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The NIH Record

Lupus Foundation Gives NIH Highest Accolade

The Lupus Foundation of America, Inc. (LFA) has given its highest accolade, the 1986 Distinguished Service Award, to the National Institutes of Health.

According to Dr. Sergio Finzi, president of the Lupus Foundation: "We are proud and pleased to present this award to the NIH for its ongoing, vigorous support of biomedical research and clinical investigations of immunologic diseases, specifically lupus."

Dr. Finzi added that the NIH's contributions to lupus research, particularly through the significant work of both the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases and the National Institute of Allergy and Infectious Diseases, have greatly advanced understanding of both the causes of and treatment of systemic lupus erythematosus, better known as SLE or lupus. (As of April 1986, the majority of lupus research is being conducted at the NIH's newly established National Institute of Arthritis and Musculoskeletal and Skin Diseases.)

NIH researchers have recently found a new treatment for lupus patients with kidney involvement (lupus nephritis) who do not re-

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Tests to Detect AIDS Antibodies in Blood Aren't Perfect But Are Highly Effective

Blood screening tests for AIDS virus antibodies are not perfect but they have greatly reduced the probability of AIDS-contaminated blood going into the transfusion pool, a consensus conference panel meeting at NIH June 7-9 concluded.

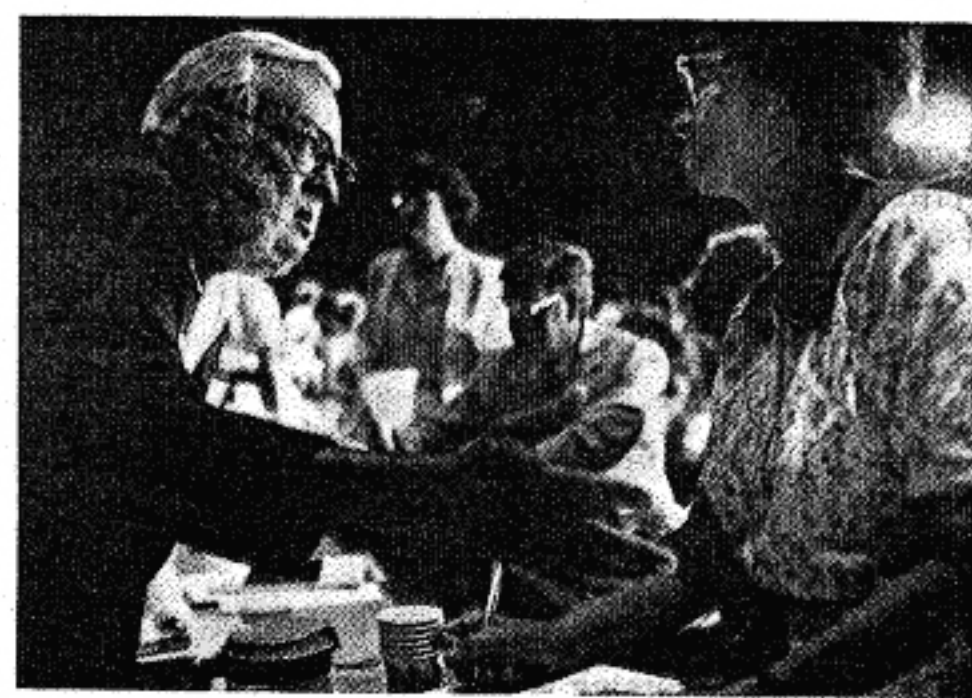
One panel member told a press conference that a surgical patient is more likely to die from the effects of anesthesia than get AIDS from transfused blood.

The panel—chaired by Dr. Thomas C. Chalmers, distinguished service professor at Mt. Sinai School of Medicine—estimated that only about 120 units of about 12 million units of blood collected each year will slip through the tests with AIDS virus in them.

That does not mean that all the persons who might get the contaminated blood would develop AIDS. The panel's consensus statement noted that only an estimated 35 percent of those persons infected with the virus (that is, test positive for the AIDS antibodies) go on to develop the full-blown and fatal disease.

The tests now used detect the antibodies to the AIDS virus, not the virus itself, in the blood.

While noting "remarkable progress" in protecting the blood transfusion pool from AIDS-contamination, the panel said "it is essential



Dr. Lincoln Moses, professor of statistics at Stanford University's Medical School and a member of the AIDS consensus conference panel, clarifies a statement for an unidentified reporter (r) at the press conference.

that more sensitive tests be developed.

"Highly specific confirmatory tests capable of distinguishing false positive from true positive reactions and that can be performed in a blood center are also required," the panel concluded. (Present tests yield a relatively large number of false positives.)

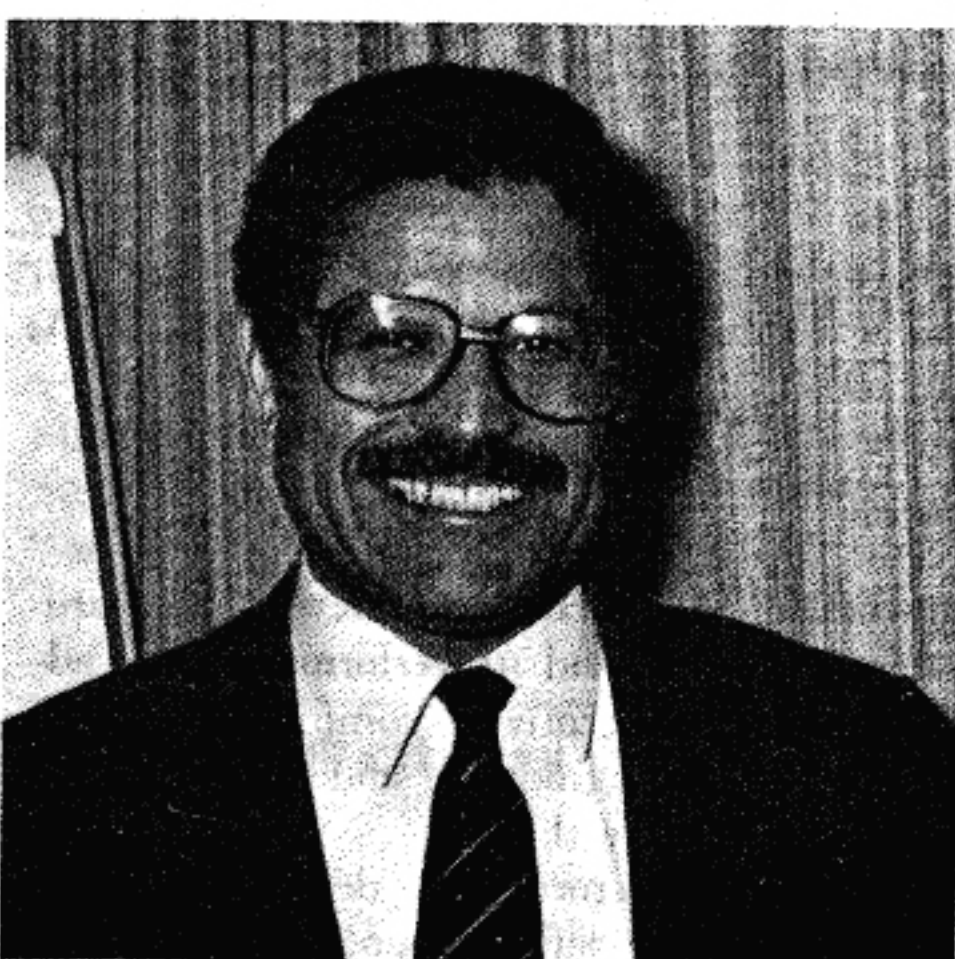
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Dr. Thomas Malone Retires; Looks Forward to Plenty of Challenges

Dr. Thomas E. Malone, NIH Deputy Director since 1977, is retiring Aug. 1 after 23 years of Federal service with NIH. "I've always had the philosophy that when one is eligible to retire, one ought to move on to other challenges. You've got to allow others to bring new vigor to the institution," he said.

At 60, Dr. Malone has plenty of challenges to keep him busy in both his private and professional lives. In his private life, he's a holder of a second degree black belt in Judo (Nidan); he's the Sensei (chief instructor) for the NIH Judo Club, which he plans to continue doing with verve; and he's holder of a gold belt in Karate. In addition, he's a certified FAA private pilot with his own plane and he is currently studying for instrument certification. Following this he plans to obtain a commercial license which would qualify him to be a pilot for a small airline.

Fond of classical music, he frequently flies to New York to enjoy the Metropolitan Opera, one of his great loves. "Of all the musical forms, I find opera the most enjoyable because of the demanding vocal requirements of the performers and the drama and human interest



Dr. Malone

stories in these works. There's nothing more exciting than to hear an aria sung by a great artist," he said. In addition, Dr. Malone recently took up playing the violin, which he calls "my grand experiment" since he says most people start lessons when they're 3 years old. He has previously played the clarinet and eu-

phonium (baritone tuba) in a marching band, a French horn in a college symphony orchestra, and the clarinet in a small jazz band.

In his professional life, Dr. Malone plans to continue working. He is currently weighing his options to join private business, private industry or the university world. "I also hope in my new life, to revisit the area of the physiology of reproduction; the study of the early development at the cellular level of the testes and ovaries in mammals," he said. This would bring him full circle to his academic days as an in-

'Open Office' at Dr. Malone's

Dr. Thomas E. Malone, NIH Deputy Director, is holding an "Open Office" on Friday, Aug. 1, from 9 a.m. to 5 p.m. in Bldg. 1, Rm. 132. Because he is officially retiring on that day, he would like to say goodbye to all NIH staff members who would like to stop by. The door will be open.

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AIDS TESTS

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The panel noted that "repeatedly reactive [positive] donors" on the initial blood tests "cannot be characterized without further testing as being either positive or negative" for the AIDS antibody.

Yet, many blood banks now throw away blood of such repeat reactors on the basis of these initial tests and put the donor's name on a list as probably having the antibody to AIDS virus in his/her blood without telling the donor.

The panel said names should not be entered without telling the individuals and without "referring them to an agency where further testing and pretest and post-test counseling is available."

The panel also noted:

"Confidentiality should be carefully and strictly maintained due to the sensitive nature of the information. Test results should be released to parties other than the patient only when there is a legitimate need to know for public health purposes and in principle with the patient's specific consent."

Among other recommendations, the panel also recommended that all blood centers set up a confidential "self-deferral" system whereby persons in "high risk groups" can privately indicate their blood should not be used, rather than having to disclose this publicly. (Social pressure may compel such persons to appear for blood donation).

The panel's final statement indicated that a "policy of protection of the individual donor's privacy should be vigorously pursued" by all blood banks in handling information relating to possible AIDS-contaminated blood and an individual's infection with the disease.

The 13-member panel also endorsed individuals stockpiling their blood for use in specific, near-term planned surgery but not for earmarking their own blood for personal use over the long haul.

The American Red Cross and other blood banks object to earmarking all blood for specific persons use because it would damage the present system in which blood and its components are available for those currently ill and in need of blood.

The consensus conference was sponsored by the National Heart, Lung, and Blood Institute, the Centers for Disease Control, the Food and Drug Administration, NIH's Clinical Center, the National Institute of Allergy and Infectious Diseases, the National Institute of Mental Health and the NIH Office of Medical Applications of Research. □

New Self-Service Store Opens



Dr. Edwin D. Becker, director for Office of Research Services (r) cuts the ribbon that marks the grand opening of the new Bldg. 10 Self-Service Store. Assisting (l to r), Dave Talley, chief, Marketing Section; Earl Pittman, supervisor, Self-Service Stores Unit; Rick Taylor, store manager and James C. Baker, chief, Supply Branch, Division of Logistics.

On July 8, Dr. Edwin D. Becker, director, Office of Research Services, presided at the grand opening of the new self-service store in Bldg. 10 (Clinical Center). He was assisted in the ribbon cutting ceremony by James C. Baker, chief, Supply Branch, Dave Talley, chief, Marketing Section; Branch; Earl T. Pittman, supervisor, Self Service Stores Unit, and Rick Taylor, store manager.

The new store is built in Art Deco style and includes a large skylight. Shopping aisles are much wider, and items are grouped by commodity classes. To expedite service, there are two checkout counters with moving belts and bar code scanning equipment. Items available in the store are products that are in high demand for the Bldg. 10 hospital/research facility.

The Clinical Center store serves approximately 2,200 customers a month, the largest volume of any store at NIH.

Until renovations are completed in the old store area, laboratory supplies issued by case lot will not be available from the new store. These supplies, however, can be obtained through the DELPRO stock requisitioning system, or from the self-service store in Bldg. 35. After the renovations are completed, these items will be available again in Bldg. 10. □

Sign Up for Sailing Classes Aug. 7

The Sailing Club will hold sign-ups for its on-board and classroom basic training course on Aug. 7 at 9 a.m. at the R&W Activities Desk in Bldg. 31.

For information on classes and membership in the Sailing Association, call Anne Hardman, 496-7321. □

LUPUS

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spond well to traditional cortisone-like drugs. The use of low-dose, pulsed (intermittent), intravenous cyclophosphamide has been effective in treating lupus nephritis.

Other NIH-sponsored research has also recently discovered abnormalities in the immune system—both in interleukin-2 and the idiotype network of anti-DNA antibodies—that may be important in finding the cause of lupus.

Wyngaarden Response

"The Lupus Foundation of America has made extremely valuable contributions to the health and well-being of lupus patients by increasing awareness of the disease, assisting both patients and their families, and obtaining and encouraging funds for lupus research," said Dr. James B. Wyngaarden, Director, NIH.

Dr. Wyngaarden explained that the NIH, in cooperation with private voluntary organizations such as the Lupus Foundation, is meeting the challenge of lupus with an increased research effort.

Each year, the LFA's Distinguished Service Award is given to an individual(s) or institution(s) that has provided sustained leadership in advancing research and/or increasing knowledge of lupus. Previous award winners include Dr. Henry Kunkle, formerly of the Rockefeller University; Senator Edward Kennedy; Mrs. Henrietta Aladjem, author of *The Sun Is My Enemy* and *Understanding Lupus*; Dr. Sergio Finzi, president of the Lupus Foundation, and Dr. Walter Heller, noted economist.

Lupus Is

Lupus is an autoimmune disease of unknown cause and cure. Of the over 500,000 Americans who suffer from the disease, the majority are women in the childbearing years. It is estimated that as many as 500,000 more people may have lupus and not know it. Lupus symptoms are wide ranging and vary significantly from patient to patient, making the disease difficult to diagnose.

The Lupus Foundation of America, headquartered in Washington, D.C., is the primary national voluntary organization supporting public education and awareness of lupus, and fundraising for lupus research. The LFA has a network of 95 chapters across the country, providing information and support to physicians, patients and their families, and others interested in learning about lupus. □

With money in your pocket, you are wise, and you are handsome and you sing well too.—Jewish Proverb