

- Staff members share clinical research best practices with scientists in South Africa
- New patient representative begins post

# Clinical Center

NIH...Turning Discovery Into Health®

## Chinese leaders gather with U.S. health officials, visit Clinical Center



Above, experts at the NIH Clinical Center provide a demonstration to Lin Bin, (fifth from right) the minister of China's National Health and Family Planning Commission, on technology that can assist and strengthen patients' movement abilities. In the photo to the right, Sylvia Burwell, secretary of the Department of Health and Human Services, joins China's Vice Premier Liu Yandong (center) and the minister of China's National Health and Family Planning Commission Lin Bin in signing a memorandum of understanding on infectious diseases.



Chinese Vice Premier Liu Yandong and Li Bin, minister of the National Health and Family Planning Commission of the People's Republic of China, visited NIH June 24 and joined Sylvia Burwell, secretary of the Department of Health and Human Services (HHS), Jimmy Kolker, assistant secretary for global affairs at HHS and NIH officials for a bilateral meeting on Ebola, research and global health security.

The officials were in Washington, D.C., for the sixth China-U.S. High-Level Consultation on People-to-People Exchange. This year marked the first time 'health' was on the meeting agenda.

During the visit, on behalf of the Centers for Disease Control and Prevention, which is a component of HHS, Secretary Burwell signed a memorandum of understanding with Minister Bin to promote closer cooperation, scientific discovery, capacity building and ex-

change of information in the field of infectious diseases.

Bin also visited Building 10. Dr. Francis Collins, director of NIH, along with Dr. John I. Gallin, director of the Clinical Center, gave an overview of the research hospital and escorted the guests to the Rehabilitation Medicine Department's Clinical Movement Analysis Lab.

The visitors watched Abhinav Sharma (pictured above on the treadmill), a NIH post-baccalaureate fellow, demonstrate a newly-designed motorized 'smart' robotic exoskeleton. Dr. Zach Lerner (pictured above, left of Sharma), a post-doctoral fellow, explained how the exoskeleton is designed to help children with cerebral palsy improve their ability to walk. The technology assists children who walk with excessive knee flexion, or crouch, by enabling them to have a more upright stride.

## Advances made in diagnosing coronary heart disease

Experts at the NIH Clinical Center recently published findings in the Radiological Society of North America that could help healthcare professionals better identify, diagnose and treat coronary artery disease more quickly and effectively. The disease accounts for 17 million deaths a year.

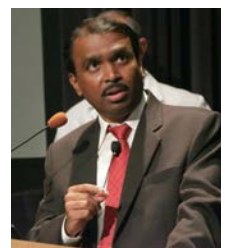
Over time, coronary arteries, which supply blood to the heart muscle, can develop a buildup of plaque that hardens and eventually calcifies. Plaque in the coronary arteries can narrow the coronary arteries and rupture, reducing the flow of oxygen-rich blood to the heart.

An indicator of the calcification of the heart's arteries can be seen through a coronary artery calcium score from a computed tomography (CT) scan. However, plaque that is still non-calcified, or soft, is not included in that score. NIH Clinical Center researchers believed that this type of plaque could also indicate an increased risk for the disease. And they were right.

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## Decker Memorial Lecture showcases cardiovascular risk, insulin resistance

The Clinical Center hosted the Twelfth Annual John Laws Decker Memorial Lecture in June, featuring Dr. Ranganath Muniyappa, the 2014 recipient of the Distinguished Clinical Teacher Award. Muniyappa is a staff clinician at the National Institute of Diabetes, Digestive, and Kidney Diseases.



Dr. Ranganath Muniyappa, the 2014 Distinguished Clinical Teacher Award recipient.

His lecture centered on the relationship between insulin resistance and cardiovascular risk. "Diabetes increases the risk of developing macrovascular complications by two-fold," said Muniyappa. Complete coverage: <http://go.usa.gov/3v2YV>

## NIH staff, patients record history with StoryCorps



After their recording session ended, Sheryl Zwierski (left) joked with Elizabeth Flanagan (right) that they should title their conversation 'guts and grace'.

A StoryCorps airstream trailer and mobile booth traveled to the NIH Clinical Center May 27-29 and June 4-6 to record and preserve voices of the community as part of a national oral history project.

Patients, families, researchers, doctors, nurses, staff, volunteers and many other partners in the NIH mission recorded a 40-minute conversation with a partner. Participants took home a broadcast-quality CD of the conversation and the recording is also archived at the Library of Congress and with the NIH.

Elizabeth Flanagan and Sheryl Zwierski, both NIH employees who work for the National Institute of Allergy and Infectious Diseases, participated in the May recording session. Zwierski asked Flanagan about facing stage 4 colon cancer at the age of 36 and how working with people who are living with HIV had prepared Flanagan to face her own illness.

"NIH has been the best place for the worst things to happen," Flanagan said. "I spent my career working with people living with HIV, often newly-diagnosed, and telling them, while they had a life-threatening, life-limiting illness, they could manage it and still live life to the fullest. How could I not take my own advice?"

In the months to come, the NIH will select stories to be integrated into the NIH Visitors Center experience or made available to the public in other ways, such as in public presentations or through the NIH website. StoryCorps was last at NIH in December 2014. Learn more: <http://www.nih.gov/about/storycorps/>

## Clinical Center staff updates

### Chief of Social Work Department retires after 20 years of service

After 20 years serving as the chief of the Clinical Center's Social Work Department, and 30 years as a leader in the field of medical social work, Dr. Adrienne Farrar retired July 3.

Her unwavering leadership has led the Social Work Department to major accomplishments within the Clinical Center, including the establishment of a robust volunteer program and interpreter services, including the implementation of remote phone interpretation program and a streamlined process for research teams to use local and on-site interpreter services for the diverse population of patients.

Farrar spent her career actively involved at the local and national levels in developing continuing education programs for social workers throughout the region and the country. While always remaining focused on the Clinical Center's Social Work Department, she also was attentive to the needs of the larger social work community. She is a member of the National Association of Social Workers, a board member of the Association of Healthcare Social Workers – Metro DC, Inc. and a member of the National Society for Social Work Leadership in Health Care.

"I've enjoyed my time at the Clinical Center leading an amazing department and team of professionals dedicated to the Clinical Center and NIH mission," said Farrar. "I look forward to seeing the continued progress of such a talented group of people in a special center at the NIH."

Farrar has led a cadre of over 20 licensed social workers who provide psychosocial services to patients who come to the Clinical Center from all over the country and the world. The Clinical Center is in the process of recruiting a new chief of the department.

### Laura Cearnal retires, Antoinette Jones new patient representative

In late May, Laura Cearnal, the Clinical Center patient representative, retired after 16 years of service. Cearnal worked with



Adrienne Farrar, left, and Laura Cearnal, right, were presented the 'dirt award'. The award includes dirt saved from the groundbreaking ceremony for the Mark O. Hatfield Clinical Research Center in 2004.

staff and patients, handling all concerns, issues and complaints related to any aspect of the patient experience at the NIH.

In an email to staff, Dr. John I. Gallin, director of the Clinical Center, said "As a former nurse manager in the Clinical Center, Laura brought with her to this position the insights and skills of a seasoned clinician. She coupled these skills with a compassionate human understanding that served to comfort and support our patients as they called upon her for assistance. Laura's service ... set a high standard of quality and service which will long be remembered."

After a wide search, CAPT Antoinette Jones has been selected as the new patient representative. Jones, who joined the United States Public Health Service Commissioned Corps in 2005, has extensive education in executive coaching, business and leadership.

Jones has served the Clinical Center as operations manager for the Department of Radiology and Imaging Sciences where she ensured excellence in service and safety for patients undergoing imaging exams and procedures. Prior to that, she worked in the Clinical Center's Office of Workforce Management and Development and the Nursing Department. She was also a graduate oncology nurse with the National Cancer Institute.

To reach the patient representative, email [aljones@cc.nih.gov](mailto:aljones@cc.nih.gov) or call 301-496-2626.

Read more online! Scan the barcode or visit [www.cc.nih.gov/about/news/newsletter.html](http://www.cc.nih.gov/about/news/newsletter.html)



- Calendar of events
- Sickle cell disease forum engages the community in developing solutions

### Clinical Center News

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# South African researchers benefit from Clinical Center expertise



In an effort to share clinical research best-practices with the world, experts from the NIH traveled to South Africa to train and support rising scientists and researchers.

Experts from the Department of Health and Human Services, under the leadership of Clinical Center Director Dr. John I. Gallin, traveled to South Africa in May to share clinical research best practices with local scientists. The Clinical Center's experience in teaching the principles of clinical research was the key component in this educational exchange.

"It was special to have an opportunity to bring our Clinical Center course to South Africa and to interact with faculty and students from that part of the world," said Gallin. "Our hope is that the South Africans will use this experience to establish their own course for the future."

The U.S. faculty presented an intensive version of the Introduction to the Principles and Practice of Clinical Research course at the South African Medical Research Council headquarters in Cape Town.

This educational endeavor was the latest in a number of NIH collaborative efforts in South Africa and was supported by the Fogarty International Center. In 2013, the South African Medical Research Council and the NIH entered into an agreement to expand collaboration between scientists in biomedical and behavioral research in both nations.

Over the last two years, several projects have been organized, including a joint research summit on HIV/AIDS and tuberculosis held in Durban; a grant writing workshop held in Johannesburg and a series of seminars held in Pretoria, Durban and Cape Town to prepare for a five-year, multi-million dollar grant jointly-funded by the South African Medical Research Council and the NIH.

The clinical research educational program was the latest session of the Clinical Center course hosted overseas. Previous courses have been held in Brazil, China, India, Nigeria and Russia. This year's program hosted 78 participants in South Africa, with eight of the students attending from Kenya, Uganda, Zimbabwe and Tanzania.

"South Africa is one of the brightest stars of clinical research in Africa," said Dr. Frederick P. Ognibene, deputy director for Educational Affairs and Strategic Partnerships and director of the Clinical Center's Office of Clinical Research Training and Medical Education. "This collaborative effort is a part of the NIH and Clinical Center's mission to provide training and support clinical research."

The course is offered annually at the Clinical Center from October through March. More information: <http://go.usa.gov/3EeFV>

## Helping to make NIH the National Institutes of Hope for 25 years

A place where hope is fostered, unbreakable bonds are created and a love for life is cherished – The Children's Inn at NIH celebrated its 25th Anniversary with a symposium in the Clinical Center June 18.

The symposium is just one of many events that will take place throughout the year to commemorate the Inns anniversary and important role in empowering the work of NIH clinicians and researchers. Physicians, patients and their families along with long-time supporters of the Inn gathered to share the progress made in treating and curing many diseases that strike children



Patients, staff and other supporters of The Children's Inn at NIH, a non-profit organization, attended an anniversary symposium June 18 in the Clinical Center.

and teenagers, patients personal stories of triumph, and to highlight the rich history of the Inn and its integral role in supporting the next 25 years of medical discovery.

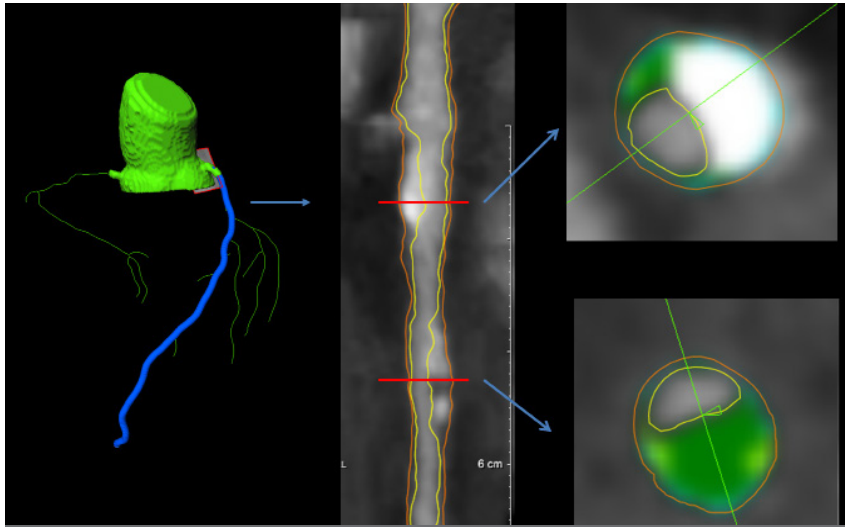
The Children's Inn at NIH has been the home away from home for many children

being treated at the Clinical Center and their families. The non-profit organization houses patients who are enrolled in pediatric protocols and their families. Patients range in age from infants through age 25. For a quarter of a century, it has helped soften the hardships that families go through emotionally and financially while seeking medical care.

Staff recalled a time when The Children's Inn at NIH did not exist, and they would see families sleeping in their cars, parents being separated from their children and meals taken from the vending machines. With the help of generous supporters, board members, staff and volunteers, it has become a place where families can rejoice, relax and release.

Complete coverage of the event: <http://go.usa.gov/3v2YV>

## HEART DISEASE from page 1



More than 200 men and women participated in the Clinical Center study related to coronary artery disease, the most common type of heart disease. The picture above (left) is of a 62-year-old man's coronary tree, or the components of the artery that bring blood to the heart. In the middle is a curved reconstruction of the left anterior descending artery, a part of the left coronary artery that supplies blood to the left side of the heart. Here you can see the external vessel walls that experts were analyzing for plaque buildup. On the right are representative cross-sectional images of the artery. The top right shows calcified plaque, and the bottom right shows non-calcified plaque. In addition to the calcified buildup of hard plaque, the rupture of non-calcified, or soft, plaque can also be directly related to heart attack.

When researchers compared the calcium score of the hardened plaque versus the non-calcified soft plaque, they found significant differences. Non-calcified plaque that had not hardened yet was associated with the bad type of cholesterol (LDL), diabetes and systolic blood pressure. These variables were not associated with the calcium score in low-risk, asymptomatic individuals. Age was also a strong predictor of the calcium score, but not of non-calcified soft plaque buildup. These results suggest that analyzing the different types of plaque, both hard and soft, gives more information about the risk of coronary artery disease than just the calcium score.

"Calcium score by CT scan is related to cardiac risk, but does not

fully represent the amount of disease that is present," said Dr. David A. Bluemke, director of Radiology and Imaging Sciences at the Clinical Center. "Soft plaque identified by taking pictures of the heart's blood vessels using CT angiography was more closely related to risk factors in these low to moderate risk individuals."

This new method of relying upon plaque analysis and not just coronary artery calcium score of hardened plaque shows promise as a tool for quantifying the total plaque burden. With a more complete look, healthcare professionals will be able to diagnose and treat coronary artery disease in a timelier manner, with greater success.

Learn more: <http://www.ncbi.nlm.nih.gov/pubmed/26035436>

## The summer market brings food trucks, specialty goods



The Recreation and Welfare Community Market will take place outside the south entrance to the Clinical Center on Tuesdays from 10 a.m. – 2 p.m. The market offers plants, flowers, breads, cookies, pound cake, frozen crab meat, filet mignon, steaks, canned nuts, crab dips, marinara, salsa, soups, chocolates, popcorn, pickles, cupcakes, extra virgin olive oil, barrel-aged wine vinegars, balsamic vinegars, goat cheese and bottled tea. Rotating food trucks will also be available. More details: <http://www.fedesp.com/nih/rw-services/farmers-market/>

## Employees participate in Take a Hike Day event on campus



Despite the pervasive rain in the morning, nearly 1,400 people attended Take a Hike day at NIH June 4. David Ram (photo center), from the Clinical Center Biomedical Engineering and Personal Property Management section, along with 84 other members of the Clinical Center enjoyed the 3.25 mile walk/run around the perimeter of the NIH campus. The event was sponsored by the NIH Office of Management and the NIH Recreation and Welfare Association. Over 11,000 employees have participated in the past seven walk/run events at NIH, each with representation from all 27 NIH Institutes and Centers.

## Volunteers needed for clinical trials on asthma, taste, vascular health

### National Heart, Lung, and Blood Institute

Do you have asthma? NHLBI is seeking volunteers with asthma for a study that would require two outpatient visits and one inpatient stay at the NIH Clinical Center. Compensation may be provided. (Study #99-H-0076)

### National Institute on Deafness and Other Communication Disorders

NIDCD seeks healthy adults for a research study at NIH on the role of our genes in

how we perceive taste. It would require one to two study visits, each about 30 minutes. Compensation is provided. (Study #01-DC-0230)

### National Institute of Nursing Research

Healthy older adults ages 55-75 are invited to participate in an outpatient research study investigating the benefits of omega-3 oil and blackcurrant supplements on vascular health. The goal of the study is to determine whether the supplements

improve blood flow and blood vessel function, which can affect your heart. Eligible participants must be medication-free and in good general health. The study will be carried out in an outpatient clinic and includes four visits over six months. Compensation is provided. (Study #14-NR-0034)

More information on the studies above or others available, call the NIH Office of Patient Recruitment 1-866-444-2214, (TTY 1-866-411-1010) or visit [www.clinicaltrials.gov](http://www.clinicaltrials.gov).