research, NIEHS

CC director Dr. John Gallin—PI, clinical pathophysiology section, NIAID

ology section, NIAID

NCCAM director Dr. Josephine Briggs—collaborator, Division of Intramural Research, NCCAM

"About 50 percent of IC directors have active labs," noted Gottesman. More information about their fields of study and range of collaboration is available at <http://intramural.nih.gov/search/index>. 

Unlock a New Career Path with the NIH Management Intern Program

Are you looking for new career opportunities? Are you committed to the NIH mission but ready for a career transition? For more than 50 years, the NIH Management Intern (MI) Program has offered key resources, training and hands-on experience to motivated NIH employees interested in pursuing a career in administration and management.

The MI Program offers outstanding NIH employees the opportunity to explore different administrative career fields, gain invaluable insight into NIH and to attain leadership positions.

"The Management Intern Program opened doors for me," said Fettina Bryant, program alumna and administrative officer at the National Library of Medicine. "The program helped me see what NIH offered to people who aren't scientists and it helped me understand that I could have the career that I wanted," she said.

Graduates of the 2-year program have become some of NIH's most respected administrative managers including executive officers, administrative officers, legislative analysts, budget officers, public affairs specialists, contracting officers and management analysts.

MIIs come from a variety of backgrounds, ranging from travel planners to scientists. Current GS-7 through GS-12 NIH employees are invited to apply. Benefits of participation include access to a senior-level mentor, an individual training budget, opportunities to participate in challenging projects and serve on committees, while interacting with NIH leaders.

To learn more about eligibility, recruitment and placement, attend an information session or visit www.trainingcenter.nih.gov/intern/mi (where any changes in the schedule below will appear). Information sessions are currently scheduled for:

- | | | |
|-----------|-------------|--------------------------------|
| • Mar. 8 | 3-4 p.m. | Bldg. 10, Lipsett Amphitheater |
| • Mar. 19 | noon-1 p.m. | EPN, Rm. H |
| • Mar. 21 | noon-1 p.m. | Rockledge II, Rm. 9112-9116 |
| • Mar. 26 | noon-1 p.m. | Bldg. 45, balcony A |

New Shirts for Self-Service Store Workers

The NIH Supply Center's Self-Service Store employees have been issued new uniform shirts, modeled here by Joseph Girolami and Lucy Kenny. "By making it easier to identify those in the store [who] can assist you, we hope to make your shopping experience easier and more enjoyable," said Alicia Boglin, a marketing analyst with the Office of Acquisition and Logistics Management, OD. The new shirts feature the employee's name and a logo. The stores are located in Bldg. 31 (B1A47) and Bldg. 10 (B2B41).





CARDIN VISIT

CONTINUED FROM PAGE 1

Above, from 1:

Cardin (l) meets in the CRC medical board room with (from l) Collins, NIH principal deputy director Dr. Lawrence Tabak, NCI director Dr. Harold Varmus, NIAID director Dr. Anthony Fauci and NHLBI director Dr. Gary Gibbons.

Dr. Marston Linehan welcomes Cardin to the Urologic Oncology Branch, NCI.

PHOTOS: BILL BRANSON

the morning and been given a tour of the Clinical Research Center, meeting physicians and patients.

He outlined how, since an Aug. 31, 2011, NIH Town Hall visit, some \$2.5 trillion of deficit reduction has been realized, and how a combination of new revenues and spending cuts could slice deeply enough into the remaining deficit to offset sequestration, which would require NIH to cut its spending by at least 5 percent in the remaining 7 months of FY 2013. NIH director Dr. Francis Collins said the cuts would amount to some \$1.6 billion, “a severely stressful situation.”

“I first came here to say thank you,” said Cardin. “I know Congress has a strange way of saying thank you... This deficit was not caused by our federal workforce—you’re not responsible for that deficit,” he said, to applause.

While the cuts mandated by sequestration “were never intended to take effect,” he said, “we’re at the day of judgment... [Sequestration] would cause significant damage to our country, to our military readiness, to our essential services and to our economy. The cuts at NIH alone could mean the loss of [thousands of] jobs... We need to substitute a rational plan for these irrational cuts.”

Cardin shared details of the President’s budget plan, in advance of Obama’s State of the Union address, including: more tax revenue, elimination of tax breaks and loopholes, military savings associated with ending the war in Afghanistan in 2014 and, critically, reining in health care costs.

“But the prognosis of getting all of this done by Mar. 1 is not bright,” Cardin warned. “It’s not likely.”

He said he would support a short-term plan that avoids sequestration.

“[Budget] predictability is important for the work you do here,” he stated. “We really need to reconcile our differences and get this job done. Gridlock never created a single job in America.”

Cardin and Collins then took seats on the Masur stage and took nearly a dozen questions both from the audience and via email. Collins wondered whether, despite his more than 200 visits with elected representatives in recent years, Congress fully appreciated the consequences of curtailing promising medical research.

“I’m afraid many Americans don’t personalize what’s done [at NIH],” Cardin replied. “They live in the moment. But the majority of Americans do appreciate the work done here. The more you can do to underscore [NIH achievements], the stronger your voice will be.”

Cardin gave as an example the prospect of developing a universal flu vaccine. “That’s extremely exciting to me,” he said.

Asked how federal workers could most effectively protest sequestration, Cardin answered, “You have been the scapegoat for every problem—it’s outrageous. Look, put a face on this. The attack is on the government, not on what you do... You’re on the front lines of public service. Speak out.”

Cardin urged more citizens to object to tax proposals that result in “25 percent of tax expenditure benefits going to the top 1 percent of income.”

An email from an employee of the Office of Research Services decried the cost of sequester-related planning expenses. Replied Cardin, “Dr. Collins just whispered to me—‘That’s true.’ We want your creative people here to



In addition to the Feb. 8 Town Hall, Cardin was at NIH Sept. 24, 2012, for an announcement on Medical Center Metro tunnel funding; Sept. 8, 2012, for the Celebration of Science; and Aug. 31, 2011, for his first Town Hall meeting here.

focus on their work.” Contingency planning, he said, is a distraction.

Asked how sequestration would affect NIH, Cardin said there were two options, both of them poor: cutting back on grant funding and “a horrible option—furloughs without pay. There really are no good options.”

Cardin concluded, “Our economy is recovering. The stock market is rebounding, there’s job growth, housing is improving. A reasonable [deficit-reduction] plan, and it’s not a difficult policy choice to make, will allow our economy to take off. I believe we’ll get there, I really do. I’m optimistic we’ll get it right...Thank you all for being on the front line... [for] being understanding and serving the public.”

NLM Launches New Lecture Series on Evaluating Health Communication

The National Library of Medicine will host a spring lecture series, “Better Health: Evaluating Health Communication,” to highlight innovative approaches and best practices in evaluating health communication.

The kickoff talk, given by Dr. Gary L. Kreps, university distinguished professor, chair, department of communication and director of the Center for Health and Risk Communication, George Mason University, will be held on Monday, Mar. 4, from 3:30 to 5 p.m. in Lister Hill Auditorium, Bldg. 38A.

As NIH diversifies its use of mass communication channels to dispatch health information, a fresh consideration of evaluation’s cutting edge is timely and important. Lectures will feature discussion and participation by the audience.

Kreps’ expertise areas include health communication and behavioral change, health promotion and risk communication. Prior to his appointment at George Mason, he was founding chief of the Health Communication and Informatics Research Branch, National Cancer Institute.

New NCAB Members, Chair Named

The White House recently announced the appointment of six new members to the National Cancer Advisory Board and the designation of the NCAB chairperson, Dr. Tyler Jacks.



Dr. Tyler Jacks

Jacks is director of the Koch Institute for Integrative Cancer Research and David H. Koch professor of biology at the Massachusetts Institute of Technology; he is also an investigator with the Howard Hughes Medical Institute. He has pioneered the use of technology to study cancer-associated genes and to construct animal models of many human cancer types, including cancers of the lung, pancreas, brain and ovaries.

Dr. David C. Christiani is Elkan Blout professor of environmental genetics, departments of environmental health and environmental & occupational medicine and epidemiology at Harvard School of Public Health and professor of medicine at Harvard Medical School. He is recognized internationally for his pioneering work in the fields of occupational health and molecular epidemiology.



Dr. David Christiani, Dr. Judy Garber

Dr. Judy E. Garber is director of the Center for Cancer Genetics and Prevention at Dana-Farber Cancer Institute and professor of medicine at Harvard Medical School. She has two areas of active interest: the identification of individuals with genetic factors that place them at high risk of developing cancer and the development of strategies to reduce cancer risk.

Dr. Elizabeth M. Jaffee is the Dana and Albert “Cubby” Broccoli professor of oncology, co-director of the gastrointestinal cancers program and associate director for translational research at Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins University. She has focused her scientific career on the pre-



Dr. Elizabeth Jaffee (l), Dr. Beth Karlan

clinical and clinical development of vaccines for the treatment of cancer.

Dr. Beth Y. Karlan is director of the women’s cancer program at Samuel Oschin Comprehensive Cancer Institute and director of gynecologic oncology in the department of obstetrics & gynecology at Cedar-Sinai Medical Center. Her research interests include the genetic definition and phenotypic determinants of human ovarian carcinomas, molecular biomarker discovery and inherited cancer susceptibility.

Dr. Mack Roach III is a professor in the departments of radiation oncology & urology and chair of the department of radiation oncology at the University of California, San Francisco, Helen Diller Family Comprehensive Cancer Center. He is recognized as an authority on the treatment of clinically localized prostate cancer.



Dr. Mack Roach III (l), Dr. Charles Sawyers

Dr. Charles L. Sawyers is chairman of the human oncology and pathogenesis program at Memorial Sloan-Kettering Cancer Center and an HHMI investigator. He is investigating signaling pathways that drive the growth of cancer cells, with an eye toward designing new treatment options for patients with chronic myeloid leukemia, prostate cancer and glioblastoma.

SALT DEBATE

CONTINUED FROM PAGE 1



Right:

Dr. Lawrence Appel (l) of Johns Hopkins University and Dr. Michael Alderman of Albert Einstein College of Medicine share opposing views on the topic of salt consumption.

PHOTOS: BILL BRANSON

Salt (or sodium—used interchangeably at the forum) is essential for all life, Germino pointed out. It's a major determinant of blood volume and has other crucial roles in the body. "Salt's retention mechanisms were very invaluable to our evolution," he said.

Necessary, but in what quantity? Turns out, humans need only about 200 milligrams of salt daily to maintain normal body function. High levels of salt have been linked to elevated blood pressure, which contributes to development of heart disease. What should be our daily intake and is there enough evidence to change public health policy?

The American Heart Association (AHA) first recommended lowering daily sodium intake to no more than a level teaspoon—about 3,000 milligrams—in 1986. By 2005, U.S. Dietary Guidelines for Americans set the general population maximum at 2,300 mg. High-risk populations—African Americans, people with hypertension, older age groups—should limit consumption to 1,500 mg. In 2011, AHA recommended 1,500 mg for everyone.

On average, Americans consume about 3,400 mg every day. That hasn't changed significantly despite recommendations. So, salt intake remains high, but is it making us sick?

Avoiding the salt shaker won't really help us eat less. Manufacturers add the vast majority, roughly 77 percent, of sodium we consume to food we buy. We tuck on about 5 percent as we're cooking and another 6 percent using the shaker at the table. About 12 percent of our salt intake is inherently in foods.

"Some of the worst culprits are bread and cereal products," said Dr. Lawrence Appel of Johns Hopkins University, one of two presenters at the forum. "Pizza is particularly bad, at about 800 milligrams per slice."

In addition to Appel, STEP invited an opposing presenter and two panelists for the discussion.

If salt is the villain in this affair of the heart, then Appel is the tough-love relationship coach reminding us of sodium's well-documented misdeeds.

Numerous studies have shown that excess salt leads to hypertension, a major risk factor for heart disease, he said. Cut down on sodium, cut down on heart problems, Appel contended.

"If you reduce the sodium intake in the general

population by 400 milligrams," he said, "then it would be estimated that 20,000 heart attacks would be prevented," according to one research model.

"Elevated blood pressure has been identified as the leading cause of preventable deaths, even greater than tobacco use," Appel continued.

By 2030, projected costs related to hypertension and its consequences will be close to \$400 billion, he said, noting that more than 100 trials support his position. "Estimated benefits of sodium reduction are substantial and warrant major public health efforts to reduce its intake," he concluded.

Not so fast, said Dr. Michael Alderman of Albert Einstein College of Medicine. He agrees there are harmful levels of salt consumption—below 2 grams and above 5 grams of sodium per day. He said research shows "safe salt intake is between 2.5 and 5 grams a day—exactly what Americans and most of the world consumes." Give salt the benefit of the doubt until we know more, definitively, about its effects—both positive and negative, he suggested.

"It's an eminently reasonable hypothesis that reducing sodium intake—or lowering weight, or increasing exercise or a variety of techniques that we could apply to the whole population—would be a wise addition to our efforts to prevent cardiovascular events," Alderman said.

But, studies haven't yet looked at the whole picture, he said. "Skeptics—and I count myself as one—say blood pressure only reflects one of many physiological aspects," he explained, "and the health effect of lowering sodium intake will be the result of all physiological effects."

He said some of the same studies that show sodium increasing blood pressure also show other possibly significant health effects—decreased insulin sensitivity and increased sympathetic nerve activity, for example. No single physiological effect predicts morbidity and mortality, he contended. "No single effect can forecast health outcomes."

In addition, there could also be unintended consequences to further reducing intake levels, Alderman said. "Physicians, public health practitioners and people in general need to know the effect of altering sodium intake on health—which will be the sum total of all the physiologi-



On the panel to address questions following the presentations are (from l) Appel, Clinical Center nutrition researcher Dr. Amber Courville, NHLBI dietitian Kathryn McMurry and Alderman.

cal effects we know and perhaps others we do not know.” Why not examine these other effects before making recommendations?

Citing the 1980 low-fat diet recommendation that was widely issued and then rescinded 20 years later after further study, Alderman said we need more comprehensive research before lowering the salt-intake threshold.

Also, Alderman noted, there is no evidence that consuming less than 2 grams of sodium provides a health benefit and there are 5 observational studies that show harm—increased mortality and morbidity.

“Three solid, randomized trials show increased morbidity and mortality when 1.8 [grams] are consumed compared to 2.8 grams, hence solid evidence of harm and none of benefit,” he said. Those studies also showed that intakes above 5 to 6 grams cause harm.

“In fact,” Alderman emphasized, “the sodium story is just like most other essential nutrients—too much and too little are not good, but there is a broad range in the middle where health is not affected. Thus, like most essential nutrients, the relation of sodium intake to health is a ‘J’-shaped curve. Just like vitamin D, too little—less than 2 grams—can cause harm, and too much—above 5 grams—can also cause harm.

“Any recommendation to reduce salt below 2.5 grams should be preceded by randomized clinical trials, by some evidence that it would be both safe and beneficial,” he concluded.

Following presentation of both sides of the debate, panelists NHLBI dietitian Kathryn McMurry and Clinical Center nutrition researcher Dr. Amber Courville joined Appel and Alderman to address questions and comments from the audience.

The discussion ranged from changes in salt intake over the last 30 years, to the practicality of getting Americans to reduce their sodium consumption, to appropriate salt-retention levels for athletes to past efforts by food manufacturers to offer low-salt alternatives.

HHS’ers can view the full discussion online at <http://videocast.nih.gov/launch.asp?17719>. 

National Drug Facts Week Reaches All States

For the first time, NIDA’s National Drug Facts Week events were held in all 50 states this year. Held Jan. 28–Feb. 3, NDFW links teens with experts who can give them factual information on drugs and drug abuse. At more than 500 locations across the country, teens asked questions of addiction scientists, clinicians or educators familiar with NIDA’s scientific materials. Events were sponsored by a variety of organizations including schools, community groups, sports clubs, book clubs and local hospitals.

Many events highlighted NIDA’s 2013 Drug IQ Challenge, an interactive 12-question, multiple-choice quiz that teens and adults took to test their knowledge about drugs. As part of NDFW, NIDA also held its fifth annual Drug Facts Chat Day, in which high school students across the country chatted anonymously and in real time with more than 50 NIDA scientists and science writers. Altogether, they answered nearly 2,000 questions about drugs from students in 27 states.

This year, experts from NIAAA and NIMH participated in the chat to answer questions about alcohol as well as mental health issues including depression and ADHD.

Cancer Immunotherapy Clinical Trials Workshop, Apr. 4-5

The Society for Immunotherapy of Cancer is offering a 2-day workshop, Cancer Immunotherapy Clinical Trials: Concepts and Challenges, on Apr. 4-5 from 8 a.m. to 5 p.m. in Masur Auditorium, Bldg. 10. The workshop will outline current challenges posed by development of therapeutic trials in immunotherapy. Several of these questions will be examined in greater detail, including preclinical testing requirements for clinical development, innovative clinical trial design, appropriate patient selection, end-point determination and developing combination therapies to improve long-term disease management and survival. Accelerating anticancer agent development, validation and approvals will also be discussed. Abstracts can be submitted for consideration for an oral presentation.

Deadline for hotel reservations is Mar. 22 and for registration is Mar. 28.

The program is free to government employees but registration is required. For more information, to register or to submit an abstract visit www.sitcancer.org/sitc-meetings/cict13.

Premiere Night at Circus Benefits NIH Charities

The 16th annual Children’s Premiere Night with Ringling Bros. and Barnum & Bailey Circus will once again benefit the NIH Children’s Charities. The 142nd edition of “The Greatest Show on Earth” comes to the Verizon Center on Wednesday, Mar. 20 with *Dragons*. Ringmaster Johnathan Lee Iverson will preside over a tournament of circus champions that brings together mystic dragon lore with authentic circus feats. A free pre-show at 6 p.m. allows families to interact with the stars, mingle with acrobats, aerialists, animals, clowns, jugglers and more.

The NIH R&W hopes to fill the entire Verizon Center with friends and family. Get your ticket at the R&W activities desk in Bldg. 31, Rm. B1W30 or call (301) 496-4600. Orders can be placed for tickets at any R&W store. Tickets include Circus Celebrity—front row/interactive seating where you become part of the show \$80 (reg. \$110), front row \$55 (reg. \$75), VIP \$40 (reg. \$55), section 111 & 112 (best seats) \$25 (reg. \$35).



Joyce Rudick retired Dec. 31.

Rudick Retires from ORWH

By Heidi Rosvold-Brenholtz

Despite its size, NIH is like a family to many people, featuring supportive relationships, proud achievements and a nurturing environment for a new generation of researchers. During a recent interview, Joyce Rudick recalled many of her NIH career experiences in family terms. She retired Dec. 31 after 19 years as director of programs and management for the Office of Research on Women's Health. Prior to her ORWH career, Rudick spent 10 years as lab manager for Dr. Ira Pastan in the molecular biology section at NCI.

Rudick arrived at ORWH in 1993, just after former director Dr. Vivian Pinn was appointed to lead the office. With Pinn and other pioneers at ORWH, Rudick helped realize the office's mission in its first two decades. ORWH's signature initiatives promoting interdisciplinary and collaborative women's health research programs and career development opportunities for women and men in the biomedical research workforce testify to her commitment, creativity and innovative thinking.

"It was a very hopeful time," she recalls. "There was real excitement that finally women would be treated as equals in clinical research. We were committed to the big package the ORWH mission encompassed—inclusion, clinical research and career development. We all were very interested in spreading the word about the office's focus. We worked with and encouraged the NIH institutes and centers to include women's health research in their research portfolios. And, we worked actively with legislators to promote the importance of women's health research.

"It was because of this excitement that we knew we'd be successful," said Rudick.

The Specialized Centers of Research on Sex Differences (SCOR) and Building Interdisciplinary Research Careers in Women's Health program co-funded by ORWH continue to expand to support innovative research. With Rudick's input, in collaboration with IC and ORWH colleagues, these programs have helped advance NIH's commitment to women's health research.

"The enthusiasm from the past is what we see

now when the principal investigators involved with these programs get together. It's a very solid network," Rudick noted.

One of her proudest achievements is the NIH/ORWH Re-entry into Biomedical Research Careers program she helped create with Pinn, Dr. Judith La Rosa and Dr. Wally Schaffer. This effort supplements existing NIH grants to support full- or part-time research by women or men to return to their biomedical or behavioral science careers following family-related leave. The program now is available to scientists at the post-doctoral level.

Dr. Janine Austin Clayton, director of ORWH, noted, "Joyce welcomed me upon my arrival at ORWH, where she had been acting deputy director for Dr. Pinn. One of Joyce's strongest traits is her interest in getting things done and her multifaceted interests. She shaped the way the office was developed." Rudick also served as executive secretary for the NIH advisory committee on women's health research and the NIH coordinating committee on research on women's health.

Mentoring has played a large role in Rudick's career. "Joyce has been a terrific mentor—for new staff, interns, fellows, students and just about anyone who came to ORWH," said Teresa Kendrix, ORWH administrative officer. "No one who sought an experience in this office was ever turned down by Joyce. She, herself, was mentored by one of the best, Dr. Ruth Kirschstein."

Rudick sees an optimistic future for biomedical research despite contemporary challenges. "It's important to not let ideas get buried," she said. Of the young scientists she's known over the years and those she's mentored most recently, Rudick said, "Once they choose to be in science, their dedication is endless."

Rudick looks forward to retirement, though her energy and wide interests suggest it won't be inactive. She is part of the Senior Leadership Montgomery program, which gives her exposure to policy and social and economic challenges at the local level and she hopes to become a docent at the Library of Congress.

With trips planned to South Africa and to her beloved San Francisco and spending time with her children and seven grandchildren, Rudick's calendar is already booked.

NIAID Mourns Retrovirus Expert Jeang

Dr. Kuan-Teh Jeang, an accomplished virologist and chief of the molecular virology section of the NIAID Laboratory of Molecular Microbiology, died suddenly on Jan. 27 at age 54. He had worked at NIH since 1985.



Jeang's research focused on the gene regulation of HIV and how human T-cell lymphotropic virus type 1, or HTLV-1, causes leukemia. He was a prolific scientist who authored or coauthored more than 300 publications. He cofounded and served as editor-in-chief of the online journal *Retrovirology*. In this position, he helped establish an award to recognize mid-career scientists and advocated passionately for open access to scientific information.

"Teh was a talented researcher who believed strongly in the equal and global distribution of scientific knowledge," said NIAID director Dr. Anthony Fauci. "He made many important contributions to our understanding of HIV and HTLV-1, leaving a lasting legacy here at NIH and beyond. We will miss him deeply."

Jeang also was an editor at *Cell & Bioscience* and an associate editor of *Cancer Research*. From 2010 to 2011, he served as president of the Society of Chinese Bioscientists in America, where he sought greater representation in leadership positions for Asian-American scientists. His recent awards include the International Retrovirology Association's Dale McFarlin Award in 2011, Biomed Central's Open Access "Editor of the Year" award in 2010, and research support from the Bill & Melinda Gates Foundation in 2011, 2012 and 2013.

"Teh's death is a blow to the NIH, the retrovirus research community and his many friends and colleagues around the world," said Dr. Kathryn Zoon, director of the NIAID Division of Intramural Research. "He was a dynamic and thoughtful scientific leader who ran an incredibly creative and productive lab."

Jeang earned his M.D. and Ph.D. from Johns Hopkins University in 1982 and 1984, respectively. He performed his postdoctoral studies with the late Dr. George Khoury at the National Cancer Institute and joined NIAID in 1987.

"Teh Jeang was a very special person," said Dr. Malcolm Martin, chief of the NIAID Laboratory of Molecular Microbiology. "His scientific achievements had an enormous impact on multi-

ple areas of retrovirology and his influence extended to the related fields of cellular and cancer biology."

Jeang leaves behind his wife and three children, as well as an NIAID community profoundly saddened by his passing.

NIAAA's Hommer Dies

Dr. Daniel Hommer, 64, chief of NIAAA's section on brain electrophysiology and imaging, died on Jan. 2. He had served as head of the section since 1992, his second tenure working at NIH.

Hommer was born in Easton, Pa., and received his B.A. from the University of Pennsylvania and his M.D. from Albert Einstein College of Medicine. After completing his residency in psychiatry at Yale University, he joined the section of neuropsychopharmacology at NIMH in 1982. From 1982 to 1987, he was co-director of electrophysiology unit of the Clinical Neuroscience Branch.

A dedicated and respected scientist and physician with many contributions to the field of alcohol research and imaging, Hommer was an outstanding mentor and was world-renowned for his discoveries on structural and functional differences in brains of alcoholic and non-alcoholic individuals, said Dr. Markus Heilig, clinical director for NIAAA and NIDA. Hommer had more than 150 publications. "Many of his students and mentees are now well-known and major contributors to the field of imaging and addictions," Heilig added.

He served the community in diverse ways, notably by chairing and serving on the NIAAA and CNS human research committees and serving on the NIAAA promotion and tenure committee and scientific review committee. He was a member of several scientific organizations including the American College of Neuropsychopharmacology, American Association for the Advancement of Science, Organization for Human Brain Mapping and Research Society for Alcoholism.

"Above all, Dan was known as a kind and tolerant individual who was much beloved by his family, friends and colleagues and he will be sorely missed," said Heilig.

NIH Alumnus Gary Dies at 90

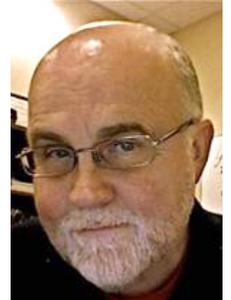
Dr. Norman D. Gary, 90, a former chief of special review at the Division of Research Grants (now CSR), died on Feb. 8.

Born in Takoma Park, Md., he graduated from Montgomery Blair High School in 1940 and attended the University of Maryland for three semesters. Seven days after the bombing of Pearl Harbor, he enlisted in the U.S. Army Air Forces and served for the duration of World War II.

After discharge, he attended North Dakota Agricultural College in Fargo, graduating with honors in 1948 in bacteriology. He earned his M.A. in 1950 at Indiana University and his Ph.D. in 1952, both in bacteriology.

Gary was first employed by the Department of the Army. He worked at Ft. Detrick from 1952 to 1971. After a year's leave of absence to be a visiting professor at Wesleyan University in Middletown, Conn., he worked for DRG from 1971 to 1978, heading the special studies section. His final job was teaching in the biology department at Hood College, where he retired in 1989. Gary was an accomplished local artist and was frequently exhibited. He painted numerous works reflecting his seven trips to Norway, where his wife's family originated.

He is survived by his wife Myrtle, with whom he recently observed their 70th wedding anniversary. Other survivors include a daughter, Cynthia Smith of Reisterstown, Md., a son, Kurke Gary of Taneytown, Md., four grandchildren, four great-grandsons and one great-granddaughter. 📍



NHLBI Gets in the Groove for National Wear Red Day, American Heart Month

On Feb. 1, NHLBI celebrated National Wear Red Day and the start of American Heart Month by hosting several NIH-wide activities. People came together across campus to raise awareness of heart disease and celebrate those who are taking action to protect their hearts.

Staff kicked off National Wear Red Day by getting their hearts pumping and feet moving in an NHLBI- and Recreation & Welfare Association-led Zumba class at the Clinical Center.

Following the Zumba class, NHLBI director Dr. Gary Gibbons participated in a heart health Twitter chat with U.S. surgeon general Dr. Regina Benjamin and representatives from Black Entertainment Television Networks' CENTRIC and the American College of Cardiology (ACC). The chat "trended" nationwide, which means it was one of the most-followed topics on Twitter during the chat.

In addition, NHLBI's The Heart Truth education program partnered with Eurest cafeterias on campus to serve heart-healthy lunches, raffle off goodies and provide relevant literature to customers.

National Wear Red Day was co-founded by NHLBI and the American Heart Association (AHA) to raise awareness about heart disease, which is the number 1 cause of death for both men and women in the United States.

Throughout February, NHLBI also hosted and/or participated in several other activities to support heart disease awareness:



NIH director Dr. Francis Collins (l) and NHLBI director Dr. Gary Gibbons wore red to support awareness of women's heart disease.

PHOTO: BILL BRANSON



Above, the Zumba group on National Wear Red Day

PHOTO: STEPHANIE DUTCHEM

❑ Red Dress Collection Fashion Show, Feb. 6: Through a public/private partnership with the ACC, The Heart Truth unveiled its 11th Red Dress Collection in New York City. The Red Dress Collection 2013 Fashion Show featured more than 20 celebrities walking the runway in fashions created by some of America's top designers. The fashion show reaches millions of people each year who wouldn't otherwise hear NIH's important public health education messages. To see video footage from the fashion show, visit www.facebook.com/hearttruth.

❑ Spanish-language Facebook chat, Feb. 13: As part of The Heart Truth's efforts to reach Hispanic women, the program, its media partners *Siempre Mujer* magazine and *Discovery Familia* and the AHA hosted a Spanish-language Facebook chat. Participants gained heart-healthy tips from experts, shared their own successes and learned from others.



The only time they want to be in the red. Members of the OD Division of Financial Management, Government Accounting Branch get into the spirit of National Wear Red Day. Shown are (standing, from l) Tanasia Mason, Anna Sieber, Madan Verma, Cathy Dooley, Karen Johnson, Sandra Waddy, Gene Belt, Deborah Moore and Jennifer Rock. Kneeling are (from l) Cynthia Fortis, Valerie Thomas, Mary Dinh and Arlene Polk.

PHOTO: KAREN LOGUE