

Clinical Center medical technologist Minh Tran thawed and processed a bone marrow stromal cell unit for infusion to a patient March 15, which was the first time this procedure has been done at the NIH.

First patient receives bone marrow stromal cells at NIH Clinical Center

The Clinical Center treated its first research study volunteer March 15 with an infusion of bone marrow stromal cells (BMSC), which are cells that help to regulate the immune system.

The first infusion went to a patient currently enrolled in a study conducted by the National Heart, Lung and Blood Institute (NHLBI). The patient has tissue injury likely due to chronic graft-versus-host disease (GVHD), a complication that can occur after a stem cell or bone marrow transplant in which the donor immune system attacks the transplant recipient's body.

Symptoms of GVHD can vary and may include liver, gastrointestinal and lung issues, as well as severe skin rash. Doctors often treat it with medicines, but not all patients respond to treatment. Researchers believe the BMSCs will help suppress the immune system of patients with GVHD, according to Dr. David Stroncek, chief of CC Department of Transfusion Medicine's cell processing section. He explained that while the clinical investigators hope to learn more about BMSCs and their po-

tential benefits as a treatment for GVHD, graft failure, and tissue injury following transplants, the lab staff will learn more about the characteristics of the cells and the best processing methods.

The cells were produced as part of the NIH BMSC Transplant Center led by Dr. Harvey Klein, chief of CC's Department of Transfusion Medicine, and Dr. Pamela Robey, from the National Institute of Dental and Craniofacial Research.

"We've been working on this project with my lab, clinical investigators Dr. John Barrett and Dr. Minoo Battiwalla from NHLBI, and Dr. Robey's research laboratory for more than three years, both to develop the good manufacturing procedures to grow these cells and the clinical protocols to treat the patients," said Stroncek.

During this study, the cells will be given three times at one-week intervals to help ensure that the potential benefits of BMSCs are sustained throughout at least three weeks. The BMSCs do not need to be specifically type-matched to the recipi-

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EIS sheds light on CC resource use

A new tool available to NIH intramural leaders in late April will report key Clinical Center clinical activity data, giving the institutes and centers that use the CC information on their resource use.

The Executive Information System (EIS) queries and reports data on CC resource utilization, giving users real-time reports of key hospital performance indicators like patient census or volume of services provided. The EIS grew out of the Data Transformation Initiative (DTI), a multi-year project that translated CC activity data into uniform terms and codes used by other academic medical and research centers. With the completion of the DTI and the launch of the EIS clinical activity dashboards, institute and center leaders will have access to patient activity and demographic data, volume and cost of services provided, and clinical and patient activity at the IC, branch, principal investigator, and protocol level.

"We will be able to benchmark our activities to the industry to evaluate efficiency internally or against other academic medical centers," said Maria Joyce, CC chief financial officer. "And the institutes will be able to understand the total cost of a protocol, which will encourage data-driven decision making, helping them manage their programs more effectively."

Joyce led the DTI, launched in 2007, which included a team of experts from the Department of Clinical Research Informatics, the Office of Financial Resource Management, the Office of Management Analysis and Reporting, and key leaders and staff from all CC departments. The data collected through the DTI has been made available to CC leadership and department managers, with release to the institutes and centers through the EIS as the final phase of the project.

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C RTP students invite all to annual scientific presentations

The 2011-2012 NIH Clinical Research Training Program (C RTP) fellows will deliver year-end scientific presentations on May 14 and 15 in the Clinical Center's Masur Auditorium. These oral presentations are the highlight of the C RTP academic year, and each fellow will present a 20-minute formal lecture on his/her clinical or translational research to the NIH community and other special guests. The topics and schedule will be available in early May at clinicalcenter.nih.gov/training/news_events.html.

The C RTP is a public-private partnership supported jointly by the NIH and the Foundation for NIH through a grant from Pfizer Inc.

"Medical discovery in the future depends on having a new generation of clinician-scientists in training today. C RTP offers a rich, well-rounded research experience for this next generation," said Dr. Frederick P. Ognibene, Clinical Center deputy director for educational affairs and strategic partnerships and director of the Office of Clinical Research Training and Medical Education.

This year's class of 30 C RTP fellows represents 18 US medical and dental schools. Each fellow committed to an additional year of medical or dental school in order to participate in this 12-month research enrichment program. Since 1997, the C RTP has provided 340 highly qualified, research-oriented medical and dental students the opportunity to engage in a mentored clinical or translational research project that matches their career and research goals and interests.



The C RTP fellows will deliver year-end scientific presentations on May 14 and 15 in Masur Auditorium.

"Medicine for the Public" to address diabetes and Alzheimer's

The 2012 "Medicine for the Public" lecture series will present the latest in research for prevention and treatment of diabetes and Alzheimer's disease in two sessions in May at Suburban Hospital.

The May 15 lecture, "Outsmart Diabetes: A Framework for Prevention and Management," will look at prevention of diabetes through lifestyle behaviors and treatment, including new medications and the effects of bariatric surgery on diabetes prevention and treatment. Presenters will be Dr. Kristina I. Rother, a clinical investigator in the National Institute of Diabetes and Digestive and Kidney Diseases diabetes, endocrinology, and obesity branch, and Dr. Michael A. Dempsey, Suburban Hospital endocrinologist and medical director of the Suburban Hospital Diabetes Management Program.

The May 22 lecture is "Is It Memory Loss or Alzheimer's Disease: Learn the Facts." The speakers will explore differences between normal memory changes that occur with age and early signs and symptoms of Alzheimer's disease. Experts will also discuss the latest research

on disease and treatment. Presenters will be Dr. Madhav Thambisetty, a staff clinician in the National Institute on Aging Laboratory of Behavioral Neuroscience and adjunct assistant professor of neurology, Johns Hopkins University School of Medicine, and Dr. Harry Gill, medical director for Suburban Hospital Behavioral Health Services and executive director of the Washington School of Psychiatry.

Since 1977, NIH researchers have educated the public about biomedical research through yearly "Medicine for the Public"

programs. The lectures are presented in collaboration between the Clinical Center, Suburban Hospital, and Johns Hopkins Medicine.

The event is free and open to the public. Both lectures will run from 7:00 to 8:30 pm in the Suburban Hospital Auditorium, with registration and refreshments at 6:30 pm.

To register in advance, call 301-896-3939. Visit clinicalcenter.nih.gov/about/news/mfp.shtml for more information.

Medicine for the Public 2012

LEARN MORE TO LIVE BETTER

A health education program sponsored by the National Institutes of Health Clinical Center, Suburban Hospital and Johns Hopkins Medicine.

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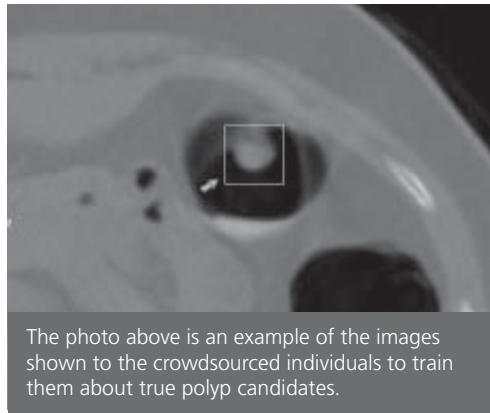
Study uses 'crowdsourcing' to improve colon cancer screening

A new way of gathering information known as crowdsourcing may help improve colorectal polyp detection, according to a recent study by a team lead by Dr. Ronald Summers, senior investigator in Clinical Center Radiology and Imaging Sciences and chief of the imaging biomarkers and computer-aided diagnosis laboratory. The team's findings were published in *Radiology* in March.

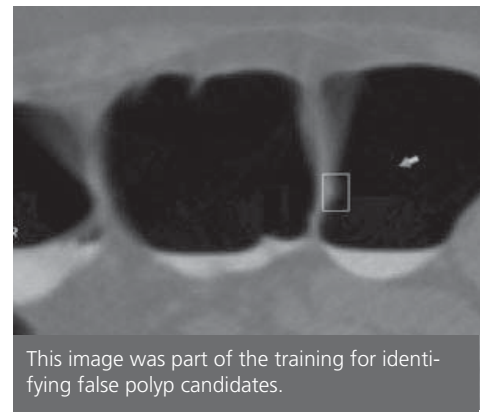
Distributed human intelligence, or crowdsourcing, asks large numbers of non-experts to perform simple tasks over the Internet. Summers' team explored harnessing this tool to compare an individual's assessment of a polyp through a crowdsourcing platform to the assessment of a polyp by the computer-aided detection (CAD) system. The results may mean more effective and less costly and time-consuming training of experts on the CAD system.

"We showed the non-experts pictures of the inside of a colon and asked them to check a box of whether they thought the picture showed a polyp or not," said Summers. "For reference we gave them five polyp pictures and five not polyp pictures. Then we sent them to work, and we got something like 5,000 readings from more than 200 non-expert people in three days."

Overall, the crowdsourced individuals performed well. There was no significant difference in performance between the minimally trained individuals and the analysis of the CAD system in detecting polyps of a certain size. To assess reproducibility, the researchers did the same experiment one month later, and



The photo above is an example of the images shown to the crowdsourced individuals to train them about true polyp candidates.



This image was part of the training for identifying false polyp candidates.

the second group did just as well.

Summers and his team plan to use data from this study and future studies like it to improve training on the use of CAD systems. "When doctors use this software, sometimes they don't agree with the results even when the software correctly finds a polyp," explained Summers. "We are trying to figure out how to have doctors perform at the highest possible level of polyp detection... we have tried different training and teaching techniques, but it is a difficult task even with the help of the machine."

Quick, cost-effective experiments like this allow Summers' team to alter a variety of different factors to help to figure out how to better present medical information to experts. "The idea is that you would test a concept using crowdsourcing, and once you got to a level of performance with the non-experts, you would then design an experiment to test the same scenario with the experts," said Summers. He describes crowdsourcing as a "proving ground for ideas" that can eventually lead-

ing to better diagnosis for patients.

Colorectal polyps are the precursor to colorectal cancer, the second leading cause of cancer death in Americans. Removing polyps places the patient at a reduced rate for developing cancer, which is why it is so important for doctors to accurately read screening tests.

"I have done experiments like this with radiologists. The experiments take a couple years to design and perform, and it is hard to get enough radiologists to participate," Summers said. Crowdsourcing speeds the process of developing new training methods and best practices.

Summers' team included Dr. Shijun Wang, a staff scientist in the Imaging Biomarkers and Computer-aided Diagnosis Laboratory; Matthew McKenna, an intramural research training assistant; and Tan Nguyen, a Clinical Research Training Program fellow.

To learn more about the CC Radiology visit clinicalcenter.nih.gov/drd/index.html.

CC celebrates National Volunteer Week April 15-21

From the smiling faces greeting family members in the surgical waiting area to the behind-the-scenes helpers in the Pharmacy Department, the Clinical Center's volunteers are important members of the community. They provide valuable customer service and logistical support to CC staff and patients throughout the building.

The Social Work Department honors the CC's hardworking, committed volunteers during the annual National Volunteers Week, which this year is April 15-21. Courtney Duncan, volunteer program coordinator, says observance offers an excellent opportunity for the CC community to thank and recognize volunteers, while calling attention to all

that they do to improve our community. "Sometimes people don't realize that these individuals are volunteers. They think that they are staff," said Duncan.

More than 200 volunteers are stationed throughout the building and duties range from escorting patients to and from appointments and serving as language interpreters to calling numbers at bingo games and providing clerical support to departments, clinics, and institutes throughout the building.

"Volunteers, like patients, are important partners in the Clinical Center community," said Duncan. "Take a moment to recognize them and say thank you!"



Shujaat Azim is one of more than 200 Clinical Center volunteers committed to serving the CC's patients and community. He volunteers as a patient ambassador in Radiology.

First patient receives bone marrow stromal cells at Clinical Center

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ent for this study, explained Stroncek. Researchers believe that the mechanism by which BMSCs are useful for treating acute GVHD and transplant-associated tissue injury is likely by the production and release of cytokines and growth factors that suppress the immune system and reduce inflammation. The BMSCs likely produce enough of these factors throughout several days or weeks to be effective. Since long-term survival of BMSC is not necessary, no human leukocyte antigen, or HLA, matching is necessary.

Healthy volunteers provided the cells for this study. The cell processing team starts with a small amount of cells retrieved from a small bone marrow donation. The BMSCs are grown over a one-month period.

"We begin with a small bone marrow aspirate that really has very few of these stromal cells and we culture them in small flasks. They gradually grow, and as they grow we have to transfer the culture into bigger and bigger flasks," Stroncek explained. "We start out with six to 12 flasks with 20 milliliters of media in each flask that the cells are growing in. By the time the 28 days are over, we have eight very large flasks, which are called cell factories, with 2.5 liters of media in each cell factory. So in the end the cells have expanded thousands-fold."

After the cells are grown, they are frozen and stored until they are ready to be used. They can be frozen for years, medical technologists thaw the cells and test their viability by counting how many cells in a sample are alive and how many are dead. If the sample shows that the



Clinical Center medical technologist Minh Tran holds the first bag of processed bone marrow stromal cells prior to the cells being infused.

cells are primarily healthy, the rest of the thawed cells are processed.

Added Stroncek, "We want to try to figure out what the characteristics of the cells that we give are the most important. We would like to modify the way we produce the cells down the line, so we can make the best possible cells; ones that are the most effective in treating patients."

To learn more about this protocol, "A Phase I Study of Bone Marrow Stromal Cell Infusions to Treat Acute Graft Versus Host Disease, Marrow Failure and Tissue Injury After Allogeneic Stem Cell Transplanta-

tion," visit, clinicalstudies.info.nih.gov/detail/A_2012-H-0010.html.

To learn more about donating bone marrow for the production of BMSC, visit, clinicalstudies.info.nih.gov/cgi/wais/bold032001.pl?A_10-CC-0053.html@stromal

To learn more about the NIH BMSC Transplantation Center, visit sigs.nih.gov/bmsctc/Pages/default.aspx.

Editors Note: This article is dedicated to Peter Chen, the evening supervisor of the cell processing lab, who died on February 22, 2012.

Housekeeping and Materials Management consolidate

The Clinical Center Housekeeping and Fabric Care Department and Materials Management Department consolidated in March, forming the Materials Management and Environmental Services (MMES).

Rob Mekelburg, former chief of the Housekeeping Department, will head the new consolidated function, with Larry Eldridge, former director of the Edmond J. Safra Family Lodge, as the deputy director.

Mekelburg says that the consolidation will streamline processes among the previously separate departments and allow for increased opportunities and flexibility in staffing, budget, and space. The shift will also open up more opportunities for staff promotion and growth within the organization.

"Combining the two departments provides opportunities for advancement that didn't exist when they were two separate entities," he said. The previously separate

groups will now also be able to share and swap space and combine functions with consistent goals.

Eldridge adds that the merge has also opened up the conversation for other improvements or changes to the department or services offered.

"Staff have come forward with ideas that they had been thinking about to make the department more efficient or reduce costs, and we are happy to support them," he said.

Executive Information System sheds light on resource use

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Since the DTI launched, the CC has improved accuracy in reporting resource use by protocol, implemented health-care industry standard coding to support benchmarking with academic medical centers, identified services unique to the CC and the clinical research environment, and improved automation and access to data for use by the CC and other NIH institutes using the CC in support of their clinical research.

Dr. Tom Fleisher, CC Department of Laboratory Medicine chief, is looking forward to using the EIS to evaluate data on a longitudinal level. "Having this data accessible will facilitate better understanding of the cost of specific laboratory operations because we can see whether operational changes can translate into cost savings," he said.

The EIS will help institute leaders better understand cost structures drilled down to specific procedures or tests, Joyce said, which can assist with management of current protocols and planning for protocols in the future.

Data is populated into the EIS through the Clinical Research Information System (CRIS) and other departmen-



Melissa Moore, chief of the Office of Management Analysis and Reporting, trains CC staff members on the Executive Information System, a tool that reports CC activity usage data.

tal systems. The customized "dashboards" in the web-based EIS provide query and reporting capabilities of daily, monthly, and annual hospital utilization data, and offers visual displays of year-to-date data so users can evaluate trends and compare operational data. The data is not available

at a patient level and does not represent hospital charges or reimbursement rates, but reflects volume of units according to the industry standard.

For more information about the EIS, email eis@mail.nih.gov.

Nutrition research day highlights roles in clinical research

Current and future dietitians learned about the role of their profession in clinical research at the annual NIH Nutrition Research Day on March 15.

Event attendees included graduate students, dietetic interns, registered

dietitians, junior faculty/investigators participating in the week-long National Cancer Institute/Clinical Center Nutrition and Cancer Prevention Research Practicum, and additional dietetic interns from the Washington, DC, metro area.

The CC Nutrition Department has hosted this event for more than 10 years.

Presentations included a panel of dietitians in research who discussed their career paths and how they encountered their prospective passions within the field of nutrition. Panelists included Dr. Leigh Greathouse, a registered dietitian and NCI cancer prevention fellow; Dr. Tricia Posta, a metabolic clinical research dietitian in the CC Nutrition Department; and Dr. Catherine Klein, director of the bionutrition research program at Children's National Medical Center.

Klein advised attendees to keep an open mind throughout the early years in their career. "None of us started out thinking we were going to become a research dietitian, but our trajectories took us in that direction," she said.

The panelists also offered advice on working with a team to conduct clinical research, what dietetic interns can do to prepare to do research, and the tools and skills that will help attendees be successful in the future.



NIH Nutrition Research Day panelists including (from left) Dr. Leigh Greathouse, Dr. Tricia Posta, and Dr. Catherine Klein gave future and current dietitians advice on career pathways and conducting research.



Social Work leader mourned

CAPT Deborah Dozier-Hall, assistant chief for education and training in the Clinical Center Social Work Department, died February 29 in her home surrounded by family and loved ones.

Dozier-Hall coordinated the department's professional training programs, including field education for graduate students from several schools of social work.

She received her Master of Social Work from the Howard University School of Social Work and practiced as a medical social worker, manager, and supervisor for more than 30 years.

Dr. Adrienne Farrar, department chief, describes Dozier-Hall as a leader in the field for both her devotion to the education and mentorship of a new generation of social workers and her understanding of the clinical issues facing patients and families, especially those with life threatening and terminal illness.

"She was instrumental in counseling and supporting many and expertly taught other social workers how to provide the same care with self-determination and quality-of-life as utmost priorities," said Farrar. "She was smart, strategic, and loved nothing more than teaching and empowering."

She is survived by her husband, Gregory Hall; children, Stephanie, Edward and DeAnna; and grandchildren.

Try a little PLC (Plain Language Care)

Use simple verb forms

Verbs are the workhorses of a sentence. Some function well alone. Some need help from other verbs to give them meaning. This tip explains the most common forms of verbs.

Verb, defined

Verbs describe something that occurs or exists. Basic verbs come in two types: "main" verbs and "helping" verbs.

- Main verbs, such as "think" and "say," often pack enough power by themselves. They need no assistance from verbs of the second type, the "helping" verbs.
- Helping verbs, also called "auxiliary" verbs, are words such as "have" and "may." The sentence, "I may have spoken," uses helping verbs.

Power of the present

Verbs should be direct. They focus the

reader's attention on what will follow in the sentence. The simplest, strongest verb is a present tense verb.

So instead of this:

"This section describes information that would meet our requirements."

Use this:

"This section describes information that meets our requirements."

Notice how the second sentence becomes more direct. If you need to express the past or future, do this only when your material requires it for accuracy. So try giving your writing some PLC by using simple verb forms.

If you have questions about using plain language in your writing, refer to clinicalcenter.nih.gov/plain.html or email Wendy Schubert at wschubert@nih.gov



Gallelli honored for 50 years of service

Dr. Joseph Gallelli, Clinical Center senior advisor for biotechnology product development and former chief of the Pharmacy Department, was honored by Department of Health and Human Services Secretary Kathleen Sebelius (left) for 50 years of federal service. Gallelli came to the CC in 1961, where he was chief of the pharmacy's Pharmaceutical Development Service for nine years and chief of the department for 25. Today, and for the past 17 years, as advisor for biotechnology product development, Gallelli oversees the manufacture and development of biopharmaceuticals and biotechnology products for humans.

He has authored more than 75 publications, delivered keynote lectures worldwide, and received many honors including a distinguished federal pharmacist award from the American Pharmacists Association, the NIH Director's Award, the Abbott Laboratories Award for Research, the US Department of Commerce Inventor's Award, lifetime honorary membership to the United States Pharmacopeial Convention, and the Andrew Craigie Award for "outstanding accomplishments in the advancement of professional pharmacy in the federal government."

Clinical Center news briefs

Hastings delivers Renfield Lecture

Dr. Clare Hastings, Clinical Center chief nursing officer, delivered the Beatrice Renfield Lectureship in Research Nursing March 20 at Rockefeller University. The lecture, "Past, Present, and Future of Clinical Research Nursing," recognized the critical role of clinical research nursing science in the increasingly complex world of research.

The lectureship in was created through a gift from the Beatrice Renfield Foundation in memory of Rockefeller University Council member Beatrice Renfield. The program is an initiative of the hospital's Heilbrunn Family Center for Research Nursing.

HHS Veterans History Project solicits stories

The Department of Health and Human Services in partnership with the Library of Congress has launched the Veterans History Project, an initiative sponsored by Congress to give veterans the opportunity to share their experiences.

Through the project American war veterans' personal stories will be collected, preserved, and made accessible to the public so that present and future generations will have the opportunity to hear directly from veterans to better understand the realities of war.

For more information on how to participate, visit loc.gov/vets/pdf/fieldkit-2007.pdf.

New Social Work Department manager

Lynn Hardesty was named the new Social Work Department manager for education and staff development in March. Hardesty has served as social worker, supervisor, administrator, and educator in health care and family service settings in the Washington, DC, area for more than 30 years. Prior to coming to the Clinical Center, Hardesty was the manager of the hematology-oncology patient and family support program at Children's National Medical Center.

She has been recognized with awards from the National Association of Pediatric Oncology Social Workers and from the "Friends of Hem-Onc" at Children's National. She has a long-standing interest in social work education and training and has served as field instructor for many schools of social work and as adjunct professor for the National Catholic School of Social Service.

Celebrate Earth Day April 26th



Join the Clinical Center Green Team at the annual NIH Earth Day celebration April 26 from 10 am to 2 pm on the front lawn of Building 1. The event will be a celebration with activities and information for NIH employees, contractors, visitors, and children participating in Take Your Child to Work Day.

Learn more about how you can go green at home and at work, and take home a native tree seedling that you can plant as one greener step. Volunteers will also be collecting old eyeglasses, personal cell phones, sneakers, and other recyclable items at the event.

This is a NIH zero waste event. All waste will be composted or recycled. To learn more about Earth Day or to volunteer, email ccgreen-team@cc.nih.gov.

NEW CLINICAL RESEARCH PROTOCOLS

The following new clinical research protocols were approved in February:

- An Intravenous, Open-Label, Single-Dose Escalation Study to Evaluate the Safety, Tolerability, Pharmacokinetics and Pharmacodynamics of rhLCAT in Patients with Stable Coronary Artery Disease; 12-H-0092; Dr. Robert D. Shamburek; NHLBI
- A Phase II, Multi-Center, Open-Label Study Evaluating GRN1005 Alone or in Combination with Trastuzumab in Breast Cancer Subjects with Brain Metastases; 12-C-0087; Dr. Susan E. Bates; NCI
- A Phase II Study of AMG 386 and Abiraterone in Metastatic Castration Resistant Prostate Cancer; 12-C-0079; Dr. William L. Dahut; NCI
- Imaging the GABAergic System Using 11C-flumazenil PET to Assess the Role of Mild Traumatic Brain Injury in the Development of Post Traumatic Stress Disorder; 12-CC-0082; Dima A. Hammoud; CC
- The Effectiveness of Botulinum Toxin on Persistent Pelvic Pain in Women with Endometriosis; 12-CH-0083; Dr. Pamela Stratton; NICHD
- Blood and Saliva Sample Collection and Submission to the Age-Related Eye Disease Study 2 (AREDS2) Genetic Repository; 12-EI-0085; Dr. Wai T. Wong; NEI
- A Multicenter Access and Distribution Protocol for Unlicensed Cryopreserved Cord Blood Units (CBUs) for Transplantation in Pediatric and Adult Patients with Hematologic Malignancies and Other Indications; 12-H-0064; Dr. Richard W. Childs; NHLBI
- Metabolic Phenotyping of Subjects with Mutations Associated with Hereditary Parkinson's Disease; 12-H-0084; Dr. Michael N. Sack; NHLBI
- Mobilization and Collection of Autologous Stem Cell for Transplantation (ASCT) for Plasma Cell Myeloma (PCM); 12-C-0074; Dr. Claude Sportes; NCI

Upcoming Grand Rounds lectures All lectures will be videocast at videocast.nih.gov.

April 4

Lipsett Amphitheater,
12 noon

**Ethics Rounds
*Should Patients Have
Access to Experimental
Treatments?***

Ezekiel J. Emanuel, MD, PhD
Vice Provost for Global
Initiatives; and Chair,
Department of Medical
Ethics and Health Policy; and
Diane v.S. Levy and Robert
M. Levy University Professor,
University of Pennsylvania

Case Presenter:

Marion Danis, MD
Chief, Bioethics Consultation
Service, and Head, Section
on Ethics and Health Policy,
Department of Bioethics, CC

April 11

Lipsett Amphitheater,
12 noon

**Contemporary Clinical
Medicine: Great Teachers
*Mysterious Cases***

David B. Hellmann, MD,
MACP
Aliko Perroti Professor of
Medicine, Johns Hopkins
University School of
Medicine, and Vice Dean
and Chariman, Department
of Medicine, Johns Hopkins
Bayview Medical Center

April 18

Lipsett Amphitheater,
12 noon

**Novel Transplant
Approaches for Patients
with Treatment-Refractory
*Severe Aplastic Anemia***

Richard W. Childs, MD
Acting Clinical Director
and Chief, Section
of Transplantation
Immunotherapy,
Hematology Branch, NHLBI

**Rediscovering the
*Reticulocyte for Anemia
Research***

Jeffrey L. Miller, MD
Senior Investigator and
Chief, Section on Molecular
Genomics and Therapeutics,
Molecular Medicine Branch,
NIDDK

April 25

Lipsett Amphitheater,
12 noon

***Illuminating Human
Disease and Infection***

Peter D. Burbelo, PhD
Staff Scientist, Neurobiology
and Pain Therapeutics
Branch, Laboratory of
Sensory Biology, NIDCR

***Rapamycin-Resistant
Allogeneic T Cells: Bench
to Bedside***

Daniel H. Fowler, MD
Senior Investigator,
Experimental Transplantation
and Immunology Branch,
NCI



1 NW patients greet special visitor

A special visitor to the 1NW unit delighted patients and their family members on March 13. Shawn Davis, also known as Pickles, from the Ringling Brothers and Barnum & Bailey Circus clowned around with (from left) Osiris Year, Alexandra Kniffin, and Rylan Pederson.

Davis visited children on 1NW and at The Children's Inn before the 15th annual NIH Recreation and Welfare Association Children's Premiere Night, an event organized in conjunction with the Verizon Center, Easter Seals, and others to treat children and their families to an evening at the circus.

"For many of our patients this is the experience of a lifetime," said staff clinician Dr. Bob Shamburek. "It makes a huge difference, and really gives our patients the opportunity to experience something special."

In the 15 years that the NIH R&W has sponsored this evening, more than 37,500 children and adults from local social service agencies such as Bethesda Cares and Boys and Girls Clubs and from local hospitals have attended.



**Stop searching on your own for
clinical studies. Let opportunities
to join a study find you.**

The NIH Clinical Center has joined ResearchMatch, an online, national clinical research registry that "match-
es" people who want to participate
in clinical studies with research-
ers who are seeking volunteers. To
learn more, visit researchmatch.org/?rm=Volunteer3.

