

Clinical Center



Members of the Clinical Research Training Program class of 2005-2006 (from left) Alison Rager; Bryan Traughber; Ezinma Achebe; Mehrdad Alemozaffar; CRTP Director Dr. Frederick P. Ognibene; Tony Wang; NIH Director Dr. Elias Zerhouni; Obinna Emechebe-Kennedy; Clint Allen; Frank Hwang; Lan Chang; Richard Robison; and Veronique Nussenblatt.

Clinical Research Training Program 10-year reunion champions fellows' commitment

"You are the people who will form the bridge and provide the most valuable part of translational medicine. You are the vanguard of innovation in health," said Dr. Elias Zerhouni, NIH director, speaking to alumni and current fellows in the NIH Clinical Research Training Program (CRTP). He presented the keynote address during a dinner that capped the program's 10-year reunion March 23-24.

"What is important in life is not what organization you belong to, but the values that you hold. If the values are there, things will happen," he said, expressing appreciation to the fellows for "translating their passion for clinical research, which is critical to the well-being of human kind, for the benefit of others in the world."

According to Zerhouni, the CRTP's strengths include creating friendships and networks that will last a lifetime, uniting "like minds with like values coming together for something greater than

themselves," and providing a "thinking space" with mentors and facilities to encourage scientific innovation. He advised the group to "remember key mentors" and to have the courage to take risks to follow their dreams. "You never know what turns your life will take, if you're willing to take a path that no one else will take."

Earlier in the day, current and alumni fellows heard updates on the clinical and translational research agendas from the directors of the CC, NIAID, NIDDK, NHGRI, NIMH, and NCRR. "Opportunities shape your career as much as your planning," said Dr. Anthony Fauci, NIAID director, describing how he could not have predicted his future involvement in emerging infectious disease threats, such as HIV/AIDS, when he first came to NIH.

Numerous CRTP alumni took to heart the quote NHGRI Director Dr. Francis Collins shared at the conclusion of his presentation: "As for the future, your

continued on page 4

Bike to Work Day comes to the CC

Walking toward the Clinical Center, you may have seen a brightly dressed cyclist pedal past you and wondered why someone would want to bike to work so early in the morning, in the dark, in the rain, or in the winter.

"I tend to be in a much better mood when I bike to work," said Dr. Jerry Overman, clinical pharmacy specialist in the CC Pharmacy Department for five years. Overman commutes 25 miles round-trip, three to four times a week. "Getting a cardiovascular workout first thing in the morning is a great way to start the day."

"There's absolutely nothing like it," said Samantha Smith, a clinical psychologist who works in Building 10 with NIMH's

continued on page 7



Jerry Overman, clinical pharmacy specialist, CC Pharmacy Department, bike commutes from Columbia Heights to Building 10.



(from left): Maurice "Moe" Butler, Roy Scriba, and Samuel "Ray" Martinez, at the CC since 2001, 2000 and 2003 respectively, with their rolling tool-kit.

Jobs: supply and electronics technicians

"No problem, we'll fix it."

Behind several red doors on the B2 level work some of the unseen heroes of CC patients who've had a malfunctioning bed, TV, or other device during their stay.

The CC Materials Management/Biomedical Engineering Section holds primary responsibility for general equipment used in patient care environments, some 6,000 items.

To perform preventive maintenance on that many devices, the team cycles through categories of equipment each month. For example, they focus on testing the 250 CC and ICU beds in April and May and temperature alarms in the building in October.

In addition, the team responds to approximately 10-20 calls each day—primarily from nurses—to fix items. Incoming requests are triaged and delegated among the group, with patient needs—particularly those necessary for a

procedure—at the top of the list.

"All our calls start with, 'We need.' And we say, 'No problem, we'll fix it.' It's all about the patients and making sure they're comfortable and have what they need during their stay here," electronics technician Roy Scriba said.

Kim Klapek, a nurse in the ICU on 3SWS, said the team understands the urgency of patient care and goes "above and beyond" to respond quickly to the unit's needs, whether it's a bed that needs to be fixed or equipment that must be located.

"They really take the CC customer service ethic to the highest of levels," Klapek said, adding that the department's members are "really great team players who make us feel like we're their number one priority, even though they probably make everyone feel that way." ■

Deputy nurse officer retires after 22 years

Laura Chisholm, deputy to U.S. Public Health Service Chief Nurse Officer Rear Adm. Carol Romano since May 2006, retired from the Clinical Center and federal service on March 30.

Chisholm came to the CC in 1987 as a medical oncology unit staff nurse. "I've had such a wide range of experiences here," Chisholm said. "This place allows people to grow and develop as much as they possibly can." As chief of critical and acute care, Chisholm oversaw about half of inpatient services, including 264 full-time employees and a budget of \$20 million. She considers helping develop the structure for a multi-institute oncology day hospital on 3SE her biggest accomplishment. The model encourages nurses to work with physicians to deliver patient care for a disease- or protocol-specific population, sometimes so closely

that nurses are cited as co-investigators in published papers.

Chisholm chaired the CC relocation task force to help move 16 patient care units and seven departments to the CRC. She also led her department's initial response to Hurricane Katrina. Chisholm was instrumental in organizing the first federal public health nursing leadership council that proposed recommendations to the Surgeon General on nursing recruitment and retention in HHS. Throughout her tenure, Chisholm received four CC Director's Awards, an NIH Director's Award, and 11 USPHS medals, citations, or commendations.

Chisholm in May will move with her husband to Cozumel, Mexico, where she will focus on learning Spanish and Mexican culture and cooking, and might volunteer with the International Red Cross. ■



(from left) Laura Chisholm and Rear Adm. Carol Romano, assistant surgeon general, chief nurse officer in the U.S. Public Health Service, and senior advisor for clinical research informatics, at Chisholm's retirement party on March 22.

Clinical Center News online:

www.cc.nih.gov/cc/ccnews/current/

news

Jenny Haliski, editor

Clinical Center News
National Institutes of Health
Department of Health and Human Services
6100 Executive Blvd, Suite 3C01
Bethesda, MD 20892-7511

Tel: 301-496-2563 Fax: 301-402-2984

Published monthly for Clinical Center employees by the office of Clinical Center Communications, Colleen Henrichsen, chief.

News, articles ideas, calendar events, letters and photographs are welcome.

CC News reserves the right to edit story submissions for length and appropriateness.

OP 11 clinic temporarily on 2J

On April 9, the OP 11 clinic began operating out of 2J, the former surgical intensive care unit. Construction on OP 11's old space as part of the clinic realignment and upgrade program will occur through the end of 2007. After the renovation, OP 11 will accommodate NIAID and NEI patients, who will be relocated from 10 East in Magnuson.

CC director presents NIAID director with AAP's Kober Medal

NIAID Director Dr. Anthony Fauci on April 15 received the 2007 George M. Kober

Medal of the Association of American Physicians (AAP) for his outstanding contributions to academic medicine. The award, named after a late 19th and early 20th century public health reform pioneer, is among the highest honors given to U.S. physician-scientists to recognize leadership in internal medicine.

Clinical Center Director Dr. John I. Gallin presented the medal to Dr. Fauci, a former AAP president. "Tony Fauci epitomizes the term "physician-scientist," Gallin said. "He is a superb clinician who has made signal contributions to the fields of immunoregulation, rheumatol-

ogy, and HIV/AIDS. In addition, he has been a mentor and friend to a legion of younger investigators, many of whom have become top physician-scientists in their own right."

According to Gallin, Dr. Fauci "also has been a leading scientific spokesman who has cogently informed the public about numerous public health challenges including HIV/AIDS, SARS, bioterrorism, and the threat of pandemic influenza avian flu. In sum, his contributions to medicine, public health and science are profound." ■

Reverse auction saves CC 45 percent on paper products

How much will the Clinical Center spend over five years on 13 different types of paper towels, toilet paper, and toilet seat covers? About 15 staff members wondered the same thing on March 20 as they observed an online reverse auction.

If you guessed just over \$3 million, you named the recent average market price for these products. With that as the starting point, four paper vendors logged into a Web site for an hour and a half to bid down the price of the five-year contract. Contracting officer Ann Argaman and staff assistant Henry Primas in the Office of Purchasing and Contracts, along with representatives from Housekeeping and Fabric Care Department and the NIH Office of Logistics and Acquisition Operations, evaluated paper samples and the companies' financial responsibility before inviting participants.

The CC began using reverse auctions to award contracts in 2002. The last one—in HFCD for trash can liners—saved the CC 27 percent under market value for following five years. Primas hoped to save 30 percent with the paper reverse auction; he ended up saving 45 percent. The final bid, \$1,659,267.10, includes transportation costs to protect the CC from oil-related price increases.

The process brings to bear all the excitement and psychology of any bidding war. Suppliers can bid as many times as they want, and they can see their competitors' bids once they have placed

their initial submission. The reverse auction vendor can communicate with suppliers through the online system if they have questions or experience technical difficulties. The CC required vendors to decrease each of their bids by a minimum of \$5,000 and bid on all 13 line items for all five years.

Although only HFCD and materials management have conducted reverse auctions so far, Argaman said that the recurring purchases in a hospital environment could provide an opportunity for other departments to achieve cost-efficiencies through reverse auctions. NIH previously used the process to secure a low price on copy paper, a ubiquitous need. The CC was also involved as a partner in that auction and each department benefited from those savings. Staff from the NIH Acquisition Planning and Specifications Branch assisted with all of CC auctions to date. Sydney Jones, head of the CC's Office of Purchasing and Contracts, said the reverse auction is "one of a number of tools important to accomplishing our goal of cost containment and efficiency in the CC acquisition program."

When the bids are final, the winners are evaluated once again on their ability to fulfill the contract terms. A requirements contract means that the government is not committed to buy a minimum amount. However, in the CC and vendor's experience, it is rare to find a lower price than the one produced by a reverse auction. Ramanji Singh, the vendor representative

who managed the process for the CC, said she had seen a reverse auction produce savings as high as 80 percent. For Argaman and Primas, saving 45 percent made their week. ■

Research volunteers needed for studies

Neck pain study

Volunteers with or without neck pain ages 18 to 65 needed to participate in a three-month natural history study (02-CC-0245) involving four one-hour visits. Contact neckpainstudy@gmail.com, 301-496-4733.

To participate in any of the following studies, call 1-866-444-2214 or TTY: 1-866-411-1010. Compensation provided for all three.

Ankylosing Spondylitis study

Do you have Ankylosing Spondylitis? Consider volunteering for one of two NIH research studies on the condition (03-AR-0131 and 04-AR-0205).

Teenage girls and weight gain

A group therapy study (06-CH-0039) seeks healthy girls ages 12 to 17 who are at risk of gaining excess weight.

Sleep and obesity study

A sleep and weight study (06-DK-036) seeks obese adults ages 18 to 50 who sleep less than six hours at night.

CRTP reunion celebrates next generation of research *continued from page 1*



Members of the 1997-1998 founding class (from left) Drs. Amin Azzam, Eric Eskioglu, David Robbins, Uri Lopatin, and Jonathan Samuels stand before their poster at a dinner for CRTP alumni sponsored by the Foundation for the National Institutes of Health and Pfizer Inc.

at the Kennedy Krieger Institute and Johns Hopkins School of Medicine.

"At some point, you have to bring up the younger generation of clinical researchers, which is why we have this fabulous program," said Dr. Stefan Weiss (1999-2000), senior medical director at Connetics Corporation. Weiss described his "alternative track," beginning with work as a CRTP fellow with Dr. Ezekiel Emanuel, chief of the CC Clinical Bioethics Department, followed by specialization in dermatology and learning business development in the pharmaceutical industry.

Nine former CRTP fellows have returned or will return to NIH for additional fellowship programs, post-residency training in NCI, NINDS, NIAID, and the CC. Dr. Michael Dimyan (2000-2001), currently a clinical fellow in neuro-rehabilitation, NINDS Human Cortical Physiology Section, recently submitted a paper based on work begun during his CRTP experience. Dr. Porcia Bradford

task is not to foresee, but to enable it," he said, citing Antoine de Saint-Exupery.

Reflecting on how things have changed since the first class came to campus, Director Dr. John I. Gallin traced Clinical Center accomplishments that have occurred since the birth of the CRTP 10 years ago, noting "this has been an era of extraordinary growth and transition." Milestones include celebration of the CC's 50th anniversary in 2003, opening of the new hospital, the Mark O. Hatfield Clinical Research Center, in 2004, responses to the Katrina disaster in 2005, and opening the Metabolic Clinical Research Unit earlier this year.

During the weekend's alumni panel on career development post-CRTP, several panelists echoed Fauci's emphasis on the opportunities the program offers for professional growth. Dr. Lynn Henry

(1999-2000) said she came to the program thinking she wanted to work in infectious diseases. Exposure to various clinical and translational research opportunities as a fellow led her in a different direction. She's

“CRTP is a great learning experience with fabulous role models and mentors.”

—Dr. Uri Lopatin (founding 1997-1998 class)
Associate director, Schering-Plough hepatology branch

now a hematology/oncology fellow at the University of Michigan Comprehensive Cancer Center.

"I don't think I could have planned a more perfect route, and nine years ago I wouldn't have guessed that this would be my research," said Dr. Stacy Suskauer (1998-1999), pediatric rehabilitation fellow

(2003-2004), who will return to NIH in July as a fellow in the NCI Division of Cancer Epidemiology and Genetics, said she particularly enjoyed touring the new hospital and reuniting with medical school colleagues and NIH mentors.

Several fellows credited CRTP with helping them create contacts and



Fellows (from left) Drs. Heidi Schambra (2001-2002), Jason Gaglia (2000-2001), Michael Dimyah (2000-2001), Stefan Weiss (1999-2000), Stacy Suskauer (1998-1999), Eric Eskioglu (1997-1998), Jonathan Samuels (1997-1998), and Lynn Henry (1999-2000) participated in an alumni panel on career development post-CRTP.

A decade of CRTP history at a glance

One hundred and ninety students representing 61 medical and three dental schools have participated in the Clinical Research Training Program since it was established in 1997. Former NIH Director Dr. Harold Varmus initiated the program to provide creative, research-oriented students with an opportunity to become involved in clinical research early in their careers.

According to Dr. Frederick P. Ognibene, director of the CC Office of Clinical Research Training and Medical Education and of CRTP, "During the CRTP year the students learn the principles of clinical research and conduct either clinical or translational research alongside energetic NIH investigators who serve as mentors. It's truly a life-changing experience that would be hard to replicate elsewhere."

CC Director Dr. John I. Gallin chairs the 30-member Board of Tutors, NIH principal investigators who assist in the review, interview process, and selection of candidates and serve as advisors for students during their research year. Support from Pfizer Inc allowed the program to grow to 15 students annually starting with the 1998-1999 class. The company renewed its commitment four times; most recently in late 2006 for another three-year cycle.

"The partnership between Pfizer and the Foundation extends back to 1998—nearly to the birth of the Foundation—and includes contributions, pledges, and in-kind gifts totaling \$38.9 million, including \$7.4 million in support of CRTP," said Amy McGuire, executive director of the Foundation for NIH. In 2004, the NIH Roadmap provided additional funds and allowed the program to increase in size from 15 to 30 students. The current class is the third to include 30 students.

networks that are still fruitful today. Dr. Jonathan Samuels (1997-1998), assistant attending physician and clinical instructor in medicine for the Division of Rheumatology at New York University Hospital for Joint Diseases, described a current collaboration with a colleague he met at NIH who is now in Oklahoma. Dr. Uri Lopatin (1997-1998), associate director, hepatology branch, Schering-Plough, called CRTP a "great learning experience with fabulous role models and mentors that creates a network of people," many of whom remain in contact years later.

The experience is "very enabling for those who begin a very long, difficult road. It's an invaluable resource to have a community of peers. It's a wide, wide world full of really smart people who all have something to offer the clinical endeavor."

During informal discussions throughout the reunion, alumni from the early days of the program offered valuable advice about what to consider before and after fellowships and residencies. Discussions also focused on how NIH might expand the CRTP for future generations, including the possibility of longer "tune up"

sessions to deconstruct clinical projects or focus on grant writing skills, continued mentoring, and improved mechanisms to support the transition from fellowship to an independently-funded investigator.

At the event's keynote dinner, The Honorable John E. Porter, vice chair of the board of directors for the Foundation for



(from left): Drs. Porcia Bradford and Mark Naftanel, both CRTP class of 2003-2004

NIH, acknowledged the "risks and real sacrifices" made by the fellows to pursue their vocation of helping patients. "The Foundation for NIH takes pride in your persistence and the excellence of your work," Porter said, adding that scientists have the utmost of America's respect. Pfizer Chief Medical Officer Dr. Joseph Feczko praised the endurance and expansion of CRTP. "Seeing the success of this—where you've all ended up or are going—is a tremendous credit to you and to this program," Feczko said.

The Foundation for NIH and Pfizer Inc sponsored the reunion. Seventy CRTP alumni attended, along with most participants in the current class of 30. ■



(from left): Dr. June Tester; daughter Margo Azzam, aspiring CRTP class of 2028; Dr. Amin Azzam (CRTP 1997-1998); and Kenny Williams, CRTP program coordinator since 1997.

Human genome sequencing study enrolls first patient at CC

Alan Freeman, a 48-year-old electric utility company employee from Silver Spring, in early January became the first of 1,000 participants to enroll in a study led by NHGRI to test the use of human genome sequencing in a clinical research setting. In the ClinSeq study, high-throughput DNA sequencing will be used to determine whether tiny changes in selected genes may indicate predisposition to or onset of common diseases. Initially, the study will focus on the 200 to 400 genes connected to coronary heart disease and will follow participants for as many as 10 years.

"My family has lost some to heart attacks," Freeman said, noting that he was told about the ClinSeq study by his cardiologist, whom he was seeing for a heart checkup prompted by some undiagnosed chest pains.

Study goals include detecting genetic changes that increase the risk for cardiovascular disease, developing the process by which genomic sequencing can be used as part of medical care, and assessing whether participants want to learn genetic information and how they respond to this information.

The study also will explore the use of large-scale genome sequencing, a tool once reserved for basic bench research, as a potential test that clinical researchers can use with their patients. Participants also receive education about interpreting genotype information.

Although the researchers will monitor some indicators of participant's interest in genetic test data and their responses to those data, the study primarily focuses on clinical research application of sequencing technology—not behavior.

Freeman's enthusiasm for the study extends to the people he's met at NIH and the project they have described to him. In the week following his initial visit to the CC he spoke of the staff as "some of the nicest people I've ever met. They spelled out clearly what they wanted—blood and not tissue."

Dr. Leslie Biesecker, chief of the genetic disease research branch at NHGRI, will conduct the study with a team of NIH researchers. "ClinSeq is the first study in which results from high-throughput sequencing will be communicated back to



(from left): Primary investigator Dr. Leslie Biesecker and Flavia Facio, genetic counselor and lead associate investigator, meet with patient volunteer Alan Freeman, who is participating in the ClinSeq clinical trial.

individual patients," he said. Collaborators include staff from the CC, NHLBI, NIBIB, and the NIH Intramural Sequencing Center.

The DNA will be extracted from white blood cells and sent to the sequencing center. Physical characteristics—called phenotypes—will be correlated with genetic variations found by sequencing. The study chose to focus on coronary heart disease because targeted areas of the genome selected for sequencing previously were shown to be related to the coronary heart disease phenotype.

Alan Remaley, an investigator in the CC Department of Laboratory Medicine who helped draft the gene list and design the study, said they are assisting with the study in two ways: performing the standard lab tests for coronary heart disease and conducting new serum tests for the proposed disease markers that will be banked for future studies. "This will probably be the most comprehensive study to sequence genes involving a complete DNA-sequencing approach for cardiovascular disease risk," Remaley said.

In addition, in three or four years it might be possible to sequence the entire genome, although that long-term goal depends on technology, according to Remaley.

The study exemplifies NHLBI's commitment to advance the understanding of the

causes of heart disease—the leading cause of death in the United States—and to explore innovative ways to rapidly transform basic scientific discoveries into tangible improvements in health.

"Applying what we have learned from the Human Genome Project and identifying genetic determinants of increased risk for heart disease will guide us toward the next phase of cardiovascular medicine," said Richard Cannon, NHLBI clinical director. "The future of medicine is to offer predictive, preemptive, and personalized care. This study will help us better predict a person's risk of heart disease, which ultimately could lead to earlier and more individualized treatment."

The study's first participant shares the researchers' curiosity and excitement. "I am by nature curious. I have been following human genome research because of my coronary problems and heart," Freeman said. "Just the fact that they can look at a gene and perhaps even treat you before a problem occurs—just the fact they are headed that way—fascinates me." ■

Bike commuters pedal for health, win regional award continued from page 1

Mood and Anxiety Disorders Program. "It's so much easier to work exercise into your life if it's just part of your daily routine. It helps energize you for the work day and de-stress at the end. Without even thinking about it, I burn hundreds of calories getting to and from work. Try it a few times and you'll be totally addicted." Smith, who rides about 100 miles per week, said it makes her "ready to work without caffeine or nicotine and it makes me happy. I'm not sick as often as I would be if I wasn't fit, so I'm more productive all around. When I talk to patients about making healthy lifestyle changes, I can say it with conviction!"

Bike commuting also provided a practical benefit to Overman when he underwent major back surgery in May 2004. "After a year and a half of recovery with lots of physical therapy and muscle strengthening, I worked my way back on the bike. I have been back on my bike for about the last year, and when I bike I am able to keep the nerve pain at bay," Overman said. Overman's bike commuting also plays a role in how he

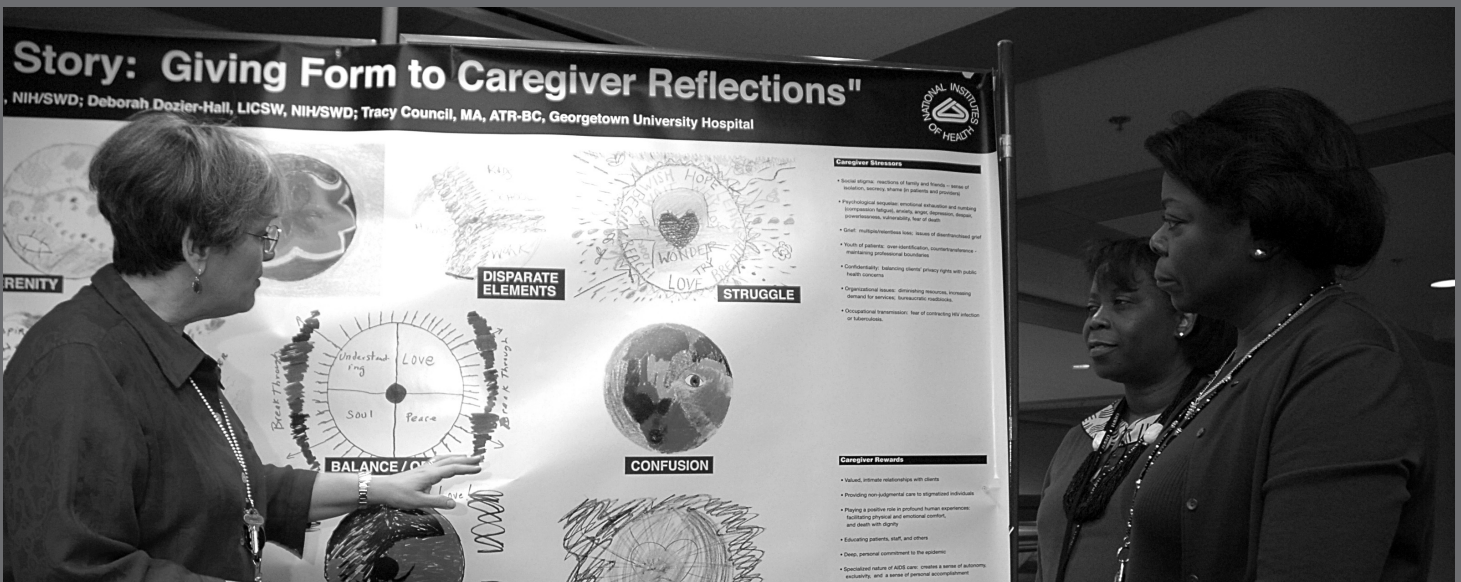
spends his free time and gives to others. He's planning a two-week biking vacation in Italy's Tuscany region this month and is training to participate in El Tour de Tucson, a 109-mile, one-day event in November. All proceeds from the ride benefit Tu Nidito Children and Family Services, a Tucson not-for-profit organization whose mission is to provide help for children and their families as they deal with serious illnesses and death.

The NIH Bicycle Commuter Club (NIH-BCC) is gearing up for the Washington Area Bicyclists Association's annual Bike to Work Day event on Friday, May 18. The Metropolitan Washington Council of Governments last year named NIH the area's largest employer of Bike to Work Day participants. A 2007 goal for the club and president Angela Atwood-Moore is to defend the 2006 Bike to Work Day award for highest employee participation in the event. The club counts between 300 to 400 active cyclists on campus, and their listserv includes 188 registered members.

CC employees can meet other bike commuters from across campus at the monthly meetings and regular events organized by the NIH Bike Club. "It's great to share a passion for biking with others," Smith said, adding, "Bike commuters are generally practical people who want to stay fit, help the environment, and look after their mental health—all of which biking helps you achieve." Smith encourages staff considering trying bike commuting to call one of the NIH bike club mentors, who are listed on the club's site by their home neighborhoods and will "help you through whatever barriers you're struggling with." Overman advises bike commuting newcomers to "talk with one of us who have made the transition, start slow, work up to the commute, and give yourself lots of time, especially in the beginning."

For more information about NIH-BCC, including links to popular bike commuting routes and contact information for club mentors, visit www.recgov.org/r&w/nih-bike/ ■

Open house displays Social Work Department's varied roles



The Social Work Department on March 29 hosted their first open house in the hallways surrounding their second floor offices and conference room. A selection of posters, pamphlets, and publications describing the department's varied functions—as well as many social work staff members and volunteers—were available to CC staff.

(from left): Tina Levin, HIV counseling coordinator, explains a poster she helped to create about the use of mandalas—colorful diagrams used in meditation—to help patients and their caregivers explore their feelings about HIV/AIDS to Bernice Williams, CC research nurse, and Marcela Morgan, a clinical social worker currently assisting bone marrow transplant patients.

Upcoming Events

Clinical Center Grand Rounds and Great Teachers Lectures

May 2, 2007

Neurocysticercosis: A Story of Cysts and Fits

Theodore E. Nash, M.D.
Head, Gastrointestinal Parasite Section,
Laboratory of Parasitic Diseases, NIAID

Targeted Approaches to the Treatment of Hypereosinophilic Syndromes

Amy D. Klion, M.D.
Staff Clinician, Laboratory of Parasitic
Diseases, NIAID

**May 9, 2007
Great Teachers**

Contemporary Clinical Medicine: Great Teachers

The Doctor-Patient Relationship: Listening for the Self-Telling Body
Rita Charon, M.D., Ph.D.
Professor of Clinical Medicine and
Director, Program in Narrative Medicine,
College of Physicians and Surgeons of
Columbia University

Lecture will be videocast, [http://
videocast.nih.gov](http://videocast.nih.gov)

May 16, 2007

The Road to the Unknown: The Discovery of the Novel Pathogen

Granulibacter bethesdensis
David Greenberg, M.D.
Associate Clinical Investigator,
Laboratory of Clinical Infectious
Diseases, NIAID

Adrian M. Zelazny, Ph.D.
Staff Scientist, Laboratory of Clinical
Infectious Diseases, NIAID

May 23, 2007

Getting the Dose Right: Lessons From Clinical Practice and the Published Literature

Arthur J. Atkinson, Jr., M.D.
Adjunct Professor of Molecular
Pharmacology and Biochemistry,
Feinberg School of Medicine,
Northwestern University

Variability in Drug Responses: Kinetics, Genetics, and Dynamics

Juan J. L. Lertora, M.D., Ph.D.
Director, Clinical Pharmacology
Program, CC

May 30, 2007

The Role of the Advanced Practice Nurse (Nurse Practitioner, Nurse Midwife, and Nurse Anesthetist) and Physician Assistant in Clinical Research at the NIH

Victoria Anderson, M.S.N., C.R.N.P.
Director of Clinical Services, Laboratory of
Clinical Infectious Diseases, NIAID

A Career in Clinical Research: Opportunities and Challenges

Jennifer T. Loud, M.S.N., C.R.N.P.
Nurse Specialist, Research; Principal
Investigator, Breast Imaging Study,
Clinical Genetics Branch, Division of
Cancer Epidemiology and Genetics, NCI

June 20, 2007

**John Laws Decker Memorial Lecture
The Microscope as a Tool for Disease Discovery**

Elaine S. Jaffe, M.D.
Chief, Hematopathology Section
Acting Chief, Laboratory of Pathology
Center for Cancer Research, NCI

Send in the clowns

Ringling Brothers and Barnum & Bailey Circus dancer Glenda Figuereido and clown Neal Skoy visited CC pediatric patients, including Quincy Wilson, on March 21 before a special private performance at the Verizon Center that night.

According to R&W President Randy Schools, 2007 marks the 10th anniversary of the event in conjunction with the Verizon Center, Easter Seals, the R&W, and others to treat children and their families in Washington, D.C., Maryland, and Virginia to an evening at the circus. Over 10 years the organizations provided 65,000 tickets, which were distributed to individuals identified through social workers in the region. Eighty-four pediatric and adult patients and their family members from the Children's Inn and the CC were able to attend the pizza dinner and meet circus entertainers.

Holly Parker, recreation therapist with the Rehabilitation Medicine Department's recreation therapy section said, "This circus trip is a highlight of the year for many of our patients and their families. The children and adults are always smiling at the end of the evening and talking about which circus act they enjoyed the most."



NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in March:

■ A Phase 2 Study of the c-Met RTK Inhibitor XL880 in Subjects with Papillary Renal-Cell Carcinoma (PRC), 07-C-0121, Ramaprasad Srinivasan, MD, NCI

■ Pilot Trial to Identify and Characterize Breast Stem Cells in Women at Average Risk and Increased Risk for Breast Cancer, 07-C-0123, Jennifer Eng-Wong, MD, NCI

■ Pilot Study of Intravitreal Injection of Ranibizumab for Macular Telangiectasia with Neovascularization, 07-EI-0095, Wai T. Wong, MD, NEI

■ Pilot Study of Intravitreal Injection of Ranibizumab for Macular Telangiectasia without Neovascularization, 07-EI-0096, Wai T. Wong, MD, NEI

■ Pilot Study for the Development of Transient Forearm Endothelial Dysfunction, 07-H-0124, Michael N. Sack, MD, NHLBI

■ Effect of Short-Term Beta-Cell Rest in Adolescents and Young Adults with Type 2 Diabetes Mellitus, 07-DK-0115, Kristina I. Rother, MD, NIDDK

■ Imaging of Cannabinoid CB(1) Receptors Using [11C] MePPEP, 07-M-0118, Robert B. Innis, MD, NIMH

■ BOLD-fMRI of the Perception of Volition in Functional Movement Disorders, 07-N-0117, Fatta B. Nahab, MD, NINDS

■ Modulation of Motor Function by Stimulation of the Central and Peripheral Nervous System, 07-N-0122, Leonardo G. Cohen, MD, NINDS