

# Clinical Center

## Artist and his wife lend time and talents to the Clinical Center

By Maggie McGuire

A recent admission to the Undiagnosed Diseases Program, Dunham Aurelius brought more than himself, a medical marvel, when he visited the Clinical Center in February.

With Aurelius came his recent bride, Dr. Michelle Barry, a forensic pathologist at the University of New Mexico Health Sciences Center, who gave a presentation to CC pathology residents on Feb. 25. All clinical research subjects are appreciated for their contribution to medical knowledge, but one who brings a leading scientist from a top academic institution is of special note.

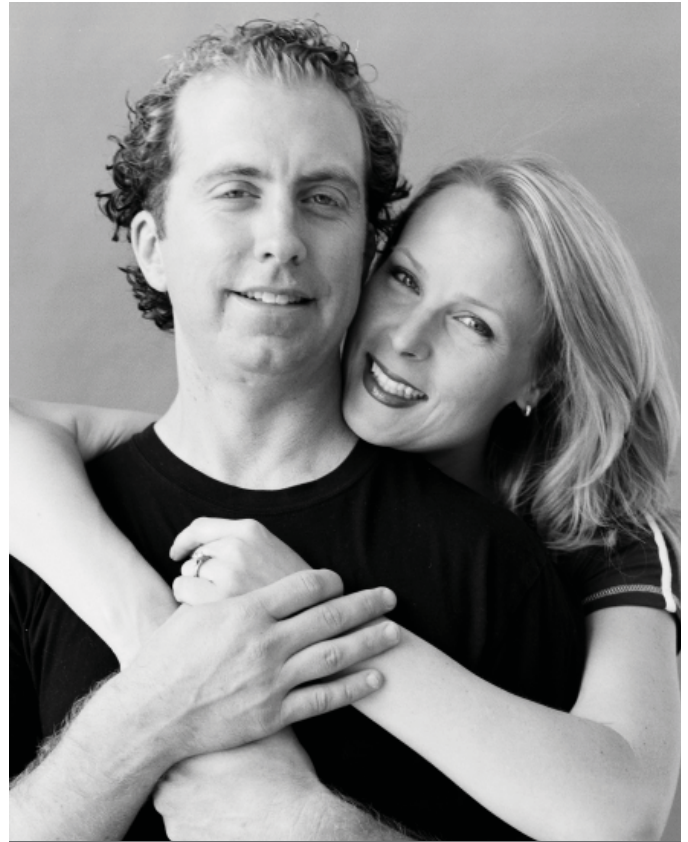
Aurelius is a name himself, well-regarded near the couple's home of Santa Fe, NM, for his contemporary sculptures in a variety of materials—clay, wax, wood, steel, bronze, and more. Through his art career Aurelius has struggled with the mystery of constant kidney stones, which earned him a spot in the new Undiagnosed Diseases Program.

"He just makes them like an oyster. We're trying to get him to make diamonds or pearls; it'd be much more financially beneficial," said Barry.

First noticed in his early twenties, the stones are produced at an alarming rate and size. His largest ever measured close to three centimeters. For reference, the human body can usually pass anything smaller than one centimeter. Aurelius has a bag full of the stones he has passed. "We're planning on making jewelry," Barry joked.

He has undergone numerous lithotripsy treatments, the use of shockwaves to break up large stones in the kidneys, and has had to resort to surgical means to laser out the largest ones. Eager to try anything for an explanation and possible treatment, Aurelius agreed when his endocrinologist suggested applying to the Undiagnosed Diseases Program, led by Dr. William Gahl of the National Human Genome Research Institute. Aurelius received word in December he was accepted to the program and remembered thinking, "This is the best Christmas present ever."

*continued on page 5*



Dunham Aurelius of Santa Fe earned a spot in the Undiagnosed Diseases Program with his case of extreme kidney stones and brought his wife, renowned pathologist Dr. Michelle Barry.

## Barcode identification system serves patient care mission

The latest of the Clinical Center efforts to deliver top-tier patient care uses barcode technology for consistent positive patient identification.

Beginning March 30, each inpatient wristband has featured two readable codes: one linear barcode and an Aztec-like two-dimensional barcode.

The barcodes will initially be used to enhance specimen collection activity, with plans to integrate them into blood and medication administration processes in the next year.

"Our primary goal is a reduction in adverse events associated with misidentification of patients," said Laura Lee, special assistant to the deputy director

for clinical care and lead on the barcode project.

This first phase of the initiative outfits each inpatient unit and the phlebotomy department with a portable workstation with a scanner and a printer. The nurse or technician scans the barcode on his own badge to identify who is collecting the sample. Then he or she scans the patient's wristband, and the necessary labels print immediately at the patient's bedside. Previously a nurse or technician had to print specimen labels from a central printer and carry them to the patient's bedside—an opportunity for misidentification leading to errors. The staff member collects the sample and scans the patient's wristband

again to complete the process.

Documentation of the specimen collection automatically uploads to the Clinical Research Information System through the Laboratory Informatics System. A benefit to the CC's clinical research mission, the new system records the specific time a sample is drawn, critical to the collection of accurate clinical research data, Lee said.

Elizabeth McNamara of the Laboratory for Informatics Development is working with the Department of Clinical Research Informatics as the barcode project manager. Cheryl Clarke, chief medical technologist in the Department

*continued on page 4*

# Katrina offered New Orleans the chance to examine frailties and rebuild better

## Doctors report on their city at Grand Rounds

Three and a half years after Hurricane Katrina ravaged New Orleans, recovery efforts are still in place. Two administrators in the midst of rebuilding the city's health-care systems reported on the impact of the storm, the state of things, and lessons learned at a Clinical Center Grand Rounds lecture on March 18.

Dr. Keith C. Ferdinand, chief science officer of the Association of Black Cardiologists, Inc.; adjunct clinical professor at Morehouse School of Medicine, Atlanta; and clinical professor in the cardiology division at Emory University, Atlanta, first presented "Health Care in New Orleans: Post-Katrina Status and the Road to Recovery."

The second half of the lecture was "Recovery and Rebuilding of the Safety Net Post-Katrina" from Dr. Karen DeSalvo, C. Thorpe Ray Endowed Chair and chief of the General Internal Medicine and Geriatrics Section in the Department of Internal Medicine; vice dean of community affairs and health policy; and professor of medicine at Tulane University School of Medicine, New Orleans.

Ferdinand presented key findings by the Louisiana Health Care Delivery Financial System, including the absence of uniform electronic health records. "People showed up in Atlanta, Dallas, Little Rock with very serious medical conditions and all they could tell the provider was 'I was on a white pill, blue pill, yellow pill,'" he said. Ferdinand called this a problem for not only New Orleans, but for the nation.

The city's rebuilding goals, per New Orleans Health Department director Dr. Kevin Stephens, include funding for violence prevention and a youth summer program, primary-care clinic renovations, and \$40 million for Pendleton Memorial Methodist Hospital, said Ferdinand.

Tulane representative DeSalvo described the acute response of services

and the change to health care infrastructure.

"We wanted to get back to the core business of what we do, especially for the school of medicine, which is training and teaching of health professionals," DeSalvo said of the initial rebuilding efforts.

With their facilities out of commission, the Tulane trainees and staff took to the streets and set up clinics wherever they could: ferry stations, police departments, tents. The urgent care facilities saw up to 400 patients a day, many with dermatologic and upper respiratory issues or prescription refill requests, said DeSalvo.

Tulane looked at the destruction as an opportunity to modernize with a clean slate after Hurricane Katrina exposed frailties in the system's centralization of resources.

"The redesign that we chose to do as a community was to create a system that was more flexible for disaster and everyday and one that was really much more distributed financially and geographically," said DeSalvo. The Tulane medical school now has 83 community health centers around New Orleans serving 140,000 people—the highest density of high-quality primary care in the country, DeSalvo said.

The experience of Hurricane Katrina changed how the Tulane trainees viewed their purpose. "Health is more than getting people to a doctor," DeSalvo said. She cited the importance of resiliency and societal determinants of health, such as adequate housing and access to economic opportunities, in providing quality care. The Tulane University School of Medicine even changed its mission after the storm to "We heal communities."

Ferdinand and DeSalvo's lectures can be viewed in entirety at <http://videocast.nih.gov>.

## Laboratorians saluted during lab week

By Gina Mattia

National Medical Laboratory Professionals Week, April 19 to 25, honors the more than 280,000 medical laboratory professionals across the nation who perform and interpret laboratory tests that assist with patient care. Laboratory pathologists, senior staff, technologists, phlebotomists, and technicians at the Clinical Center are among the many heroes of health care who aid in the diagnosis and treatment of our patients.

Using state-of-the-art technology and instrumentation, laboratory professionals help prevent disease by playing a part in the diagnosis and treatment of existing conditions through the measurement of various analytes as well as the identification of disease-producing bacteria and cellular components. Laboratory tests identify the presence of disease at an early stage, when the possibility of a cure is greatest.

Despite the important role laboratory professionals play, and increasing demands for laboratory services, the profession is experiencing difficulties recruiting personnel. There are several reasons for the laboratory worker shortage, including rising retirement numbers and fewer schools offering medical laboratory technology training.

Medical laboratory professionals can be found in hospitals, doctors' offices, clinics, research facilities, blood banks, public health centers, the Armed Forces, universities, and industry. The CC will honor its laboratory professionals April 19 to 25 with a number of staff appreciation events. For more information on the Department of Laboratory Medicine, visit <http://intranet.cc.nih.gov/dlm>.

### Clinical Center News online:

[www.cc.nih.gov/about/news/newsletter.html](http://www.cc.nih.gov/about/news/newsletter.html)

# news

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News, article ideas, calendar events, letters, and photos are welcome.

Submissions may be edited.

## New patient resource displays area information

The Clinical Center draws patients from across the country and all over the world, and with NIH's proximity to the nation's capital, visitors want to see more than campus. Crystal Thomas of Hospitality Services recognized a need, and created a central source of information. About six months ago, Thomas started asking patients what sites they would be interested in and asking coworkers what areas they were commonly questioned about. Thomas grabbed a brochure display cart from surplus and asked maintenance to add wheels. She called museums and the metro and asked for brochure donations. Some usually charge a fee, but all locations offered their pamphlets at no charge to the CC. The cart sits in the NIH Library on the Hatfield Building's seventh floor and currently includes information on the Smithsonian Museums, the zoo, sports team schedules, and what to do in Alexandria and Baltimore. Thomas plans to update the content as summer approaches and the area hosts more activities and festivals.



## Women's panel discusses work/life balance

Female fellows gathered in the Clinical Center's Duke Room March 6 for a forum on work/life balance sponsored by the National Institute of Child Health and Human Development and the CC's Office of Clinical Research Training and Medical Education. Panelists Dr. Donna Krasnewich, National Human Genome Research Institute deputy clinical director; Dr. Tara Palmore, CC staff clinician and associate director of the National Institute of Allergy and Infectious Disease's Infectious Diseases Training Program; and Dr. Sara Spence, National Institute of Mental Health staff clinician, spoke on balancing career, social life, relationships, ambition, and family. Their reflections on moving up the academic/NIH ladder while maintaining sanity and stability at home helped the younger researchers. "We needed to hear how successful people manage a career and a home and social life," said Dr. Radha Nandagopal, pediatric endocrine fellow and one of the event's organizers.

## Rehab Medicine lends presence to physical therapy meeting

Hopefully the adage does not ring true for attendees of February's American Physical Therapy Association Combined Sections Meeting, and what happened in Vegas will not stay there.

Representatives from the Clinical Center's Rehabilitation Medicine Department played a large part in the meeting, presenting on cases of osteosarcoma and on new technologies to measure lymphedema and helping organize other lectures.

The association's biyearly meeting is a chance for the CC physical therapists to share their experiences unique to a facility such as NIH. "I don't think a lot of therapists realize there is so much intramural research done within the Clinical Center," said therapist Mina Jain.

Over five days, Feb. 9 to 12, more than 7,000 therapy professionals from across the country gathered in Las Vegas to attend programs spanning the interests of all 18 of the American Physical Therapy Association's specialty sections.

Jain presented with therapists CAPT Michael Smith and LT Kieu-Phuong Vu at the session "Will I Be Able to Wear Heels to the Prom? Physical Therapy Assessment and Rehabilitation of Children with Osteosarcoma." While the most common of malignant bone cancers, osteosarcoma is still a very rare disease. Primary bone cancers claim only 3 percent of all adolescent/young adult cancers. Osteosarcoma accounts for 47 percent of that 3 percent, approximately 14 of each 1,000 cancer cases in 15 to 29-year-olds, Vu said.

Many physical therapists will never see such a case, but those at the CC treat between 15 and 20 each year due to their protocol participation, said Jain. She noted that the audience at the osteosarcoma panel was primarily students, and that she was happy to share her experience with such a rare disease.

At "State-of-the-Art Measurement Methodology for Evaluating Lymphedema," Jain, therapist Ellen Levy, and Nicole Stout of the National Naval Medical

Center's Breast Cancer Center presented research using bioelectrical impedance analysis to measure lymphedema. This novel technology utilizes the body's resistance to electrical current to determine total body fluid. This analysis is useful in quantifying the level of lymphedema—localized fluid retention due to a compromised lymphatic system—which is common in breast cancer patients.

As chair of the association's Human Immunodeficiency Virus Special Interest Group, Smith arranged and moderated a lecture on HIV and separately facilitated the session "More than Political Correctness: Addressing Health Care Disparities with Cultural Competence in the Clinic."

Another from the CC Rehabilitation Medicine Department, Dr. Holly Cintas, gave a platform presentation titled "Spine-Specific Exercise for Scoliosis in Individuals with Types III and IV Osteogenesis Imperfecta."

## Barcode initiative

*continued from page 1*

of Laboratory Medicine's hematology service, is the clinical project coordinator. The Barcode Implementation Workgroup has been working on the project for a year, collaborating across departments such as admissions, nursing, laboratory medicine, and transfusion medicine to assure that the initiative comes to fruition as seamlessly as possible.



Cheryl Clarke demonstrates how the new identifying barcodes on patient wristbands will be scanned before specimen collection.



## Art of Healing exhibit unveiled

Clinical Center Director Dr. John I. Gallin shows patient Benjamin Lopez the "Hope Flows from One to Another" exhibit on the Hatfield Building's seventh floor at a March 17 reception for the CC's latest installation. The exhibit is composed of tiles made in the art therapy summer patient project The Art of Healing—an opportunity for patients and their family members to express their feelings on illness and care through a creative process. Gallin, Lopez's mother, and art therapist Megan Robb of the Rehabilitation Medicine Department's Recreation Therapy Section spoke to approximately 100 staff, patients and visitors at the formal unveiling of the piece.

## Nursing's recognition committee hands out Length of Service Awards



Nursing and Patient Care Services' Retention and Recognition Committee celebrates the length of service of the department's employees twice a year. Some of those recognized at the March 19 ceremony at the Nursing Practice Council meeting are: (back row, from left) Benjamin Canha (30 years), Noelle Dickey (5 years), Sohrab Saadipour (5 years), Patricia Smatlak (20 years), Elizabeth Witter (10 years), Sun Ro (10 years), Michelle Rowan (10 years); (middle row, from left) Sheila Richardson (15 years), Legna Hernandez (10 years), Nancy Ames (15 years), Linda Tondreau (15 years), Margaret Bevans (20 years), Diane Lawrence (5 years); (front row, from left) Tamara Williams (10 years), Marilyn Royster (35 years), Leslie Wehrlen (10 years), Georgia Cusack (20 years), Lomar Yap (15 years).

# Recreation therapy's 'Wiihab' more than just fun and games

The Nintendo Wii is giving the Rehabilitation Medicine Department a new way to engage patients in enjoyable and restorative exercise.

Recreation therapists herald the machine for how its use helps in cardiovascular exercise, balance, coordination, and cognitive skill development in such a manner that the patient does not see it as work. The Clinical Center has a Wii in the main playroom, one in the Rehabilitation Medicine Department, and a portable Wii system for bedside treatment, serving both child and adult patients.

For the younger set, the Active Life Outdoor Challenge—river-rafting, rock climbing, jump rope, and more—keeps kids moving, helping to offset and prevent childhood obesity, said recreation therapist Karen Perkins. Brothers from Chattanooga, Tenn., Jonathon, 7, and Joshua Thomas, 5, were certainly active as they worked together to advance in their game. Holding hands, synchronizing movements, and high-fiving, the boys showed impressive teamwork.

The Nintendo Wii gives opportunity to develop more than just social skills and cardiovascular strength. The interactive experience calls on the children's gross motor skills, coordination, and spatial awareness, said Perkins.

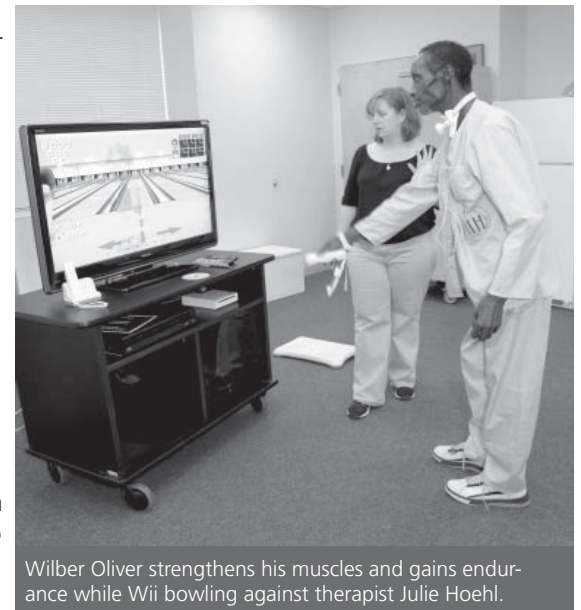
The first published research on the Wii's restorative capabilities came from

the University of Medicine and Dentistry of New Jersey. The October 2008 print issue of the American Physical Therapy Association's *Physical Therapy* journal reported the Wii had been used in the rehabilitation of a 13-year-old male with cerebral palsy. "Improvements in visual-perceptual processing, postural control, and functional mobility were measured after training," researchers said.

The CC's Recreation Therapy Section has used the game system with patients in a variety of protocols to address identified treatment goals, said recreation therapist Robin Greenfield. All patients are invited to use the Wii, with a medical clearance form, to help achieve therapy goals as part of their treatment plans.

"I use the Wii with patients from the National Institute of Neurological Disorders and Stroke to address problems with memory, balance, and range of motion, and to increase the overall activity level of patients," Greenfield said. "The game controls can be easily adapted based on one's strengths and abilities, so even those with limited abilities can use it."

Wilbert Oliver tested his abilities on the Wii on March 10, balancing his way through a water maze and bowling against recreation therapist Julie Hoehl. Oliver uses the Wii to improve his strength and endurance.



Wilber Oliver strengthens his muscles and gains endurance while Wii bowling against therapist Julie Hoehl.

He reported noticing a difference in his upper arm strength from the activity and delight at beating his therapist in the competitive Wii sports. Oliver was able to stand for 45 minutes with only a few rests while playing the Wii, longer than in other sessions, said Hoehl.

Greenfield's patients have also enjoyed the electronic therapy. "I had a patient who no longer can pursue his love for tennis secondary to loss of lower extremity function and planned to buy the Wii to play tennis with his wife from his wheelchair," she said. "He couldn't get over how real it felt to him."



Brothers Jonathon, left, and Joshua Thomas build teamwork as they play a Wii game requiring synchronization for success.

## Artist *continued from page 1*

On campus from Feb. 22 to 28, Aurelius saw a team of researchers, and testing of samples continued after he had returned West. "We've just found everybody incredibly friendly," Aurelius said. "From those at the information desk to the doctors, they're so helpful." Also impressive was the communication of knowledge, he said. "Everyone is on the same page."

To prepare the CC pathology residents for the pages of their board certification exams, Barry quizzed the staff on their forensic pathology knowledge. Her titles include assistant professor, associate medical investigator, and autopsy director at the New Mexico Office of the Medical Investigator and University of New Mexico Health Sciences Center in Albuquerque.

Aurelius' artwork can be seen on his Web site: <http://dunhamaurelius.com/>.

The Undiagnosed Diseases Program, launched May 19, is a partnership of the CC, NHGRI, and the NIH Office of Rare Diseases Research. For more information on the program, visit <http://rarediseases.info.nih.gov/undiagnosed>.



## Clowning around at the Inn

For the twelfth year, the NIH Recreation and Welfare Association purchased tickets to the Ringling Bros. and Barnum & Bailey Circus. Clinical Center patients attended the March 18 show, "Over the Top," at the Verizon Center. Before the performance, the Children's Inn hosted a pizza party, with many of the circus artists in attendance. The clowns brought smiles out from two Inn residents: Samantha and Kegan Druckenmiller.

## Stanford professor next in BTRIS lecture series

The Biomedical Translational Research Information System team is holding a series of lectures focused on informatics in biomedical and translational research. This series brings leading figures in the study and use of translational information systems from academic centers across the United States and will promote discussion about the future of informatics at the Clinical Center. On Tuesday, April 21 the team will welcome Dr. Henry Lowe, associate professor of medicine (biomedical informatics), director of the Center for Clinical Informatics, and senior associate dean for information resources and technology at Stanford University School of Medicine, Palo Alto, Calif. The lecture will be held from 2 to 3 pm in Lipsett Amphitheater. Visit <http://btris.nih.gov/> for more information.



### NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in February:

- Retreatment Protocol for BL22 Immunotherapy in Relapsed or Refractory Hairy Cell Leukemia, 09-C-0076, Robert J. Kreitman, MD, NCI
- A Targeted Phase I/II Trial of ZD6474 (Vandetanib; ZACTIMA) Plus the Proteasome Inhibitor, Bortezomib (Velcade®), in Adults with Solid Tumors with a Focus on Hereditary or Sporadic, Locally Advanced or Metastatic Medullary Thyroid Cancer (MTC), 09-C-0089, Antonio T. Fojo, MD, NCI
- Phase I/II Study of B Cell Malignancies using T Cells Expressing an Anti-CD19 Chimeric Receptor: Assessment of the Impact of Lymphocyte Depletion Prior to T Cell Transfer, 09-C-0082, Steven A. Rosenberg, MD, NCI
- Pilot Study for the Evaluation of Finasteride in the Treatment of Chronic Central Serous Chorioretinopathy, 09-EI-0075, Farzin Forooghian, MD, NEI
- Mismatched Donor Lymphocyte Infusions for Relapsed Disease Following Allogeneic Stem Cell Transplantation, 09-H-0087, Zachariah A. McIver, DO, NHLBI
- Screening Protocol for Genetic Diseases of Mast Cell Homeostasis and Activation, 09-I-0086, Kelly D. Stone, MD, NIAID
- Interleukin-7 (CYT107) Treatment of Idiopathic CD4 Lymphocytopenia: Expansion of CD4 T Cells (ICICLE), 09-I-0069, Brian O. Porter, MD, NIAID
- Global Study of Women's Health, 09-CH-0085, Pamela Stratton, MD, NICHD
- Selective Reduction of Dietary Carbohydrate Versus Fat: Effects on Metabolism, Endocrine Physiology, Brain Activity and Reward Circuitry, 09-DK-0081, Kevin Hall, PhD, NIDDK
- Novel Therapy Combining Regenerative Stimuli Immunomodulation to Preserve Beta Cell Function in New Onset Type 1 Diabetes, 09-DK-0056, David M. Harlan, MD, NIDDK
- Double-Blind, Placebo Controlled Pilot-Study of Octanoic Acid in Essential Tremor, 09-N-0084, Mark Hallett, MD, NINDS
- Molecular-Genetic Correlates of Fatigue in Cancer Patients Receiving Localized External Beam Radiation Therapy, 09-NR-0088, Leorey N. Saligan, CRNP, NINR

## News briefs

### **MSC 1000: The new (and only) mail stop code for patient mail**

Patients now need only one code on mail sent to them at the Clinical Center: MSC 1000. The patient unit's mail stop code is not necessary. Patients can provide this address to relatives and friends:

*Patient Name*

*NIH Clinical Center*

*Patient Care Unit, Room #*

*10 Center Drive, MSC 1000*

*Bethesda, MD 20892*

To make sure their mail reaches them, patients' relatives and friends should write "patient mail" on the envelope and include the patient unit and room number.

### **Diversity counts**

Make sure you are counted in the NIH Race, Ethnicity, and Disability Status Survey to accurately assess the diversity of the NIH workforce. Participate by going to the Learning Management System at <https://lms.learning.hhs.gov> between April 8 and May 8. For more information, contact Dr. Shelma Middleton Little at 301-496-7543.

### **Is your department interested in a summer volunteer?**

The Clinical Center Volunteer Program is seeking summer assignments/positions in labs, patient-support departments, and patient-care areas for high school and college students. These positions can be administrative, research, or patient-contact focused. Volunteers will be at least 16 years of age and will work a minimum of eight weeks. Their weekly hours will depend on departmental needs. Short-term assignments may be accommodated. Students typically have no organizational requirement for a poster or paper. They will, however, require a designated supervisor or mentor while in an assignment. If you have such a position or have questions, contact Courtney Duncan at 301-496-1807.

### **Badging Station Moves**

The location for issuing employee and extended visitor identification badges (for patients, family members, blood donors, and others) in the Clinical Center has changed. The desk moved from the B1 level, to the Hatfield Building's first floor. The badging station is next to the main lobby hospitality desk where the ATM machine is located. Service hours are Monday through Friday from 7:30 am to 4:30 pm. Direct questions to Denise Ford at 301-451-9868.



## Piano series starts on a classical note

The inaugural performance of the NIH Clinical Center piano concert series was given Friday, March 13, at noon. The Steinway concert grand piano in the Hatfield Building's atrium is a gift from a CC patient and his business partner. In opening his remarks, CC Director Dr. John I. Gallin thanked Dr. W. Marston Linehan, chief of the National Cancer Institute's Center for Cancer Research's Urologic Oncology Branch, and his wife, Dr. Tracy Rouault, chief of the Section on Human Iron Metabolism and head of the Molecular Medicine Program at the National Institute for Child Health and Human Development, for finding the piano and helping to launch the series.

The first to tickle the ivories was Grace McFarlane, a Jamaican-born pianist who has played Carnegie Recital Hall and the Kennedy Center. McFarlane served on the faculties of the University of Maryland, Peabody Preparatory, and Wheaton and Judson Colleges. She maintains an active teaching schedule in her private studio and as a member of the piano faculty at the Levine School of Music. She is the immediate past-president of the Washington Music Teachers Association.

"This center focuses on healing and researching ways to heal people, not just physically, but also healing the soul. I hope today this music can heal the soul," McFarlane said before her CC debut. Her selections of Scarlatti, Mozart, Debussy, and Chopin delighted gathered and passing staff, patients, and visitors who found a bit of healing in McFarlane's talent.



# Lectures & Events

All lectures will be videocast at <http://videocast.nih.gov>.

April 1, 2009

## CC Grand Rounds

Lipsett Amphitheater, 12 noon

### Ethics Rounds

#### *Looking for Clinical Findings in Research Subjects: When is it a Good Idea?*

Susan M. Wolf, JD  
McKnight Presidential Professor of Law, Medicine & Public Policy  
Faegre & Benson Professor of Law  
University of Minnesota Law School  
Professor of Medicine  
University of Minnesota Medical School

### Wednesday Afternoon Lecture Series

Masur Auditorium, 3 pm

#### *Making an Effort to Listen: Mechanical Amplification by Myosin Molecules and Ion Channels in Hair Cells of the Inner Ear*

A.J. Hudspeth, MD, PhD  
HHMI Investigator  
F.M. Kirby Professor  
Rockefeller University  
Laboratory of Sensory Neuroscience

April 8, 2009

## CC Grand Rounds

Lipsett Amphitheater, 12 noon

### Contemporary Clinical Medicine: Great Teachers Hereditary Cancer Predisposition: New Challenges

Judy E. Garber, MD, MPH  
Director  
Cancer Risk and Prevention Program  
Dana-Farber Cancer Institute  
Associate Professor of Medicine  
Harvard Medical School

### Wednesday Afternoon Lecture Series

Masur Auditorium, 3 pm

#### *Pathogenesis of Preeclampsia*

Ananth Karumanchi, MD  
HHMI Investigator  
Beth Israel Deaconess Medical Center  
Associate Professor of Medicine  
Harvard Medical School

April 15, 2009

## CC Grand Rounds

Lipsett Amphitheater, 12 noon

### Advances in Coronary Imaging

Ahmed M. Gharib, MB, ChB  
Staff Clinician  
Integrated Cardiovascular Imaging Section  
NIDDK  
Radiology and Imaging Sciences  
CC

### Cardiovascular Disease in HIV-infected Patients as a Complication of Antiretroviral Therapy

Colleen Hadigan, MD, MPH  
Staff Clinician  
Laboratory of Immunoregulation, NIAID

### Wednesday Afternoon Lecture Series

Masur Auditorium, 3 pm

#### *Understanding Angiogenesis Through Retinopathy*

Lois Smith, MD, PhD  
Professor of Ophthalmology  
Children's Hospital Boston

April 22, 2009

## CC Grand Rounds

Lipsett Amphitheater, 12 noon

### Dangers of Secret Science: Case Study of Hemoglobin-Based Blood Substitutes

Charles Natanson, MD  
Senior Investigator and Head  
Anesthesia Section  
Critical Care Medicine  
Department  
CC

### Transfusion-related Acute Lung Injury

Harvey Klein, MD  
Chief  
Department of Transfusion Medicine  
CC

### Wednesday Afternoon Lecture Series

Masur Auditorium, 3 pm

#### *Innate Host Defense: Mechanisms and Pathways*

Ruslan Medzhitov, PhD  
HHMI Investigator  
David W. Wallace Professor of Immunobiology  
Yale School of Medicine

April 29, 2009

## CC Grand Rounds

Lipsett Amphitheater, 12 noon

### HIV Resistance

Frank Maldarelli, MD  
Staff Clinician  
Host-Virus Interaction Branch  
Head  
In Vivo Biology Group  
NCI

### Recent Findings in the Epidemiology of Cancer in HIV-infected People

Eric A. Engels, MD, MPH  
Senior Investigator  
Division of Cancer Epidemiology and Genetics  
NCI

### Wednesday Afternoon Lecture Series

Masur Auditorium, 3 pm

#### *Vascular Zip Codes in Targeted Delivery of Multifunctional Nanodevices*

Erkki Ruoslahti, MD, PhD  
Professor, Burnham Institute for Medical Research  
University of California, Santa Barbara

## Wall hanging presented during IPPCR trip to China installed



A Chinese silk wall hanging was recently added to the Clinical Center's art collection. It hangs near the study carrels north of the atrium on the Hatfield Building's fifth floor. The scroll was presented to the CC by Dr. Ying-Kang Shi, director of the West China Hospital and dean of the West China Medical School of Sichuan University, when NIH clinician-scientists brought the course "Introduction to the Principles and Practice of Clinical Research" to Beijing in November.