May 2000

Clinical Center News

In this issue:

Employee survey reveals perceptions

Clinical Center management recently mailed surveys to 1800 CC staff to learn some overall impressions and opinions to discuss at the annual department-heads retreat, held in March.

"The Clinical Center provides a high quality environment for patient care," said CC Director Dr. John Gallin, "but there is always room for improvement. We wanted to hear what Clinical Center employees thought could be changed to make our work environment even more pleasant and productive. We also wanted to know what not to change."

The survey asked three questions, to which 244 people replied:

•What is the one thing you think is great about working at the Clinical Center?

•What is a simple fix that you would recommend that could really make the CC a better place to work?

•What is a more complex organizational change that you would recommend to make the CC a better place to work?

"Opinions were plentiful due to the open-ended nature of the questions," said Deputy Chief Operating Officer Elaine Ayres. Each specific

See **opinions,** page four

Pediatric clinic opens

Outpatient clinic rounds out pediatric services

Dr. John Hurley, center, heads the new pediatric outpatient clinic. Dr. Deborah Merke, left, heads the pediatric inpatient units. Barbara Corey, R.N., M.S.N., right, is the nurse manager for pediatrics.

A new pediatric outpatient clinic opened last month on the 9th floor of the ACRF. Headed by Dr. John Hurley, a board-certified pediatrician and pediatric nephrologist, the clinic is for children who come to the CC as outpatients but may need other health services while here. Hours are Mondays and Thursdays from 1 to 4 p.m. The clinic's nurse is Kelly Cahill, R.N.

A 1998 NIH policy mandated that children be included in all human-subjects research unless scientific or ethical reasons exist for not including them.

As a result, investigators are caring for more small patients than ever before. But kids have special needs or can develop non-protocol-related problems that a pediatrician can help with.

See **pediatric,** page seven

Summers's award

Dr. Ronald Summers, center, a staff radiologist with the CC's Department of Diagnostic Radiology, received "The Presidential Early Career Award for Scientists and Engineers" at a ceremony held at the White House last month. The award, in its 4th year, is the highest honor bestowed by the United States government on young scientists and engineers. Dr. Summers was cited for "developing special radiologic visualization techniques such as virtual reality presentations that permit doctors and patients to better understand disease and better plan treatment," the certificate stated. Dr. Summers was one of 60 government professionals to receive the honor. Recipients receive up to a 5-year research grant to further their study in support of critical government missions. Also pictured are Dr. Ruth Kirschstein, acting director of NIH, and Dr. Neal Lane, director of the White House Office of Science and Technology Policy.

Nursing's Estrin retires after 32 years

Colleagues honored Maureen Estrin, nurse consultant for recruitment and retention for the past 18 years, with a retirement reception in March.

Estrin joined the Clinical Center nursing staff in 1967 as a new BSN graduate of Villanova University.

During the summer of her junior year, she was a Junior COSTEP (Commissioned Officer Student Training and Extern Program). As part of that PHS program, she paid a 1-day visit to the Clinical Center. That experience led to 32 years and 9 months of uninterrupted service.

She spent 3 years as a staff nurse followed by 10 years as head nurse on the medical oncology/dermatology floor. She served as assistant chief of the cancer nursing service for 9 months before moving into her current role in nursing recruitment and retention.

Estrin grew up in Buffalo, N.Y., but now calls Olney home, where she lives with her husband, Tom, a professional photographer. She has two sons, Ian (21), who is in college, and Marc (15).

Retirement is simply a shift in direction for Estrin. "I'm just ending one career and beginning the next. I plan to work part-time at the Olney Theatre—not on the stage!— but with the administrative staff. I really want to work close to home, staying in our community."

Maureen Estrin

As reported in "Nursing E-News," ***http://www.cc.nih.gov/nursing/.***

Clinical Center News

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Help Desk launched

The Clinical Center's Information Systems Department (ISD) launched its "Help Desk" last month. According to Chief Information Officer Richard Gordon, "This new service allows CC computer users to call a single telephone number, 4-9999, and place their computer problem into a coordinated system of troubleshooting."

In the past, employees were assigned to a specific ISD staff member for technical support. Now, problems will be routed to whomever has expertise in that area.

By use of software called "Timbuktu," an ISD staffer will soon be able to interact remotely with the problem computer. Once the problem is solved, the requester will receive an e-mail notification. Requests can also be e-mailed to: **CCHelpDesk@mail.cc.nih.gov**, or logged in at the following web site: **http://www.cc.nih.gov/HelpDesk.**

The system also tracks the nature of problems so that the most troublesome areas can be identified. Users will be periodically surveyed to assess their satisfaction. The Help Desk is staffed weekdays from 7 a.m. to 5 p.m. After hours, callers will be offered the option of leaving a voice message or speaking with a computer operator, who will take the information. The caller will later be contacted about the problem.

"I encourage everyone to try out the new system," said Gordon. "We know it will take awhile to work out the kinks, but we ask for your patience during the startup process."

Heart disease study

The Heart Disease Risk Factors in African-Americans Study seeks new participants for a study of the relationship between obesity and heart disease risk factors in healthy, nondiabetic African-American men and women. Participants can be of normal weight, overweight, or obese and between the ages of 18 and 55.

There will be a series of four outpatient visits to the Clinical Center, in which participants will have body fat analyses, an electrocardiogram, blood tests, including cholesterol profiles, and oral and intravenous glucose tolerance tests. All participants will be compensated. For more information, call 2-7119.

AIDS conference

The Fourth International AIDS Malignancy Conference will be held May 16–18 at the Natcher Conference Center. The program includes lectures and presentations of abstracts. Registration fee waived for NIH employees. For more information, go to **http://ctep.info.nih.gov/**, and click on "AIDS Oncology Resources." Or call Jaime Quinn at 6-0826.

Mammography

Mobile mammography screening starts this month. All NIH employees, their families, and others associated with NIH may participate. The van will be at various locations on campus. Consult the web site at **http://odp.od.nih.gov/whpp/events/mammography.html** for the latest on schedules and locations.

JCAHO web site

As preparations gear up for the fall visit by the Joint Commission on the Accreditation of Healthcare Organizations, consult the Clinical Center's JCAHO web site for informational updates and overviews, and read the results of last month's mock survey. Other topics include safety, the strategic plan, a new portal for online (web) information resources, and competencies. The site's URL is: **http://www.cc.nih.gov/ccc/jcaho1/jcaho.html.**

Parking renewals

NIH general parking permits for campus employees whose last names begin with H, I, or J will expire on the last day of May. 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.

Sleep study

NIMH researchers seek male and female volunteers, ages 20–35, who routinely sleep 9 hours or more per night or 6 hours or less per night. Volunteers must have no sleep disturbances or insomnia, no history of mental illness, and be in good general health and not taking any medications or birth control pills. The study requires a 4-day stay on the research unit. Compensation is available. Employees of NIMH are ineligible for participation. For details call 6-5831.

...CC staff voice opinions on areas for change

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response was placed into a broad category, such as communication or management.

What do we like about the CC?

•We like our co-workers. Comments cited competent, professional staff, commitment and dedication to patient care and research, collaborative and collegial atmosphere, and diversity of people, jobs, and expertise.

•We like our mission. NIH's reputation, our involvement in cutting-edge research, and the uniqueness of meshing clinical care with research were all cited.

•We like the educational opportunities, including lectures, classes, conferences, grand rounds, and in-services.

And the problems? Responses for the "simple or complex fix" questions were so similar that they were pooled.

•Communication was the number one problem area, with 18 percent of the responses. Some people want more communication between departments; some want more information from and interaction with the Office of the Director; some want better computer and network facilities.

"Information systems was seen as so important that those comments related to it were extracted as a subcategory," said Ayres.

•Personnel issues came in second at 16 percent. Recruiting and hiring staff in a timely manner, formal training for supervisors and managers, and career-development opportunities were all cited as areas that need attention.

•Third were management issues, at 15 percent. Paperwork, top-heavy administration, and inconsistent policies were cited as barriers.

"As a result of discussions at the department-heads retreat, working groups have been formed to address personnel, communication, information systems, and planning issues," said Ayres. "The latter group will address an issue that emerged as important to department heads: how to better plan for sufficient equipment, staff, space, and budgets to accommodate Institute priorities. The groups will report back regularly at department-heads meetings," she said.

"Because employees work in such diverse settings, their opinions and ideas are invaluable to the continual improvement of CC services," Ayres stated. "Future surveys of CC staff will provide not only additional ideas for growth, but a way to measure our successes. We hope all employees will complete future surveys."

What did we say?

The following is a tiny sample of the comments written by CC employees in the recent survey:

"Honest straightforward communication, even when it's a message I might not want to hear."

"Eliminate the extensive committees."

"Increase communication between management and employees."

"More autonomy within offices and departments."

"More flexible hours."

"Please fix the ITAS payroll system."

"Less paperwork for everything."

"Do not float nurses so often."

Sunshine inside

"Carousels of Sunshine," a motorized, lighted, musical work of art, was donated to the Clinical Center by artist Arthur A. Plant and his wife Theresa, of Columbia, Md. The carousel hangs in the phlebotomy waiting area, near the Admissions Desk, where it delights children and adults alike as they wait for their blood draws. This is the 12th carousel Plant has created and donated to hospitals over the past 7 years "because of my belief in the healing powers of music, art, and beauty," he said. Over 50 people attended a reception last month in the Medical Board Room, where Plant received a certificate of appreciation for his donation.

Radiology pioneer Dr. John Doppman retires

John L. Doppman, M.D.

Dr. John L. Doppman retired last month after 36 years of service to the Clinical Center's Diagnostic Radiology Department, including 26 as its head.

Colleagues describe Dr. Doppman as a world-class angiographer, a dedicated teacher, a generous friend, and all-around good guy. He is a self-described workaholic, who has authored or co-authored 516 scientific papers and 38 book chapters or books.

An interventional radiologist, Dr. Doppman developed, refined, and performed numerous semi-surgical radiologic procedures during his lengthy career.

According to longtime colleague Dr. Richard Chang, "His papers are constantly being cited, and the techniques he has developed are used throughout the world. I used one of his procedures earlier this week."

Recalling the early days of his specialty, Dr. Doppman said, "We started out doing angiograms," a technique that uses injections of radio-opaque dye to visualize blood vessels and tumors. "Then we discovered we could dilate vessels with balloons, drain abscesses, biopsy lungs, and put in central lines. We now do a lot of things that surgeons used to do, all under CT or x-ray control."

Later targeting his efforts at endocrinology – the study of glands and hormones – Dr. Doppman developed techniques for locating ectopic or elusive glandular tumors, which greatly improved patients' chances for successful surgery.

He also became interested in vascular malformations of the spinal cord. He developed a fundamental understanding of these challenging lesions and devised ways to visualize and treat them. His research culminated in the publication of the first text on this subject in 1969.

Dr. Doppman has been a part of other innovations in radiology that have revolutionized clinical care – procedures we take for granted today and that save us from invasive exploratory surgery.

"While I've been here, ultrasound, CT scanning, interventional radiology, and magnetic resonance imaging have all developed," he said. "In addition to running the department, a lot of my responsibility was making sure we were state of the art in diagnostic radiological equipment. We had one of the first CT scanners and the 3rd or 4th MRI scanner in the country. It's been a great pleasure to guide radiology through this period of immense innovation."

Dr. Doppman earned his medical degree cum laude at Yale in 1953. He completed an internship at Mercy Hospital, in his hometown of Springfield, Mass., and planned a career in general practice. But after serving 3 years in the Navy, Dr. Doppman decided that general medicine wasn't for him, and began searching for a specialty.

"Radiology was ideal, because it presented diagnostic challenges and the chance to participate in therapies without being the primary care physician." He returned to the East for a radiology residency at the Hospital of St. Raphael, in New Haven, Conn. He was also a Fullbright Fellow in Radiologic Research at the Hammersmith Hospital, London, in 1959.

He joined the Clinical Center in 1964 as deputy chief of the Diagnostic Radiology Department. Except for a 2-year stint as a radiology professor at the University of California, San Diego, he has been with the Radiology Department ever since.

Dr. Doppman received many honors for his work, including the Gold Medal from the Society of Cardiovascular and Interventional Radiology (1997), an organization of which he was also a founding member and past president (1983); a Gold Medal from the American Roentgen Ray Society (1998); the Copeland Award from M.D. Anderson Cancer Center (1992); and the PHS Distinguished Service Medal (1982), the highest award granted by PHS. His love of mentoring was recognized in his being the 1997 recipient of the NIH Distinguished Clinical Teacher Award. He also received the CC Director's Award (1997) and the NIH Director's Award (1999).

Dr. Doppman has presented many named lectures and is an honorary member of the radiological societies of England, Ireland, Germany, and Hungary, as well as of the American Society of Endocrine Surgeons.

Reflecting on his years at the Clinical Center, Dr. Doppman said, "It's been a great place to work. All the CC directors have been very generous to radiology. It's an expensive specialty, but it's absolutely critical because the serious clinical problems end up in radiology. We can provide definitive answers, and sometimes we can even have a hand in correcting the problem itself."

Clinical Center Director Dr. John Gallin sums up the feelings of many: "For many years John Doppman has been one of the pillars of the NIH clinical research community. In addition to being a very strong clinical scientist, he has been one of the most important clinicians the Clinical Center has had. His enthusiasm and skill helping with difficult clinical situations are unmatched. Any time of the day or night, he would lend assistance to solve difficult diagnostic or therapeutic problems. You always felt you had the very best when Dr. Doppman was working with one of your patients. We are all disappointed that his retirement has become a reality, and we wish him the very best."

–by Sue Kendall

Hepatitis C virus changes to evade immune system, study finds

CC's stored blood samples crucial to findings

Researchers from the Clinical Center, NIAID, and other institutions have discovered a clue to the mystery of why up to 85 percent of patients fail to recover fully from an infection with the hepatitis C virus (HCV). HCV is a major cause of chronic liver disease, cirrhosis, and liver cell cancer.

Their research, reported in the April 14 issue of "Science," points to changes in surface proteins that enable the virus to escape the immune system. The study shows that the destiny of an HCV infection is determined during the initial, acute phase of disease.

"We know that the hepatitis C virus can simultaneously exist as a family of closely related but immunologically distinct variants that has been termed 'quasispecies,'" said senior author Dr. Harvey Alter, chief of the Infectious Diseases Section of the CC's Department of Transfusion Medicine. "We have patients who have 20–30 different hepatitis C viruses in their serum at one time. The question was whether this ability of the virus to exist in these different forms could be a mechanism to escape the host's immune response."

In a search for the answer, Dr. Alter offered a unique resource: a storehouse of blood samples amassed from his long-term studies of patients who contracted hepatitis from blood transfusions. The samples provided a continual record of what the virus was doing in each patient's bloodstream over, in some cases, 20 years.

"This unique group was critical for our study, because they had been observed continuously since early in infection," stated lead author Dr. Patrizia Farci.

Samples were selected from the first 4 months of infection in 12 patients with different clinical outcomes: acute HCV infection, fulminant hepatitis (a rare but serious form of acute disease), or chronic hepatitis. The research team examined serum samples taken at different time points in each patient, looking specifically for changes in the genes that encode special proteins coating the viral surface. They also studied what changes occurred either before or after the body's immune system responded to HCV infection.

"In some patients the immune response was sufficient to neutralize the virus and decrease the variants, presumably one by one, until the infection was eradicated and clinical recovery ensued. But in other patients the immune response was insufficient to clear the virus, and instead served to drive a system wherein the virus kept escaping the immune attack by becoming more and more diverse. These patients developed chronic liver disease," said Dr. Alter.

Similar mechanisms are used by other viruses, such as HIV and influenza, but this is the first study to correlate such behavior with disease progression in hepatitis C. The researchers also determined a region in the virus surface protein (envelope) where most of the changes occur.

Studies will now focus on the types of mutations that assist HCV in avoiding the immune system, and on the types of antibodies produced during the early response. "Once we understand the host-virus interrelationships, we might be able to do things to alter that relationship. Particularly, we might be able to combine a strategy that would suppress viral replication with one that would stimulate the immune response," Dr. Alter said.

Dr. Alter's valued blood samples have been used in numerous studies, and they are running low. "We've already run out of some of these samples. They are irreplaceable, unfortunately. We are a victim of our own success because we now have such good screening measures that we no longer see any cases of transfusion-associated hepatitis C. We are setting up a new prospective study to look at other viruses, in addition to primary hepatitis viruses, and to establish a comprehensive donor-recipient repository so that if a new virus is discovered, we could immediately plug into the samples and prove whether it is transfusion-transmitted and hence a threat to the blood supply," Dr. Alter said.

Other collaborators from NIH, University of Cagliari, Kanazawa University (Japan), Chiron Corporation, and Albert Einstein Medical Center participated in this study.

...New pediatric clinic expands care options

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"The clinic is a place where investigators can refer a child with a condition they might not be familiar with," said Dr. Hurley, who joined the CC in December after a 20-year career with Kaiser Permanente.

Non-protocol-related pediatric illnesses, nutrition, growth and development, school problems, immunizations, and common-drug administration are areas where the clinic can provide guidance and advice.

"I hope that investigators won't think very long about whether to refer a patient to the clinic," said Dr. Hurley. "We are here to support and help whenever possible."

Dr. Johnson Liu, of NHLBI's Hematology Branch, tried the new clinic when a child in his anemia protocol developed a fever. "We weren't sure if the fever was related to the anemia or to some other condition. It was very useful to be able to refer to Dr. Hurley's clinic." Another of Dr. Liu's young anemia patients has diabetes as well, which Dr. Hurley can help keep an eye on.

The new clinic is not to be confused with the 13-West and 9-West inpatient pediatric units, headed by Dr. Deborah Merke. That's where all the CC's pediatric inpatients are cared for. Rooms have sleeping accommodations for one parent, and there is a playroom for recreation and relaxation.

Dr. Merke is a board-certified pediatrician and pediatric endocrinologist. She spent 5 years with NICHD before joining the CC in January of 1999. The nurse manager for pediatrics is Barbara Corey, R.N., M.S.N.

A pediatric day hospital, also located on 9-West, offers a transitional level of care. Services include chemotherapy, administration of blood, and serial testing and specimen collections.

A pediatric consult service rounds out the CC's comprehensive program of child-centered care. Investigators may request a one-time consultation for an acute pediatric problem or multiple consultations for help in the management of chronic conditions.

To schedule outpatient appointments, enter a request in MIS [pediatric consultation]. If urgent, also page Dr. Hurley or the on-call pediatrician. If routine, also call the appointment clerk at 6-6821 (push "0" to access clerk).

Plans move ahead for new Clinical Research Information System

You may have heard the acronym "CRIS" tossed about lately. So, what is it?

CRIS stands for "Clinical Research Information System," and it isn't a stand-alone entity. Rather, according to Chief Information Officer Richard Gordon, "it is a suite of computer systems that will support many of the functional elements of the Clinical Center." CRIS will eventually replace the aged Medical Information System, or MIS.

"While MIS has served the CC for 25 years, it does not support functions we need in today's world, such as digital imaging. In areas where MIS could not meet a need, add-ons were devised, resulting in a patchwork of systems, interfaces, and networks that do not perform optimally together. The result is duplicated effort and limited access to clinical research data," Gordon said.

Components of CRIS will include new systems for pharmacy, order entry, protocol management, medical-surgical care, charting, appointment scheduling, and imaging, among many others.

"The goal is to have all these systems be able to 'talk' to one another to provide investigators with access to real-time clinical research data," Gordon said. "With CRIS, using a Windows-style interface, we'll be able to take advantage of things like menu trees, color, and sound to see at a glance all the things that are associated with a patient, rather than having to flip through lots of screens of data, like we currently do with MIS."

Oversight for CRIS is provided by a steering committee, chaired by NHLBI director Dr. Claude Lenfant. A project-management team, headed by the CC's Dr. Steve Rosenfeld, will deal with day-to-day decisions and details of the 5-year, $40 million project.

The "requirements analysis" phase is underway. That means that a team is visiting all hospital areas to map out their processes and discuss how information technology can help them increase efficiency and effectiveness, both in the existing hospital and in the new Clinical Research Center. The team's report is called for by summer's end.

Then, an acquisition strategy will be mapped out. Gordon said that plans call for use of commercial, off-the-shelf applications wherever possible.

MIS will continue to be used until CRIS is fully operational. Watch "Clinical Center News" for updates.

may

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

Insulin Signaling in Endothelium Related to Production of Nitric Oxide: Potential Mechanisms Linking Insulin Resistance with Hypertension, Michael J. Quon, M.D., Ph.D., NHLBI

Gene Expression Profiling for Cancer Drug Discovery, John N. Weinstein, M.D., Ph.D., NCI

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

A View of Public Health and Biomedical Research, Barry R. Bloom, Ph.D., Harvard School of Public Health

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

Lafora Body Disease, William Bara, M.D., Kristina Rother, M.D., NIDDK

Molecular Causes of Familial Cardiomyopathies and Factors that Potentially Modify Phenotypic Expression, Lameh Fananapazir, M.D., NHLBI

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Molecular Mechanisms of Membrane Trafficking and Exocytosis, Richard H. Scheller, Ph.D., Stanford University Medical Center

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

A Clinical Phase I Trial of 17-Allylamino-geldanamycin (AAG) in Adult Patients with Solid Tumors, Chris Takimoto, M.D., Ph.D., NCI, Len Neckers, Ph.D., NCI

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Mechanisms of Odor Discrimination in C. Elegans, Cornelia I. Bargmann, Ph.D., University of California, San Francisco

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Clinical Center RoundTable
noon - 1 p.m.
Lipsett Amphitheater

Tumor Vaccines, Steven Rosenberg, M.D., NCI, panel leader

A live broadcast featuring physicians and scientists from NIH and other prestigious institutions discussing current research activities and issues in depth.

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Grand Rounds
noon - 1 p.m.
Lipsett Amphitheater

Selenium Biology, Cancer, and Human Health, Dolph Hatfield, Ph.D., NCI

To be announced.

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Spatial and Temporal Aspects of Antigen Receptor Signal Transduction, Doreen A. Cantrell, Ph.D., Imperial Cancer Research Fund, London

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

Tugged Heartstrings: Dysautonomias, David S. Goldstein, M.D., Ph.D., NINDS, moderator

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Controlling the Fission Yeast Cell Cycle, Paul M. Nurse, Ph.D., FRS, Imperial Cancer Research Fund, London

Tidbits

•In the April "Briefs" section, the web address for "Protomechanics" was incomplete. The full address is: ***http://www.cc.nih.gov/ccc/protomechanics/index.html****.*

•Did you know that "Clinical Center News" is on the web? If you just can't wait for your print issue to arrive, or if you want to look up a past story in the archives, log on to: ***http://www.cc.nih.gov/ccc/ccnews/current/****.*