

Clinical Center

NIH course on clinical research on the road for China presentation

Clinician-scientists from the National Institutes of Health will take the NIH Clinical Center's course "Introduction to the Principles and Practice of Clinical Research" to Beijing Nov. 10-15.

This is the first time an adaptation of the course, offered at the Clinical Center annually since 1995, has been presented live outside the NIH in Bethesda. "More than 7,000 participants have enrolled in this course since its inception and it has been teleconferenced to 24 locations in the US and to five countries," noted Dr. John I. Gallin, course director and director of the Clinical Center. "We are honored our colleagues in China offered this opportunity

to broaden education and training in the conduct of clinical and translational medical research."

The course will cover clinical research design, ethics, methodology, and data analysis. "Better health and health care for the future depend on successful and productive clinical research today," said Gallin. "Medical research involving human subjects must be safe, ethical, and efficient. This course provides a strong foundation in these basics."

Live lectures will include: "Clinical Research Project Design and Guidelines," presented by Dr. Laura Lee Johnson, NIH National Center for Complementary and

Alternative Medicine; "Institutional Review Boards and Integrity in Research," Dr. Jerry A. Menikoff, director, Office for Human Research Protections, Office of Public Health and Science, Office of the Secretary, Department of Health and Human Services; "Clinical Case Studies and Meta-Analysis," Dr. Charles Natanson, Critical Care Medicine Department, NIH Clinical Center; "Clinical Research Methodology," Dr. Dennis O. Dixon, National Institute of Allergy and Infectious Diseases; and "Ethical Principles and Bioethical Questions," Dr. Reidar Lie, Bioethics Department, NIH Clinical Center.

CIST Forum welcomes Snyderman



Dr. Ralph Snyderman, chancellor emeritus of Duke University and James B. Duke Professor of Medicine at the Duke University School of Medicine, delivered the keynote address to the attendees of the Sixth Annual Clinical Investigator Student Trainee Forum on November 6 in the Natcher Conference Center. Nearly 350 medical and dental students from 78 US academic medical centers attended the forum. Snyderman's speech "Clinical Research and the Next Transformation of Health Care" presented his thoughts about a shift in medicine that seems to be occurring—to be more personalized, predictive, preventive and participatory. "I applaud what you're doing," he told the fellows and scholars gathered for the two-day event. "I hope you see how dynamic your profession is and how it is teetering on a really big change. You can be a part of that!"

Chief operating officer earns presidential rank award

For her exceptional service to the American people, Maureen Gormley, the Clinical Center's chief operating officer (COO), has been awarded a Presidential Rank of Meritorious Executive.

The annual award is presented to members of the Senior Executive Service (SES) for sustained accomplishments. Nominated by their agency heads, reviewed by citizen panels, and designated by the president, candidates are evaluated on results-oriented leadership; balance of the needs and perspectives of clients, stakeholders, and employees; and relentless commitment to public service.

"This award is a singular honor for Maureen and the Clinical Center," said Dr. John I. Gallin, CC director. "It honors her commitment to our mission and her sincere dedication to her work."

There are two categories of rank awards for the SES. Colleen Barros, NIH deputy director for management and chief financial officer, was honored with the other, the Distinguished Executive Rank awarded to leaders who achieve extraordinary results.

Donald Christoferson, NHLBI's associate director for administrative management, was also awarded the Presidential Rank of Meritorious Executive.

"These awards are presented to a very select group of career civil service executives whose integrity, strength, leadership, and sustained performance have earned them one of the most prestigious honors in government," said

Internal medicine consult lets investigators focus on protocols

by Jenny Haliski

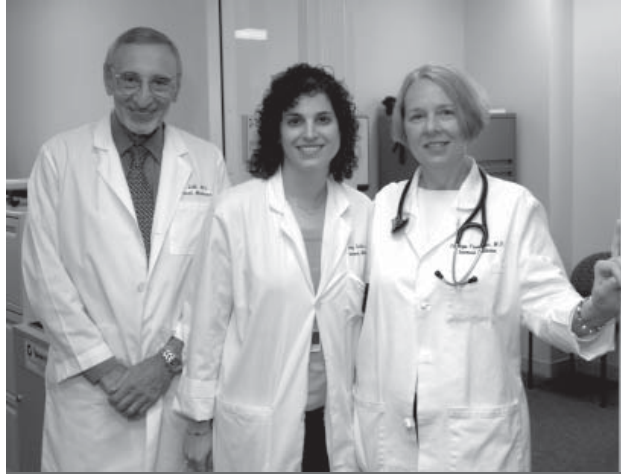
Clinical Center patients present with a wide variety of health issues that may or may not be related to the illness being studied. Patients with these types of issues require evaluation and care to allow them to participate safely in protocols.

That's where the CC's Internal Medicine Consult Service (IMCS) comes in—Chief Dr. Fred Gill, Dr. Penelope Friedman, and nurse practitioner Stacey Solin. Their services include diagnosis and care for general medical problems and coordination of care for complex patient cases involving multiple specialists.

In 1998, at the request of CC Director Dr. John I. Gallin, Gill helped establish the consult service as a resource available to all CC patients.

In doing so, Gill's career came full circle: He trained as a research associate with NIAID from 1962 to 1964 before completing his internal medicine and infectious disease training in New York. He then returned to Bethesda, where he spent 32 years in private practice as an internal medicine primary care physician and consultant in infectious diseases, collaborating on a number of research protocols with NCI and NIAID. Gill's full-time return to NIH in 2000 is unusual as it is more common for physicians to begin their careers in academic medicine and then move to private practice, rather than the other way around.

According to Gill, the IMCS allows the research team to focus on the protocol and all protocol-related issues. "The investigators here are excellent clinicians who demonstrate their care for patients, blended with the rigor of research protocols," Gill said. "Our challenge is to assist their research mission by helping to manage routine or complex patient



Dr. Fred Gill, Stacey Solin (middle), and Dr. Penelope Friedman make up the Internal Medicine Consult Service, a CC resource addressing medical concerns unrelated to a patient's protocol.

problems that may or may not be related to the protocol."

The internal medicine service diagnoses and evaluates conditions while the patients are at the CC so the issue does not interfere with the research and then work with the CC Social Work Department to refer the patients to local care when they return home. The team communicates closely with researchers to arrange consults for inpatient cases, holds an outpatient clinic on Tuesday and Thursday afternoons for non-urgent cases, and will come visit patients at the IC's research home.

"Dr. Gill and his team play an important role here at the Clinical Center," said Dr. Gallin. "His support in implementing NIH's new Undiagnosed Diseases Program has been invaluable."

Dr. Robert Nussenblatt, chief of NEI's Laboratory of Immunology, relies on Dr. Gill's team to evaluate patients for protocols every week. Inflammatory eye diseases can occur in a broad range of individuals, including children, senior citizens, and HIV-positive people, and their conditions often have a strong internal medicine compo-

nent. NEI patients coming to the CC for protocols involving uveitis, an inflammation of the structures of the eye, may also have hypertension, diabetes, or renal disease.

"The researchers want the patients to be well-taken care of. If the investigators uncover an intensely complicated case and they are concerned that they don't have the background to provide a particular aspect of care, we fill in that function. Mostly, we make other physicians happy by providing the security that each patient is examined from a global perspective and cared for as whole individuals," Friedman said.

Dr. Marston Linehan, chief of NCI's Urologic Oncology Branch, said that the service is a huge asset in the management of his institute's patients, who often have very complicated medical problems in addition to their kidney cancer. According to Linehan, at Duke University Medical Center, where he worked before he came to NIH in 1982, when a physician needed an internal medicine consultation for a patient, the internal medicine chief resident was called.

"For years I tried to find the equivalent person at NIH who could assist us in the medical management of our patients, but there was no one who would help you manage the 'whole patient,'" Linehan said. "From the minute Fred Gill got here, that was no longer the case. He is an experienced, skilled, and caring physician who has been of enormous assistance to us as well as our patients. We like to say that our goal is for our patient care to be as outstanding as our best clinical trial or laboratory experiment. With Fred Gill and his team at our side, we know that will always be the case."

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news

Gormley honored for service continued from page 1

Secretary of Health and Human Services Michael Leavitt.

Gormley has served as the CC's COO since 1999, joining NIH in 1987 as an administrative fellow in the CC Office of the Director. Between those posts she was special assistant to the CC director and chief of Administrative Management and Planning. Gormley earned a bachelor of science in nursing from the Boston College School of Nursing and a master of public health degree from the Yale University School of Medicine.

What has kept her in the CC for 21 years? "The patient-care mission, seeing patients and families every day, feeling

that I make a contribution that matters," Gormley said. "More reasons I've stayed are the mentorship of Dr. John Gallin and the support of the whole Clinical Center team."

Her responsibilities include oversight of administration and operations and development of the CC's annual operating plan. Gormley serves as executive secretary to the NIH Advisory Board for Clinical Research and led the activation effort for the 234-bed Mark O. Hatfield Clinical Research Center.

"It was a job on top of a job," she said of the five-year transition. "It was like moving into a new house of 1 million square feet with 1,800 family members."

Her efforts have not gone unrecognized in the past. Gormley's other awards include the Department of Health and Human Services Secretary's Team Award for Distinguished Service (2006) and a US Public Health Service Commendation Medal (1995). NIH honored her with two NIH Director's Awards (1998, 2005), and two NIH Special Act/Service Awards (1999, 2000).



Maureen Gormley, COO, has been with the CC for 21 years. Her commitment was recently honored with a presidential rank award.

Her latest, the Presidential Rank of Meritorious Executive, is a "true milestone," Gormley said. "It is a real honor, and makes me feel even more committed to the NIH, if that's possible."

News Briefs

Stack parking key retrieval

The NIH Office of Research Services has announced that for fiscal year 2009 key retrieval in Building 10 lots P-2 and P-3 will be available until 9 pm on weekdays. Until 9 pm, keys surrendered for stack parking can be retrieved at the P-1 ramp booth. After 9 pm, the keys will be moved to the Admissions desk on the first floor of the Hatfield Building. For more information on employee parking, visit <http://dtts.ors.od.nih.gov/transportation.htm>.

Father of evolution honored in photography exhibit

The East Gallery and East Alcove Gallery on the first floor of the Clinical Center welcomed a new exhibit on November 7. February 12, 2009, marks the 200th birthday of Charles Darwin and the 150th year since his *On the Origin of Species* was published. In recognition, photographs of the Galapagos Islands, where Darwin visited, submitted by NIH employees and patients, as well as photographers from the community, will grace the artistic space through February.

National Physical Therapy Month Walk



Physical therapists Chris Gracey (left) and Joseph Shrader (right), and physical therapist aide Patricia Connors lead about 100 NIH staff who gathered Thursday, October 23, for a wellness walk. The event to celebrate National Physical Therapy Month took participants on a 1.5 path around the Clinical Center in recognition of this year's theme: "It's all about movement." The HHS 2008 Physical Activity Guidelines for Americans recommends at least 150 minutes of moderate intensity aerobic physical activity each week. When done on an employee's lunch break, the walk plotted for the Physical Therapy Month event would be an easy way to fit in exercise, said physical therapist Bart Drinkard. Barbara Utyro of NHGRI participated. "I enjoyed it," she said. "We sit at our desks all day, so a little movement is good."

OOD offers new course in the essentials of supervising

Though a testament to one's abilities, a promotion to supervisor role from individual performer can be a challenge. To support a successful transition, the CC Office of Organizational Development has implemented Supervisory Essentials, a training program with strategies to effectively transition.

"In an effort to support their success and to provide a strong foundation on which to advance into positions of increasing responsibility, it is essential that we provide supervisors with the necessary tools to do their jobs," said Maureen Gormley, the CC's chief operating officer.

Attendees of Supervisory Essentials will learn how to use influence and delegate, as well as how to apply motivational principles to assess employee needs, build upon strengths, and recognize and reward performance. The course provides basic knowledge on how to work effectively with human resource and administrative officer colleagues.

The program is designed for new and current CC supervisors, soon-to-be supervisors, and team leaders. Supervisors manage the performance of front-line employees, while managers have one or more supervisors report to them and also have other responsibilities. Supervisory Essentials is not meant for managers; a new course for those at that level will be offered in the spring.

The CC Executive Committee has endorsed the supervisor training a required course beginning in 2009. For now, eligible staff are encouraged to attend. The three-day class will be held November 18-20, December 8-10, January 26-28, and February 23-25 in room 3-1480.

To enroll, e-mail professionaldevcourses@cc.nih.gov. Contact Erin Mock with any questions at mocke@cc.nih.gov or 301-594-9548.

News Briefs

Basket drawing supports CFC

The CC Combined Federal Campaign Gift Basket Drawing is back! Last year's drawing raised \$4,400 in charitable donations through a raffle of gift baskets assembled by 19 CC departments. This year's drawing will be held December 4 in the Hatfield Atrium. The baskets will be on display for a week before the drawing so staff can view the contents of each and decide which to buy tickets for. Each basket winner will choose the NIH charity the money collected from ticket sales for that basket will go to. All CC departments are invited to submit a basket filled with items of their choice. A list of guidelines is posted at <http://intranet.cc.nih.gov/cfc/index.html>.

Genomics Symposium

The sixth annual symposium on the Functional Genomics of Critical Illness and Injury will be held November 17 at the Natcher Conference Center. The meeting, an opportunity for communication and collaboration among the diverse fields committed to applying functional genomics at the bedside, is sponsored by NIGMS, the CC Critical Care Medicine Department, and the Critical Illness and Injury Scientific Interest Group. Co-sponsor is the Washington University in St. Louis School of Medicine. Sessions will focus on Epigenetics and Stress, New Technology and Applications, and Phenomics: the Role of Information Systems. For registration information, a symposium program and other details, visit www.strategicresults.com/fg6.

Clinical Center staff deployed to help in hurricane relief efforts

Perspective can be refreshing; a recent deployment to Texas was such for LCDR Brent Bonfiglio. Traffic on I-270 does not seem so catastrophic after he cared for citizens displaced by Hurricane Ike.

Bonfiglio was one of 24 Clinical Center employees in the Commissioned Corps called to serve from late August through September in the areas ravaged by Hurricanes Gustav and Ike.

When a state of national emergency was named, HHS sent Commissioned Corps officers to the South, including areas of Louisiana, Texas, and Florida. "Officers were deployed at the end of August, and as the hurricanes kept coming and moving, those officers would move where they were needed," said CAPT Diane Walsh, special assistant to the CC's chief nurse officer.

Bonfiglio, clinical treatment coordinator of OP-8 infectious disease clinic, spent four days in Marshall, Texas, before helping assemble the federal medical station (FMS) in College Station, Texas, in early September. Awake for 26 hours straight, Bonfiglio unloaded and unpacked crates of materials before serving the night shift along five other nurses tending to over 200 patients.

Caring mostly for displaced nursing home residents, the crew dealt with a few emergency incidents, such as a patient's pacemaker malfunction. "When you're in a gymnasium with less equipment, it's a little harder than usual to deal with," Bonfiglio said.

With six years in the Commissioned Corps and an Army career before that, Bonfiglio has been deployed to Africa, Afghanistan, and Bosnia. "I think it's great we go to all these other countries, but it's nice to help my fellow Americans," he said.

While LCDR Merel Kozlosky, supervisory metabolic dietitian and director of the dietetic internship program, Nutrition Department, was helping her statesmen, others in her department worked extra hours to offset her absence. Clinical nutrition manager CAPT Madeline Michaels oversaw Kozlosky's dietetic interns and metabolic kitchen in her absence.

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Deployment

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"They don't always get the same recognition, but still made sacrifices to see the NIH mission was carried out," Kozlosky said of her coworkers.

Originally sent to Atlanta then transferred to Dallas before joining Bonfiglio at the College Station FMS, Kozlosky managed patient meal services and clinical nutrition care. She and her team served meals to approximately 330 patients and caregivers at the station's population peak, and the majority of the patients required modified diets or assistance feeding.

Kozlosky, on her first real deployment after one previous training deployment, was impressed with the camaraderie among the officers and volunteers. "We all came from different agencies, but my

team really bonded and looked out for one another," she said.

CAPT Deborah Dozier-Hall, one of four CC social workers deployed during the Gulf Coast hurricanes, provided mental health and medical services at a FMS in Alexandria, La. Many of the evacuees in this special-needs shelter suffered from complex mental health issues and post-traumatic stress disorders as survivors of Hurricane Katrina.

"It was a very rewarding and humbling experience, meeting the medical and mental health needs during this period of severe distress," said Dozier-Hall.

Twenty other CC staff joined Bonfiglio, Kozlosky and Dozier-Hall in the hurricane

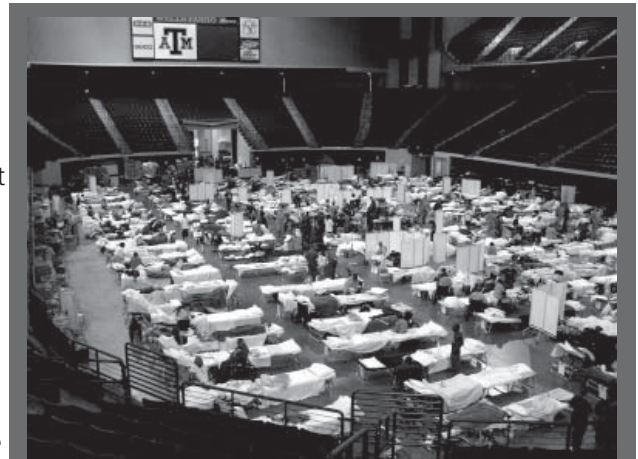


photo courtesy of LCDR Merel Kozlosky

Texas A&M University donated space and able hands to the Hurricane Ike relief effort. A federal medical station was set up in the college's arena and the corps of cadets volunteered with the deployed USPHS Commissioned Corps.

“We all came from different agencies, but my team really bonded and looked out for one another.”

– LCDR Merel Kozlosky
supervisory metabolic dietitian
deployed to College Station, Tex.

relief efforts: LT Jennifer Graf, LCDR Mary Byrne, CDR Lois Flowers, LCDR Jeffrey Basilio, LCDR Toni Jones-Wells, CAPT Denise Ford, LCDR Luke Park, LT Emmanuel Samedi, CDR Rosa Clark, LCDR Jennifer Pope, CDR Chad Koratich, LCDR Jeene Bailey, LCDR Patricia Garzone, LCDR Wendy Pettit, LT Jonathan White, CDR Jeff McKinney, LCDR Peter Christianson III, LCDR Doris Wurah, LT Blakeley Denkinger, and LT Laura Heytens.

Participants, including healthy volunteers, sought for trials

More information on the following studies can be found at <http://clinicalstudies.info.nih.gov/> or by calling 1-866-444-2214 (TTY: 1-866-411-1010).

Type-2 Diabetes in Adolescents

A clinical research study (07-DK-0115) sponsored by the National Institute of Diabetes and Digestive and Kidney Diseases will test whether a short period of treatment with insulin and a medication called diazoxide can improve the ability of the pancreas to make insulin. Adolescents age 12-25 diagnosed with Type-2 Diabetes, and not be currently receiving insulin injections or taking weight loss drugs are eligible to enroll. Compensation is provided.

Allergies in Children

A clinical research study (05-I-0084)

sponsored by the National Institute of Allergy and Infectious Diseases will evaluate children with different allergies in order to learn more about their diseases and to gain information that may be useful in developing new treatments. Standard care for allergic diseases will be provided at no cost to the patient. Children 6 months to 18 years of age who have a diagnosis of asthma, allergic rhinitis, food, drug or bee venom allergy, hives, or atopic dermatitis may participate. A physician referral is required. After the initial visit, follow up visits will range from every month to every 3-6 months. There is no charge for study-related tests or treatment.

Twins study

A clinical research study (89-M-0006) sponsored by the National Institute of Mental Health is seeking same sex fraternal twins 5-20 years of age to observe brain development in healthy

children. There is no cost for study-related tests. Compensation is provided.

Smart Pill

A clinical research study (08-DK-0138) by the National Institute of Diabetes and Digestive and Kidney Diseases will test a new method to measure gastric acid output. Healthy adults age 18-60 should consider participating. Compensation is provided.

Pelvic Pain

A clinical research study (04-CH-0056) sponsored by the National Institute of Child Health and Human Development seeks healthy women age 30-50 to investigate the role of hormones and genes in pelvic pain and explore better approaches to treatment. All study-related tests are provided at no cost. Compensation is provided.



Changes in ethics team

The Clinical Center Ethics Office has undergone staff changes. The new team comprises (from left) Maria Hessman, program assistant, who is the first point of contact in the ethics office; CDR Lisa Marunycz, assistant director for ethics and technology development and CC deputy ethics counselor; Diane Christensen, the newest member of the team, serving as ethics coordinator providing daily consultation to IC staff; and staff assistant Jennifer Dye, who reviews all ethics requests and assists employees with ethics processes and procedures.

The CC Ethics Office keeps federal employees compliant with all ethics statutes, regulations, and NIH policies. The ethics office is responsible for reviewing and approving sponsored travel, various official duties, outside activities and awards from outside organizations. The staff also review and certify public and confidential financial disclosures, educate, and present to groups upon request, and ensure that all staff are in compliance with ethics training requirements. To reach the ethics team, call (301) 451-1825.



The aquarium on the first floor of the Hatfield Building, near Admissions, is home to a diverse school. Swimming around in the 300-gallon tank are a dogfaced pufferfish, a maculosis marine angelfish, a humu-humu triggerfish (the state fish of Hawaii), a sailfin tang, a blue hippo tang (like Dory from *Finding Nemo*), and a tomato clownfish—all species found on tropical coral reefs in the Indo-Pacific. The aquarium is maintained by AquaTerra Environments of Bowie, Md.

CC staff run in NIH relay race



The Clinical Center's Medical Records department took part in the NIH Relay Race September 18. From left, David Byce, Tracy Jacobs, Claire Torrella, Kathleen Moat, and James Schermerhorn made up the Popular Paper Pushers. Their first time entering the relay, the team finished 65th with a time of 20:30. "The race was a nice break from work and allowed us to get to know each other outside of our daily work activities," Byce said.



CC Director Dr. John Gallin shows his skills at the IC Director's Masters — Sink a Putt for CFC! Though Dr. Gallin scored a hole-in-one, Dr. Hugh Auchincloss, Jr., principal deputy director of the NIAID, won the event held October 16 in front of Building 1 promoting the Combined Federal Campaign.

Bioethics council director discusses the stewardship spectrum

by Maggie McGuire

The balance of promoting public health while protecting individual freedom presents a real challenge to those providing public health services, scientific research, and medical care.

The Ethics Grand Rounds addressed the issue October 1, welcoming Hugh Whittall, director of the Nuffield Council on Bioethics, to discuss the suggesting, coercing, and requiring measures that might be involved in policies on disease control, such as vaccination and quarantine.

The council is an independent charitable trust in the United Kingdom examining ethical questions raised by advances in biology and medicine. Funded originally by the Nuffield Foundation, it now also counts the Medical Research Council and Wellcome Trust as sponsors.

To begin the Grand Rounds lecture, Dr. David Wendler of the Clinical Center's Department of Bioethics presented an NIH case of a patient admitted for a breast cancer research treatment study but who delivered a positive tuberculosis skin test. After two negative sputum tests but still in isolation, the patient became agitated and wanted to leave NIH. Physicians requested the patient stay for a routine third sputum test, but the patient insisted on leaving.

At the time, a bioethics and psychiatric consultation ruled that the patient was

competent and should be allowed to leave since the risk of infecting others was low. Wendler reported the justification: competent patients can not be detained for their

behavior—eliminate choice, restrict choice, guide by disincentives, guide by incentives, change default policy, enable choice, provide information, do nothing.

“Reduce risk ill people impose ... while avoiding coercion, minimizing intrusion.”

—Nuffield Council on Bioethics stewardship model

own benefit. They can be kept against their will only if they pose a sufficiently high risk of a serious danger to others.

With the case study on the minds of the fellows and staff nearly filling Lipsett Amphitheater, Whittall took to the podium to present his council's approach to examining such a conundrum, based on its 2007 report “Public health: ethical issues.”

The Nuffield stewardship model, as described in the report, declares public health authorities should “reduce risk ill people impose, provide environmental conditions for good health, educate and inform, protect vulnerable groups, reduce inequalities, and provide access to medical services while avoiding coercion, minimizing intrusion, and ensuring consent when possible.”

Whittall's intervention ladder details the degrees of force public health authorities could assign in attempting to influence

ing. Where to fall on the ladder should rely on the seriousness of the threat or harm a patient poses to the public and the evidence of effectiveness of such a measure, Whittall said. Evidence of the threat's cause should also be secured, he added.

Returning to the case presented, the audience, Whittall, and Wendler agreed that in view of the limited risk of infectivity, enforced detention was not justified, and that perhaps guiding by disincentive, the loss of cancer care, was the best approach. While they could not lawfully keep the patient from leaving campus, doctors can try to persuade with forceful conversations.

The Nuffield Council on Bioethics report “Public health: ethical issues,” published in November 2007, is available online at www.nuffieldbioethics.org.



A team from NIH spent a recent Saturday morning, September 20, at The National Out Sickle Cell Walk, an event working to improve the lives of those affected by sickle-cell disease through increased awareness, outreach, and education. Coordinated by a number of community-based groups and medical institutions, the 3K walk began and ended at Howard University with a midpoint at the Children's National Medical Center (CNMC).

Pictured from left are Ijeuru Uzoma, sickle-cell social worker Ihsan Rogers, program analyst Wynona Coles, Zuleika Zapata, nurse practitioner Brandi Dobbs, Steven Mosley, CNMC physician Dr. Caterina Minniti, Annie Brown, NHLBI staff clinician Dr. Greg Kato, James Priest, former fellow Eleni Footman, hematology oncologist Dr. Patricia O'Neal, and Howard University's Sickle-Cell Center office manager Catherine Nwokolo.

Medicine for the Public lecture series educates non-scientists

The Clinical Center will present its annual series of lectures on important health topics on four Tuesdays in late autumn. Put on each year since 1978, the Medicine for the Public lecture series was developed to inform the general population about the latest breakthroughs and areas of attention in medical research. Free and open to the public, the lectures begin at 7pm in Lipsett Amphitheater.

Tuesday, November 25, 2008

Cancer Screening: The Clash of Medical Science and Intuition

Barnett S. Kramer, MD, MPH, Director, Office of Medical Applications of Research, Office of the Director, NIH

The notion that early detection saves lives seems a simple and obvious truth, but many generally accepted cancer-screening procedures have yet to be proven effective, and all have associated harms that are often overlooked. Dr. Kramer will address what it means for a screening test to be considered effective and differentiate what is known from what makes intuitive sense in the area of cancer screening.

December 2, 2008

New Insights, New Directions for Treating Major Depression and Bipolar Disorder

Carlos A. Zarate, MD, Chief, Experimental Therapeutics, Mood and Anxiety Disorders Program, NIMH

Mood disorders are serious, debilitating, life-shortening illnesses that affect millions. About one in five Americans could develop a mood disorder during his or her lifetime. The World Health Organization projects that mood disorders will be a leading cause of disability worldwide by 2020. To make treatments work better and find new treatments, we must understand more about what causes mood disorders. Dr. Zarate will cover the symptoms and treatments for mood disorders and the latest research on what may cause them.

December 9, 2008

The Next Breath We Take: Trailblazing New Treatments for Asthma

Stewart J. Levine, MD, Chief, Asthma and Lung Inflammation Section, Acting Chief, Pulmonary and Vascular Medicine Branch, NHLBI

Asthma is a common ailment, affecting over 22 million Americans. Yet, about 10 percent of all asthma sufferers get no relief from standard treatments that work on others. Dr. Levine will discuss research being conducted at NIH and elsewhere to find new and better treatments for this disease that robs people of the very air they breathe.

December 16, 2008

New Frontiers in Traumatic Brain Injury: Evaluation and Treatment

Leighton Chan MD, Chief, Department of Rehabilitation Medicine, NIH Clinical Center



The Centers for Disease Control and Prevention estimates that more than 5 million Americans will need life-long help to perform daily activities due to traumatic brain injury. The rate of combat-related brain injuries among service members returning from Iraq and Afghanistan appears to be higher than in military previous conflicts, according to the US Department of Defense's Deployment Health Clinical Center. Dr. Chan will talk about current research aimed at broader understanding of the effects of traumatic brain injury and more personalized treatments for it.

For more information, call CC Office of Communications, Patient Recruitment, and Public Liaison at (301) 496-2563 or visit <http://clinicalcenter.nih.gov/about/news/mfp.shtml>.

Upcoming Events

November 5, 2008

Grand Rounds

12 noon, Lipsett Amphitheater

Personal Health Records: Past and Future Directions, In Two Acts

James J. Cimino, MD
Chief, Laboratory for Informatics Development, CC

Clement J. McDonald, MD
Director, Lister Hill National Center for Biomedical Communications, NLM

November 12, 2008

Great Teachers Lecture

12 noon, Masur Auditorium

Community-Based Care for Infectious Disease and the Future of Antibiotic Resistance

Paul Farmer, MD, PhD
Associate Chief, Division of Global Health Equity, Brigham and Women's Hospital

Presley Professor, Department of Global Health and Social Medicine, Harvard Medical School
Co-founder, Partners in Health

Lecture will be videocast, <http://videocast.nih.gov>.

November 19, 2008

Grand Rounds

12 noon, Lipsett Amphitheater

A Link Between Synucleinopathies: Glucocerebrosidase-Associated Parkinsonism

Ozlem Goker-Alpan, MD
Staff Clinician, Medical Genetics Branch, NHGRI

Grisel Lopez, MD
Staff Clinician, Office of the Clinical Director, NINDS

November 25, 2008

Medicine for the Public

7 pm, Lipsett Amphitheater

Cancer Screening: The Clash of Medical Science and Intuition

Barnett S. Kramer, MD, MPH
Director, Office of Medical Applications of Research, Office of the Director, NIH