



**Centers for Disease Control and Prevention
EARLY HEARING DETECTION AND INTERVENTION
Ad Hoc Group**

Agenda for November, 2000

I. Welcome and Announcements

June Holstrum
Evey Cherou

II. Update from NIDCD Projects and Programs

Amy Donahue
Ad Hoc Working Group on Early Identification of Hearing Impairment
Amy Donahue
Ad Hoc Working Group on Early Identification Materials for Parents
Marin Allen

III. Update from OSERS

Glinda Hill

IV. Update from HRSA/MCHB

Irene Forsman

V. Report on the Milan Conference

Deborah Hayes

JUNE HOLSTRUM: Hello, everyone, I'm June Holstrum from the Centers for Disease Control and Prevention. Welcome to the November Teleconference on Early Hearing Detection Intervention, and thank you for joining us. Please remember to mute your telephone when you are not talking. And today's conference is being recorded, and the transcript will be available on the internet.

Before we begin our scheduled program, are there any announcements or comments from any of our listeners?

KEN ROSENBERG: I have an announcement. This is Ken Rosenberg from the Oregon Health Division. We will very soon be posting a job offering for a newborn hearing screening coordinator for the State of Oregon. It will be a half-time job. It will be located in Portland, Oregon. If anybody wants to know more about it, they should call me at 503 731-4507.

JUNE HOLSTRUM: Okay, thank you, Ken. We'll go ahead and get started with some other announcements. In case you haven't seen it yet, there's an excellent article out in September's issue of Pediatrics by Mary Pat Moeller titled, "Early Intervention and Language Development in Children Who are Deaf And Hard of Hearing," a very good article on the importance of early intervention with children who are deaf and hard of hearing.

The 1998 data, EHDI data, is now on our web site. Go to www.cdc.gov/ncbddd/ehdi, and then click on EHDI data. Very soon we will have the 1999 data. We have data now from nineteen states that have sent in the '99 data, and we're expecting a few more before we finish it off. Just taking a preliminary glance at '99 data, I think one of the most striking numbers was the number of infants that were evaluated. Of those who were referred, only forty-eight percent were actually evaluated, so that shows that we still are losing over 50% of our children before they get to evaluation.

I'm sure all of you know by now we have the fifteen newly funded states. They are Arkansas, Colorado, Florida, Georgia, Hawaii, Iowa, Massachusetts, Maine, Michigan, Minnesota, New Jersey, Oregon, Utah, Vermont and Washington. And tomorrow we are starting our first planning meeting for that cooperative agreement. We've already formed a number of committees, and each of those committees will be producing some guidelines for setting up tracking and surveillance. As those are developed, these will be available to all states.

Every Cherou are with you us?

EVERY CHEROU: Yes I am, thank you. I'm at the AG Bell headquarters today at a COR coalition meeting and not speaking from ASHA national Office. I'm pleased to announce that ASHA is holding a conference, Pediatric Audiology: Science, Preferred Practices

and Technology, on February 8th to 11th. We have a tremendous faculty. As our honored speakers, we have Noel Matkin and Fred Bess. Other distinguished faculty include James Battey (NIDCD), Pat Brookhouser, Alan Diefendorf, Terese Finitzo, Michael Gorga, Judy Gravel, Gail Rosenberg, Richard Seewald, and Paul Kileny. The conference will be held at the Trades Winds Beach Resorts Island Grand in St. Pete Beach, Florida, so that will be a nice break for people from the February winter.

And we're following our meeting on the heels of the Association of Research in Otolaryngology (ARO) meeting, which precedes us in the same hotel if people want to take advantage of both meetings. We've planned a Thursday evening Science- to-Practice seminar to start off our pediatric audiology conference. I appreciate the opportunity to make the announcement. For more information or to register, log onto ASHA's web site (www.asha.org) or contact the ASHA Action Center at 1-800-498-2071.

I also wanted to let you know that we have two new brochures on newborn hearing screening. One is for families, and it's called, "Newborn Hearing Screening, Helping Babies Develop Language for Learning and Interaction." The other one has been developed for professionals and consumers doing advocacy with state legislators for providing a rationale for state laws on EHDI, "Every day in the U.S. thirty-three babies leave the hospital deaf or with some degree of hearing loss. Will their parents know it?" The latter brochure was developed as part of our new state advocacy grassroots manual to be used in the states where we'll still working on legislation. So that's some news, as well as our upcoming ASHA convention in Washington, DC next week. We will have many sessions on EHDI program development, and I hope some of you will be there.

JUNE HOLSTRUM: Thanks, Evey. How can we get a hold of those brochures you were talking about?

EVEY CHEROW: You can obtain more information very simply through the ASHA action center, 1-800 638-8255, or by e-mail, actioncenter@asha.org

JUNE HOLSTRUM: Okay. Thank you.

MARIN ALLEN: Hi, it's Marin Allen. In the announcements part I'd like to please invite any of you who are going to be at the APHA meeting to Boston to attend the special panel Wednesday, November 15th, from 12:30 to 2:00 on the new chapter on vision and hearing, which is the place where we're tracking the objectives on early ID. And if you're already attending the meeting, I wanted to be sure you all knew the panel was happening at that time.

JUNE HOLSTRUM: Thank you.

UNIDENTIFIED: Would you say again, Marin, what that is?

MARIN ALLEN: It's a Healthy People 2010 panel on the new chapters. So we're doing a presentation on the hearing and vision chapters, chapter 28. You will also be welcomed to the consortium meeting at 3:00 o'clock at APHA on Saturday. That's an all-day meeting. Our particular session is at 3:00.

UNIDENTIFIED: When is that session again at APHA?

MARIN ALLEN: There are two sessions. The panel is Wednesday, November 15th, from 12:30 to 2:00 o'clock. And the consortium meeting, which is you would like to attend that as a partner, just let me know, is on Saturday at 3:00 o'clock in the afternoon.

Anyone who would like additional information, please just send me an e-mail.

JUNE HOLSTRUM: Thank you, Marin. Since this is the start of a new fiscal year, I thought it might be appropriate for the various federal agencies to provide an update on what's going on in their individual organizations. So we're going to start with NIDCD, and we have Amy Donahue and Marin Allen. So go ahead in whatever order you want to go in.

AMY DONAHUE: Okay. Thanks, June. Hi, Marin. Marin and I are at different locations also, so we're not together today.

MARIN ALLEN: Hi, Amy. You go.

AMY DONAHUE: Okay. Let's see, let me just start by saying that there will be two pieces of information that I'll share with you. One is about the ongoing projects and programs that we have at NIDCD, and then the second one is an update on a working group on early identification and hearing impairment that we recently had.

Most of you know NIDCD supports research in hearing, balance, smell, taste, voice, speech and language, and of course early identification of hearing impairment in infants and young children has been an interest of the institute for many years. We have a research portfolio that is primarily investigator initiated, and that means that the grants are submitted from the community based on their own research ideas.

Our research portfolio includes grants that go to universities as well as to small businesses. Some of these are very basic science, and some of these are more clinical in nature. We support considerable research that's relevant to issues related to early identification of hearing impairment. For example, we have several grants in research on hearing aids, cochlear implants, speech perception, and speech production in language, both

spoken and signed. There's a multitude of activities going on at universities across the nation that have very real relevance to some of the issues that we're facing now with the early identification of hearing impairment. And that is the bulk of our research program, that is, most of our research stems from investigators out in the community at their own accord and with their own ideas.

However, sometimes if there's a gap area or a compelling research need, we'll initiate a request for grant applications in specific areas. And in relation to early identification hearing impairment, we have done just that on several occasions, where we set aside money and request grant applications from individuals to address specific research questions or areas.

For example, this past year we issued a program announcement with set aside funds for research grants on intervention strategies following identification of hearing impairment in neonates. These applications were encouraged to address issues including but not limited to behavioral treatment programs, development of outcome measures to determine benefit of the intervention strategy, and studies on the efficacy of intervention. We called for grants that deal or include children with various degrees of hearing impairment. We recently have awarded four research grants to this which we're quite happy about. These four applications deal with optimizing amplification for infants and young children, improving speech intervention, auditory development in early amplified children, and evaluating cochlear implants. So we have several ongoing grants that we hope will provide some of the answers in the future for the practicing clinician.

We also have another grant that was recently funded. This is an information development and dissemination grant. It is trying to close some of the gaps or the delays between the identification of hearing loss in infants and referral for intervention, trying to increase the knowledge and change attitudes of health care providers regarding newborn hearing screening and the need for referral.

So we do have a quite a few ongoing activities in our research portfolio, but of course as we look to the future with the new fiscal year, we hope to have additional research projects that will be funded.

We always encourage individuals in the community to interact with their colleagues, consider the pressing questions, and please call us at the NIDCD. We'd be glad to talk to anybody about research grant applications or ideas that they may have to answer some of the questions.

Let me stop here, and see if there's any questions, and then I'll tell you about a recent NIDCD working group on Early ID.

Are there any questions? I know that this is very brief, but any questions on our current

research portfolio that I might answer for you?

No. Well, let me tell you about a recent workshop that we had at the NIDCD. This was in September of this year, and this was the third workshop of a working group on the early identification of hearing impairment. We've broken early identification of hearing impairment down into three stages of programs: the screening, then the diagnostics or the characterization of the hearing loss, of course followed then by the intervention.

Our previous workshops had focused on one or another of these issues. This particular workshop was to look at all of the issues. And we asked the working group to come to Washington, to look beyond their own research interests and to provide advice to the NIDCD on the entire scope of issues, identifying the most compelling and the most urgent issues for future research in this area.

The only boundaries that we put on the discussion were two. One was to realize that NIDCD is a home for biomedical research so it was a research focus that we wanted, and two that there are constraints. The constraints are a) time, in that these infants are being identified now and so we need to engage the community very quickly into addressing some of these questions, b) the dollars are not endless, and c) we also have to have a community of scientists who are willing to put together the applications and do the research.

So under those constraints we asked the group to consider what they considered to be the knowledge gaps, the frustrations, and the critical issues. The group met. Everybody had an opportunity to speak. There was quite a bit of dialogue. It was a very interactive meeting.

And so let me just list for you some of the primary research opportunities that the working group felt were most urgent and pressing for the future. And these are areas that we hope then of course to see active research grants in over the next coming years.

The first one had to do with the characterization of the auditory system and the auditory capabilities of infants with hearing loss with the goal of determining appropriate optimal habilitative strategies. In this particular research area, methods to determine how an individual is performing, how to evaluate successful use of a hearing aide, how to determine the appropriate type of intervention or habilitation that a child may need. A second research opportunity identified has to do with the genetics of hearing loss, and there are a multitude of questions surrounding this particular area: determining the genotype and characterizing the phenotype of certain genes associated with hearing loss in infants, evaluating the use of genetic information with screening methods and early identification; looking at the ethical, legal and social implications of genetic testing in the context of cultural issues associated with hearing impairment and deafness.

The third area that they identified for future research had to do with the consequences of

over referral, examining over referral relative to the impact on families, to the cost and risks of additional diagnostics, and in the context of overall medical health care, societal costs, et cetera.

A fourth area of research was determining the appropriateness of the degree of hearing loss currently targeted in newborn hearing screening, specifically bilateral hearing loss of mild degree and unilateral hearing loss. I think the question still remains exactly what is the most appropriate level to screen for, and this was one of the areas that the working group felt deserved considerable attention.

Another area was the impact of early identification on outcome in determining how various interventions influenced outcome and how outcome efficacy should be measured. Again there are multiple questions underneath this umbrella.

A sixth area that was considered to be important had to do with diagnostic assessment, examining the efficacy of the techniques that are currently used, particularly for the diagnosis of the infants who are hard of hearing, determine what kind of refinements could be made in assessment protocols, particularly in measuring infants less than six months, and developing additional techniques to improve the accuracy and the pace of the etiologic assessment.

And finally, another research issue had to do with examining health care delivery and system issues with the real goal of determining methods to resolve the problem of infants who failed to return for follow-up, those considered loss to follow-up, which is basically I guess the fifty percent number that June was just referring to from their 1999 data.

Other considerations had to do with documenting the natural history of the hearing loss; determination of sensitive periods for various aspects of communication; and assessing or trying to identify or understand the types of skills needed by practitioners for the provision of optimal assessment in management services.

So as you can see, there's still quite a large number of questions that are looming, questions that clinicians have to wrestle with every day as they try to manage and intervene effectively with these infants who are identified with hearing impairment. And so these issues we'll take to the community and very much continue to encourage and support research to answer some of these questions.

By the way the report is up on the NIDCD web page, and so it is accessible. And also I can send it to anyone who wants it. You can send me an e-mail as another way to obtain it. So let me see if there are any questions?

UNIDENTIFIED: What is the e-mail address?

AMY DONAHUE: My e-mail is amy_donahue@nih.gov, and I'll be glad to send you the minutes, likewise they're up on the NIDCD webpage at: www.nidcd.nih.gov/textonly/funding/hb/earlyid_00.htm which is a long address, I'm sorry. Thank you.

JUNE HOLSTRUM: Any other questions for Amy?

KIMBOUGH OLLER: I might have one, if you can hear me. This is Kim Oliver in Maine. It's actually on your first section rather than your second one, about available funding mechanisms. I'm curious as to how the institute is feeling about integrated approaches to screening and follow up where hearing impairments might not be the only issue involved. Do you have any projects currently that are tracking infants who are at risk not only for hearing impairments but for other disorders as well?

AMY DONAHUE: Can you give me a specific example? Do you mean other disorders as in, for example, CMV, which has multiple neurological disorders?

KIMBOUGH OLLER: Yeah, that's a good example.

AMY DONAHUE: Yes, we do have other grants that are, yes, addressing issues where hearing or hearing impairment is just one of the consequences of some sort of disease or disorder. And certainly, yes, I agree with you that there are certainly multi-disciplinary and many approaches are needed.

KIMBOUGH OLLER: Maybe I should ask the question in a slightly different way. How segmented is the issue of hearing impairment and screening for it within the context of NIDCD funding currently; is it an isolated subgroup of funding focus, or it is it well integrated with all the rest of the efforts of the institute regarding other disorders?

AMY DONAHUE: Within the institute or across the NIH? I'm still not sure that I quite understand exactly what your question is, Kim.

KIMBOUGH OLLER: Well, you do have some RFP's that are about hearing impairment and screening specifically. I know that. My question is based on my curiosity to know whether screening for hearing impairment is a very special priority that you see growing within the institute, or whether it seems to be growing as part of a more general interest in all the issues of communication impairment.

AMY DONAHUE: Yeah, okay. I'm not quite sure how to answer, but I think the issue is that it is a large interest area in the institute, but it also is a very large area across program areas. So I think that we are going to see the program continue to grow. As the issues become more pressing to the community, then we hope to see more grant applications come in. But I would not say it's specialized in that many of our activities involve speech,

hearing, language, audiology, pediatricians, deaf educators. For example, our most recent program announcement covers many areas and disciplines that would have been appropriate and certainly highly encouraged to come in.

KIMBROUGH OLLER: Thank you.

JUNE HOLSTRUM: Thank you, Amy. We'll see tomorrow morning.

AMY DONAHUE: Okay, see you in the morning.

JUNE HOLSTRUM: Go ahead, Marin.

MARIN ALLEN: Hi, June. I think early on last spring we mentioned that we were setting up an ad hoc working group at the institute with some of our colleagues, including AG Bell, ASHA, Gallaudet's Laurent Clerc Center, the NAD and the Department of Education to look at dissemination of materials in early ID and to look at possibilities for identifying gaps or making good referrals from each of those organizations that are, as you know, deeply involved. This is to insure non-duplication of efforts and materials and to look for opportunities for collaboration and partnering.

We're about to hold our next meeting, having just expanded it to include the Department of Education. And I wanted to be sure that the group knew that this was happening and certainly that if there are pockets of information or information that we should be also referring to, we would be happy to know about them.

The institute launched a parent web site page at the end of the summer this year. The Parent Web Site, the section that pertains to early ID, is "Options for Parents of Children Who are Deaf or Hard of Hearing".

And it makes referrals -- we've discussed some of the major issues that come into the institute in form of questions and then make referrals to many of your organizations in terms of follow up and additional material.

I think you might also want to take a look at it if you get a chance. The Combined Health Information Database (CHID), which is a regularly updated federal resource that we help fund, and identifying materials that are not on MEDLINE, MEDLARS, Grateful Med, that are not in the medical literature but are rather organizational materials, teaching kits, educational programs. They are abstracted and referred out to the organizations that hold the original materials.

As far as the development of the Parent Page, we are right now developing many of the materials in Spanish. Some of them are already on the web site. By the end of the year, we expect a complete parallel web site for parents who speak Spanish, Hispanics, Latino

and Latina parents that includes information not only on early identification and infant hearing loss and language development, but clearly other areas of interest to the institute, including areas like otitis media and material on developmental speech and language milestones.

So, June, I hope that if there are any questions, please let me know.

JUNE HOLSTRUM: Any questions for Marin?

HALLIE MORROW: This is Hallie Morrow from California. What we have found is that the provision of materials to parents of children who have confirmed hearing loss is really problematic for us. We've been trying to develop some materials and have just found it to be very difficult. The things that we have identified are relatively unbiased information regarding communication options for parents, we hear from all sides of the table that parents get biased information.

MARIN ALLEN: That's precisely where we started with both the working group and our web site, that our options too starts with the notion that I think we all share, which is each child is unique, each set of circumstances are unique, and that the parent needs to understand that a lot of different folks are going to be offering opportunities, opinions and strategies. In fact, they're going to need to look at entire fields of opportunities.

HALLIE MORROW: And is there, and I haven't seen anything like this, but something, a guideline or a matrix or something to help parents evaluate the information that they're getting from all of these different providers?

MARIN ALLEN: I'd love to have you take a look at the web site and I'm opening statement about the communication options and what we refer out to. And any recommendations that you'd make, we'll take that to the ad hoc committee. They include some of the folks who are on the phone line, Donna Sorkin and Evey Cherou, Margaret Haloo (phonetic) and Jay Ennis and Lisa Holden-Pitt. I think some of you are on today.

HALLIE MORROW: That would be great. And also I'm really glad that you have Department of the Education participating in that, because what would be very helpful for us at the local level would be to have some standard guidelines for assessment and interventions for these infants and their families.

MARIN ALLEN: We will put that on the agenda. We have a meeting that we're in the process of scheduling right now at the end of the year. We will put that on the agenda for discussion.

HALLEY MORROW: That would be wonderful. Thanks.

JUNE HOLSTRUM: Other questions for Marin?

MARY PAT MOELLER: June, is the Mary Pat Moeller, I just wanted to add to that last caller's question that the For Families curriculum from Portland, Oregon, out of Infant Hearing Resource (IHR) has a very nice grid and some guidelines regarding communication options, and I think they can be reached at hearingandspeech.org (email address).

EVEY CHEROW: This is Evey Cherow. Mary Pat, the videos that Boy's Town produced, weren't they also about different options?

MARY PAT MOELLER: One of our tapes called "Parents with Deaf Children, Exploring Your Choices" lays out options, and it's pretty much narrated by parents, and you can find out about that at www.boystown.org. (Note: This tape was developed with support from NIDCD).

UNIDENTIFIED: And Mary Pat, that is in our combined health information database, as is the new ASHA material and the new nice piece that's been done by AG Bell.

UNIDENTIFIED: The combined health information database is a good resource for finding where these different pieces are located.

JUNE HOLSTRUM: And sometime fairly soon we hope to have up on our web site the project that Khrista Biernath was working on, and I know a lot of you sent in responses to that and reviewed that material. So in probably within the next month we should have that on, and that looks at various options as well. So stay tuned.

Any other questions for Marin? If not, we'll go on to OSERS and Glenda Hill.

GLENDA HILL: Hello. I am obviously new to this group. I don't recognize most of these voices, but I'm sitting in for Lisa Holden-Pitt. I know Lisa will be there for the meeting, June, and I know she's looking forward to that. I wish I could have been there with you also.

One of the things that I wanted to let you know about, and possibly Lisa has already mentioned it, is we have just funded a new training center in early intervention to develop modules for training for personnel who will be working with infants with deafness and hearing impairment. And some of the things that they'll be looking at are the issues involving change to surrounding early identification and referral into intervention, assessment, evaluation and then intervention paradigms themselves.

Maryann McDermott is the project officer for the center, and it was awarded to the University of North Carolina in Greensboro. It's a five-year cooperative agreement, so we hope to see lots of good things come out of that.

We have an accompanying center in visual impairment, and I'm the project officer for that, and that award was made to the University of North Carolina at Chapel Hill.

Some of the competitions that we run annually that you may find of interest, they're open for all ages. They're open for all ages and disabilities, but we do have projects in deafness and early intervention that come in under these, one is field initiated research, another is model demonstration.

We have outreach projects and then we have our personnel preparation projects, and we do have many, many projects that come in under personnel preparation: the low incidence, the birth to three early intervention. And those sometimes do come as disability specific projects.

Any questions? Well, thank you for letting me be on.

JUNE HOLSTRUM: You're welcome. And thank you for agreeing to be on. And maybe as these new grants become available you can let us know and we can announce them where they can pick up those grants.

GLENDIA HILL: Certainly I will. Thank you.

JUNE HOLSTRUM: Thank you. All right, let's move on to HRS/MCHB and Irene in Atlanta.

IRENE FORSMAN: I am very pleased to announce that our guidance for universal newborn hearing screening and intervention grants is up on the web now. We're anticipating an appropriation of five million dollars of new money, which we won't really know about until the 15th of the month. The due date for applications, however, is the 8th of December. We hope to get about thirty-one applications, which would be the difference in the number of states from the twenty-two that we have now, and all states. We're hoping that they're all good applications and that they'll all get approved and funded.

Are there any questions?

UNIDENTIFIED: Irene, can you talk a little about how this RFP will be different than the last one, what you're looking for?

IRENE FORSMAN: The only difference in the guidance from last year is that it's tighter. It's generally the same guidance. There are some more stringent requirements for reporting and for describing linkages to medical home and family-to-family support.

For any second time around applicant, I would suggest that you look not only at the guidance and the criteria, and the criteria are all in the appendices this time because we

used boiler plate applications. Take the letter that you got back with last year's application and review some of the suggestions of the reviewers.

JUNE HOLSTRUM: And I think you can also go to the infanthearing.org web site and look at some of the last years applications that were successful too for ideas.

IRENE FORSMAN: There are nineteen of the twenty-two approved applications actually up on that web site in their entirety.

JUNE HOLSTRUM: So you have lots of help this time around.

IRENE FORSMAN: Speak with the HRSA field office staff, and with Karl White's audiology regional consultants, and those can be found up on his web site as well.

JUNE HOLSTRUM: Any other questions for Irene?
(No response)

IRENE FORSMAN: Good. Everybody go home and write.

JUNE HOLSTRUM: We'll see you tomorrow morning, Irene?

IRENE FORSMAN: Yes, ma'am.

JUNE HOLSTRUM: Now on to Deborah Hayes, who is going to give us the report on the Milan Conference.

DEBORAH HAYES: June, thanks, and thanks for inviting me to share information about the NHS 2000 Conference. As many of you may know, the conference was held in Milan, Italy, on October 12th through 14th. Dr. Fernando Grandori (phonetic), Director of the Polytechnic Institute in Milan, and I coordinated the conference.

This conference was a follow up to a European Union consensus development conference on newborn hearing screening, which was held in Milan in May of 1998. The outcome of that conference was to endorse universal newborn hearing screening for European Union countries, and Dr. Grandori envisioned a follow-up conference, which ultimately became the NHS 2000, as an opportunity for international interchange about newborn hearing screening, follow-up diagnosis and early intervention.

And I'd have to say the conference was truly international. We had more than 450 individuals registered for the meeting, which was about 200 more than Dr. Grandori had anticipated. Fifty-five countries were represented, twenty-five from the European area, two from North America, seven from Central and South America, seven from Africa, four from the Middle East and ten from Asia and the Pacific area.

I think some of the highlights were twelve keynote presentations or addresses covering the spectrum of topics in comprehensive newborn hearing systems. Keynote presenters from the United States included

Marian Downs, who gave a historical perspective; Betty Bohr, who discussed the impact on public and education of universal newborn hearing screening; Christy Yoshinaga-Itano, who described developmental outcomes associated with early identification; Roz Rosen, who gave the perspective of the deaf community on early identification and intervention; Karen Jo Doyal, who discussed otologic diagnosis of infants; and Pat Tomaskowitz (phonetic), who described amplification for infants.

Other keynote topics such as hearing screening, system (inaudible) structure, audiologic diagnosis, cochlear implants and language and cognition were addressed by European keynote speakers.

Now in addition to these keynote addresses, participants contributed more than one hundred poster sessions and eighty oral presentations in the two and a half day conference. I have to say the quality of the presentations was extraordinary, and it was really gratifying to see the activity that's occurring in newborn hearing systems worldwide.

Dr. Grandori is now planning NHS 2002 Conference, which will be held in Northern Italy in May of 2002. I again will be working with Dr. Grandori to distribute information about the conference in the United States, and I look forward to seeing many US colleagues at that conference in two years. Any questions?

JUNE HOLSTRUM: That sounds wonderful. Thanks for sharing that with us, Deborah. Any questions for Deborah? I hope we'll see you there as well in 2002. Before we close, are there any last comments, questions or announcements from any of our listeners? If not, that's our program for today. The next meeting will be January 2nd, 2000. Again, thanks for joining us, and we'll talk to you next year.

(Teleconference concluded at 2:40 p.m.)