

nih record



ABOVE • Kids test 'way cool' brain power during NIA-led event at Walter Reed. See photos on p. 9.

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With No Easy Answers, Research to Continue

Caesarean Delivery on Maternal Request: Yea or Nay?

By Belle Waring

An independent panel of experts assembled by NIH has determined that there is not enough quality evidence to fully evaluate the risks and benefits of caesarean delivery on maternal request (CDMR) as compared with planned vaginal delivery. More research, they said, is needed.

The panel also found that until sufficient evidence becomes available, "any decision to perform a CDMR should be carefully individualized and consistent with ethical principles."

The State-of-the-Science conference on CDMR, convened Mar. 27-29, sparked questions from both participants and reporters covering the event.

"That's because birth is not only a physical process; it's an emotional one," said Dr. Catherine Spong, chief of NICHD's Pregnancy and Perinatology Branch and one of

SEE CAESAREAN DELIVERY, PAGE 6



Panel chair Dr. Mary V. D'Alton, Columbia University's director of obstetrics and gynecology

Making Memories

Smiling Security Guard Spreads Early Morning Cheer

By Jan Ehrman

"I never forget a face. But in your case, I'd be glad to make an exception," the wise-cracking Groucho Marx remarked in one of his comedies from over half a century ago.

In the case of Damien Staten, however, it's no joke. He truly never forgets a face. Or makes an exception. In fact, the affable NIH security guard can line up the proper mug with the appropriate name of some 100, 200 or perhaps as many as 300 NIH employees who pass through the Wilson Drive entrance each morning on the way to work. How does he do it? And with a cheery countenance that lights up the morning for staffers fortunate enough to come vis-à-vis with him?

"I like the faces, I really do. When people come by my post, I try to make their day," he said with a broad, genuine smile. "You see, when I make their day, then they make mine. What I'm saying is that these people are not just NIH employees,

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Dr. Rena Wing of Brown Medical School

Maintenance Is Priority One

Wing Presents Hopeful Findings in Weight Control

By Belle Waring

You diet; you exercise; you finally reach your goal. To celebrate, you have a treat, and gradually, over time—you regain.

You're not alone. Only 2 out of 10 people who lose weight keep it off. What happens to the other 80 percent?

They suffer an increased risk of type 2 diabetes

SEE WEIGHT CONTROL, PAGE 8



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briefs

NIH To Mark Earth Day, Apr. 27

NIH will celebrate Earth Day on Take Your Child to Work Day so we can share concern for the environment with our children. All are invited to the lawn in front of Bldg. 1 on Thursday, Apr. 27 from 10 a.m. to 2 p.m. to view displays on energy conservation, the wildlife and vegetation of NIH's stream and urban forest, telecommuting, alternative fuel vehicles, vanpool information, waste management, the NIH Bicycle Commuter Club, recycling and the Mercury-Free NIH campaign.

Check out the projects made out of discarded items by children at the NIH Child Care Centers and take a tour of the watershed and stream right here on campus. Get an update on the progress of habitat restoration and the bird houses.

The bike club will sponsor a ride-to-work day (coming May 19) and members will be under the canopy later to talk about routes, maps, showers and their mentoring program. Members of NIH's sustainability interest group will also be on hand and visitors will be able to get lunch, a snack or a cold drink from food vendors.

Save the date and stay tuned for details on the bike ride. Look for a global email about Earth Day with more information.

STEP Forum on Managing Change

The staff training in extramural programs (STEP) committee will present a Workplace Strategies Forum on the topic, "Crisis—or Opportunity? Tools for Change Management," on Thursday, Apr. 27 from 8 a.m. to noon in the Natcher conference center, Rms. E1/E2.

The NIH budget goes from fat to flat. CSR reorganizes the study sections in your field. And your new boss arrives next Monday...Change happens, and NIH is always in the middle of a lot of it. Change can be chaotic and painful, or constructive and positive; it's usually all of these. But we can anticipate change in our workplace and seize the opportunities it presents. There are practical strategies to reduce the pain and increase the gain. Come learn from experts how to lead from the middle and make the most of changes happening in your worklife.

Self-Defense, Safety Awareness

The Work and Family Life Center will hold a seminar titled, "Basic Self-Defense/Safety Awareness," on Wednesday, May 10 from noon to 1:30 p.m. in Bldg. 31, Rm. 6C10. Reduce your personal safety vulnerability by attending this combined lecture and demonstration of self-

protection techniques. Learn about victim safety and awareness through understanding people, situations, body language, verbalization, pressure points, body kinetics and versatile "hands-on" self-defense tactics.

Spring Lecture Series on 'Evolution and Medicine'

There will be a 4-part lecture series on "Evolution and Medicine" in May; the talks will examine how evolution affects both basic science and clinical research in ways that many may not immediately recognize.

May 3, Evolution and Development, Rudolf Raff, Indiana University

May 10, Evolution and Education, Brian Alters, McGill University

May 24, Evolution and Genomics, Eric Green, NHGRI

May 31, Evolution and Infectious Diseases, Robin Bush, University of California, Irvine

All lectures are on Wednesdays and will be held in Natcher balcony B, from noon to 1 p.m. An informal discussion period, from 1. to 2 p.m., follows each talk. Live webcasts will be available and archived at <http://videocast.nih.gov/>. Sign language interpreters will be available upon request. If you require this or other reasonable accommodation to participate, email moorec@mail.nih.gov, or call (301) 402-2470 (voice), or TTY (301) 496-9706 at least 5 days before the event. The series is sponsored by NIGMS, NHGRI and the Office of Science Education.

National Day of Prayer, May 4

This year's National Day of Prayer will be observed Thursday, May 4 at 11:30 a.m. on the lawn in front of Bldg. 1, near the flagpole. The observance invites all people of any faith to pray for the good of the country and its leaders.

Fauci To Give Leiter Lecture, May 10

NIAID director Dr. Anthony Fauci will give the 2006 Joseph Leiter Lecture on Wednesday, May 10 from 1:30 to 3 p.m. in Lister Hill Auditorium, Bldg. 38A. He will discuss "Pandemic Influenza and Other Emerging Infectious Diseases: Public Health Threat and Research Agenda." A reception follows the talk.

Fauci's lecture will provide an overview and status of pandemic influenza and our nation's ability to detect and counter bioterrorism based on information generated by biomedical research on disease-causing microorganisms and the immune system's response to them.

The Leiter lectureship was established in 1983 to stimulate intellectual liaison between the Medical Library Association and the National Library of Medicine.

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Dr. Bruce Rosen will give an Apr. 26 NCCAM lecture on acupuncture.

Lecture on 'Imaging and Acupuncture,' Apr. 26 in Masur

Acupuncture originated in China more than 2,000 years ago—but does scientific evidence confirm its effectiveness?

Learn about acupuncture's effects on the mind and body from Dr. Bruce Rosen, the next speaker for the Distinguished Lectures in the Science of Complementary and Alternative Medicine, hosted by the National Center for Complementary and Alternative Medicine. The lecture, "Neurobiological Correlates of Acupuncture: Modern Science Explores Ancient Practice," will take place on Wednesday, Apr. 26 at 11 a.m. in Masur Auditorium, Bldg. 10.

Rosen is professor of radiology at Harvard Medical School and director of the Martinos Center for Biomedical Imaging at Massachusetts General Hospital. His research focuses on the development and use of brain-imaging techniques to solve biological and clinical problems. The techniques that he and his colleagues have developed in functional imaging are being used by hospitals throughout the world to evaluate patients with stroke, brain tumors, dementia and mental illnesses.

Rosen acknowledges that the popularity of acupuncture in the West is growing, but in order for this healing art to be integrated into mainstream medicine, it must be examined within the evidence-based framework of the scientific method. Scientific exploration into the basic mechanisms underlying acupuncture has been relatively recent, and while much has been revealed, much is still unknown. Brain imaging techniques have helped to clarify acupuncture's effects on the human mind and body. Among the insights gained from new imaging modalities are how acupuncture has an impact on localized activity and chemistry in the brain as well as pain relief. Rosen will discuss how his research seeks to clarify the neurobiology of

acupuncture and to extend our ability to integrate this ancient healing technique into evidence-based medicine.

All are welcome to attend the lecture. It will also be videocast on <http://videocast.nih.gov>. For reasonable accommodation, contact Karen Davison at (301) 348-1606, or the Federal Relay at 1-800-877-8339. For lecture information, visit www.nccam.nih.gov.



Dr. Martin Friedlander will deliver the first Sayer Vision Research Lecture on May 25.

Friedlander To Give Inaugural NEI Sayer Lecture

Dr. Jane Sayer, a research scientist at NIDDK, has established the Sayer Vision Research Lecture and Award at the Foundation for the National Institutes of Health, in partnership with the National Eye Institute to honor her family and the memory of her parents, Winthrop and Laura Sayer.

The lecture and award series will provide an opportunity for honorees to explore areas of interdisciplinary collaboration such as angiogenesis that may lead to advances in diverse medical specialties with relevance to vision research. A number of factors place vision science in a position for major advances in the near future—including the large number of identified genes relevant to eye disease and the relative ease with which pathology can be visualized and documented in the eye.

The first Sayer Vision Research Lecture will be delivered by Dr. Martin Friedlander, professor in the department of cell biology at Scripps Research Institute and chief of retina services, division of ophthalmology, department of surgery at Scripps Clinic in La Jolla, Calif. The lecture, titled "Stemming Vision Loss with Stem Cells," will take place on Thursday, May 25 from 1 to 3 p.m. in Lipsett Amphitheater, Bldg. 10.

In the near future, the Sayer Vision Research Fund will support two related activities: a lecture by a nationally or internationally prominent scientist—from within or outside NIH—in a discipline with relevance to vision research, and an award to a promising new investigator in vision research within the intramural NIH community. The winner of the award will receive a grant-in-aid for his or her current research and will be asked to present the next Sayer Vision Research Lecture, which will provide the awardee with broad recognition both locally and internationally. More information about the details of this award will be available soon.

Symposium Honors NIDDK's Badman

"New Insights in Iron Biology" will be held Wednesday, May 3 from 1 to 4 p.m. in the Natcher Conference Center to honor Dr. David Badman, a relentless advocate for iron biology research that led to major advances in understanding iron metabolism, genetics and hematopoiesis. Invited speakers are Raymond Bergeron (Univ. of Florida, Gainesville), Ernest Beutler (Scripps Research Institute), Gary Brittenham (Columbia Univ.), Jerry Kaplan (Univ. of Utah) and Elizabeth Theil and Kenneth Raymond (UC Berkeley). Register at www.nidk.nih.gov/fund/other/ironbiology/index.htm.

SECURITY GUARD

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they are my friends. So I do my best to remember their names, as well as protect them.”

Staten has lots of opportunities each morning, greeting and meticulously scrutinizing the ID badges of as many as 2,000 NIH’ers who trek through his entrance 5 days a week. Meanwhile, the 25-year-old Washington, D.C., native and sports devotee has a memory bank that few can rival. He proudly affirmed that he

knows the names of myriad staffers, probably numbering well into the hundreds, including the NIH associate director for communications, whom he acknowledges each morning. “I thought it was remarkable that Damien remembered my name,” said John Burklow. “As I talked to others who go through his post, it turns out he remembers everyone’s name—it’s amazing. He’s always warm and cheerful—a model for how to greet visitors to the NIH.”

Staten, who currently resides in Landover, Md., has been working at NIH since September 2001 with MVM Security, which employs some 500 guards on the Bethesda campus. An

early riser by nature, he holds post during the 5 a.m. to 1 p.m. shift weekdays with his partner, Edmond Sombie. His vehicle-monitoring duties notwithstanding, he also operates in tandem with the NIH Police, a group that works hard behind the scenes to ensure overall campus safety.

Of his extraordinary recall abilities, Staten says, “they’re nothing new.” He said he has always had a first-rate memory. “My mother used to play (the board game) Memory with me and she said even when I was a little kid that I had an outstanding memory. I would always remember just where every board piece was. I guess the process of remembering has stayed with me,” he noted, “only this time it’s names, not board pieces.”

It also helps that he has formed a bond with the employees he receives on campus each morning. Staten never forgets that his face is the first one many staffers encounter daily. Not that this alone doesn’t pose a few formidable challenges—especially on the toughest hurdle of the week—Monday. But he has a way of putting a therapeutic touch on staff—he starts the week off right by placing a smile on both his face and those of his acquaintances. “I know first-hand how tough Mondays can be. Whatever I can do to help I do,” Staten said.

While standing guard, Staten admitted that challenges far beyond coming to work on Mondays can sometimes occur, even for an optimistic, cool-headed individual like himself. He recalled one particularly sticky situation where his easy-going nature may have averted a major scene. “There was a patient from the Clinical Center who approached my station and absolutely refused to show his driver’s license or any other identification. I don’t know why, but this guy was about ready to explode,” recalled Staten, who calmed the driver down by speaking in a soothing, caring manner. Ultimately, he got the patient to show him the required credentials without creating chaos.

The fact that Staten loves what he does lends itself neatly to his calm demeanor, and no doubt influences how he comes across to others. “I love my job. I love the employees coming through. And I’m a firm believer that the response you give is the one you get back,” he said. “For me, any chance I have to make a good friend—I’ll take it.”



Damien Staten greets NIH’ers cheerfully each morning at his security post and almost never forgets a face.

Environmental Policy Asks Something of Us All

All NIH'ers have a role in protecting the health of the nation. Each day more than 20,000 people arrive at the Bethesda campus, and cumulatively each week we:

- Consume 15 million gallons of water
- Generate 180 tons of trash
- Generate 3.5 tons of hazardous waste
- Consume \$1.4 million of electricity and petroleum products
- Emit 2,600 metric tons of greenhouse gas to the atmosphere.

Research at NIH improves health, but the way we do it burdens the environment and contributes to public health issues. For example, air emissions from the operation of research facilities and from vehicle use contribute to chronic lung disease and asthma in vulnerable segments of the population. Air emissions have become so high that the Washington metropolitan area has been designated as a severe non-attainment area for ground-level ozone.

The good news is that we can make decisions that lessen this impact and together have a positive effect. For example, you can choose alternative transportation such as biking, walking, carpooling or public transit. When leaving the office you can turn off equipment, computers and lights, which lessens electricity demand and reduces emissions resulting from production of electricity. You can procure more energy-efficient equipment and less toxic chemicals.

NIH's effort to improve the environment is not new. The Mad as a Hatter Campaign and the NIH Recycling Program are two examples of how the environment benefits when the NIH community gets involved. As a result of these programs, NIH achieved significant reductions in mercury use throughout the campus, and recycled 3,108 tons of waste in 2004.

However, we can do more. On Jan. 13, NIH director Dr. Elias Zerhouni signed a policy that asks the agency to continue to protect human health through involvement in the Environmental Management System. The EMS challenges all employees to use healthier alternatives in getting their jobs done. The executive officers of the institutes and centers are taking the lead in this effort by sending representatives to the NIH environmental committee and communicating goals and expectations to the community.

Individuals can get involved through participation in focus groups that will identify ways each person can have a positive effect. All employees are welcome to participate. For more information, visit <http://orf.od.nih.gov/ems.htm> or contact Terry Leland via email (lelandt@mail.nih.gov) or by phone, (301) 496-7775. 📞

NIAMS at 20

"To be stewards of a biological research enterprise that affects the health of millions of Americans is a tremendous responsibility."—Dr. Stephen I. Katz, director, NIAMS



Virtually every household in America is affected in some way by diseases of the bones, joints, muscles and skin—diseases that are the mission areas of the National Institute of Arthritis and Musculoskeletal and Skin Diseases.

As NIAMS observes its 20th anniversary, we celebrate many research advances that have led to a greater understanding of these diseases and, in many cases, improved quality of life for the millions of Americans affected by them. As director of the institute, I am proud to have had a part in these advances. Yet there is still much work to be done—research that will both further our understanding of these diseases and translate this knowledge into better therapies for those affected now and preventive measures for those at risk.

During this anniversary year, we'd like for you to get to know us better. Over the coming months, you'll be reading brief vignettes on these pages about some of the advances we've made, the avenues we're pursuing and some of the people and partnerships that are making all of this possible now and as we enter our third decade. We look forward to sharing the many facets and voices of NIAMS with you!—**Stephen Katz**

CAESAREAN DELIVERY

CONTINUED FROM PAGE 1

Top:

Speaker Dr. Anthony G. Visco of the University of North Carolina at Chapel Hill presents a review of short-term maternal outcomes.

Bottom:

Panel member Dr. Patricia J. O'Campo, University of Toronto epidemiologist, fields audience question.

PHOTOS: BILL BRANSON

the conference's organizers. "Some people think no baby should ever be delivered by caesarean," she noted, "while others think all babies should be. People bring their passion to this issue."

Spong's specialty focuses on maternal health, pregnancy, fetal well-being, labor and delivery and the newborn's adjustment to life outside the womb. In collaboration with the Office of Medical Applications of Research, she and the NICHD team helped bring to NIH a panel of 18 physicians, nurse-midwives, epidemiologists, legal and patient safety experts, among others. Cosponsors included NIDDK, ORWH and NINR.

The panel's report offered several caveats.

It stressed that CDMR is not recommended for women desiring large families, since caesarean section increases the risk of placenta previa and accreta. These conditions involve abnormal implantations of the placenta, and each C-section increases risk. Complications can include catastrophic hemorrhage.

Furthermore, the panel stated that CDMR should not be performed before 39 weeks of gestation, or without having first verified fetal lung maturity.

A baby born with immature lungs is at risk for respiratory complications, which can be life-threatening.

The panel also found that "request for CDMR should not be motivated by unavailability of effective pain management, and that efforts must be made to assure its availability for all women."

Finally, the panel found that NICHD should establish and maintain a web site "to provide up-to-date information on the benefits and risks of all modes of delivery."

There are pros and cons to each mode, the panel stressed, so women and their doctors should have a series of discussions to arrive at the best choice.

What is known is that caesarean section can prevent certain birth injuries, such as asphyxia or neurological injuries, but these are rare. On the other hand, as major surgery it carries significant risks, such as infection. And the baby born surgically hasn't been exposed to the hormones in labor that help mature lung function; in addition, its chest wall hasn't been compressed during delivery. Both factors increase risk for respiratory distress as the baby tries to adapt to life outside mom.



Three out of 10 babies in the U.S. are delivered by caesarean section; this figure includes both elective and emergency procedures.

A caesarean is planned, or elective, when it is foreseen that vaginal birth would endanger mother, infant or both. Perhaps the mother has already had one C-section, so to forestall a uterine rupture, a repeat procedure is planned.

The unplanned procedure responds to trouble that suddenly crops up, or to deterioration in the patient's condition. Hemorrhage, disease, injury or anoxia can warrant emergency surgical intervention.

The current C-section rate, at an all-time high of 29 percent, includes CDMR. While there is some evidence that the incidence of CDMR is increasing, we don't know exactly how many of these procedures are based solely on the wom-



an's request or on which factors: convenience, conflicts with other child care or family needs, distance from the hospital, fear of a mishap or birth injury or anxiety about pain management.

The panel report also included suggestions for future research, including:

- Surveys of women (before and after birth), providers, insurers and health care facilities regarding CDMR;
- Development of strategies to predict and influence the likelihood of successful vaginal birth;
- Establishment of uniform documentation of CDMR, to accurately reflect prevalence of the procedure;
- Examination of existing large databases to assess incidence of various complications, including rare but critical outcomes, and
- A thorough assessment of the costs of CDMR.

"The strength of what came out of the conference," said Spong, "is that we now have available the best information on the short- and long-term risks and benefits for both the mother and baby on caesarean delivery on maternal request. This will allow a woman and her physician to have the critical discussion if she is interested in CDMR."

The full draft report is available at <http://consensus.nih.gov>. The final version will be available at the same web address soon. 📄

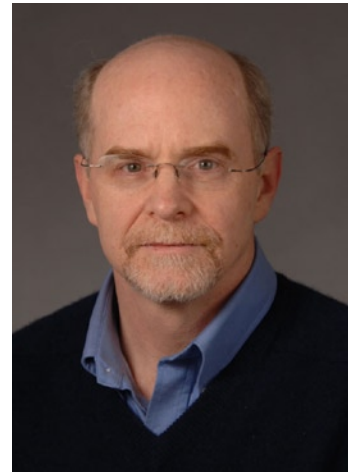
NIAMS Appoints Scientific, Clinical Directors

The National Institute of Arthritis and Musculoskeletal and Skin Diseases has appointed Dr. John O'Shea as scientific director and Dr. Dan Kastner as clinical director.

O'Shea has served as chief of the NIAMS Molecular Immunology and Inflammation Branch since 2002. He graduated from St. Lawrence University, Phi Beta Kappa, in 1974, and received his M.D. degree from the University of Cincinnati in 1978. He has made numerous contributions in the area of immune cell signaling, ranging from basic observations to explaining and treating immunological diseases. His work provided insights into the early steps in T cell- and Fc-receptor signaling. He cloned the human protein tyrosine kinase Jak3, and showed that this kinase is an essential element in cytokine signaling. He also shed light on transcription factors employed by key immunoregulatory cytokines, work that led directly to a paradigm in cell signaling and transcriptional control. Importantly, he extended this work in two clinically relevant ways: he showed that mutations of Jak3 are the basis of autosomal recessive forms of severe combined immunodeficiency, and collaborated to develop a selective Jak3 inhibitor, which effectively blocks transplant rejection and thus represents a new class of immunosuppressants.

In addition to serving as clinical director, Kastner is also the NIAMS director of translational research. He has served as chief of the NIAMS Genetics and Genomics Branch since 2002. He received his B.A. degree in philosophy *summa cum laude* from Princeton University in 1973, and his M.D. and Ph.D. degrees from Baylor College of Medicine. His laboratory played a leading role in defining the genetics and pathophysiology of an inherited group of disorders characterized by recurrent episodes of fever and inflammation. His group mapped and cloned the gene for familial Mediterranean fever. Later, the group discovered mutations in a tumor necrosis factor receptor as the cause of an inflammatory disorder they named and clinically characterized: TNF receptor-associated periodic syndrome. More recently, his laboratory co-discovered mutations in the protein cryopyrin in patients with neonatal-onset multisystem inflammatory disease. Kastner's group was also the first to propose the now widely accepted concept of autoinflammatory disease to describe certain disorders characterized by hyperactivity of the innate immune system.

O'Shea and Kastner are internationally recognized scientists at the forefront of basic, translational and clinical research. Both have received numerous honors and awards and have mentored and trained scores of fellows who have gone on to be leaders in their fields. 📄



Top:
Dr. John O'Shea

Above:
Dr. Dan Kastner

WEIGHT CONTROL

CONTINUED FROM PAGE 1



Right:

Wing's research demonstrates how behavioral treatment improves weight loss maintenance.

PHOTOS: ERNIE BRANSON

and heart disease, and Dr. Rena Wing of Brown Medical School knows how to help.

Wing, professor of psychiatry and human behavior at Brown, also directs the Weight Control and Diabetes Research Center at the Miriam Hospital in Providence, R.I. In a Feb. 15 lecture, "Winning at Losing: The Art and Science of Long-Term Weight Control," she presented the results of two promising studies in the behavioral treatment of obesity.

Diabetes, one of the leading causes of death and disability in the United States, leads to complications including blindness, heart disease, stroke, kidney failure and lower limb amputation. It also complicates pregnancy, and babies born to diabetic moms have an increased incidence of birth defects.

Wing began by describing her work in the Diabetes Prevention Program, a major, multicenter NIH-funded trial with 5,000 adults at high risk for type 2 diabetes. "The results were so dramatic," she said, "that the study was stopped early."

The study included three groups: placebo; a group receiving metformin (a medication used to treat diabetes—here used to see if it would prevent diabetes); and a lifestyle intervention group (using diet, exercise and one-on-one contact).

Among placebo-treated participants, about 40 percent converted to type 2 diabetes. Metformin was effective, but about 30 percent still developed the disease.

In the lifestyle intervention group, only 20 percent developed type 2 diabetes. They reduced their risk by a whopping 58 percent, significantly greater than placebo and twice as successful as metformin. Notably, lifestyle intervention worked across the board in the different age groups, ethnicities and body-weight groups—a very robust effect.

"The trial really proved that lifestyle intervention can work," said Wing.

And then what happened? "Although weight loss was extremely effective, we found that many of our participants were not able to maintain their weight over time. This suggested to me that the number one challenge facing our field is maintenance of behavior change. This needs to be our number one priority," Wing stressed.

Against this backdrop, she presented findings from two separate approaches to weight control maintenance.

The first was a questionnaire sent to a group of about 4,000 people in a database known as the National Weight Control Registry. The registry, operated by researchers at Brown and the University of Colorado, was created as a self-selected cohort of successful weight losers. Participants had to have lost at least 30 pounds and have kept it off for a year. On average, they maintained the loss for over 5 years, going from body mass index (BMI) of 37.6 to 25.1. How did they do it?

"What makes them successful?' is the wrong question," Wing noted. "The better question to ask is 'What makes them successful this time?' Because many had lost, regained and lost again."

Each year, Wing's team sent this group a questionnaire to see what was working.

Nothing magic: a combination of diet and exercise. Most successful participants (55 percent) didn't struggle alone but worked with a nutritionist, a weight loss program or their family doctor.

Their diets varied, but on average they were low-fat (not Atkins, she stressed) and low-calorie. Most folks ate breakfast daily (preventing subsequent bingeing). Most weighed themselves daily; and they were consistent in their intake, even on weekends and holidays. As for exercise, on average the successful people briskly walked 3 to 4 miles a day.

How did they find time to exercise? "They watched very little TV," Wing stressed.

Next, Wing presented the results from an NIDDK-funded randomized trial (completed at Miriam Hospital) called "Stop Regain." The program's goal was to test the efficacy of face-to-face and Internet interventions and then compare these two groups to a control group that received only a quarterly newsletter. It was different from most other studies in that it focused on preventing a regain of greater than 5 pounds over 18 months. It was offered only to participants who had already been successful in weight loss, that is, a loss of at least 10 percent of their

body weight in the past 2 years (the period when people are at most risk of regaining).

Both the face-to-face and the Internet groups received the same teaching content, treatment materials and amount of contact. At the end of the 18-month study, significantly fewer participants in the face-to-face and Internet conditions had regained 5 pounds compared to the newsletter control group. Participants in the face-to-face group consistently obtained the best results.

The most striking difference in the face-to-face and Internet groups compared to the newsletter control group was the percentage of participants reporting weighing themselves daily over the 18-month program. Those who weighed themselves daily in the intervention groups were less likely to regain weight.

“Weighing yourself daily was strongly associated with a reduced risk of regaining in the Internet and face-to-face programs,” reported Wing. The bottom line was that while the control group may have weighed themselves daily, they had not been taught how to use the information to make adjustments in their eating and exercise behavior.

“Just weighing yourself was not sufficient,” said Wing. In the treatment offered the successful groups, “something about the whole constellation let them use the weigh-ins to reach their goals.” Behavioral treatment, she said, really can improve health. 🍎



Kids Discover Brain Power Is Way Cool

Area middle school children learned about the power and resilience of the brain during the annual Brain Awareness Week at Walter Reed Army Medical Center. In mid-March, scientists from five institutes presented short lessons on brain health and neuroscience. The National Institute on Aging took the lead this year and opened the sessions with a kid-friendly video about Alzheimer's disease. Other participants included NIMH, NIAAA, NIDA and NINDS.



Top:

Dr. Brandy Fureman and Dr. John Lynch, from NINDS, highlight areas of the brain and discuss symptoms of stroke.

Middle:

Dr. Roger Sorensen, NIAAA program director, talks to students about the affects of alcohol on the brain.

Bottom:

“Fatal Vision” prism goggles simulate drunkenness and challenge students to navigate an obstacle course during Brain Awareness Week.



CIT Computer Classes

All courses are given without charge. For more information call (301) 594-6248 or consult the training program's home page at <http://training.cit.nih.gov>.

Sequencher - DNA Sequence Analysis Software	4/24
Introduction to mAdb	4/25
Telework Technologies - Access the NIH Network Remotely	4/25
Using Photoshop to Work with Scientific Images	4/25
Orientation to Basic SAS Concepts	4/26
Public Key Infrastructure (PKI) 101	4/26
SPSS: Regression	4/26 & 28
Statistical Analysis of Microarray Data	4/26-27
Network Security and Firewalls	4/28
Word Topics: Reviewing and Tracking	4/28
Advanced CSS	5/1
Intermediate QVR Training	5/1
SAS Programming I	5/2-4
GeneSpring - Creating Quality Data Sets for Analysis	5/4

NIH Training Center Classes

The Training Center supports the development of NIH human resources through consultation and provides training, career development programs and other services designed to enhance organizational performance. For more information call (301) 496-6211 or visit <http://LearningSource.od.nih.gov>.

Knowledge Management and Strategic Human Capital	4/26
Travel Refresher Course	5/1
Time and Attendance for Supervisors Using ITAS	5/1
Purchase Card Training	5/1, 5/15
Review, Update on EEO Policies and Processing Law	5/1
Writing Statements of Work	5/2
Sec. 508 Electronic Info. Technology Training II (North Carolina)	5/1
NIH Domestic Travel (NBS Travel System)	5/8-10
Scientific and Technical Writing	5/8-9
Federal Supply Schedules	5/9
Consolidated Purchasing Through Contracts	5/9
Buying from Businesses on the Open Market	5/10
Writing & Managing Executive Correspondence at NIH	5/17
Cultural Diversity at NIH	5/23
Travel for Administrative Officers/ Approving Officials	5/24
Financial Management for NIH Employees	5/25



NCI's Robert Miller Is Mourned

Dr. Robert Warwick Miller, 84, scientist emeritus at the National Cancer Institute, died on Feb. 23 at his home in Bethesda. After receiving his M.D. from the University of Pennsylvania, Miller trained in pediatrics, ra-

diation medicine and epidemiology, earning a doctorate in public health at the University of Michigan. In 1961, he joined NCI as chief of the Epidemiology Branch, where he carried out pioneering research on childhood cancer. The relationships he discovered between birth defects and certain tumors (e.g., Wilms tumor) provided important insights into the genetic mechanisms underpinning cancer. Throughout a distinguished career spanning 45 years at NCI, Miller stressed the importance of alert clinical observations in providing initial clues to cancer etiology, and the value of interdisciplinary approaches that integrate the epidemiologic, clinical and basic sciences. A memorial service in his honor will be held on Saturday, Apr. 29 at 1 p.m. in the Clinical Center's Lipsett Amphitheater. For more information, contact Mindy Kaufman, Division of Cancer Epidemiology and Genetics, (301) 496-1611, kaufmanm@mail.nih.gov.

FARE Abstract Competition for Fellows

The 13th annual Fellows Award for Research Excellence (FARE) 2007 competition will again provide recognition for outstanding scientific research performed by intramural postdoctoral fellows. Winners of FARE will each receive a \$1,000 travel award to use for attending and presenting their work at a scientific meeting. One-quarter of the fellows who apply will win an award.

Fellows who apply to FARE submit an abstract of their research, which will be evaluated anonymously on scientific merit, originality, experimental design and overall quality/presentation. The travel award must be used between Oct. 1, 2006, and Sept. 30, 2007.

The FARE 2007 competition is open to postdoctoral IRTAs, visiting fellows and other fellows with fewer than 5 years total postdoctoral experience in the NIH intramural research program. In addition, pre-IRTAs performing their doctoral dissertation research at NIH are also eligible to compete. Visiting fellows/scientists must not have been tenured at their home institute. Questions about eligibility should be addressed to your institute's scientific director. Fellows are asked to submit their application, including abstract, electronically by Apr. 30 via <http://felcom.nih.gov/FARE>. Winners will be announced by the end of September 2006. More information is available on the web site above. Questions may be addressed to your institute's fellows committee (Felcom) representative.



Healthy Women Needed

The Behavioral Endocrinology Branch, NIMH, is seeking female volunteers ages 18-55 to participate in studies of the effects of menstrual cycle hormones on brain and behavior. Volunteers must have regular menstrual cycles with no changes in mood in relationship to menses, be free of medical illnesses and not taking any hormones or medication on a regular basis. Payment will be in accordance with the duration of each visit and the type of protocol. For more information, call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

Healthy Volunteers Needed

Healthy volunteers, ages 18-44, are wanted to participate in an investigational preventive HIV vaccine study conducted at NIH. Medical tests will determine eligibility. Compensation provided. Call 1-866-444-2214 (TTY 1-866-411-1010).

Stopping Your Estrogen Therapy?

NIMH is investigating whether mood, anxiety and irritability occur when you stop taking your estrogen or estrogen/progesterone combination therapy. Participants should be ages 45-65, have a past history of perimenopausal mood symptoms responsive to estrogen therapy or combination therapy and be in good physical health. For information call Linda Simpson-St. Clair, (301) 496-9576 (TTY 1-866-411-1010).

HIV and Hepatitis C Study

HIV and hepatitis C virus patients may consider participating in NIH research study 04-I-0187. Transportation assistance is available. Study-related tests and treatments are at no cost. Call 1-866-444-2214 (TTY 1-866-411-1010).

Muscular Leg Pain?

If it is caused by blocked arteries and it occurs with activity but improves with rest call NIH at 1-866-444-2214 (TTY 1-866-411-1010) for more information on a new study.

Healthy African Americans, Africans

Healthy African Americans and Africans are needed for a blood count study. You can help researchers at NIH understand why individuals have different white blood cell counts. Call 1-866-444-2214 (TTY 1-866-411-1010) and refer to study 03-DK-0168. Compensation is available.

Research Malaria Vaccine Study

Doctors at NIH are conducting a study to test the safety of a research malaria vaccine and its ability to generate immunity. Males or non-pregnant females, healthy, between the ages of 18 and 50, and who have never been exposed to malaria may consider participating. All study-related tests and medicines are provided at no cost, and you are compensated. The research vaccine will not infect you with malaria. Call 1-866-444-2214 (TTY 1-866-411-1010). Refer to study 05-I-0133.

Patients with Myositis Needed

Patients with myositis are invited to participate in an NIH research study. Study-related tests are at no cost. Study treatment may be available. Call 1-866-444-2214 or TTY 1-866-411-1010. Refer to study 91-AR-0196.



CSR director Dr. Toni Scarpa (second from l) meets with Explorer Award winners (from l) Nancy Hafele, Tom Tatham and Richard Panniers.

CSR Employee Award Encourages Innovation

By Bill Grigg

The Center for Scientific Review has created a new Explorer Award to encourage staff at all levels to think creatively and come up with ideas that will make a difference.

"Innovation is priceless to any organization," says Dr. Toni Scarpa, CSR director. "We must think beyond current practices and perceived limitations to develop new ways of doing things and working together."

The first biannual Explorer Award recently went to three CSR employees who developed computer short-cuts to quickly assemble information that used to take weeks to do manually.

Nancy Hafele, Richard Panniers and Tom Tatham split the \$10,000 prize that goes with the new award.

Scarpa said their innovations, collectively dubbed "the Magic Macro," are enabling CSR to more rapidly incorporate reviewer critiques and discussion into the summary statement, thereby speeding its release to applicants and the NIH institutes and centers. These innovations, Scarpa said, "have an impact not just on CSR but also on NIH-wide review operations. They will be invaluable in our efforts to shorten the review cycle."

There were 20 nominations for the award, which Scarpa set up to encourage innovation at a time when grant applications have soared and applicants ask to get their results as soon as possible. He says the value of the ideas and efforts nominated are "worth many, many times the value of the prize."

Panniers and Hafele independently began working on the improvements 2 years ago, developing processes that automatically added summary statement headings and adjusted formatting.

Tatham more recently combined his colleagues' ideas, added coding to standardize the wording of headings to automatically insert application descriptions and to streamline the resulting macro (a series of commands or actions that can be triggered by a single key or symbol). Review administrators can now start finalizing summary statements within a day or two of review meetings, rather than wait the week or more that the old "cut and paste" methods required.

'SciLife 2006' Career-Planning Pilot Deemed a Success

By Cynthia Delgado

The Office of Science Education joined forces with area leaders in science education to offer a new program aimed at helping minority and underserved high school students and their parents to consider careers in science and plan ahead. The program, SciLife 2006, was a 1-day Saturday event held in April at the Carnegie Institution in Washington, D.C. Development took over a year, and the program was modeled after the highly successful Biomedical Science Careers Program sponsored by Harvard Medical School in Boston.

SciLife 2006 provided area students and their parents with free information, resources and organizational tools to help them plan for college entry and future success in the health and medical sciences. After a joint information session and lunch, parents and students chose separate workshops geared toward their interests. These focused on such practical topics as choosing high school courses that are pivotal for college entry, exploring career options in the health and medical sciences and selecting a college. Workshops for parents focused on topics like financing an education, ways to help their child succeed in school and the process of college admissions.

OSE's Cassandra Isom said, "It was a great success." Addressing the reluctance of participants to conclude one session in order to attend the next, "We had to stop the questions. People were that engaged," she noted. A survey of participants revealed that the program reached the target audience, delivered what students expected and influenced decisions about their education and future careers. Of the students completing the survey, 97 percent indicated that they were 9th graders of a minority ethnic background. The top three reasons students came to the program were to learn how to plan for college, choose a career and finance an education. Ninety percent indicated that the program either met or exceeded their expectations and increased their understanding of how to prepare for college.



Survey data also revealed that 43 percent of SciLife students indicated that they were more likely to take additional advanced placement science and math courses after participating in the program. That is good news considering that minority students are underrepresented among students who take AP courses. This puts them at a disadvantage for entering certain career paths, such as those in the medical sciences.

The issue was addressed in the SciLife workshop for students, "All You Ever Wanted to Know About Medical School," led by Georgetown University's Joy Williams. Erin Farrish, a first-year medical student at Georgetown, told students, "AP courses are a great way to prepare yourself for college courses. Take advantage of these classes offered at your high school to better prepare yourself for the college workload and possibly earn college credit."

One student said of the workshop on exploring careers, "It helped me understand where I am in comparison to where I want to be." Another wrote, "After this program, I know that I have a lot of careers to choose from." A third student had a message for program organizers: "Thank you for a great opportunity...I am really glad that someone out there like you guys cares about students like us." 🗨️



Top: Mr. and Mrs. Terry Coulette, Sr., brought their son to the day-long workshop.

Above: Janelle Kawamoto of MDBio, Inc., gives a workshop on exploring health careers.