October 2000

Clinical Center News

In this issue:

Prestigious Lasker Award for 2000 honors Alter

The Clinical Center's Dr. Harvey J. Alter received the 2000 Lasker Award for clinical medical research during ceremonies in New York City on Sept. 22.

He shares the award with Dr. Michael Houghton, a scientist with the Chiron Corporation. The Lasker Award honors Dr. Alter's ongoing studies to uncover the causes and reduce the risks of transfusion-associated hepatitis and Dr. Houghton's continuing work in molecular biology to isolate the hepatitis C virus.

"Dr. Alter's studies of hepatitis have tremendously benefited the nation's public health efforts in the arena of blood safety," said Dr. Ruth Kirschstein, NIH principal deputy director. "His work spans 35 years of creativity, focus and tenacity."

"What makes the Lasker Award so special is the scientific stature and eminence of the people who nominated and elected me to be the recipient," commented Dr. Alter on his selection. "That such individuals would recognize my work as important and clinically significant is by far the highest honor I could achieve.

"Clinical research seems motivated by three major elements: the desire to understand the causes and mechanisms of disease, the wish to do something that will have genuine relevance to patient care, and the hope that the science will merit the respect of other scientists. The first two elements are to some extent under the scientist's control, but the latter is ephemeral and perhaps the hardest to achieve.

"Just as a study has limited relevance until it is peer reviewed, so too does a scientific life. The Lasker Award is validation at a level that I never anticipated, and I cherish it. It is peer review that fortunately requires no corrections or resubmissions. My level of gratitude is signifi-

See **Alter honored,** page seven

Dr. Harvey Alter, chief of the infectious diseases section and associate director of research in the CC Department of Transfusion Medicine, received a Lasker Award for clinical medical research in September ceremonies.

Joint Commission visit set, preparations in final countdown

We're in the final countdown for the Nov. 1-3 accreditation survey conducted by the Joint Commission on Accreditation of Healthcare Organizations.

"Clinical Center staff have done a tremendous job preparing for this year's survey," noted Dr. David Henderson, CC deputy director for clinical care. "Since the Joint Commission conducts its survey visits every three years, we are always in a cycle of review and re-evaluation to make sure that we meet the set standards. Now is the time to bring it all together."

This year's survey team will move away from formal presentations in meeting rooms and onto patient-care floors. "The team will be on the floors, observing patient care, checking for safe and sanitary conditions for workers and patients, and other activities," added Dr. Michele Evans, the CC's safety officer.

Laura Lee, special assistant to the deputy director for clinical care,

See **JCAHO countdown,** page two

CC observance highlights 'ability to bank on'

October is set aside for the nation's annual observance of Disability Awareness Month. In celebration, the Clinical Center will host a Disability Showcase 10 a.m.-2 p.m. on Oct. 12 in the Lipsett Amphitheater.

Linda Kontnier, senior advisor to the Presidential Task Force on Employment of Adults with Disabilities, will discuss "100K in 1825 and Other Ways that the Federal Government Is Becoming a Model Employer for People with Disabilities."

Vendors will display services and technologies that demonstrate how individuals with disabilities can have equal access to information and employment opportunities. Light refreshments will be served during the showcase.

This year's Disability Awareness Month theme—"Ability You Can Bank On"—is a reminder of the importance of all employees, including those with disabilities.

Employing people with disabilities is a sound business decision. Recent studies show that: half of all job accommodations costs nothing, while another 30 percent cost less than $500; people with disabilities are no harder to supervise than other employees; they have better safety records than their non-disabled peers; and they perform their jobs as well as, or better than, other employees in similar jobs.

For further information on the Disability Employment Program, contact the CC EEO office at 6-1584 (voice) or 6-9100 (TTY) through the Maryland Relay Service at 1-800-735-2258.

—by Jerry Garmany

October lectures spotlight advances

The NIH Clinical Center's annual Medicine for the Public lectures continue Tuesday nights in October. Presented at 7 p.m. in Masur Auditorium, upcoming lectures are: Oct. 3, Dangerous Liaisons: Drugs and Herbal Products; Oct., 10, Stroke: Rapid Diagnosis, New Treatments; Oct. 17, Women's Health Research for the 21st Century; and Oct. 24, Prostate Cancer.

For details on specific topics and speakers, call 6-2563.

On the web:
http://www.cc.nih.gov/ccc/mfp/series.html

JCAHO countdown continues

(Continued from page 1)

described a possible scenario: "Because of the JCAHO's more interactive approach this survey cycle, the team could identify a nurse or a doctor to follow into a patient's room, observe the care being given, and then ask questions about why something was done. They also may ask questions about what patient education was done, confirm that with the patient, and then check to be sure that care provided to the patient is documented in the patient's medical record. Despite ever increasing patient-care demands, the staff on the units and in the departments are doing an amazing job of getting ready for the survey—every single person deserves huge kudos."

Results from a mock survey last April has helped focus final preparations and included some encouraging observations:

•The physical appearance of the hospital is significantly improved.

•Staff are terrific—interested in learning, eager to share information, empowered to interact with the surveyors.

•The planning process is integrated at the leadership/department level.

•Performance improvement is integrated at the leadership/strategic planning level.

On the web:
http://www.cc.nih.gov/ccc/jcaho1/jcaho.html

Clinical Center News

Acting Editors: **Sara Byars, LaTonya Kittles**
Staff Writers: **Dina Dariotis, Linda Silversmith**

Clinical Center News, 6100 Executive Blvd., Suite 3C01, MSC 7511, National Institutes of Health, Bethesda, MD 20892-7511. Tel.: 301-496-2563. Fax: 301-402-2984. Published monthly for CC employees by the Office of Clinical Center Communications, Colleen Henrichsen, chief. News, article ideas, calendar events, letters, and photographs are welcome. **Deadline** for submissions is the second Monday of each month. *Clinical Center News* online: **www.cc.nih.gov/ccc/ccnews/current**

briefs

Auction set

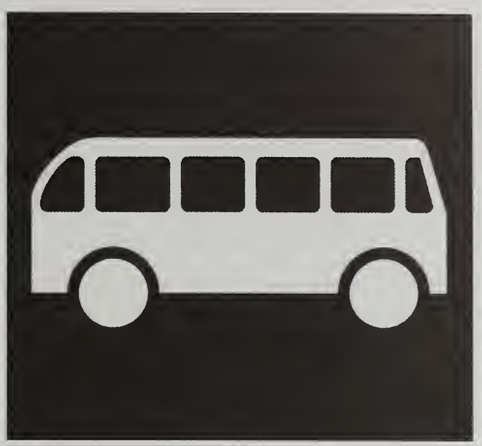
The CC Department of Laboratory Medicine (formerly Clinical Pathology) announces its 28th annual holiday fund-raiser to benefit the Patient Emergency Fund and the Friends of the Clinical Center. The theme for this year's auction is "Quilts 2000," and will include handmade quilts of various sizes and styles.

Tickets will be on sale Oct. 30-Dec. 7 outside the 2nd floor cafeteria. Please volunteer or donate items for the event, which will be held on Dec. 8, 9 a.m.-2 p.m. in room 2C310.

For more information, call Norma Ruschell at 6-4473 or Sheila Barrett at 6-5668.

Ticket to ride calms stressful commutes

If traffic's got you stressed, peace of mind is just a bus ride away. The "Beat the Beltway Blues" bus service from Glenarden to Bethesda offers an effortless commute and even stops right outside the Clinical Center. Buses leave the First Baptist Church of Glenarden beginning at 6 a.m. and run every half hour until 8 a.m. Return service runs every half hour between 3:30 and 6 p.m. Should an emergency occur, riders are even guaranteed a ride home through Commuter Connections. The fare is $1 each way (50 cents each way for senior citizens and people with disabilities). The NIH Transhare Program can cover the price of the fare for employees. For more information, call 2-RIDE.



Research festival runs Oct. 10-13

The 2000 NIH Research Festival will be held on campus Oct. 10-13. This year's festival will feature a job fair for postdoctoral fellows; plenary, mini-symposia; and poster sessions

On the web:
http://festival2000.nih.gov

Fund established to honor Doppman

A fund has been established to create an annual lectureship to honor the late Dr. John Leo Doppman, a pioneer in the field of radiology who led the CC's Diagnostic Radiology Department for 26 years.

Tax-deductible contributions to the fund supporting The John L. Doppman Memorial Lecture can be sent to: FAES, One Cloister Court, Bethesda, MD 20814.

Please make checks payable to FAES and note that the contribution is for the John L. Doppman Fund.

Masur named hero

Dr. Henry Masur was recently honored with a "Heroes in Medicine Award" by the International Association of Physicians in AIDS Care (IAPAC).

IAPAC, which was established in 1995, develops and implements global strategies to improve the quality of care provided to people living with HIV/AIDS. The organization represents more than 10,000 physicians and other health-care professionals in 52 countries.

This year, the IAPAC recognized 40 men and women who were considered the physician pioneers who formulated the initial U.S. and international response to HIV/AIDS. Of the awardees, the IAPAC said, "Their leadership and compassion exhibited in meeting the extraordinary challenges of the AIDS pandemic has, indeed, added dignity and honor to the profession of medicine."

The ceremony was held on Sept. 18 in Toronto. Other NIH honorees included Drs. Anthony Fauci, Clifford Lane, and Tom Quinn, all of NIAID.

Flu vaccine program changes

The distribution of most of this year's influenza vaccine to the Clinical Center has been delayed. At press time, a small supply of influenza vaccine has been delivered and, as always, CC patients and the staff caring for them have been the first to receive immunization. The delivery date for the doses needed for the general NIH population has, at press time, not been established. The Occupational Medical Service and the Hospital Epidemiology Service will provide the information when it's available.

Public notice

The Joint Commission on Accreditation of Healthcare Organizations will conduct an accreditation survey of the Warren Grant Magnuson Clinical Center at the National Institutes of Health in Bethesda Nov. 1-3. The survey deals with quality of care issues and safety of the environment in which care is provided. Individuals with pertinent and valid information about these matters may request a public information interview during the survey. Requests for this must be made in writing and sent to the Joint Commission no later than Oct. 25: Division of Accreditation Operations, Organization Liaison, Joint Commission on Accreditation of Healthcare Organizations, One Renaissance Blvd., Oakbrook Terrace, IL 60181.

Former CC head nurse returns as new chief

A former CC head nurse in ambulatory care and director of nursing marketing is the new director of nursing. Dr. Clare Hastings returns to the CC from the Washington Hospital Center to become chief of nursing and patient-care services on Oct. 9.

Dr. Hastings will manage a staff of about 600 nurses, clerks, and support personnel who provide patient care and research support on 33 inpatient and outpatient units. She is responsible for overseeing and developing nursing practice across the institution, and for aligning nursing department goals and activities with the strategic plan and priorities of the Clinical Center. She will also work with institute and CC leadership and clinicians to see that intramural research programs are well supported.

"It's an exciting and challenging role," said Dr. Hastings. "I'm impressed with the Clinical Center's revitalization efforts. I'm looking forward to rejoining former colleagues and meeting new people."

She will play an integral role in the move to the Clinical Research Center in 2003. "That will involve looking at clinical care and figuring out how to reorganize and redesign operations to fit into a different space," she said. "It will mean creating larger combined units that are more multipurpose. It presents many challenges both administratively and operationally."

Dr. Hastings earned a PhD in nursing from the University of Maryland in 1995, an MS in nursing administration from Georgetown in 1985, a BSN from the University of Maryland in 1977, and a BA in anthropology from Reed College in 1971.

At Washington Hospital Center, Dr. Hastings was administrative director in nursing for more than four years. She managed operations for a 532-bed division that included critical care, medicine, cardiology, oncology, psychiatry, and women's services. While there, she increased the number of active nursing studies and designed a new graduate fellowship program to recruit nurses into specialty areas and support their continued learning.

Dr. Clare Hastings returns to the CC Oct. 9 as new chief of nursing and patient-care services. She comes here from Washington Hospital Center.

Before that, she was director of quality planning and professional development at the University of Maryland Medical System from 1989 to 1996. In that role, she directed professional development and organizational quality planning and assessment for the 747-bed academic medical center in Baltimore. From 1992-1996 she directed the hospital's internal performance assessment system based on the Malcolm Baldrige National Quality Award criteria.

From 1986-89, Dr. Hastings was director of marketing and communications for the CC nursing department. She directed marketing and advertising programs for nurse recruitment and internal communications programs for nurse retention during a national nursing shortage. In two years the nursing vacancy level and turnover rate were substantially reduced.

"Keeping the CC well staffed will continue to be a challenge," said Dr. Hastings. "We are in another national nursing shortage that is projected to become more severe. I want to make sure the CC is visibly positioned within the nursing community so that nurses recognize and want to join the unique and rewarding practice environment we have here."

Dr. Hastings joined the Clinical Center Nursing Department in 1978. She advanced from staff nurse to head nurse of ambulatory care in 1983. In that position she was responsible for managing nursing services for 15 specialized ambulatory research programs, and became nationally known as a spokesperson for defining the role and contributions of nurses in ambulatory care. Dr. Hastings directed moves into the ambulatory care research facility when it was built, and opened the AIDS research clinic on 11ACRF.

Dr. Hastings is past president of the American Academy of Ambulatory Care Nursing, and has extensive publications and presentations in the areas of ambulatory care nursing, professional practice development, and nursing administration. She also has a long-standing affiliation with the University of Maryland School of Nursing, where she has taught graduate level courses in measurement and research methodology.

"I came to the Clinical Center a year out of school," Dr. Hastings said. "I grew up here professionally. The nurses here have an unusual level of self-direction and professional involvement. They are a special caliber of people working in a special environment. There is also a very high level of interdisciplinary collaboration here. I've missed that," she concluded.

—by Colleen Henrichsen

Spiritual Ministry offers another dimension to care

Staff of the CC's Spiritual Ministry Department include Dr. Ray Fitzgerald, chief, and chaplains Karen Morrow, Rabbi Reeve Brenner, Gary Johnston and associate chaplain Landis Vance. Currently, 17 services are scheduled weekly. The chapel is open for prayer and meditation 24 hours.

"What we do best," says Dr. Ray Fitzgerald, chief of the Clinical Center Spiritual Ministry Department (SMD), "is to work with patients, family members, and staff on the meaning and purpose in life and illness. Very central to our work is providing prayer support, sacred readings, and rituals and sacraments appropriate to the person's belief system." SMD has been carrying out this mission since the 1953 opening of the Clinical Center.

"The sickest people are our first priority," Dr. Fitzgerald adds. The staff aim to make contact with all inpatients at least once during their CC stays, providing follow-up visits as needed for support. They also regularly stop by clinics to inform outpatients of their availability. Sometimes a patient who first met a chaplain as an inpatient wishes to renew the relationship as an outpatient.

On Mondays it is not unusual to have 40 new inpatient admissions to be seen by each chaplain. Outpatient numbers go into the hundreds daily.

Besides Dr. Fitzgerald, the staff includes Henry Heffernan, a Catholic priest, and two other Protestant chaplains, Gary Johnston and Karen Morrow, all full-time, as well as Rabbi Reeve Brenner, who is half time. Landis Vance is an associate chaplin who visits patients when staff chaplains are not available. At least one staff member is on call at all times for these three patient groups.

A Moslem member of the NIH scientific staff often conducts daily prayer sessions, while an imam comes to lead other Moslem religious rituals and visit patients. SMD also arranges for other non-Jewish, non-Christian spiritual leaders—for example, Hindu or Buddhist—to visit, as needed. There are also two part-time Catholic deacons, one of whom is Spanish-speaking.

Each day the staff receives a list of all inpatients and outpatients, on which faith groups are indicated for patients who choose to list them. About 60 percent of CC patients who choose to note their religious preference are Protestant. More than 25 percent are Catholic, and the remainder are Jewish, Moslem, Hindu, Buddhist, or other.

Staff members first visit patients of their own religious affiliations, but also try to ensure that all inpatients are offered an opportunity to meet their spiritual needs. Morrow emphasizes, "It's important to turn off my own 'religion button,' and interact within the framework of the patients—how they look at things, the language they use—in order to journey with them."

To contact a chaplin, patients and staff can visit the offices on the 14th floor or call 6-3407. Nurses or social workers can also make that contact for patients. SMD services are offered to staff, too.

—by Linda Silversmith

CC observes Pastoral Care Week

"We would like people to know we are here and to try us out," said Chaplain Karen Morrow in announcing that the Clinical Center Spiritual Ministry Department (SMD) invites the NIH community to celebrate Pastoral Care Week on Oct. 22-29. This observance will emphasize the major departmental goal—helping CC patients to explore how spiritual ministry can make their stays here more beneficial and meaningful to them.

SMD joins organizations and institutions around the world in observing Pastoral Care Week. The Coalition on Ministry in Specialized Settings sponsors the event, which was first celebrated in 1985. This year's theme is "valuing each person wholly." "For pastoral caregivers, this means to care for the person as a whole—with attention to spirituality as an integral part of one's humanity," Morrow added.

The meaning of "pastoral" is derived from the word "shepherd," one who is responsible for guidance, protection and healing, Morrow noted. "We try to be like that. We help people to find respite and resiliency even when they are having a very rough journey—to find some peaceful waters, some food for the soul, to help pull back from the edge."

On the web:
http://www.pastoralcareweek.org/index.htm.

Surprising complication found in HIV infection

CC and NIAID investigators have demonstrated that a disabling bone disorder—osteonecrosis (bone death) of the hip—is surprisingly common among patients with HIV infection.

Concern that the disorder might be a new and unrecognized complication of HIV infection prompted the collaborative investigation that used magnetic resonance imaging to evaluate 339 study volunteers, all patients with HIV.

While none of the study participants had the hip pain typically associated with osteonecrosis, 15 (4.4 percent) were found to have the disorder. As a comparison, 118 patients without HIV were tested, and none were found to have osteonecrosis.

"These 15 patients with asymtomatic osteonecrosis had lesions in one or both hips," noted Dr. Henry Masur, CC critical care medicine chief. "Many of the lesions were large. Our concern is that the lesions will lead to clinical symptoms ultimately requiring total hip replacements."

The reason for this unexpected complication of osteonecrosis is unclear. "We've been following patients with HIV at the NIH Clinical Center for more than 17 years and had not seen this complication until about a year ago," said Dr. Joseph Kovacs, also of the Critical Care Medicine Department. "Longer patient survival, new therapies, or lifestyle influences may somehow contribute to the development of this disorder. It's important to find out why it's happening."

While researchers can't yet pinpoint a specific cause, patients in this study found to have osteonecrosis were more likely to have taken testosterone, lipid-lowering drugs, and corticosteroids, all prescribed therapies for the acute and chronic complications of HIV infection or other common medical problems. They were also more likely to have been involved in weight-training and body-building. The occurrence of osteonecrosis was not associated with the level of immunodeficiency or any particular pattern of antiretroviral use.

"In 1999, four of our patients with HIV developed hip and groin pain that was subsequently diagnosed as osteonecrosis," added Dr. Masur. "In evaluating these cases, we learned that other physicians around the country were seeing a small but increasing number of HIV-infected patients with osteonecrosis. To prevent the development of osteonecrosis, it was clearly important to find out how many of our asymptomatic patients were developing these lesions and pinpoint contributing factors."

A longitudinal study is under way to determine how many patients will develop these lesions and how many will ultimately need hip replacement. Larger studies are needed to identify factors that contribute to the development of osteonecrosis, Dr. Kovacs said. "If we can identify what's causing the disorder among these patients, we are hopeful we can determine a way to prevent and treat it."

The study results were presented during the Infectious Diseases Society of America's annual meeting Sept. 8.

Rehab helps look for early clues in detecting osteonecrosis

In its early stages, there are usually no symptoms associated with osteonecrosis, or avascular necrosis (AVN). It often progresses as a painful, debilitating disease. When the hip is involved, total joint replacement is likely.

"We know about osteonecrosis and its association with alcohol abuse, systemic corticosteroid use, lupus, sickle cell anemia, and traumatic hip fractures," said Dr. Galen Joe, senior staff fellow in the CC's Rehabilitation Medicine Department and a collaborator on the investigation. "This study concluded that HIV-infected patients in this cohort are at a higher risk for developing AVN of the hip. That finding was unexpected."

Why the hip? Simple anatomy is part of the answer, Dr. Joe notes. Blood vessels surrounding portions of the hip travel what's essentially a dead-end street. "Due to the limited collateral blood flow to the femoral head, the blood supply is easily compromised. When this nutrient blood flow is impaired, bone tissue may die. It tries to repair itself but it frequently can't and eventually collapses."

Early on, osteonecrosis is what Dr. Joe describes as "clinically silent." His aim is to break that silence by looking for better ways to use the physical exam to pick up early clues to the disease's presence and to identify interventions that will help preserve daily functioning in patients found to have osteonecrosis. Pain and/or stiffness are the primary symptoms patients report. Standard X-rays and MRI scans can confirm the diagnosis, but X-rays often miss the disease in its early stages.

A subset of 176 patients in the study had functional histories and physical exams performed. "We tested muscle strength, range of motion, and evaluated pain with movement around the hip joint. These are often clues to a problem. If we know there is a predisposition, just as with any disease process, it is important to make an early diagnosis with cost-effective screening and begin treatment when indicated," he said.

—by Sara Byars

Alter honored with Lasker Award

(Continued from page 1)

cant at a P-value that approaches infinity."

"He is a model for the clinical scientist," said Dr. John I. Gallin, CC director. "He has been a leader in the effort to improve blood safety, and his investigations have been instrumental in the virtual elimination of transfusion-associated hepatitis in the United States."

A native of New York City, Dr. Alter earned his MD degree at University of Rochester. He came to the NIH Clinical Center as a senior investigator in 1969. He currently is chief of the infectious diseases section and associate director of research in the Department of Transfusion Medicine.

"As a young research fellow, Dr. Alter co-discovered the Australia antigen, a key to detecting hepatitis B virus," noted Dr. Harvey Klein, chief of the CC Transfusion Medicine Department. "For many investigators that would be the highlight of a career. For Dr. Alter it was only an auspicious beginning."

Thirty years ago, about a third of transfused people received tainted blood, which later inflamed their livers, producing a condition known as hepatitis. To combat this problem, Dr. Alter spearheaded a project at the Clinical Center that created a storehouse of blood samples used to uncover the causes and reduce the risk of transfusion-associated hepatitis. Because of his work, the U.S. instituted blood and donor screening programs that have served to increase the safety of the blood supply.

Dr. Alter used this repository of clinically linked blood samples to identify another puzzling clinical problem. "Most transfusion-related hepatitis was found to be due to a virus different from the two then-known hepatitis agents, A and B," Dr. Alter said. He called this new form of hepatitis non-A, non-B hepatitis and subsequently proved through transmission studies in chimpanzees that it was due to a new agent.

Honorees

With Dr. Alter (right) following the awards ceremony are Dr. Michael Houghton of the Chiron Corporation, and Dr. Joseph Goldstein, chairman of the Department of Molecular Genetics and the University of Texas Southwestern Medical Center, who headed the Lasker Awards selection jury. In his remarks during the ceremony, Dr. Goldstein noted, "The Clinical Award honors a scientist from a company, Chiron Corporation, and a scientist from a federal research institute, the NIH, for their discovery of the hepatitis C virus and its elimination from the blood supply. This award illustrates the increasing importance of collaboration between the biotechnology industry and the traditional research enterprise. This is the first time that a Lasker prize has recognized the biotechnology industry."

Vigorous efforts in dozens of laboratories failed to identify the presumptive virus or develop a test for it. Eventually, a Chiron Corporation team led by Dr. Houghton exploited the blossoming methods of molecular biology to isolate the virus now known as the hepatitis C virus.

The Lasker Awards, first presented in 1946 and often called America's Nobels, annually honor the country's most outstanding contributions in basic and clinical medical research. The Lasker Awards are administered by the Albert and Mary Lasker Foundation; the late Mary Lasker is widely recognized for her singular contribution to the growth of NIH and her commitment to the cause of biomedical research.

On the web:
http://www.laskerfoundation.org/

> "Just as a study has limited relevance until it is peer reviewed, so too does a scientific life. The Lasker Award is validation at a level that I never anticipated, and I cherish it."
>
> ***Dr. Harvey J. Alter***

Clinical Pathology Department takes on new name

The CC Clinical Pathology Department was recently renamed the Department of Laboratory Medicine.

"The new name better reflects the mission of our department," said Dr. Thomas Fleisher, department chief. "It also helps to better align us with institutions outside of the NIH, thereby making it easier for our patients."

According to Dr. Fleisher, there is a trend in academic medical centers to use the term "laboratory medicine" to describe the services provided by the department. These include chemistry, hematology, immunology, microbiology, as well as phlebotomy services.

So for patients especially, who were often confused between the Clinical Pathology Department (which looks at a patient's blood and other body fluids) and the NCI Laboratory of Pathology (which predominately looks at patient's tissue samples), this name change will hopefully provide a much clearer distinction, said Dr. Fleisher.

"We noted that it was often confusing to outsiders and our patients who partner with us in our research," said Dr. Fleisher. "We hope this will help to alleviate confusion and we can continue to work towards expanding the services that our department provides."

One recent expansion has been the electronic edition of the ClinPath/DTM Guide last published in 1998. This electronic edition is updated monthly and includes several hundred updates each year. "We encourage staff to use the website rather than the outdated guides," said Peggy Spina, lab manager. "This new resource is much more effective in providing crucial information to the people who request the almost 900,000 lab tests/panels done by our department each year."

The website also includes a search engine of all laboratory tests provided by the department, as well as general information about laboratory services.

On the web:
http://www.cc.nih.gov/cp

october

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Medicine for the Public
7 p.m.
Masur Auditorium

Dangerous Liaisons: Drugs and Herbal Products, Stephen Piscitelli, Pharm.D., and Aaron Burstein, Pharm.D., CC

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Ethics Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

What is Appropriate End-of-Life Care?, John Barrett, M.D., NHLBI, and Linda Emanuel, M.D., Ph.D., Northwestern University Medical School, Guest Discussant

10
Medicine for the Public
7 p.m.
Masur Auditorium

Stroke: Rapid Diagnosis, New Treatments, Alison Baird, M.D., NINDS

17
Medicine for the Public
7 p.m.
Masur Auditorium

Women's Health Research for the 21st Century, Vivian Pinn, M.D., ORWH

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Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

Clinical Aspects of Thrombotic Microangiopathies, James Balow, M.D., NIDDK, Margaret Rick, M.D., CC, and Susan Leitman, M.D., CC

Special Wednesday Afternoon Lecture
2 p.m.-4 p.m.
Masur Auditorium

Decoding the Genetic Information on Ribosomes in Molecular Detail, Ada Yonath, Ph.D., Weizmann Institute of Science, Rehovot, Israel

Insights from the Structure of the 30S Ribosomal Subunit, Venkatraman Ramakrishnan, Ph.D., MRC Laboratory of Molecular Biology, Cambridge, UK

The Complete Atomic Structure of the Large Ribosomal Subunit from Haloarcula marismortui Peter Moore, Ph.D., Yale University, New Haven

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Rehabilitation Medicine Grand Rounds/2000 National Physical Therapy Month Lecture
8:30 a.m., Little Theater

Stroke Pathophysiology, Neural Plasticity and Exercise-Induced Neural Recovery: Pieces in a Puzzle, Gerald Smith, Ph.D., P.T., University of Maryland, Baltimore

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Medicine for the Public
7 p.m.
Masur Auditorium

Prostate Cancer, Marston Linehan, M.D., NCI, and William Dahut, M.D., NCI

25
Ethics Grand Rounds
noon-1 p.m.
Lipsett Amphitheater

Understanding Health Disparities: The Whitehall Studies, Sir Michael Marmot, M.D., F.R.C.S., University College, London

Wednesday Afternoon Lecture
3 p.m.
Masur Auditorium

Visualizing Lentivirus Infections: Lux et Veritas in Vivo, Ashley T. Haase, M.D., University of Minnesota, Minneapolis