June 2000

Clinical Center News

In this issue:

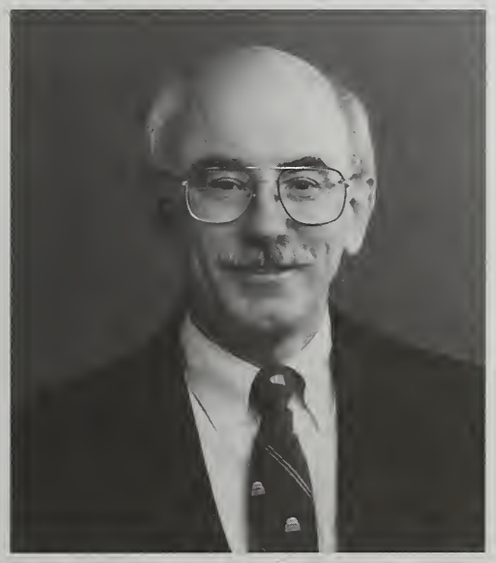
New Board of Governors chair named

Dr. Stephen C. Schimpff, chief executive officer of the University of Maryland Medical Center and executive vice president of the University of Maryland Medical System, has been named chair of the Board of Governors of the Clinical Center.

"Dr. Schimpff has the clinical and administrative expertise to guide the Clinical Center through the complex challenges of conducting clinical research in the 21st century," said Dr. Ruth Kirschstein, acting NIH director who announced the appointment. "We are honored to have him lead the board as the Clinical Center advances its tradition as a center of excellence in clinical research."

Dr. Schimpff, a member of the board and its executive committee since their inception four years ago, is currently chair of the finance working group. He will be installed as chair at the June 5 board meeting.

"I am very excited about the opportunity to serve as chair of the Board of Governors of the NIH Clinical Center," said Dr. Schimpff. "The Clinical Center is the worldwide leader in clinical research, bar none, and is a national treasure. It is critical that its mission be preserved and extended as medicine continues rapidly to evolve. The discoveries made there over the past 47 years are truly incredible. I am very proud to



Dr. Stephen C. Schimpff

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Alda visits CC

Alan Alda (right), Emmy-winning actor, writer, and director, perhaps best known as the wisecracking Hawkeye Pierce on the TV classic M*A*S*H, was at the CC in April to film a segment of PBS's "Scientific American Frontiers." Alda, here to interview Dr. Jordan Grafman, NINDS, hosts this series of scientific specials. The segment filmed at the CC is expected to air later this year.

quality of worklife

Recently the Clinical Center Quality of Worklife Council received the following suggestion:

The Suggestion:
Get new food service – $4.00/lb for lettuce is a rip-off. Get a new cafeteria company. Food is poor quality and overpriced.

Response:
This summer, Eurest Dining Services will begin a 10-year contract providing food in Bldg. 10 (including the B1 facility) and in a number of other facilities on campus. The variety and quality of food is expected to improve with the new contractor.

Also, according to the Office of Research Services' Division of Space and Facility Management, the new contractors will be obligated to provide food at prices 10 percent, in aggregate, below the local market value, therefore making food more affordable.

Some of the options Eurest is expected to provide include a sandwich station, wrap-style sandwiches, Panini Fresca, a fresh grille, bakery, salad station, gourmet coffee bar, and carvery with chef on duty. Expect to see Sbarros pizza, Krispy Kreme donuts, and Subway deli sandwiches.

This information is brought to you by the Clinical Center Quality of Worklife Council.

Senator Mark O. Hatfield (right), for whom the new Clinical Research Center is named, toured the construction site last month with CC Director Dr. John Gallin. Hatfield served for 30 years as a senator from Oregon and for 8 as chairman of the Senate Appropriations Committee, all the while championing for clinical research. Hatfield was also briefed by project architects and the development management firm on the status of the construction, schedule, and prototype of the building, expected to be completed in 2002.

Detour to P3 garage

A section of Memorial Drive will be closed until June 25 for waterline installation. Only emergency vehicles and some delivery trucks may pass. Patients and their visitors who need to reach the P3 garage from the CC's South Entry will be rerouted along Center Drive past Memorial Drive. A flagman will assist drivers and provide maps. Maps are also available in Bldg. 10, Room 1C174, or on the web at **http://www.cc.nih.gov/ccc/crcnews/updates.html.** Call Arvind Patel at 2-2735 or Kristy Long at 6-6248 if you have any concerns.

Clinical Center News

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Parking renewals

NIH general parking permits for campus employees whose last names begin with K or L will expire on the last day of June. To renew yours, visit the NIH Parking Office in Bldg. 31, Room B3B04, weekdays between 7:30 a.m. and 4:30 p.m. Be sure to bring your valid NIH identification card, driver's license, and valid vehicle registration certificate for each vehicle to be registered.

Metals conference

"Metals in Medicine: Targets, Diagnostics, and Therapeutics" will be held June 28 and 29 at the Natcher Conference Center. The meeting explores the role of metals in the development of therapeutic drugs and in vivo diagnostic agents. Visit the website at **http://pub.nigms.nih.gov/MIM/** for current information and online registration or call Dr. Peter Preusch at 4-5938.

Noons-in-June

Salutaris, the NIH Gay and Lesbian Employees Forum, announces plans for its 4th annual Noons-in-June lecture series. Lectures will be held each Thursday in June at noon. Consult their website, **http://www.recgov.org/glef/index.htm**, and click on "Salutaris Events," for updates on topics, speakers, and locations.

Construction info

Construction got you confused? If you need help figuring out what's going on with the new Clinical Research Center, and why it's happening, check out the following website for the latest information and photos: **http://www.cc.nih.gov/ccc/crcnews/updates.html**.

Inaugural lecture

The inaugural lecture of the Eleanor Nealon Extraordinary Communicators Lecture Series, sponsored by NCI, will be held at noon on Friday, June 16, in Masur Auditorium. The series is a tribute to outstanding communicators and honors Eleanor Nealon – a beloved NCI employee who displayed passion and persuasion in her communication and advocacy work until breast cancer claimed her life in 1999. ABC News Special Correspondent Robert Krulwich will serve as the inaugural speaker. Sign language interpreters will be provided. If you have a disability or need any assistance, please call L'Tonya Frazier at 6-8776.

Jaw pain study

NIDCR researchers seek patients for studies of pain-relief medications. Patients with early-stage temporomandibular disorders (TMD) will receive either the study drug, celecoxib, a standard treatment drug, naproxen, or a placebo. Patients with later-stage TMD will receive either the study drug etanercept or a placebo. If you are between the ages of 18 and 65 and have TMD jaw pain, call 1-800-411-1222 to find out if you might be eligible. There is no charge to take part.

CC policy website

There have been changes in the CC administrative policy manual. The new manual is available on the CC website. Employees are urged to disregard old hardcopy green manuals and any links to the old website for administrative policy statements and refer to **http://www.cc.nih.gov/OD/admin_policy/** for the new versions.

Nursing "e-news"

The CC Nursing Department now has an online source of news and features thanks to "e-news." Published every other month for nursing staff, the web-based "e-news" is sponsored by the department's Retention Team. It's designed to encourage open communication on all levels of the Nursing Department and to provide information on a variety of CC activities. To visit "e-news," go to the Nursing Department home page, **http://www.cc.nih.gov/nursing/.**

Blood study

Healthy postmenopausal women are needed for a study of normal blood. To be eligible, you must have had no abnormal bleeding or clotting in the past. Study participants must be willing to stay off any hormone treatment for 9 months. Participants will be required to give a small sample of blood (about 2 tablespoons) in an initial screening. The study takes place at the Clinical Center and involves no hormones or medications. NIH will pay participants $50 for each blood draw. For more information call 6-5150.

"The Cure"

Potter George E. Juliano exhibits a piece called "The Cure" in the Clinical Center's sculpture case near the coffee shop on the first floor. The artist said he created the piece during chemotherapy and that it represents the transfer of his tumors to the pottery. He says he is now cancer-free. The piece was purchased and donated to NIH by Dr. Larry Nelson of NICHD. The exhibit ends June 28.

Nursing Department holds annual ceremony

Lipsett Amphitheater buzzed with excitment before the Nursing Department's annual meeting and awards ceremony last month. This year, the awardees' names had been kept a closely guarded secret.

Acting Associate Director for Nursing Dr. Jacques Bolle began the ceremony by welcoming the audience to the first annual meeting of the new millennium. "Today we are celebrating teamwork and partnership. We are all here to support biomedical research. It is only through partnership that we can move forward," he said.

In opening remarks, Clinical Center Director Dr. John Gallin commended the nursing staff for handling a 6 percent to 8 percent increase in patient activity in the face of a national nursing shortage. He commended Dr. Bolle for his leadership of the department during the past few months, and then outlined some changes and opportunities that lie ahead for nursing in the new Clinical Research Center:

- A change in structure of patient care units from Institute-based and proprietary to program-based and shared.
- Increased responsibility for the nurse managers of these new units.
- Greater authority over unit budgets by the unit care teams.
- Career ladders that let nurses pursue individual goals.
- A new director for nursing. Dr. Gallin said he hopes to make a final selection from the candidates by early summer.

In closing he stated, "I will leave you now with congratulations, a thank you from me for everything you do for the Clinical Center, and a personal feeling of real excitement and optimism that we are moving in the right direction."

In another new feature of the meeting, Dr. Bolle invited Institute and CC department partners to talk about what the nursing staff means to them. Dr. David Henderson, deputy director for clinical care, reminded CC nurses that they set the benchmark in the recent patient survey conducted by the Picker Institute.

"I wasn't the least bit surprised by that result," he said. "We are so fortunate to have you, and I am so grateful to you for what you all do for us. It's clear that you are a cut above."

Several others, including Dr. Adrienne Farrar, Dr. Cliff Lane, Alberta Bourn, and Hank Primus, also stepped forth to give testimonials.

The event culminated with the presentation of awards to the following people and groups.

The 2000 Nurse of the Year Award went to Suzanne Sheets.

The Nursing Research Award went to Andrew Sparber.

Director's Awards went to Clarissa Mickle, and the Competency Workgroup.

Nursing Executive Recognition Awards went to Nancy Ames, Barbara Corey, Kim Cox, Debbie Price, Barbara Quinn, and Charlotte Seckman.

Capt. Andrew Sparber, RN, MS, CS (left), was presented with the 2000 Nursing Research Award by Dr. Jacques Bolle.

Citations for Excellence were awarded to the following people in these areas:

- Leadership: Sharon Emerald, Peggy Shovlin, and Karla Thompson.
- Research Implementation: Janice Davis, Olanda Hathaway, Sheila Phang, and Debra Vause.
- Teamwork: 5 West Neuroscience Program of Care Nursing Staff, 8 ACRF Nursing Staff, 11 West Nursing Staff, 12 East Nursing Staff, 13 East Outpatient Cancer Center Nursing Staff, and the MHALPS Unit Trainers Group.
- Clinical Patient Care: Deneise Francis, Suzanne Sheets, Mary Tully, and the 10D ICU Nursing Staff.
- Nursing/Patient Education: Diana O'Hagen, Cheryl Fisher, Maureen Kennedy, Chevalia Robinson, and Barbara Whiting.
- Administrative/Research Support: Lynne Fenwick, Michelle Gibson, and Loan Kusterbeck.

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CC nurse recognized as Nurse Hero

There are only 10 in the nation, and the Clinical Center is privileged to be home to one.

Darlene Frasher, a clinical research nurse in the CC's Surgical Intensive Care Unit, has been named a Nurse Hero by "Nursing Spectrum" magazine and the American Red Cross.

Frasher, who resides in Vienna, Va., with her husband and children, was honored at a ceremony in May during National Nurses Week at the Red Cross national headquarters for "going above and beyond the call of duty in saving or attempting to save a life under adverse conditions."

"I feel honored," said Frasher of the award. "But, I think the incident was a lot bigger than me. I was a small player in it."

She was nominated and selected for her heroism and courage when saving the life of David Marks in July 1998.

While visiting Cabbage Key Island, Fla., during a summer vacation, the Frasher family sought refuge from a severe storm in a small island restaurant. Within minutes, a loud lightning bolt deafened local ears.

"I remember a man saying, 'That hit something,'" she said.

Two young boys then burst into the restaurant, crying about their injured father. Frasher immediately sprang to her feet.

"I'm a nurse, I can help," she said.

The lightning bolt indeed made a direct hit; it struck 43-year-old Marks.

CC nurse Darlene Frasher, above, is one of 10 Nurse Heroes in the nation.

After running down an embankment, Frasher found Marks in a pontoon boat, with a dime-size burn on the right side of his head. She had him moved to shore in hopes of resuscitating him and discovered he had gone into full cardiac arrest — his lips were blue, he had no pulse, and was not breathing.

Marks, also visiting the area, had been caught at sea during the storm and was trying to get himself and his two sons safely to land when the bolt hit.

After assessing the situation through the pelting rain, Frasher began performing mouth-to-mouth CPR on Marks. Aside from her annual certification, this was the first time she had performed CPR in her 15 years of nursing.

"I guess that certification really paid off," she said.

A rescue helicopter was unable to land due to deteriorating weather, and Frasher had heard that a rescue boat was called upon.

During the wait, Frasher continued working with Marks. He soon had a weak pulse, then a stronger one. She continued rescue breathing and sought to get a response from him to establish his mental condition.

"Along with his kids, I screamed to him: 'Squeeze my hand, Dad; please, squeeze my hand,'" she said.

As the rescue boat was arriving, she finally got a faint squeeze.

"I didn't think about anything," she said of the incident. "I was focused on compression and breathing."

Today, Marks is almost fully recovered from the incident, as the lightning burn on his temple has healed and he only suffers a slight hearing loss and minor cardiac damage.

"It was a great humanitarian act," said husband Wayne Frasher, who witnessed the event and nominated his wife for the award. "I don't know many people who have the courage and fortitude to never say no. It's remarkable. She is such a beautiful lady all the way through. She deserves this award."

"It's a pleasure and honor to work with someone like Darlene," said Allison Adams-McLean, unit coordinator. "Her professionalism just carries through in all her aspects of care. She adds a different dimension to nursing."

–by Bonnie Flock

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PHS Achievement Medals went to Barbara Fuller, Sherry Meyers, Genise Nixon, and Susan Orsega.

PHS Commendation Medals went to Maria Dinger, Florentino Merced-Galindez, Philantha Montgomery, Marsha Moore, Jeanne Odom, Edwina Smith, and Diane Walsh.

PHS Citations went to Felicia Andrews and Akilah Green.

The PHS Outstanding Service Medal went to Carol Romano.

The PHS Unit Commendation went to Lisa Barnhart.

"Cooking" tumors to zap cancer

Using radiofrequency (RF) energy to "cook" and kill cancerous tumors without affecting surrounding healthy tissue may provide an alternative to surgery for patients with kidney and other cancers, according to Dr. Bradford J. Wood, a clinical investigator with the Clinical Center's Diagnostic Radiology Department. Dr. Wood presented his research at the 25th Annual Scientific Meeting of the Society of Cardiovascular & Interventional Radiology, held this spring.

"Preliminary results look promising for this technique, which is being used on tumors throughout the body, including painful tumors and cancers of the kidney, adrenal, liver, prostate, and bone," said Dr. Wood.

RF energy is fed to the tumor through a very small needle with an electrode on the tip. The needle is inserted into the tumor under imaging guidance, such as CT scan or ultrasound. The electrode generates heat up to 100 degrees Celsius. After 10 to 12 minutes of continuous contact with the tumor tissue, the RF energy "cooks" a 1-inch to 2-inch sphere, killing the tumor cells. Larger tumors can be treated by cooking overlapping spheres. The dead cells are not actually removed, but become scar tissue and eventually shrink. Typically, the outpatient procedure is performed while the patient is lightly sedated, and the patient may go home hours later, usually feeling no pain.

RF ablation is a modification of electrosurgery or electrocautery, which has been around at least since the 1920's, according to Dr. Wood. It is finding a niche in cancer treatment, which increasingly is being customized for each patient based on the size, location, and type of tumor.

Early results from a multicenter study that included the Clinical Center look promising: of 21 kidney tumors treated, 14 (67 percent) were no longer visible on x-ray 5 months after RF treatment. One patient remains cancer-free 18 months after treatment. For kidney tumors 3 centimeters or less, 11 of 14 (79 percent) showed no activity on follow-up.

"Most of these smaller tumors were in patients with recurrent, hereditary kidney tumors. For these patients, RF may provide an effective, minimally invasive option that spares normal kidney and prolongs function," said Dr. Wood.

In a related Clinical Center study of tumors of the adrenal glands, 10 of 15 tumors (67 percent) showed no active disease, while the remaining patients had some tumor visible on follow-up imaging. All patients treated had x-ray evidence that most of the targeted tumor was killed by the treatment. No major complications were seen. Results are preliminary with only short-term follow-up.

In another preliminary study, RF ablation provided effective short-term pain control in 21 of 24 painful tumors. RF could eventually be an option for inoperable patients who have not responded to conventional methods, are on high-dose sedating pain medicine, or have had maximum allowable radiation, according to Dr. Wood.

"RF is less expensive, safer, and generally easier than surgery," said Dr. Wood. "However, without randomized, prospective trials and long-term results, RF is not an alternative to surgery at this point. Surgery remains the proven treatment of choice for most solitary or small liver tumors."

Collaborating with Dr. Wood on this research are Drs. Tito Fojo, Mac Walther, Steve Libutti, and Christian Pavlovich of NCI. More information, pictures, and video of this work can be found at the following website: **http://www.cc.nih.gov/drd/rfa/**.

Ognibene elected to SCCM council

Dr. Frederick Ognibene, of the Clinical Center's Critical Care Medicine Department, was recently elected an at-large member of the 18-member governing council of the Society of Critical Care Medicine.

"While this is certainly good for me professionally, it is also good for the Critical Care Medicine Department and for the Clinical Center. It is important for us to have recognition at a national level, and this is one way to accomplish that," he said.

Dr. Ognibene's duties will include development of policies and procedures, budget oversight, liaison with federal agencies, development of standards and guidelines, and editorial input into the Society's journal, "Critical Care Medicine." His term of office lasts three years.

Dr. Ognibene began his critical-care training at the Clinical Center in 1982 and has achieved national recognition in the field. He has held other leadership and administrative positions within the Society and was elected to the at-large position in a general election.

The Society of Critical Care Medicine was founded in 1970. Its membership of nearly 10,000 health professionals comprises anesthesiologists, internists, nurses, pediatricians, pharmacists, respiratory therapists, surgeons, and others involved in the care of critically ill and injured patients.

Gallelli awarded honorary membership

Dr. Joseph Gallelli, the Clinical Center's senior advisor for biotechnology, was recently awarded an honorary membership in the United States Pharmacopeial Convention along with 16 other individuals involved in the organization. Membership is bestowed by unanimous vote of the Board of Trustees.

According to the organization, "The bestowal of honorary membership recognizes an individual's distinguished contribution to drug standardization, the sciences of medicine and pharmacy, and public health."

Dr. Gallelli was recognized for his "distinguished service on the Committee of Revision since 1973, and his invaluable contributions in establishing drug stability, assay development, and the formulation and stablization of parenteral products."

Dr. Joseph Gallelli, center, accepts honorary membership in the United States Pharmacopeial Convention at the organization's quinquennial meeting, held in Washington, D.C., in April.

The United States Pharmacopeia (USP) was established in 1820 to ensure that consumers receive medicines of the highest possible quality, strength, and purity. It sets the standards that manufacturers must meet to sell their products in the United States and operates nationwide practitioner reporting programs.

MRI used to image the soft palate

Magnetic resonance imaging, or MRI, is a radiation-free imaging technique that has grown in popularity over the past 15 years due to the high quality, detailed cross sections ("slices") it can provide of the brain, spine, and other internal organs. Such organs are easy to image because they don't move.

Recently, however, NIH researchers have developed ways to use MRI to image moving body structures, such as a beating heart. These techniques are called "gated MRI."

Dr. Alex Kane, a fellow with the Clinical Center's Diagnostic Radiology Department, is using gated MRI to image the soft palate, the upper part of the mouth which acts as a valve, opening and closing to enable us to form intelligible speech.

"This valving capability is nonexistent in children with an unrepaired cleft palate because the hard and soft palate are split down the middle," said Dr. Kane, a plastic surgeon with an interest in craniofacial surgery and medical imaging. "Even after we repair the palate, in about 20 percent to 30 percent of patients the muscles that form the soft palate still don't function properly. These children may need further surgery."

But first these patients must undergo further diagnostic tests so the surgeon can see exactly what needs to be done and where. The standard tests are either invasive and uncomfortable, involve relatively high doses of radiation, or provide only a limited view of the palate, according to Dr. Kane.

Seeking an imaging method without these limitations, Dr. Kane devised a way to simulate a "beating palate," analogous to a beating heart. He asked normal volunteers to repeat a syllable, such as "paa," over and over, each time they see a light blink. An MRI picture of the palate was made at the same point in each repetition.

A high-powered computer then assembled and averaged the hundreds of images. The result is a 3-dimensional "block" that shows the palate opening and closing in a continuous cycle. The image can be rotated or flipped to be viewed from any angle.

"By wearing special glasses, we are also able to produce stereographic images of the palate moving on screen with simulated depth," Dr. Kane said. "We anticipate that these imaging techniques will be useful not only in the domain of cleft lip and palate speech problems, but as a general-purpose tool for the study of speech."

To view a slide presentation on Dr. Kane's project, go to the Diagnostic Radiology web site at **http://www.cc.nih.gov/drd/research.html**, and click on the link "Toward an Improved Method for the Study of Speech Using Gated MRI." Dr. Kane hopes to add a video to the presentation soon.

Drs. John Butman, Peter Choyke, and Hani Marcos, and Marlene Skopec, M.S. Eng., collaborated on this research. The cardiac gated MRI studies that form the basis for this work are being done by Drs. Robert Balaban and Andrew Arai, of NHLBI's Laboratory of Cardiac Energetics.

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be able to contribute to this great institution."

As chief executive officer of the University of Maryland Medical Center in Baltimore, Dr. Schimpff is responsible for patient care services, operations, finances, strategic planning, and business development for the academic medical center, which encompasses 724 beds, 5000 employees, 800 physicians, and an annual budget of $500 million. As executive vice president of the University of Maryland Medical System, Dr. Schimpff supports initiatives of a three-hospital system, which includes all levels of care, from community medicine to rehabilitation, to care for the most acutely ill patients in the state and surrounding regions.

"Dr. Schimpff's depth and breadth of experience has been a valuable asset to the board since it was established," said Dr. John Gallin, Clinical Center director. "His leadership will continue to enhance the Clinical Center efforts to improve the health of the nation."

Dr. Schimpff obtained his medical degree from Yale Medical School in 1967. His internship and residency training were completed at Yale-New Haven Hospital in 1969. He was a clinical associate in the Baltimore Cancer Research Center of NCI, from 1969 to 1972. He was a guest worker at NIAID from 1972 to 1973. He remained with NCI as a senior investigator until 1982.

The Board of Governors was established in 1996 by DHHS Secretary Donna Shalala to oversee the management of the Clinical Center. The Board is made up of physicians, scientists, and health care mangers from some of the nation's top medical centers and from across NIH.

june

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

Conducting Clinical Research with Adult Subjects Who Cannot Consent: The Problem, The Proposals, and The Data, David Wendler, Ph.D., CC

The Role of Sensory Function in Idiopathic Voice Disorders, Christy Ludlow, Ph.D., NINDS

Wednesday Afternoon Lecture
1:30 p.m.*
Masur Auditorium

General Motors Cancer Research Foundation 2000 Annual Scientific Conference, Introduction by Samuel A. Wells, Jr., M.D., President, G.M. Cancer Research Foundation

**Note time change.*

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

Herb-Drug Interactions: Focus on St. John's Wort, Aaron H. Burstein, Pharm.D., CC

Novel Treatment Approaches in Recurrent Ovarian Cancer, Eddie Reed, M.D., NCI

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Identification of Components of the Cell Death Pathway, Vishva Dixit, M.D., Genentech, Inc., San Francisco

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Clinical Center RoundTable

Program cancelled for this month.

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

Clinical and Molecular Aspects of Holoprosencephaly: The Most Common Structural Brain Anomaly in Humans, Maximilian Muenke, M.D., NHGRI

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Stability and Activity of the Tumor Suppressor p53, Alan R. Fersht, Ph.D., FRS, Cambridge University

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Clinical Staff Conference
noon - 1 p.m.
Lipsett Amphitheater

Pneumocystis Pneumonia: New Insights into Transmission, Diagnosis, and Drug Treatment Using Molecular and Immunologic Techniques, Joseph Kovacs, M.D., CC, moderator

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Etiology, Epidemiology, and Prevention of Viral Gastroenteritis, Albert Z. Kapikian, M.D., NIAID