



Dr. Zenaide Quezado (left), professor of anesthesiology at Children's National Medical Center and former chief of the CC Department of Anesthesia and Surgical Services (now Department of Perioperative Medicine), taught the fellows at the first joint critical care medicine education week a lesson on difficult airway management and insertion of an endotracheal tube using a glidescope.

Critical Care Medicine Department hosts first joint education week for fellows

More than 30 fellows from the NIH, Washington Hospital Center, National Military Consortium, University of Maryland, and Johns Hopkins University were at the Clinical Center January 9-13 as part of a joint critical care education week hosted by the CC Critical Care Medicine Department (CCMD) and the Washington Hospital Center.

The fellows rotated through various training sites throughout the area, including spending several days at CC. The group also performed critical care simulations at the new SimCenter, which is part of the Uniformed Services University of the Health Sciences.

The joint education week fulfills many goals of the Accreditation Council for Graduate Medical Education by focusing on didactic training and career strategies and emphasizes mentorship and peer-to-peer interaction. Key speakers included successful program alumni, as well as staff who offered advice on applying for grants

and business management techniques.

"We want to open their eyes to a larger horizon about not just what they need to know about how to take care of patient or where they do their research, but also where should they be headed and how do they get there," said Dr. Henry Masur, CCMD chief.

Fellows heard from speakers including Dr. Leo Rotello from Suburban Hospital on "How to Manage an ICU" and Dr. Burton Lee from the Washington Hospital Center on "Current Concepts in Ventilator Management."

First-year fellow Kenneth Remy said he took advantage of meeting several of the week's speakers, who are well known in the research field he's entering.

"You see highly successful people that have established academic careers or other careers that are not in the academic arena and you see the blueprint they've used," said Remy. "It makes you step back a little

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New registry brings together researchers and patients

The Clinical Center has recently joined a network of research institutions, investigators, and interested volunteers seeking to support clinical research efforts across the country.

The network called ResearchMatch is a free recruitment tool that will help connect volunteers with researchers who are searching for interested and eligible participants. The first of its kind, the registry includes a wide variety of health conditions and diseases. Volunteers create a profile that researchers search, opening lines of communication and supporting recruitment for their studies.

Research volunteers play an important role in advancing scientific and medical knowledge, yet it can be difficult to connect willing research volunteers with the investigators who are conducting studies that are right for them, says Dinora Dominguez, chief of the patient recruitment section in the CC Office of Communications, Patient Recruitment, and Public Liaison (OCPRL).

Dominguez sees ResearchMatch as an excellent tool to add to the CC's arsenal of recruitment tools and strategies. "We work with research participants from all over the country," she said, "and being able to send an email to hundreds of individuals who have self-reported or self-identified with a specific condition to let them know that there is a study out there for them to consider, and then they can decide if they want more information, is really great."

The unique web-based ResearchMatch system, developed and hosted by a team at Vanderbilt University, addresses this problem by offering a secure place where volunteers and investigators can connect.

The system allows participating

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DCRI launches Clinical Research Information System upgrade

Launch the Clinical Research Information System (CRIS) and you'll see a new look, including new icon displays, a different way to open applications, additional toolbars, and better ways to filter data. What you won't see is the new infrastructure that will support future software upgrades and maintenance.

The CC Department of Clinical Research Informatics (DCRI) successfully upgraded CRIS to version 5.5, working from midnight on Friday, January 27, to 9:00 pm on Saturday, January 28.

The transition involved more than 60 staff, including the DCRI team and representatives from many CC departments who worked on activation, made sure lab orders were up to date, communicated with patient-care staff, and helped verify that the new interfaces were working properly.

Representatives from the Pharmacy Department, Nursing and Patient Care Services, the Department of Laboratory Medicine, and the Department of Transfusion Medicine all staffed the weekend upgrade.

"The functionality is similar, but it feels different when you log in," said



The CRIS team worked through the weekend of January 28 on the upgrade.

Judy Wight, a DCRI information technology project manager who worked on the upgrade. "There are more icons and the background will look different, but most of the way you do things will be the same."

A large part of the upgrade was replacement of more than 30 servers. "The upgrade makes sure that we stay current and will be able to respond to future software improvements," said Wight. The team also updated the operating systems and database management software.

Dr. John McKeeby, CC chief informa-

tion officer and DCRI chief, thanked users for their patience during and shortly after the upgrade. "It is important for us to provide a robust environment and usable system for our users, and this upgrade is critical to improving CRIS," he said.

Users may contact the CRIS help desk at 301-496-8400 with questions about the upgrade or the system's new functions. Training materials, including a short tutorial, are available at cris.cc.nih.gov.

Patient-care unit clerk committed to growth and customer service

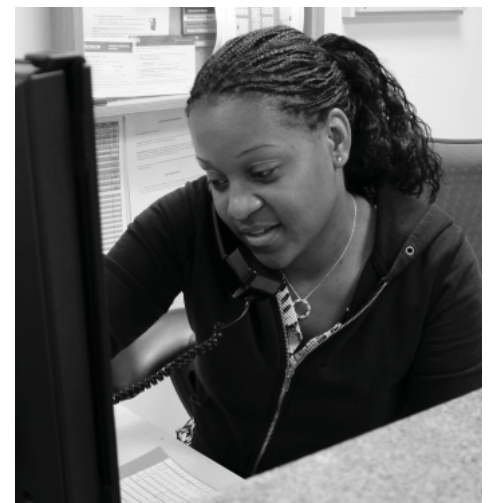
Like many staff members at the Clinical Center, patient-care unit clerk Janita Dutch says she loves her work and being a part of the CC team. Dutch is currently assigned to the Office of Hospitality Services and works at the EKG desk where she helps patients arriving for their procedures. "My main goal is to make people feel welcome and make their visit as easy as possible," she said.

The job may seem like a natural fit for Dutch, but she hasn't always worked as a unit clerk. For five years, she was a security officer on the P1 parking level. Dutch said the transition from law enforcement to patient engagement and customer service was easy because the skills she developed as a security guard translate well to this job. Both jobs focus on customer service and problem

solving, although in her new position she has most enjoyed the opportunity to work with patients and learn more about the CC and the NIH.

"This is a very supportive environment," Dutch said, describing times when staff who visited the EKG desk recognize her from her years in security are happy to see her growing in her career. She feels that the CC is an organization that encourages its employees to grow professionally. "I am learning a lot," she said.

Diane Jenifer, a patient-care unit clerk supervisor, says that Dutch is a joy to work with. "She has a wonderful personality and brings professionalism, care, and commitment to the department. We know that she will continue to be a great asset to the EKG department and our front desk team."



Although she was nervous to apply, Janita Dutch is thrilled with her recent career transition into the CC Office of Hospitality Services.

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news

Nicole Martino, editor

Clinical Center News
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Department of Health and Human Services
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News, article ideas, calendar events, letters, and photos are welcome.

Submissions may be edited.

Protect patients with proper hand hygiene

Patients come to the hospital to get better, but sometimes dangerous infections can derail their improvement.

Those who have contact with patients or enter their rooms are often the source of infections, transferring bacteria to patients with compromised immune systems.

One of the easiest and most effective ways to combat hospital-acquired infection is proper hand hygiene.

Health-care workers, patients, and patient family members should know when and how to sanitize their hands to protect themselves, their patients, and their loved ones from infection.

An easy way to remember how to use the alcohol-based sanitizers strategically placed around the hospital is "two pumps, twenty seconds." Studies show that 2 milliliters of gel (about half a teaspoon full) are significantly more effective than 1 milliliter. That is enough fluid to substantially cover the entire hand, too. Users should remember to rub sanitizer between fingers and on the backs of the hands.

Patients can protect themselves from acquiring new infections by sanitizing before and after interaction with others.

In addition to contact time and volume of sanitizer used, frequency is a factor in proper hand hygiene.

Health-care personnel should remember to sanitize:

- before entering the patient room
- before and after every patient contact
- when moving from a contaminated body site to a clean body site during patient care
- before donning gloves for sterile procedures
- upon leaving the patient room, immediately after removing gowns and gloves
- before handling or preparing food or eating
- after using the restroom or changing diapers
- when hands are soiled (e.g., after sneezing, coughing or blowing your nose)

The same guidelines apply to patients and their visitors.

Another precautionary measure is Clinical Center policy that health-care personnel cannot have artificial fingernails or nails longer than 1/4 inch because they can harbor bacteria that spread to patients.

Staff should visit intranet.cc.nih.gov/hospitalepidemiology/hand_hygiene for resources on the why, how, and when of hand hygiene.



Rare Disease Day

Event raises awareness

The fifth annual Rare Disease Day will be on February 29 in Masur Auditorium. The event, which is open to the public, is hosted by the Office of Rare Diseases Research, the National Center for Advancing Translational Sciences, and the Clinical Center, will recognize rare diseases research activities supported by government agencies and advocacy organizations.

Rare Disease Day was established to raise awareness about the challenges encountered by those affected, the importance of research to develop diagnostics and treatments, and the impact of these diseases on patients' lives. There are about 7,000 rare diseases identified in the United States. About 80 percent of rare diseases are genetic in origin, and about 75 percent affect children.

For more information, including details on registration, visit rarediseases.info.nih.gov/RareDiseaseDay.aspx.

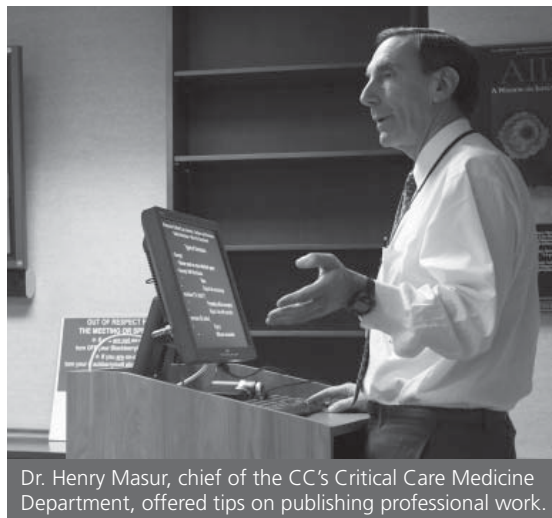
Critical Care Medicine Department hosts first joint education week for fellows

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and think about where you are going."

Several CCMD alumni also spoke, including Dr. Mark Gladwin, chief of pulmonary/critical care, University of Pittsburgh; Dr. Anthony Slonim, chief medical officer, St. Barnabas Medical Systems; and Dr. Zenaide Quezado, professor of anesthesiology, Children's National Medical Center.

Dr. Frederick P. Ognibene, director of the Office of Clinical Research Training and Medical Education, added, "These types of endeavors reinforce that there is a continuum from their training experience to building their own independent careers, whether they're in biomedical research, industry, or delivering clinical care."



Dr. Henry Masur, chief of the CC's Critical Care Medicine Department, offered tips on publishing professional work.

NIH launches clinical trials and you

NIH has launched a new educational website for people who want to know more about participating in clinical research.

The NIH Clinical Trials and You website offers information on what clinical research is, why it matters, and how to get involved.

The site is home to reliable, accessible information for the public, health-care providers, and voluntary health organizations. Features include basic information, video testimonies from researchers and volunteers, downloadable resources for health-care providers, and resources to find clinical trials at the Clinical Center, through ResearchMatch.org, and around the world through ClinicalTrials.gov.

Explore the new website at nih.gov/health/clinicaltrials/index.htm.

Brown bag series addresses complex topics

Navigating leadership during complex times is one of the most challenging things an employee or supervisor can face. The 2012 leadership development brown bag series hosted by the Clinical Center Office of Workforce Management and Development (OWMD) aims to help CC employees understand more strategies for leading during complex times through discussion, exercises, and presentations from members of the CC community.

Most sessions will be held in the Hatfield Medical Board Room (4-2551) from 12 noon to 1:00 pm.

January 25 - Navigating the Complexity of Change

Antoinette Jones, CC OWMD
Maureen McDonnell, CC OWMD

February 29 - "Use of Self" as an Agent of Change

Maureen E. Gormley, CC chief operating officer

March 28 - Perspectives on Staying Motivated: A Panel Discussion

Denise Ford, chief, CC Office of Hospitality Services
Brenda Robles, CC Social Work Department
Anita Segar, CC Nursing and Patient Care Services

April 25 - Demystifying "Difficult" People

Dr. Maryland Pao, clinical director, NIMH

May 23 - Got Change? Manage Your Expectations

Antoinette Jones, CC OWMD
Maureen McDonnell, CC OWMD

June 12 - Building Resilience through Mindfulness

Dr. Rezvan Ameli, clinical psychologist, NIMH
This session will be held in the Magnuson Building room 2C116.

For more information on the series, visit intranet.cc.nih.gov/owmdl/.

OWMD Quick Tip

Resistance is described as the most important and most neglected factor in change.

The first level of resistance is seen when your audience does not understand the change. The second level occurs when the change is perceived to have a negative impact, and the third level surfaces when the relationship between the change leader and the audience is poor.

When facing resistance to change within the workplace, *identify the level of resistance* and implement strategies to address that level.

Rehabilitation Medicine Department welcomes new leadership

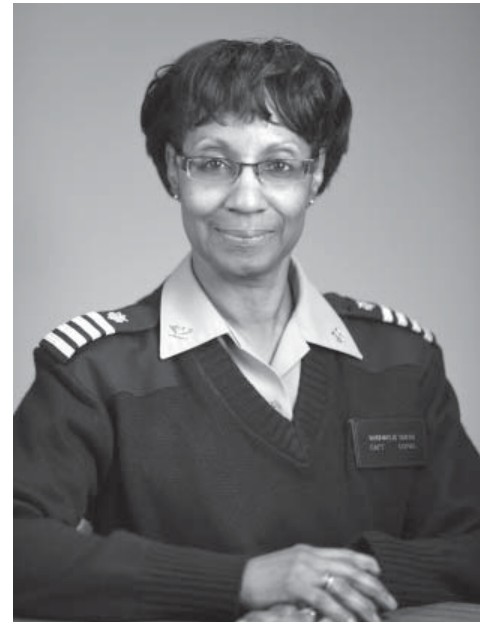
CAPT Michaele R. Smith has been named chief of the physical therapy section in the Clinical Center Rehabilitation Medicine Department.

Smith first came to NIH as a student in 1983 to complete curriculum requirements for the physical therapy program at Howard University where she studied as an undergraduate. She later accepted a commission in the US Public Health Service and returned to the CC as a staff physical therapist, progressing to senior staff therapist and the education coordinator of the physical therapy section.

In 2006 she earned her Master of Education in the area of adult education from George Mason University in 2006.

Smith is committed to training, having organized numerous educational courses and health fairs. She also developed the physical therapy section's competency-based program and post-graduate clinical research program for academic and clinical therapists.

Her current research interests involve children with genetic disorders such as Smith-Magenis syndrome, neonatal onset multi-systems inflammatory disease (NOMID), and neurofibromatosis type 1. Smith has lectured and written articles on the topic of pediatric HIV infection, juvenile dermatomyositis, and genetics.



CAPT Michaele Smith was named RMD's new physical therapy section chief.

NIH-Duke training program in clinical research accepting applications

Applications are being accepted for the 2012-2013 NIH-Duke Training Program in Clinical Research. Implemented in 1998, the program is designed primarily for physicians and dentists who desire formal training in the quantitative and methodological principles of clinical research.

Courses are offered at the Clinical Center via videoconference. Academic credit earned by participating in this program may be applied toward satisfying the degree requirement for a Master of Health Sciences in Clinical Research from Duke University School of Medicine. The degree requires 24 credits of graded course work, plus a research project worth 12 credits. The program is designed for part-time study, allowing the student to integrate the program's academic training with clinical training.

Applications are available via email from Benita Bazemore, CC Office of Clinical Research Training and Medical Education, at bbazemore@cc.nih.gov. Additional information regarding coursework and tuition costs is available via the program website at clinicalcenter.nih.gov/training/duke.html.

Enrollment in this program is limited. Interested individuals should inquire with their NIH Institute/Center regarding funding if they are accepted and enroll this program.

The deadline for applying is April 15. Successful applicants will be notified by July 1.

Local students donate cards to Clinical Center pediatric patients

A group of students from Carderock Springs Elementary School in Bethesda donated dozens of colorfully illustrated cards to the Clinical Center's pediatric patients in January.

The school's student government association organized the donation because the students wanted to help their community and lift the spirits of children who are ill.

Matthew Ghaman, a Carderock Springs Elementary School fifth grade teacher and the student government association advisor, explained that the students understood how difficult it can be to be sick, especially when one is far away from their home, friends, and family. Thirteen class representatives aged 6-12 and serving on the school's executive board, came to the CC for the presentation.

CC Director Dr. John I. Gallin greeted the visitors and gave the group a presentation on the CC's goals and accomplishments. He also fielded tough questions like: "How do you make medicines?" "What happens if the medicine you make doesn't work?" and "What if you can't find the right medicine?"

"If you have hope and a team of smart people that work together to discover new diseases and build new



The Carderock Springs Elementary School student government association donated dozens of colorful cards to Clinical Center pediatric patients in January. CC Director Dr. John I. Gallin (in lab coat) welcomed the class representatives and their teacher and thanked them for helping lift the spirits of CC patients.

medicines, amazing things can happen," Gallin assured the students.

The student government representatives engaged their classmates in decorat-

ing and writing the messages on the cards, which were distributed to 1NWX patients and on display outside of the unit.

ResearchMatch connects researchers with interested volunteers

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researchers to search for appropriate matches among the non-identifiable ResearchMatch volunteer profiles. Researchers can then send potential volunteers brief messages about their study that have been approved by their local institutional review board (IRB).

If volunteers wish to learn more about the study, they can release their contact information to the research team, which then contacts them directly to discuss participation in greater detail. If volunteers decide they do not want to learn more about the study, they remain anonymous. Volunteers are not obligated to participate in any study, can edit their profiles at any time, and can withdraw from the ResearchMatch system if they no longer want to be in the registry.

Joining the registry can reduce the time that volunteers spend searching for research studies and improve the chances of matching them with studies



they are eligible for and interested in. For example, volunteers can note how far they are willing to travel so they are only alerted of studies in their area.

Dominguez is most enthusiastic about this tool because it emphasizes the decision of the research volunteer. "It empowers them to make the choice that they want more information and they want to learn how they can become a partner in research."

ResearchMatch is a not-for-profit activity and there is no fee to join. All ages and backgrounds are welcome. A parent, legal guardian, or caretaker may register someone under the age of 19 or an adult who may not be able to enter his or her own information.

ResearchMatch is provided as a collaborative effort of the national network of medical research institutions that are part of the NIH Clinical and Translational Science Awards (CTSA) program. Currently invitations to participate in ResearchMatch are limited to only those research sites that are affiliated with the CTSA consortium.

CC research teams interested in learning more about participating in ResearchMatch through the OCPRL should contact the CC's institutional liaison Dinora Dominguez at ddominguez@cc.nih.gov.

Learn more at researchmatch.org.

Management intern program recruiting

Interested in reaching your potential? Ready for a career transition? The Management Internship Program at NIH may be just the answer. The NIH Training Center has announced the new recruitment season, which opens February 24 and closes March 19.

Since its establishment in 1957, the program has produced highly respected administrative professionals. It is an extremely competitive, two-year administrative management career development program for current NIH employees.

Over the two-year internship period, participants choose rotations through various administrative positions before graduating into a new career field and administrative professional job series.

Management interns come from a variety of backgrounds ranging from travel planners to scientists. Current GS-7 through GS-12 NIH employees are invited to apply. Benefits of participation include access to a senior-level mentor, an individual training budget, opportunities to participate on challenging projects and committees, and the chance to meet with NIH leaders.

For program FAQ—as well as details on the program, eligibility, recruitment, and placement—visit jobs.nih.gov/intern/mi.html.

Information Sessions

Another way to learn more is by attending one of the upcoming program information sessions:

- February 6 - Bldg. 31, 6C Room 6 from 12 noon to 1 pm
- February 7 - 6001 Executive Blvd., Room 3103 from 12:30-1 pm
- February 16 - Bldg. 10, Lipsett Amphitheater from 12 noon to 1 pm
- February 23 - Rockledge II, 9100/9104 from 12 noon to 1 pm

Individuals who need reasonable accommodation to participate in the sessions should call the NIH Training Center at (301) 496-6211, TTY (301) 594-2696, or the Federal Relay (1-800-877-8339) at least five days before the event.

Former Family Lodge director mourned

Janice Weymouth, Clinical Center leader and former executive director of the Edmond J. Safra Family Lodge, died of carcinoid cancer in January.

Weymouth was a longtime NIH employee who began her career in 1970 coordinating conferences for the NIH Fogarty International Center. She went on to the NIH Division of Space Management at a time of unprecedented growth for the agency. After the CC Ambulatory Care Research Facility was built in 1981, Weymouth joined the Office of Space and Facilities Management and facilitated the move to the new building as the organization grew in size and occupancy.

In 1999 she helped launch the CC Hospitality Services Program, an addition suggested by the Patient Advisory Group.

The program retrained and redeployed existing staff to the CC north entrance and to two strategically located hospitality desks to welcome patients and provide assistance to visitors. Weymouth was also a key player in the construction and design of the Edmond J. Safra Family Lodge.

For four years, Weymouth continued work with various CC teams while planning the interior design and management of the Family Lodge. From 2004 until she retired in 2007 after more than 35 years of employment at the NIH, Weymouth worked as the lodge's executive director, overseeing everything from construction to staffing.

Weymouth was known for her creativity and dedication to the CC and the Family Lodge. "Jan was one of the most fun and creative employees with whom I have worked," said Maureen Gormley, CC chief operating officer. "She always had an idea for how to make the Clinical Center better and was known for her ability to get things accomplished. She possessed a wealth of information and historical knowledge of the Clinical Center. She left her mark here in many significant ways."

Weymouth is survived by her husband of 41 years, Rob Weymouth; daughter, Kristen; brother, Richard Hauff; brother-in-law, Kent Weymouth, Jr.; sister-in-law Charlotte Gallagher; and sister-in-law Dorothy Osborne.



Janice Weymouth, longtime CC employee and former executive director of the Edmond J. Safra Family Lodge, died in January.

Clinical Center news briefs

CC researcher highlighted in 200th journal issue

The New England Journal of Medicine highlighted 13 seminal articles published since 1928 when the journal adopted its current name, and the CC's Critical Care Medicine Department chief was lead author on one of them.

The reference to Dr. Henry Masur's 1981 article titled "An outbreak of community-acquired *Pneumocystis carinii* pneumonia" was included in the NEJM's piece, "A Reader's Guide to 200 Years of the *New England Journal of Medicine*."

NIH goes to the circus

The NIH Recreation & Welfare Association invites children of all ages to *The Greatest Show on Earth!* Ringling Bros. and Barnum & Bailey® hosts a special fundraising show on March 14 at 7 pm at the Verizon Center in Washington, DC, to raise money for NIH charities.

At the 15th Annual Children's Premiere Night, the free pre-show begins at 6 pm. Tickets are priced from \$24-\$80 and can be purchased at the R&W Activities Desk in Bldg. 31, Room B1W30, or by calling 301-496-4600.

Requesting recycling bins

Although it might seem like a good idea to move a large hallway recycling bin closer to your work area, all of the recycling bins in the building are in approved locations based on evacuation and emergency rules. If you would like to request a new bin, or think that one should be moved officially, email greenteam@cc.nih.gov.

Radiology and Imaging Sciences team roadmaps the small bowel

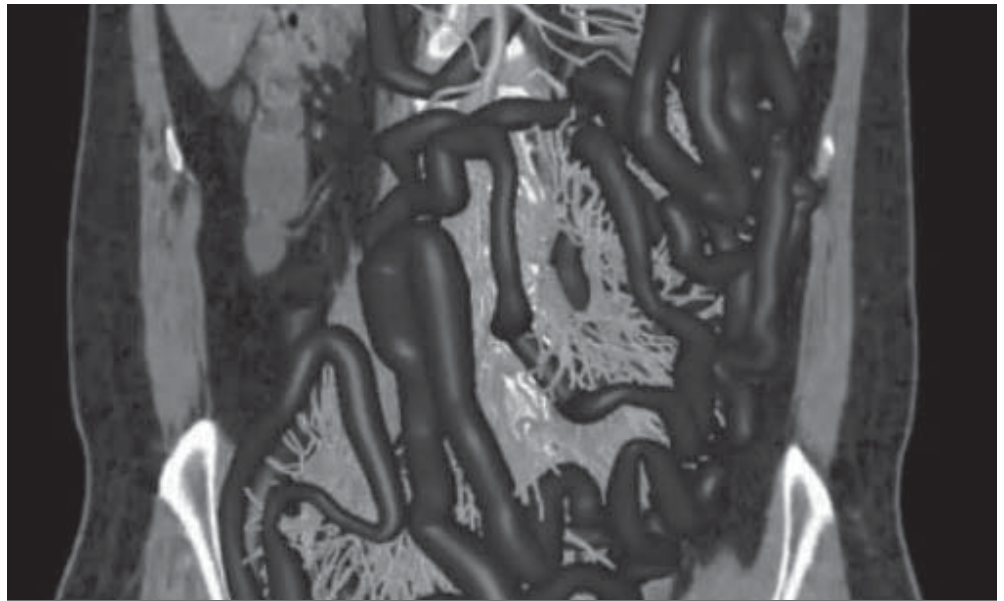
Researchers at the Clinical Center are working to roadmap the small bowel—an intricate organ that presents challenging imaging issues for clinicians looking for lesions, polyps, and tumors.

“I look at these CT scans of people’s abdomens every day. There are 22 feet of small bowel all wrapped up like a ball of yarn,” said Dr. Ronald Summers, chief of the CC Radiology and Imaging Sciences clinical imaging processing services. “I try my best to find abnormalities in that bowel but it is pretty tricky. So the idea was to try to figure out how to unravel that ball of yarn.”

Currently, the standard diagnostic tool is computed tomography (CT), which has the advantage of clearly imaging abnormalities but also the disadvantage of not being very good at locating them. While the CT scan gives a rough estimate, the design of the small bowel with its many loops and folds can make it difficult for doctors to narrow down the site until they get into surgery.

What is needed is a better way to view this complex organ, said Summers. Using the CT images, he and a team of researchers mapped the entire small bowel of one patient using small blood vessels as markers. The result of reconstructing the images was 3-D video, allowing for a better view of the entire small bowel.

“It took two weeks to make this



An image of a patient’s abdomen shows the small bowel as the dark lines.

video because we had to identify all the small blood vessels that feed the small intestines,” said Summers. “It’s easy to see the big blood vessels but identifying all the small blood vessels, was very time-consuming.”

Down the road, the idea is that this process would be fully automated. Summers said the researchers are looking at blood vessel patterns that would help identify a patient’s unique small bowel design—not entirely unlike their fingerprint.

If they can identify those indicators,

they may be able to create these 3-D videos in minutes, said Summers. Then physicians would have a roadmap of the small bowel—and a better picture for diagnosis and treatment.

“We’re hoping that it will shorten the surgery time, reduce the amount of bowel that has to be cut out, and that it will reduce the number of times tumors are left behind,” added Summers.

To view the full imaging series, visit youtu.be/8rXxMAamhg8.

NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in December:

- Prospective Randomized Trial On Radiation Dose Estimates Of CT Angiography In Patients Applying Iterative Image Reconstruction Techniques; 12-H-0052; Dr. Marcus Y. Chen; NHLBI
- Phase II Study in Patients with Metastatic Melanoma Using a Non-Myeloablative Lymphocyte Depleting Regimen of Chemotherapy Followed by Infusion of MART-1 Reactive Peripheral Blood Lymphocytes (PBL) With or Without High Dose Aldesleukin; 12-C-0045; Dr. Udai S. Kammula; NCI
- NEI Intramural Biorepository for Retinal Diseases; 12-EI-0042; Dr. Henry E. Wiley IV; NEI
- Fatigue and Amotivation Following Mild Traumatic Brain Injury and Their Influence on Service Member Community Reintegration; 12-N-0030; Dr. Eric M. Wassermann; NINDS
- Treatment of Chronic Delta Hepatitis with Lonafarnib; 12-DK-0046; Dr. Theo Heller; NIDDK
- Biochemical and Genetic Mechanisms of Acute Clinical Pain During Bone Marrow Aspiration; 12-CC-0001; Dr. Wendy Smith; CC
- VRC 311: A Phase 1 Open Label, Dose-Escalation Clinical Trial to Evaluate the Safety and Immunogenicity of a Virus-Like Particle (VLP) Chikungunya Vaccine, VRC-CHKVLP059-00-VP, in Healthy Adults; 12-I-0041; Dr. Julie E. Ledgerwood; NIAID
- Carfilzomib Multiple Myeloma Expanded Access Protocol for Patients with Relapsed and Refractory Disease; 12-C-0043; Dr. Carl O. Landgren; NCI
- A Phase I/II Study of the Safety, Pharmacokinetics and Efficacy of Pomalidomide (CC-4047) in the Treatment of Kaposi Sarcoma in Individuals With or Without HIV; 12-C-0047; Dr. Robert Yarchoan; NCI
- The Molecular Basis of Inherited Reproductive Disorders; 12-CH-0049; Dr. Angela Delaney; NICHD
- The Role of Gonadotropin Pulsations in the Regulation of Puberty and Fertility; 12-CH-0050; Dr. Angela Delaney; NICHD

Upcoming lectures *All lectures will be videocast at videocast.nih.gov.*

February 1

Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon

Ethics Rounds: *The Value of Making Treatment Decisions for Oneself*

Dan W. Brock, PhD
Frances Glessner Lee
Professor of Medical Ethics, Department of Global Health and Social Medicine, Harvard Medical School, and Director, University Program in Ethics and Health, Harvard University

Case Presenter:

John K. Park, MD, PhD
Chief, Surgical and Molecular Neuro-oncology Unit, NINDS

February 8

Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon

Contemporary Clinical Medicine: *Great Teachers Transplantation Medicine: Applications of a Modern Day Miracle*

Nancy L. Ascher, MD, PhD
Chair, Department of Surgery and Isis Distinguished Professor of Transplantation, and Leon Goldman Distinguished Professor in Surgery, University of California San Francisco Medical Center

February 15

Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon

Emerging Roles for Cholesterol in Lung Immunity

Michael B. Fessler, MD
Investigator, Laboratory of Respiratory Biology, Division of Intramural Research, NIEHS

Environmental Injury Reprograms Hyaluronan Interactions with Innate Immunity: A Final Common Pathway to Airway Disease

Stavros Garantziotis, MD
Staff Clinician and Medical Director, Clinical Research Unit, Division of Intramural Research, NIEHS

February 22

Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon

Clinical and Genetic Investigations of Tumors of the Adrenal Gland: Research on the Adrenal Cortex and Adrenal Medulla

Constantine A. Stratakis, MD, D(Med)Sci
Scientific Director, NICHD

Karel Pacak, MD, PhD, DSci
Senior Investigator and Chief, Section on Medical Neuroendocrinology, Reproductive Biology and Medicine Branch, NICHD

February 29

Clinical Center Grand Rounds

Lipsett Amphitheater, 12 noon

The Magnitude of Radiation in Diagnostic Imaging and the Associated Risks

Andrew E. Arai, MD
Chief, Cardiovascular and Pulmonary Branch, NHLBI

Approaches to Reducing Radiation Exposure in Cardiovascular CT

Marcus Y. Chen, MD
Staff Clinician and Director, Cardiovascular CT, Cardiovascular and Pulmonary Branch, NHLBI

CC patient library donates duplicates to overseas troops

The Regional Support Command West squad in Herat, Afghanistan, honored the Clinical Center's patient library in January for its donation of magazines and movies to overseas troops. CDR Sarah Fowler, a research nurse in the National Cancer Institute's Urologic Oncology Branch and a US Navy Nurse Corps officer, organizes quarterly shipments to troops serving overseas.

"The donations bring a sense of normalcy and a connection to home," said CDR Kris Bradsher with the US Navy's Medical Service Corps and Fowler's initial connection to Afghanistan. "The troops are always so excited to receive the packages, and we made our own little library over there where they could borrow the DVDs."

Bradsher has returned to the United States, but she and Fowler send to another contact now serving overseas. Their last shipment of three packages went out on January 13, and they visited the CC patient library on January 29 to present a certificate of appreciation.

The patient library has contributed to the last four shipments. Fowler also coordinates donations from local civic groups and friends and family to fill each package with baked goods, writing supplies, and other items troops cannot get overseas.

"There is also a humanitarian ripple effect over there because we'll share magazines—the chaplain and I loved *The New Yorker* issues—and the childrens' books find their way to the local families," said Bradsher.



CDR Sarah Fowler (left) and CDR Kris Bradsher (middle) present NIH patient librarian Martha Caro with a certificate of appreciation for the library's contributions of duplicate books, DVDs, and other materials to their shipments to overseas troops.