Clinical Center awarded Lasker~Bloomberg Award for public service

In September the Clinical Center was named the 2011 recipient of the Lasker~Bloomberg Public Service Award from the Albert and Mary Lasker Foundation, an organization that has recognized outstanding advances in medical research each year since 1945.

Dr. John I. Gallin, CC director, accepted the award on behalf of the CC and the NIH at the recognition ceremony hosted by the Lasker Foundation in New York City on September 23. The award honors the CC for serving as a model institution that has transformed scientific advances into innovative therapies and provided high-quality care to patients.

The award description recognizes the CC for spearheading major advances in a wide array of medical arenas, establishing an example for academic institutions across the country, and training thousands of investigators, many of whom now lead academic and research institutions across the world.

The award also acknowledges the CC and the NIH’s rich history of medical discovery through clinical research since the hospital opened in 1953. Since then, nearly half a million volunteers have participated in clinical research at the CC and its mission has remained consistent—providing exceptional clinical care for research volunteers, an environment for innovative bench-to-bedside clinical research, and training for clinical researchers.

“The Clinical Center, the world’s largest clinical research hospital, exists to help scientists who are clinicians rapidly translate promising discoveries in the laboratory into new and better ways to treat and prevent disease,” said NIH Director Dr. Francis S. Collins. “The Clinical Center’s 58-year research portfolio has resulted in remarkable medical advances.”

Those medical milestones include development of chemotherapy for cancer; the first use of an immunotoxin to treat a malignancy; identification of the genes that cause kidney cancer, leading to the development of six new, targeted treatments for advanced kidney cancer; the demonstration that lithium helps depression; the first gene therapy; the first treatment of AIDS (with AZT); and the development of tests to detect AIDS/HIV and hepatitis viruses in blood, which led to a safer blood supply.

“The Clinical Center’s work has always depended on patients and healthy individuals from around the world who volunteer for clinical research here,” said Gallin. “Our patients include those with rare diseases, common disorders, and undiagnosed conditions ... and the patients and healthy volunteers who participate in them are true partners in research.”

The Lasker~Bloomberg Public Service Award also recognizes the CC for excelling in training the next generation of clinical researchers. Advancements through clinical research also depend on having a cadre of investigators trained to do it, Gallin added.

“Students in the health sciences and clinicians come here to learn how to conduct clinical research by working closely with NIH investigators. Since 1995, more than 22,000 students around the world have participated in the CC’s clinical research training curriculum offered through distance-learning programs.”

continued on page 7
In your words: what is it about the Clinical Center?

There’s a current in the air of the Clinical Center—a feeling of excitement, compassion, and hope among the clinician-scientists making discoveries at the lab bench, the nurses providing world-class care, and the patients trying a new therapy and contributing to biomedical research. That current is the result of the unique and special qualities of this House of Hope. CCNews asked some of those clinician-scientists, nurses, and patients to articulate that feeling and explain why the CC is so special and unique.

Ellen Berty, patient: “When I am here I feel like I am a valuable member of a team and I am helping my doctors figure things out. I’m not just the patient; I feel like my doctors and I are on a team together.”

Dr. Anthony S. Fauci, director, NIAID: “The CC is a national treasure and a unique resource; its bench-to-bedside approach has helped transform many disciplines, including the study of the pathogenesis of HIV/AIDS, the development of therapies for HIV disease, as well as the study of a host of autoimmune and auto-inflammatory diseases.”

Migdalia Goba, senior nursing consultant, CC: “I really enjoy the chance to meet people from all over the world, the wealth of knowledge, the opportunities for inquiry, and just being able to conduct research. All that is under one roof, which I think is really cool.”

Dr. John Haughton, patient: “The most cutting-edge protocols, combined with immediate access to key tests, sometimes tests and treatment not available elsewhere—administered by truly compassionate personnel, led by an administrative team with the patient and their clinical care at the center of their focus—make the Clinical Center a unique place to be seen as a patient.”

Chad Koratich, nursing consultant, CC: “The nurses and clinicians and other staff who work here are some of the most energized, excited, compassionate people that I have ever worked with, and I think when you combine that spirit of the people working here with the spirit of the patients, it just creates this atmosphere of hope like no place I have ever felt before.”

Dr. Marston Linehan, chief, Urologic Oncology Branch, NCI: “These remarkable people, in this remarkable Clinical Center, give both help and hope to many patients affected with both rare and common disorders. It is an honor to have the opportunity to work, for the past 29 years, with such a committed group of individuals.”

Dr. Lynnette Nieman, senior investigator, NICHD: “Clinical investigators’ ability to develop new diagnostic tests and to expand knowledge of normal physiology is aided greatly by the Clinical Center’s nurses’ expertise, recruitment by the patient recruitment office, and investigational new drug administration by the Pharmaceutical Development Section.”

Dr. Griffin Rodgers, director, NIDDK: “By enabling some of the world’s top medical researchers to collaborate in innovative, interdisciplinary ways, the CC has been pivotal in advancing clinical studies that are at the forefront of solving the nation’s most pressing public health issues—all while providing respect, empathy, and attention to detail in every aspect of care for the patient volunteers.”

Jerry Sachs, patient: “They’re really right at the latest and greatest of theories and practices available anywhere in the world, and you are part of the process. They care about you as an individual. It is a wonderful, warm atmosphere here.”

Mandy Young, patient: “If you can’t get hope here, you’re not going to get it anywhere. We have the brightest minds, the best scientists, the best doctors, the most advanced medicine and technology. You can’t not be hopeful here.”

"There is no place like the Clinical Center because of the staff that work here and the love that they have for what they are doing.

- Michael Kenney, Clinical Center patient"

"The research that we do here matters. As new diseases are discovered, we need more understanding of how we can treat and help people.

- Beena Mathew, Clinical Center pharmacist"
Music, applause, cheer, and people filled the atrium on September 28 when patients, staff, and other members of the Clinical Center community gathered to celebrate receipt of the 2011 Lasker-Bloomberg Award for Public Service.

“Each of you should be bursting with pride,” said Dr. John I. Gallin, CC director, who accepted the award on behalf of CC research volunteers and NIH intramural staff, researchers, and clinicians at a ceremony hosted by the Albert and Mary Lasker Foundation in New York City on September 23. “The Lasker-Bloomberg Public Service Award is the highest such honor given in this country. In the past it has usually been given to recognize an individual, but this year the foundation made the enlightened decision to recognize the work done here at the Clinical Center since its opening in 1953,” he said.

Gallin introduced patient representative Ellen Berty, who underwent a pancreatic islet cell transplant at the CC in 2001, which dramatically improved her diabetes. Berty described how honored she felt to be a part of the CC team both as a representative of CC patients and as a member of the patient advisory group. “This team that I am a part of is always striving toward a common worthwhile goal—answering questions about health, and they have done an outstanding job.”

Gallin also noted that the Lasker-Bloomberg Award carries with it an honorarium of $250,000 and invited members of the NIH community to email him with ideas for its use.

Dr. Michael Gottesman, NIH deputy director for intramural research, commended the CC for being a key element in the NIH’s intramural research program. “The CC’s mission has remained steady over the decades—providing exceptional care for patients who come here, maintaining a supportive and responsive environment for the conduct of clinical research, and training clinical investigators of the future.”

Gottesman also noted that the Lasker Foundation has bestowed awards on many of the talented clinician-investigators who trained or worked at the CC, describing their profound contribution to health and medicine. “I think there is no other institution that has made a greater impact on the health of this country,” he said.

NIH Director Dr. Francis S. Collins helped Gallin, Gottesman, and Berty unveil the award, describing compelling emails from CC patients talking about their experience and wonderful care they received at the CC. “Their recognition of the special, personal attention that they receive from every member of the staff makes this not only a great place for intellectual exploration,” he said, “but it also makes this a place of great humanity.”

Collins described the impact the CC has had upon modern medicine and reflected upon some of the medical advances that were cited in the Lasker Award nomination. He also praised and recognized everyone in the audience for their role in the award. “It’s not the building we are celebrating,” he said. “It’s the people, people who have put in years and years of work here to accomplish so many things that have changed the face of medicine.”

Collins picked up his guitar and gave a special musical performance to honor the CC community’s contribution, inviting the crowd to join him as he sang a song for “all of the good people” at the CC.

**This is a song for the Clinical Center**

**A vision and mentor where new dreams arise**

**We seek here new answers for infections and cancers**

**And now these advances bring a Lasker prize**

The award—a replica of the famous “Winged Victory of Samothrace,” also called “Nike of Samothrace,” sculpture created by the Greeks in 190 BC to honor the goddess of victory—was chosen by Mary Lasker because it represented in her words, “victory over disability, disease, and death.” The CC’s award will be placed on permanent display on the first floor to the east of the South elevators, across from the wall honoring the NIH Lasker awardees.
Editor's note: Dr. John I. Gallin, Clinical Center director, accepted the 2011 Lasker-Bloomberg Public Service Award on behalf of the NIH and the CC. His remarks from the ceremony on September 23 are excerpted below.

“What a wonderful gift Congress gave to the American public, and to the world, when it created the Clinical Center at NIH in 1947, a hospital literally wrapped in research laboratories to enable clinical research studies.

“The Clinical Center, situated less than 10 miles from the heart of our nation’s capital, is very much a living monument to our country’s sustained commitment to clinical research. It is a place where the bench-to-bedside cycle, which translates basic science discoveries into new treatments and cures to improve public health, is a part of everyday life.

“Of all the people who comprise the NIH Clinical Center community and the national clinical research enterprise, the contribution of the patients and healthy volunteers is critical. Their partnership makes clinical research possible—they enable a hopeful future of discovery in medicine. It is for this reason that I am delighted that two Clinical Center patients are with us today: Mr. Jerry Sachs, a dedicated member of the Clinical Center’s Patient Advisory Group and a two-time cancer survivor, and Ms. Mandy Young, a patient of mine who was the first patient identified with a rare disease known as IRAK-4 deficiency. Jerry and Mandy represent the nearly 500,000 patients who have been seen at the Clinical Center since it first opened in 1953 and who are now studied in the magnificent Mark O. Hatfield Clinical Research Center.

“Clinical research is risky business yet human subject volunteers knowingly participate. On the one hand, clinical research promises hope and help while, on the other, it involves risk. We need to study and understand better the sensitivities of patient volunteers because it is becoming increasingly difficult to recruit them to participate in our studies.

“We, at the Clinical Center, are firmly committed to assuring the vitality of the human subject volunteer population and it is for this purpose, as well as for training young clinical investigators, that we will dedicate the generous honorarium that accompanies the Lasker Award.

“I am honored and humbled to accept the 2011 Lasker-Bloomberg Public Health Service Award on behalf of the tens of thousands of public health servants and the nearly half million patient volunteers who have partnered for nearly sixty years to make the Clinical Center such a special place.”

Dr. John I. Gallin, CC director

Dr. John I. Gallin accepted the Lasker–Bloomberg Public Service Award on September 23.
Accomplishments at America’s clinical research hospital

As America’s clinical research hospital, the NIH Clinical Center has provided the venue for nearly six decades of prominent ground-breaking translational research. The scientific accomplishments of investigators at the CC have led to medical breakthroughs that cover a spectrum of human disease, with innumerable contributions to medicine, health, and science. Some select accomplishments of intramural investigators working at the CC include:

- The development of combination chemotherapy regimens and immunotherapy for cancer [1-4]
- The first use of an immunotoxin to treat a malignancy in the case of hairy cell leukemia [5]
- Identification of the genes that cause kidney cancer, a discovery which provided the foundation for the development of six novel, targeted therapies approved by the FDA for treatment of patients with advanced kidney cancer [6,7]
- Treatment for cancer and other disorders induced by infection with human T-cell lymphotropic virus type I [8]
- Refinements of blood cell gradient density separation and the first platelet and granulocyte transfusions [9-13]
- The first description of a receptor critical for cell signaling [14, 15]
- Development of tests to detect AIDS/ HIV and hepatitis virus, leading to enhanced blood transfusion safety [16,17]
- Identification of the pathogenesis and the first treatment of AIDS/HIV [18, 19]
- The use of immunosuppressive therapies for nonmalignant diseases [20-22]
- Molecular characterization of interleukin-1, the key molecule causing fever and a vital regulator of immunology [23-25]
- The discovery and treatment of autoinflammatory diseases [26,27]
- Characterization of the Ige receptor [28,29]
- Genetic characterization of two of the four forms of chronic granulomatous diseases and the description of a key biomarker (NAPDH oxidase) as a predictor of survival [30-32]
- The first successful human artificial mitral valve replacement [33]
- The potential utility of cardiac magnetic resonance imaging in patients with acute coronary syndrome [34]
- The first clinical trial demonstrating the use of lithium for bipolar disorders [35]
- The successful treatments of childhood obsessive-compulsive disorders and childhood schizophrenia [36, 37]
- Demonstration that position emission tomography scans can identify brain abnormalities in schizophrenia [38]
- Identification of the first lymphocyte gene therapy for an inherited enzyme deficiency [Gaucher disease] [40-41]
- Development and enhancements of technologies for virtual bronchoscopy and colonoscopy [42, 43]
- Identification of genes that may be the source of stuttering [44].

Leadership in ethics

The CC has also recognized the important role of its patients as partners in discovery, and has devoted expertise and resources to studying the ethical and scientific behavior of patients in the research process. At the very first meeting of the CC’s Medical Board in 1952, the board developed policy for the safety of subjects participating in clinical research that lead to the United States Policy on Human Subject Protection [47].

Training the next generation

In addition to and in support of continued scientific accomplishments, the CC has also taken a leadership role by training current and former national leaders in clinical and translational science.

Many intramural scientists trained at the CC are now in academic leadership, members of the top medical societies, and have had their research recognized by prestigious awards. This list of CC alumni includes six physiology or medicine Nobel laureates and 11 of 13 (8%) deans of accredited United States medical schools. In addition there have been at least 29 Lasker Award recipients at the NIH, mostly for clinical research conducted at the CC.

References

1. Reference 1
2. Reference 2
3. Reference 3
4. Reference 4
5. Reference 5
6. Reference 6
7. Reference 7
8. Reference 8
9. Reference 9
10. Reference 10
11. Reference 11
12. Reference 12
13. Reference 13
14. Reference 14
15. Reference 15
16. Reference 16
17. Reference 17
18. Reference 18
19. Reference 19
20. Reference 20
21. Reference 21
22. Reference 22
23. Reference 23
24. Reference 24
25. Reference 25
26. Reference 26
27. Reference 27
28. Reference 28
29. Reference 29
30. Reference 30
31. Reference 31
32. Reference 32
33. Reference 33
34. Reference 34
35. Reference 35
36. Reference 36
37. Reference 37
38. Reference 38
39. Reference 39
40. Reference 40
41. Reference 41
42. Reference 42
43. Reference 43
44. Reference 44
45. Reference 45
46. Reference 46
47. Reference 47
Clinical Center historical timeline: highlights through history

Since admitting its first patient in 1953, the Clinical Center has been a monument to clinical research and the work done to achieve better human health and discover tomorrow’s cures.

In the past 60 years, the CC has grown in scientific presence and physical size yet the mission to generate new ways to diagnose, treat, and prevent disease by connecting bedside observations with laboratory findings has remained.

**June 22, 1951** - The Clinical Center cornerstone ceremony was officiated by Oscar R. Ewing, federal security administrator. President Harry S. Truman was the honored guest.

**July 6, 1953** - The first patient was admitted to the Clinical Center.

**October 22, 1981** - The ambulatory care research facility was dedicated. The research hospital was renamed the Warren Grant Magnuson Clinical Center.

**March 22, 1984** - The first magnetic resonance imaging unit became operational for patient imaging.

**September 14, 1990** - A 4-year-old patient with adenosine deaminase deficiency was the first to receive gene therapy treatment.

**February 1996** - Details on clinical research studies conducted at the Clinical Center were made available on the internet (clinicalstudies.info.nih.gov).

**July 1997** - To meet increasing investigative needs for cell products used in immunotherapy, gene therapy, and stem cell transplantation, a cell processing facility was created.

**November 4, 1997** - Vice President Al Gore and Senator Mark O. Hatfield attended groundbreaking ceremonies for the Mark O. Hatfield Clinical Research Center.

**July 31, 2004** - The Clinical Research Information System (CRIS), designed to replace the current Medical Information System, was launched.

**September 22, 2004** - The new Mark O. Hatfield Clinical Research Center was dedicated, CC patients moved to the new hospital on April 2, 2005.

**May 2007** - The Clinical Center enrolled its first patient in the human genome sequencing study—the first of 1,000 participants to enroll in a study led by NHGRI to test the use of human genome sequencing in a clinical research setting. The study used DNA sequencing to learn whether tiny changes in selected genes indicate predisposition to or onset of common diseases.

**June 2007** - State-of-the-art metabolic clinical research unit opened, enabling researchers from across NIH to study factors that contribute to obesity and associated diseases.

**May 2008** - The Undiagnosed Diseases Program was launched, bringing patients to the Clinical Center who seek renewed hope for puzzling, often devastating, health conditions.

**July 2009** - The Biomedical Translational Research Information System (BTRIS) was activated. The launch of the NIH-wide research data repository allows principal investigators with active protocols to view their patients’ identified data.

**January 2010** - State-of-the-art pharmaceutical development facility opened to formulate candidate drugs.

**April 2010** - Seven-bed Special Clinical Studies Unit opened with advanced isolation and extended-stay capabilities.

Since admitting its first patient in 1953, the Clinical Center has been a monument to clinical research and the work done to achieve better human health and discover tomorrow’s cures. In the past 60 years, the CC has grown in scientific presence and physical size yet the mission to generate new ways to diagnose, treat, and prevent disease by connecting bedside observations with laboratory findings has remained.

**June 22, 1951** - The Clinical Center cornerstone ceremony was officiated by Oscar R. Ewing, federal security administrator. President Harry S. Truman was the honored guest.

**July 6, 1953** - The first patient was admitted to the Clinical Center.

**October 22, 1981** - The ambulatory care research facility was dedicated. The research hospital was renamed the Warren Grant Magnuson Clinical Center.

**March 22, 1984** - The first magnetic resonance imaging unit became operational for patient imaging.

**September 14, 1990** - A 4-year-old patient with adenosine deaminase deficiency was the first to receive gene therapy treatment.

**February 1996** - Details on clinical research studies conducted at the Clinical Center were made available on the internet (clinicalstudies.info.nih.gov).

**July 1997** - To meet increasing investigative needs for cell products used in immunotherapy, gene therapy, and stem cell transplantation, a cell processing facility was created.

**November 4, 1997** - Vice President Al Gore and Senator Mark O. Hatfield attended groundbreaking ceremonies for the Mark O. Hatfield Clinical Research Center.

**July 31, 2004** - The Clinical Research Information System (CRIS), designed to replace the current Medical Information System, was launched.

**September 22, 2004** - The new Mark O. Hatfield Clinical Research Center was dedicated, CC patients moved to the new hospital on April 2, 2005.

**May 2007** - The Clinical Center enrolled its first patient in the human genome sequencing study—the first of 1,000 participants to enroll in a study led by NHGRI to test the use of human genome sequencing in a clinical research setting. The study used DNA sequencing to learn whether tiny changes in selected genes indicate predisposition to or onset of common diseases.

**June 2007** - State-of-the-art metabolic clinical research unit opened, enabling researchers from across NIH to study factors that contribute to obesity and associated diseases.

**May 2008** - The Undiagnosed Diseases Program was launched, bringing patients to the Clinical Center who seek renewed hope for puzzling, often devastating, health conditions.

**July 2009** - The Biomedical Translational Research Information System (BTRIS) was activated. The launch of the NIH-wide research data repository allows principal investigators with active protocols to view their patients’ identified data.

**January 2010** - State-of-the-art pharmaceutical development facility opened to formulate candidate drugs.

**April 2010** - Seven-bed Special Clinical Studies Unit opened with advanced isolation and extended-stay capabilities.

Since admitting its first patient in 1953, the Clinical Center has been a monument to clinical research and the work done to achieve better human health and discover tomorrow’s cures. In the past 60 years, the CC has grown in scientific presence and physical size yet the mission to generate new ways to diagnose, treat, and prevent disease by connecting bedside observations with laboratory findings has remained.

**June 22, 1951** - The Clinical Center cornerstone ceremony was officiated by Oscar R. Ewing, federal security administrator. President Harry S. Truman was the honored guest.

**July 6, 1953** - The first patient was admitted to the Clinical Center.

**October 22, 1981** - The ambulatory care research facility was dedicated. The research hospital was renamed the Warren Grant Magnuson Clinical Center.

**March 22, 1984** - The first magnetic resonance imaging unit became operational for patient imaging.

**September 14, 1990** - A 4-year-old patient with adenosine deaminase deficiency was the first to receive gene therapy treatment.

**February 1996** - Details on clinical research studies conducted at the Clinical Center were made available on the internet (clinicalstudies.info.nih.gov).

**July 1997** - To meet increasing investigative needs for cell products used in immunotherapy, gene therapy, and stem cell transplantation, a cell processing facility was created.

**November 4, 1997** - Vice President Al Gore and Senator Mark O. Hatfield attended groundbreaking ceremonies for the Mark O. Hatfield Clinical Research Center.

**July 31, 2004** - The Clinical Research Information System (CRIS), designed to replace the current Medical Information System, was launched.

**September 22, 2004** - The new Mark O. Hatfield Clinical Research Center was dedicated, CC patients moved to the new hospital on April 2, 2005.

**May 2007** - The Clinical Center enrolled its first patient in the human genome sequencing study—the first of 1,000 participants to enroll in a study led by NHGRI to test the use of human genome sequencing in a clinical research setting. The study used DNA sequencing to learn whether tiny changes in selected genes indicate predisposition to or onset of common diseases.

**June 2007** - State-of-the-art metabolic clinical research unit opened, enabling researchers from across NIH to study factors that contribute to obesity and associated diseases.

**May 2008** - The Undiagnosed Diseases Program was launched, bringing patients to the Clinical Center who seek renewed hope for puzzling, often devastating, health conditions.

**July 2009** - The Biomedical Translational Research Information System (BTRIS) was activated. The launch of the NIH-wide research data repository allows principal investigators with active protocols to view their patients’ identified data.

**January 2010** - State-of-the-art pharmaceutical development facility opened to formulate candidate drugs.

**April 2010** - Seven-bed Special Clinical Studies Unit opened with advanced isolation and extended-stay capabilities.
NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in July:

- Characteristics and Mechanism of Childhood-Onset Hemidystonia; 11-CC-0246; Dr. Diane L. Damiano; CC
- Pilot Study of Tocilizumab in Patients with Symptomatic Kaposi Sarcoma Herpesvirus (KSHV) - Associated Multicentric Castleman Disease; 11-C-0233; Dr. Thomas S. Uldrick Jr; NCI
- Collection of Blood from Patients with Cancer for Analysis of Genetic Differences in Drug Disposition; 11-C-0242; Dr. William D. Figg; NCI
- Natural History Study of the KSHV Inflammatory Cytokine Syndrome (KICS) Incorporating Pilot Evaluation of KSHV Targeted Therapies; 11-C-0220; Dr. Robert Yarchoan; NCI
- A Phase I/II Study of the Histone Deacetylase (HDAC) Inhibitor LBH589 (Panobinostat) in Combination with mTOR Inhibitor RAD001 (Everolimus) in Patients with Relapsed Multiple Myeloma or Lymphoma; 11-C-0232; Dr. Carl O. Landgren; NCI
- A Pilot Study to Test the Feasibility and Immunologic Impact of Sipuleucel-T (Provenge) Administered with or without Anti-PD-1 mAb (CT-011) and Low Dose Cyclophosphamide in Men with Advanced Castrate-Resistant Prostate Cancer; 11-C-0231; Dr. Samir N. Khleif; NCI
- A Phase 1 Dose Escalation Study of Hepatic Intra-Arterial Administration of TKM 080301 (Lipid Nanoparticles Containing siRNA Against the PLK1 Gene Product) in Patients with Colorectal, Pancreas, Gastric, Breast, Ovarian and Esophageal Cancers with Hepatic; 11-C-0240; Dr. Itzhak Avital; NCI
- Generation of Induced Pluripotent Stem (iPS) Cell Lines from Somatic Cells of Best Disease, Late-Onset Retinal Degeneration (L-ORD), and Age-Related Macular Degeneration (AMD) Patients; 11-EI-0245; Dr. Brian P. Brooks; NEI
- Mood and Insulin Resistance in Adolescents At-Risk for Diabetes; 11-CH-0239; Dr. Jack A. Yanovski; NiCHD
- A Pilot Phase I/II Study for the Evaluation of Dextromethorphan as a Microglia Inhibitor in the Treatment of Diabetic Macular Edema (MiDME2); 11-EI-0244; Dr. Catherine A. Cukras; NEI
- Characterization of Nutritional Status and Immune Function in Urea Cycle Disorders and Related Disorders; 11-HG-0217; Dr. Peter J. McGuire; NHGRI
- Weight Management Interactions in a Virtual Clinical Environment; 11-HG-0238; Dr. Susan Persky; NHGRI
- Studies on the Natural History and Pathogenesis of Spondyloarthritis; 11-AR-0223; Dr. Robert A. Colbert; NIAMS

continued from page 1

The 2011 Lasker-Bloomberg Public service award honors the CC and the NIH for excellence in patient care, research, and training. The award description reads, “By intermingling clinicians with scientists who untangle basic biological processes, it has sparked insights and innovations … the center has offered hope to patients and provided a template for clinical research institutions across the globe.”

Patients Jerry Sachs and Mandy Young represented the CC’s partners in research at the September 23 Lasker Award ceremony.

With Dr. John I. Gallin, CC director (left) are the 2011 Lasker Award recipients including (from left) Dr. Tu Youyou, a scientist at China Academy of Chinese Medical Sciences in Beijing who discovered artemisinin and its utility for treating malaria; Dr. Arthur L. Horwich of Yale University School of Medicine and Dr. Franz-Ulrich Hartl, of Max Planck Institute of Biochemistry in Germany, who were honored for their discoveries concerning the cell’s protein-folding machinery.

Clinical Center honored with 2011 Lasker-Bloomberg Award

The 2011 Lasker-Bloomberg Public service award honors the CC and the NIH for excellence in patient care, research, and training. The award description reads, “By intermingling clinicians with scientists who untangle basic biological processes, it has sparked insights and innovations … the center has offered hope to patients and provided a template for clinical research institutions across the globe.”

With Dr. John I. Gallin, CC director (left) are the 2011 Lasker Award recipients including (from left) Dr. Tu Youyou, a scientist at China Academy of Chinese Medical Sciences in Beijing who discovered artemisinin and its utility for treating malaria; Dr. Arthur L. Horwich of Yale University School of Medicine and Dr. Franz-Ulrich Hartl, of Max Planck Institute of Biochemistry in Germany, who were honored for their discoveries concerning the cell’s protein-folding machinery.

The following new clinical research protocols were approved in July:

- Characteristics and Mechanism of Childhood-Onset Hemidystonia; 11-CC-0246; Dr. Diane L. Damiano; CC
- Pilot Study of Tocilizumab in Patients with Symptomatic Kaposi Sarcoma Herpesvirus (KSHV) - Associated Multicentric Castleman Disease; 11-C-0233; Dr. Thomas S. Uldrick Jr; NCI
- Collection of Blood from Patients with Cancer for Analysis of Genetic Differences in Drug Disposition; 11-C-0242; Dr. William D. Figg; NCI
- Natural History Study of the KSHV Inflammatory Cytokine Syndrome (KICS) Incorporating Pilot Evaluation of KSHV Targeted Therapies; 11-C-0220; Dr. Robert Yarchoan; NCI
- A Phase I/II Study of the Histone Deacetylase (HDAC) Inhibitor LBH589 (Panobinostat) in Combination with mTOR Inhibitor RAD001 (Everolimus) in Patients with Relapsed Multiple Myeloma or Lymphoma; 11-C-0232; Dr. Carl O. Landgren; NCI
- A Pilot Study to Test the Feasibility and Immunologic Impact of Sipuleucel-T (Provenge) Administered with or without Anti-PD-1 mAb (CT-011) and Low Dose Cyclophosphamide in Men with Advanced Castrate-Resistant Prostate Cancer; 11-C-0231; Dr. Samir N. Khleif; NCI
- A Phase 1 Dose Escalation Study of Hepatic Intra-Arterial Administration of TKM 080301 (Lipid Nanoparticles Containing siRNA Against the PLK1 Gene Product) in Patients with Colorectal, Pancreas, Gastric, Breast, Ovarian and Esophageal Cancers with Hepatic; 11-C-0240; Dr. Itzhak Avital; NCI
- Generation of Induced Pluripotent Stem (iPS) Cell Lines from Somatic Cells of Best Disease, Late-Onset Retinal Degeneration (L-ORD), and Age-Related Macular Degeneration (AMD) Patients; 11-EI-0245; Dr. Brian P. Brooks; NEI
- Mood and Insulin Resistance in Adolescents At-Risk for Diabetes; 11-CH-0239; Dr. Jack A. Yanovski; NiCHD
- A Pilot Phase I/II Study for the Evaluation of Dextromethorphan as a Microglia Inhibitor in the Treatment of Diabetic Macular Edema (MiDME2); 11-EI-0244; Dr. Catherine A. Cukras; NEI
- Characterization of Nutritional Status and Immune Function in Urea Cycle Disorders and Related Disorders; 11-HG-0217; Dr. Peter J. McGuire; NHGRI
- Weight Management Interactions in a Virtual Clinical Environment; 11-HG-0238; Dr. Susan Persky; NHGRI
- Studies on the Natural History and Pathogenesis of Spondyloarthritis; 11-AR-0223; Dr. Robert A. Colbert; NIAMS

continued from page 1

The 2011 Lasker-Bloomberg Public service award honors the CC and the NIH for excellence in patient care, research, and training. The award description reads, “By intermingling clinicians with scientists who untangle basic biological processes, it has sparked insights and innovations … the center has offered hope to patients and provided a template for clinical research institutions across the globe.”

With Dr. John I. Gallin, CC director (left) are the 2011 Lasker Award recipients including (from left) Dr. Tu Youyou, a scientist at China Academy of Chinese Medical Sciences in Beijing who discovered artemisinin and its utility for treating malaria; Dr. Arthur L. Horwich of Yale University School of Medicine and Dr. Franz-Ulrich Hartl, of Max Planck Institute of Biochemistry in Germany, who were honored for their discoveries concerning the cell’s protein-folding machinery.

The following new clinical research protocols were approved in July:

- Characteristics and Mechanism of Childhood-Onset Hemidystonia; 11-CC-0246; Dr. Diane L. Damiano; CC
- Pilot Study of Tocilizumab in Patients with Symptomatic Kaposi Sarcoma Herpesvirus (KSHV) - Associated Multicentric Castleman Disease; 11-C-0233; Dr. Thomas S. Uldrick Jr; NCI
- Collection of Blood from Patients with Cancer for Analysis of Genetic Differences in Drug Disposition; 11-C-0242; Dr. William D. Figg; NCI
- Natural History Study of the KSHV Inflammatory Cytokine Syndrome (KICS) Incorporating Pilot Evaluation of KSHV Targeted Therapies; 11-C-0220; Dr. Robert Yarchoan; NCI
- A Phase I/II Study of the Histone Deacetylase (HDAC) Inhibitor LBH589 (Panobinostat) in Combination with mTOR Inhibitor RAD001 (Everolimus) in Patients with Relapsed Multiple Myeloma or Lymphoma; 11-C-0232; Dr. Carl O. Landgren; NCI
- A Pilot Study to Test the Feasibility and Immunologic Impact of Sipuleucel-T (Provenge) Administered with or without Anti-PD-1 mAb (CT-011) and Low Dose Cyclophosphamide in Men with Advanced Castrate-Resistant Prostate Cancer; 11-C-0231; Dr. Samir N. Khleif; NCI
- A Phase 1 Dose Escalation Study of Hepatic Intra-Arterial Administration of TKM 080301 (Lipid Nanoparticles Containing siRNA Against the PLK1 Gene Product) in Patients with Colorectal, Pancreas, Gastric, Breast, Ovarian and Esophageal Cancers with Hepatic; 11-C-0240; Dr. Itzhak Avital; NCI
- Generation of Induced Pluripotent Stem (iPS) Cell Lines from Somatic Cells of Best Disease, Late-Onset Retinal Degeneration (L-ORD), and Age-Related Macular Degeneration (AMD) Patients; 11-EI-0245; Dr. Brian P. Brooks; NEI
- Mood and Insulin Resistance in Adolescents At-Risk for Diabetes; 11-CH-0239; Dr. Jack A. Yanovski; NiCHD
- A Pilot Phase I/II Study for the Evaluation of Dextromethorphan as a Microglia Inhibitor in the Treatment of Diabetic Macular Edema (MiDME2); 11-EI-0244; Dr. Catherine A. Cukras; NEI
- Characterization of Nutritional Status and Immune Function in Urea Cycle Disorders and Related Disorders; 11-HG-0217; Dr. Peter J. McGuire; NHGRI
- Weight Management Interactions in a Virtual Clinical Environment; 11-HG-0238; Dr. Susan Persky; NHGRI
- Studies on the Natural History and Pathogenesis of Spondyloarthritis; 11-AR-0223; Dr. Robert A. Colbert; NIAMS
NIH Research Festival

Mark your calendar for this year’s NIH Research Festival which will be October 24-28 in Masur Auditorium and Natcher Conference Center.

This year’s festival will include scientific symposia, poster sessions, a special session on improving workplace dynamics, and the scientific equipment tent show. Meet colleagues from across campus, learn about new research efforts, and celebrate the intramural community.

For more information, visit researchfestival.nih.gov or email researchfest@mail.nih.gov.

Summit on Cell Therapy for Cancer

The Summit on Cell Therapy for Cancer will be held November 1-2 in Masur Auditorium. The summit will include dynamic discussions and lectures by leaders in the field to provide an in-depth review of cell therapy as a cancer immunotherapy.

The summit will include a dynamic mix of perspectives, concepts, and techniques related to cellular therapy and will feature keynote addresses by Dr. Mahendra Rao, NIH Center for Regenerative Medicine; and Dr. Steven Rosenberg, Tumor Immunology Section chief at the National Cancer Institute.

The Summit on Cell Therapy for Cancer is presented in collaboration with the CC Department of Transfusion Medicine, the American Association of Blood Banks, the American Society for Blood and Marrow Transplantation, the American Society of Gene & Cell Therapy, and the Cancer Immunotherapy Trials Network.

For more information, visit sitcancer.org/meetings/am11/summit11.

Family Caregiver Day

In recognition of National Family Caregiver Month, the Clinical Center will host Family Caregiver Day on November 8.

The event will feature a caregiver information fair and expo from 10 am-2 pm on the seventh floor of the Hatfield building where CC departments and outside exhibitors will offer information and other resources for family caregivers.

Dr. Gary Epstein-Lubow will present the keynote from 8-9 am in Lipsett Amphitheater. Epstein-Lubow is an assistant professor in the Department of Psychiatry and Human Behavior at the Alpert Medical School of Brown University and assistant unit chief at Butler Hospital’s inpatient geriatric psychiatry unit in Providence, RI.

His presentation will focus on family caregiving issues including caregiver health, identifying at-risk caregivers, proven beneficial interventions, and future research.

This event does not require registration. For more program details or information on this event, visit clinicalcenter.nih.gov/wecare or contact Dr. Margaret Bevans or LCDR Leslie Wehrlen at 301-402-9383 or 301-451-4077.