

# The NICHD Connection

*September 2014*

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## A Fond Farewell to Our 2014 Summer Interns

Our summer interns may be back to school, but the NICHD community will continue to appreciate their creative endeavors and hard work. Not only will we remember them for their research contributions, but also for their haikus, which several graciously submitted to our arts issue.

A haiku is a short form of Japanese poetry. One of the most recognizable features of haiku is that it is written in 17 syllables, divided into three lines. The first line has five syllables; the second line has seven syllables; and the third line has five syllables once again. Enjoy as the summer interns offer a poetic moment from their summer experiences.

*Accompanying photos from Summer Poster Day 2014, Thursday, August 7th, Natcher Conference Center.*

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*For our arts-themed issue, all background images this month are previous years' NICHD image competition submissions.*

*This page: Jun Chen (2008) / Greti Aguilera Lab / Hippocampus, neuron, and glia. \* Image competition winner*

## Letter from the Editor

Art helps you learn, not only about the subject, but about yourself. It leaves an impression. Art makes you laugh and cry. It makes you think and feel. And then, when you least expect it, that residual experience creeps back into your conscience without prompt.

Viewing a subject through an artistic lens can provoke spontaneous inspiration and creativity. Art gets you to think outside the box. It simplifies. It relates. Art penetrates even the most daunting of topics. Which is why this month *The NICHD Connection* comes to you with an artistic twist.

For those fellows who are unaware that we have a bona fide poet in our midst, we present an original work by Dr. Stratakis. His poem, titled “Nicaea, DC (the 2<sup>nd</sup> time),” is a re-envisioned version of a previous poem that celebrates the diversity of our workforce. In my interpretation, the poem captures the range and juxtapositions of peoples and cultures throughout time and space—an elegant symbolism for how diverse our NICHD community is.

Some of our summer interns have also taken their hands to pen—ok, probably keyboard. They package a single thought about their research experiences into a haiku, a traditional form of Japanese poetry known, in part, for its syllable composition. Their haikus offer a rare look into the mind of a young trainee.

Certainly, we can't have an art-focused issue without “The Arts” column. Nicki Swan shifts our focus to the visual arts, where she expertly explains the difference between vector and raster graphics. If you plan to generate a poster or PowerPoint presentation in your future, this article will help you avoid rookie graphic mistakes.

We round out the issue with a comprehensive article by Dr. Anthony Hickey about the exciting progress we've made in HIV research discussed during the July 2014 NICHD Exchange meeting. On the job front, Dr. Swagata Roychowdhury writes about the Principal Investigator (PI) Predictor, an online program that aims to predict a scientist's likelihood of becoming a PI. Skeptical? Check it out.

In honor of postdoc appreciation week this month, I will make my artistic contribution in the form of a postdoc-inspired sonnet using a traditional Italian rhyming and stanza scheme.

“Sonnet of a Postdoc”

Tis been three days, two nights in lab I spent  
The sun, a figment of my mind's brisk dream  
I fear my patience tore its fragile seam  
The deadline for my manuscript has went

The chemicals float up the hooded vent  
My dear pipette does offer steady stream  
My bank account has taken on a theme  
It never breaks a hundred and two cent

What's this? My gel does have a single band  
Does this exist before my very eye?  
Oh joy! I can't believe the data's there

A job from this, oh yes, I think I'll land  
To *all* best research schools I will apply  
I think I'll ask for the department chair

Your Editor in Chief,  
Shana R. Spindler, PhD

Please send correspondence (we welcome your feedback!) to [Shana.Spindler@gmail.com](mailto:Shana.Spindler@gmail.com).

## A Fond Farewell to Our 2014 Summer Interns

(continued from page 1)

### GEENA MARZOUCA

Advisor: Dr. Karel Pacak

*"Validation"*  
Perfect PCR  
Having beautiful results  
All I dream about

Geena used Quantitative RT PCR to validate genes found in a microarray study looking for the difference between HIF2A paragangliomas and other pseudohypoxic paragangliomas.



### RACHEL ROBINSON

Advisor: Dr. Richard Maraia

*"Nerves"*  
It is my first day  
Dropped box of pipette tips fly  
Sometimes you mess up

Rachel's project was titled: "The role of La in cell survival; Characterization of La deletion in mouse embryonic fibroblasts and excitatory Neurons."



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## A Fond Farewell to Our 2014 Summer Interns (continued from page 3)



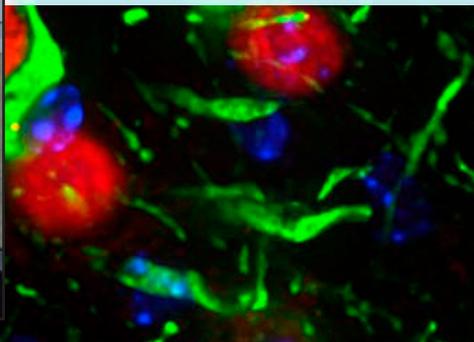
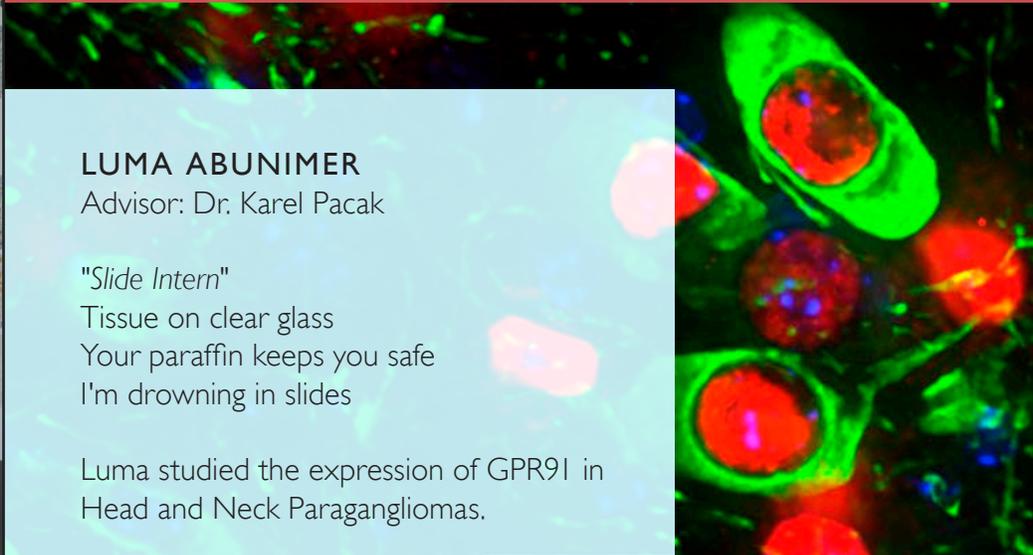
### LUMA ABUNIMER

Advisor: Dr. Karel Pacak

*"Slide Intern"*

Tissue on clear glass  
Your paraffin keeps you safe  
I'm drowning in slides

Luma studied the expression of GPR91 in Head and Neck Paragangliomas.



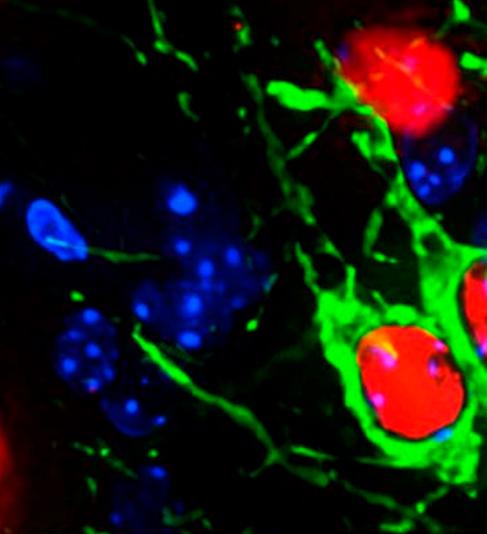
### CHELSEY CAMPILLO

Advisor: Dr. Mark Stopfer

*"Achoo!"*

New allergies made  
Learning how moths encode taste  
It is all worth it

Chelsey investigated if the nervous system uses basic taste categories to encode the sense of taste.



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## A Fond Farewell to Our 2014 Summer Interns

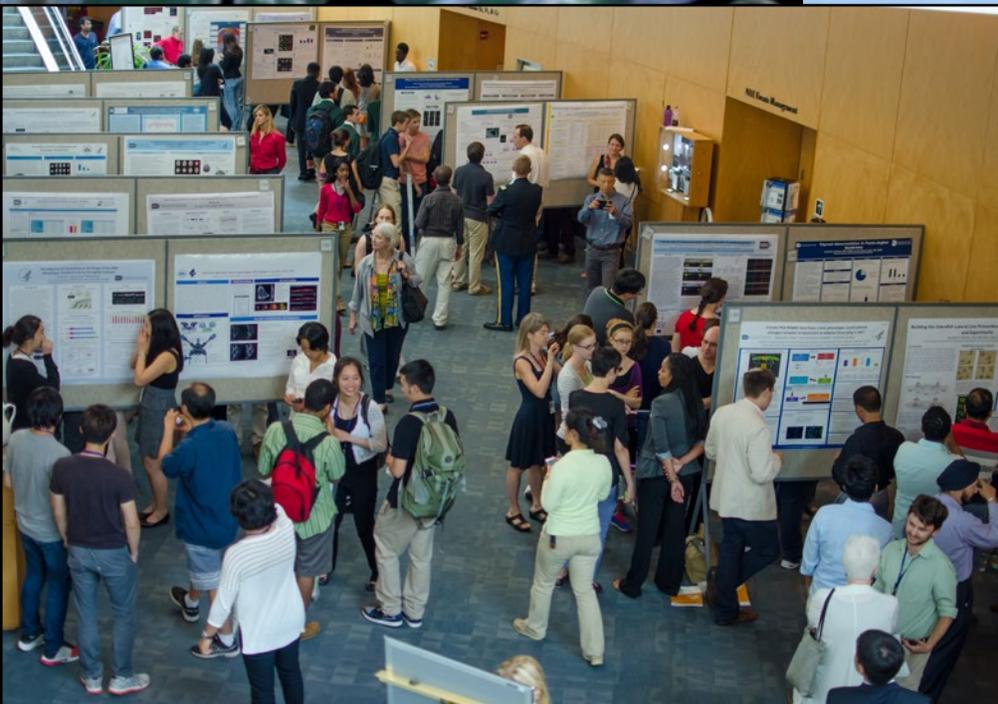
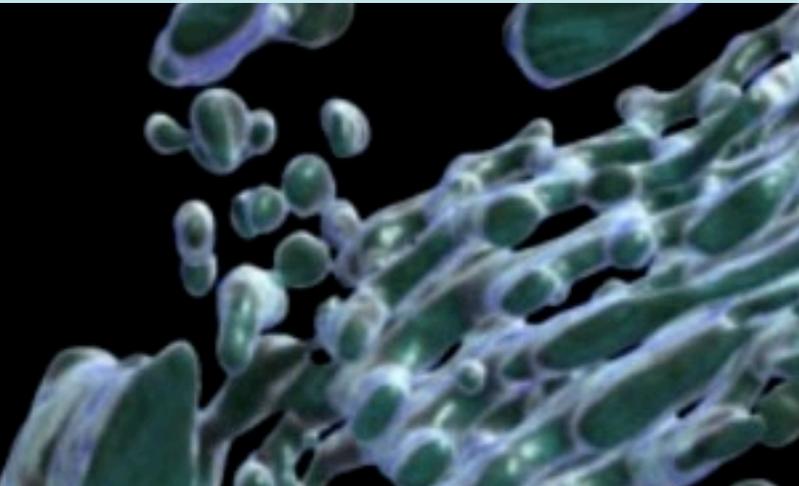
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### EMILIA ZEVALLOS

Advisor: Dr. Joan Marini

*"You live and you learn it"*  
Genotyping woo!  
Just finished running the ge—  
Blimey, I dropped it.

Emilia completed her research in the bone and extracellular matrix branch.



### RENEE WA

Advisor: Dr. James Segars

*"Purification"*  
Mortar and pestle  
Biology is all just  
sterilized witchcraft

Renee studied obsessive-compulsive disorder in mice bred with the gene AKAP13.

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## A Fond Farewell to Our 2014 Summer Interns (continued from page 5)

### HERMAN CHENWI

Advisor: Dr. Mary Lilly

My first experience  
Before many more to come  
In review I smile

Herman studied *Drosophila* oogenesis.



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This page and following: Suh Young Jeong (2011) / Tracey Rouault Lab / Lumbar spinal cord section from an ALS (Amyotrophic Lateral Sclerosis) patient stained with anti-CD68 (red, macrophage) and anti-ferritin (green, iron storage protein) antibodies. DAPI (blue) was used to visualize nucleus.

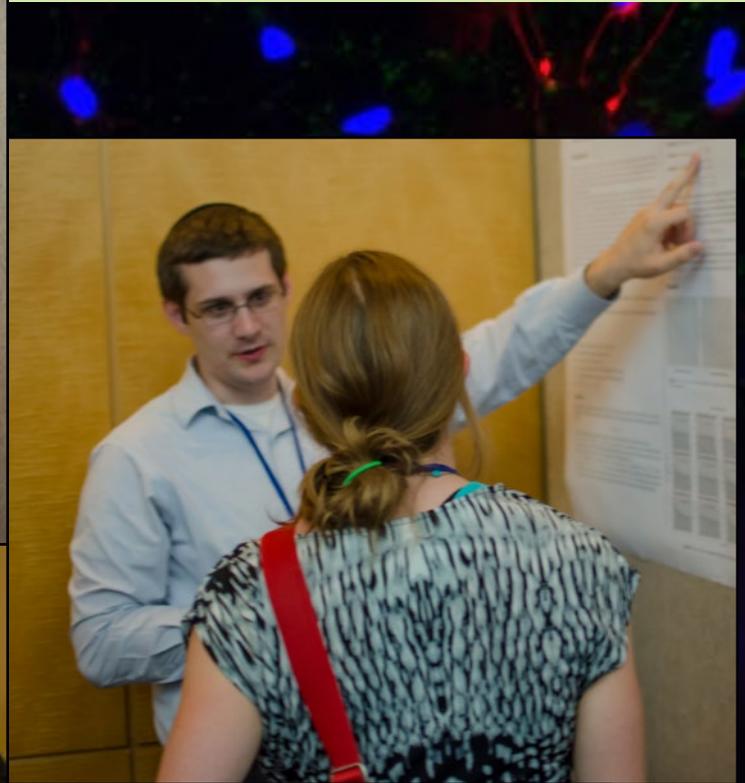
# A Fond Farewell to Our 2014 Summer Interns

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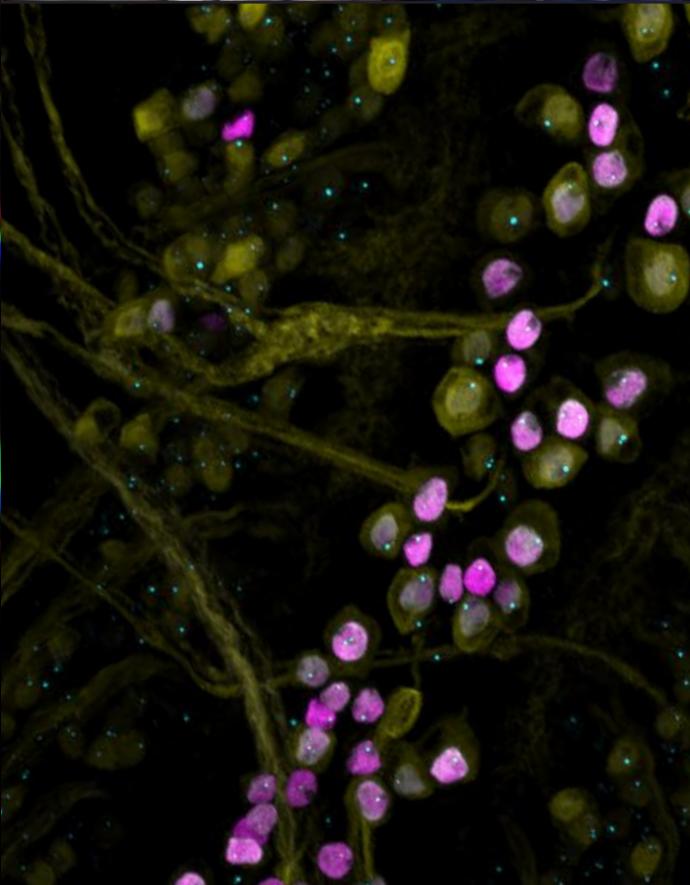
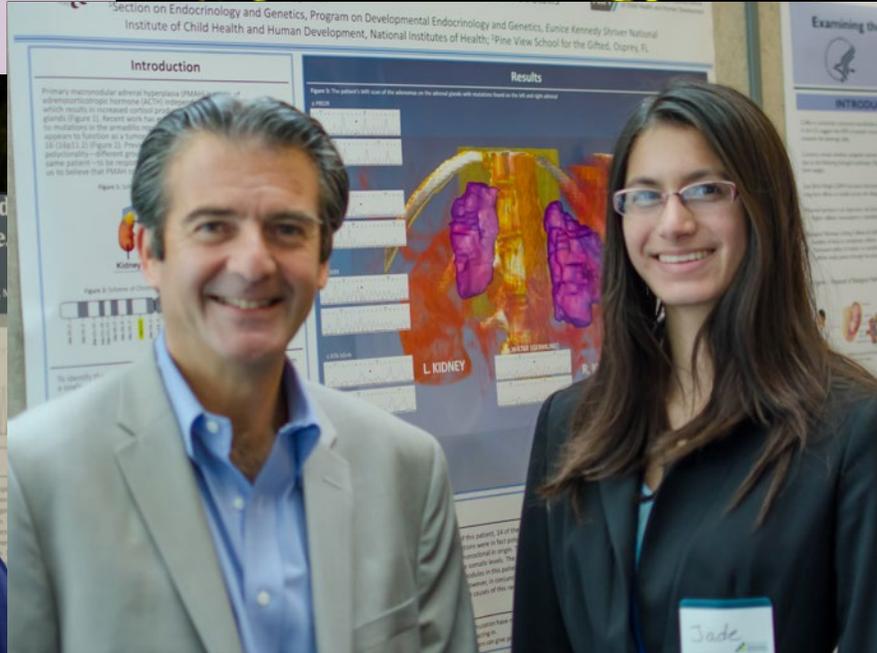
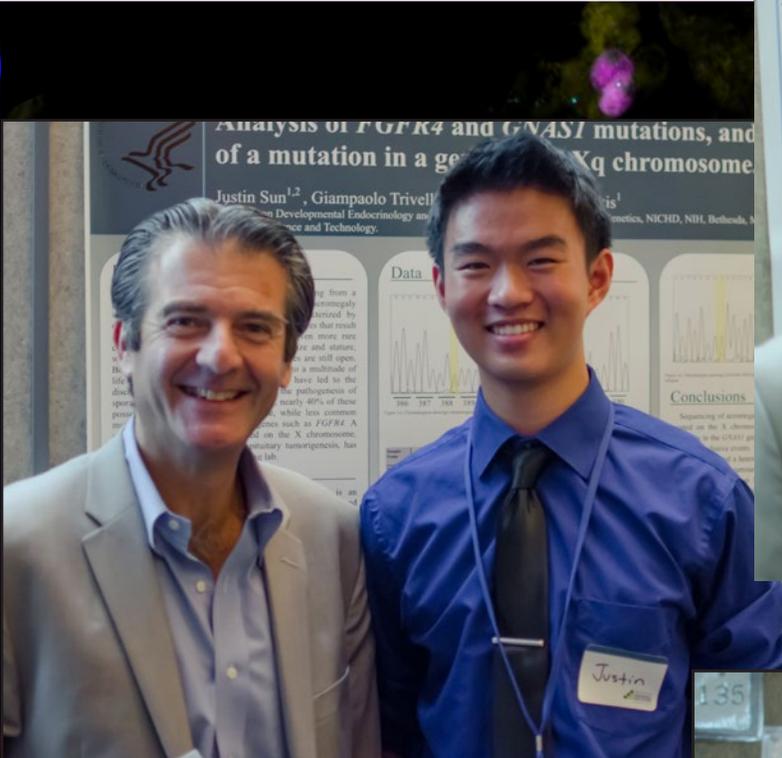
## A Fond Farewell to Our 2014 Summer Interns (continued from page 7)



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# A Fond Farewell to Our 2014 Summer Interns

(continued from page 8)



This page: Mikolaj Sulkowski (2013) / Mihaela Serpe Lab / Larval insect central nervous system expressing Mad-GFP and stained against pMad and Elav.

## Nicaea, DC (the 2<sup>nd</sup> time)

A vision, an image, a picture  
In Ortaköy's mosque, Gallipoli;  
The Alexandrines, Ionians, and Zoroastrians,  
In a chorus with Namibians, genteel gentiles, a rabbi,  
Brasileiros, Phrygians, Lydians, Scythians,  
The Genovese and the Venetians,  
A Viking Swede and a flying Dutch,  
The Muscovites, Mayans, and many, many others...  
A dream, Kowloon, Darling harbour,  
Montmartre, scalinata di Trinita Dei Monti,  
Times Square, January 1st,  
Bethesda, MD 20892  
To our world: Ben teşekkür ederim !



~Dr. Constantine Stratakis



Postdoc Appreciation Day, 2009  
via the [OITE website](#)

*This page: Suh Young Jeong (2013) / Tracey Rouault Lab / A mouse embryonic spinal cord neuron is visualized using two antibodies against neurofilaments (red). DAPI (blue) shows nucleus.*

## The Arts: What's a Vector, Victor?

By Nichole Swan

So you're putting together a research poster, and it's going great! Your content is well written and concise. Your figures are attractive and clear. The science is solid.

But the institute logos at the top of your poster look low-resolution. Blurry. Pixelated. And the background color doesn't match the rest of your poster. In short, it looks unprofessional. But what else can you do? That's the best you've got. Right?

Not so fast! Take a few minutes to learn the difference between raster and vector graphics and avoid the pain of an amateurish poster.

Raster graphics are composed of a grid of dots, known as pixels, each with its own color value. Popular programs include Adobe Photoshop, GIMP (free, open-source), and PaintShop Pro. Commonly used raster file formats are .jpg/jpeg, .png, .tiff, .gif, .bmp, and .psd (a proprietary Adobe format).

**PROS:** Raster formats are perfect for photos and other highly detailed images because they provide a richer depth of

color. They also allow for very precise pixel-by-pixel editing.

**CONS:** Because the computer has to account for each individual pixel, high-resolution raster files are larger in size. Editing them can be memory-intensive.

In addition, raster images are resolution-dependent—in other words, resizing them (particularly enlargement) can lead to a loss in clarity. Programs such as Photoshop are getting better at enlarging raster graphics with a minimum of degradation, but it's far from perfect.

Vector graphics, on the other hand, are made of paths, each with a mathematical formula that dictates shape, fill color, and stroke. File formats include .svg, .eps, .pdf, and .ai (a proprietary Adobe format). Favorite programs of designers and illustrators include Inkscape (free, open-source) and Adobe Illustrator.

**PROS:** The biggest benefit of working with vectors is their *scalability*. Because they are calculated mathematically, they are infinitely resizable without any loss in clarity. For the same reason, because the computer doesn't have to account for

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## The Arts: What's a Vector, Victor? (continued from page 11)

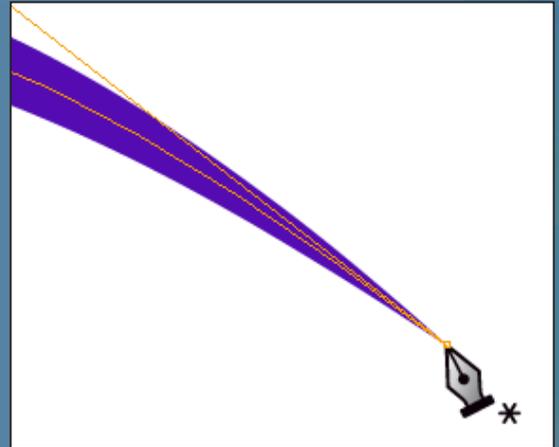
every pixel, they are comparatively small in file size.

Unlike most raster formats, vector files aren't flattened, meaning that every line and shape in a vector graphic is a distinct editable object. It's also quite simple to have a transparent background without being concerned about jagged edges.

**CONS:** Creating vector graphics requires some degree of skill. It's not as simple as just opening a previously existing photo. Vectors have to be created by someone with a general knowledge of the software.

While it is possible to achieve incredibly detailed, near-photo-realistic vector images, they generally can't display the color depth of raster images. Such intricate vector illustrations, due to the complex algorithms involved, can also be quite memory-intensive to work with (and you pretty much have to be a wizard to create one).

Logos, on the other hand, aren't very complex and are limited to a handful of colors. They are perfectly suited for vector—which brings us back to that sad,



The pen tool can be used to create lines, curves, and shapes by connecting anchor points in a vector graphic.

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Demonstrating the scalability of vector (left) versus raster (right)

## The Arts: What's a Vector, Victor? (continued from page 12)

blurry institute logo on your poster. For logos (and any simple charts and graphs), use vectors when possible. If you're designing your poster in PowerPoint, bear in mind that PowerPoint doesn't support .svg files, so you will need to convert them to either .eps (Encapsulated PostScript) or .emf (Enhanced Windows Metafile) formats. This can be done easily in either Adobe Illustrator (which many labs now have) or Inkscape, a free open source vector program for Windows, Mac OS X and Linux.

Once you've traded in your old, blurry raster logos for ones made from clean, crisp vector paths, your poster will look much snazzier, guaranteed!

For help with graphics of any kind, raster or vector, please don't hesitate to contact me at [jonasnic@mail.nih.gov](mailto:jonasnic@mail.nih.gov).

The NIH adopted a new logo in 2012, unifying all Institutes and Centers under one visual identity and replacing the old individual IC logos. Current IC logos consist of the NIH graphic mark and the name of the Institute or Center written out beside it.

- » The NICHD Bioviz team has compiled the official NIH and NICHD logos on our wiki for one-stop shopping: <https://science.nichd.nih.gov/confluence/display/bioviz/Graphics+and+Logos>
- » For more information on the new NIH identity guidelines--such as when to use the NIH logo versus an IC logo--check out the guidelines document found on the NICHD Insider (login required): [https://insider.nichd.nih.gov/services/communications/policies\\_procedures/Pages/NIH\\_guidelines\\_2013.pdf](https://insider.nichd.nih.gov/services/communications/policies_procedures/Pages/NIH_guidelines_2013.pdf)

## NICHD Exchange Recap – “HIV: From Epidemic to Elimination”

By Anthony Hickey, PhD

As a young child during the early 1980s, I was only vaguely aware of the AIDS (Acquired Immunodeficiency Syndrome) epidemic that was spreading throughout the world. While I knew that AIDS was a fatal and incurable disease, I was unaware of the relentless battle that scientific and medical professionals waged in our hospitals and laboratories.

As I got older and my studies shifted towards the sciences, I learned about the biological mechanisms employed by Human Immunodeficiency Virus (HIV), the pathogen that causes AIDS. By the time I began my doctoral training in 2005, much of the horror and uncertainty of the epidemic had faded. HIV infection no longer carried the death sentence once associated with it, becoming instead a chronic but treatable condition. This month's NICHD Exchange meeting, entitled “HIV: From Epidemic to Elimination,” celebrated the significant victories achieved against HIV and served as a potent reminder that we have a long way to go before a cure is found.

Dr. Lynne Mofenson, the first presenter, began her talk with a brief history of the HIV epidemic. In particular, she highlighted NICHD's involvement in managing and preventing perinatal and pediatric HIV infection.

In 1986, the federal government aimed to educate the public about HIV and institute measures for transmission prevention. By 1987, the treatment era for HIV

had begun with the antiviral drug AZT (azidothymidine or zidovudine). Much of the focus during this time, however, was the treatment of HIV-infected adults and not children. To fill this void, the NICHD formed the Pediatric, Adolescent, and Maternal AIDS Branch (now MPIDB) in 1988, which conducted the first multisite clinical trial for HIV-infected children. Through the program's efforts, the NICHD demonstrated the efficacy of intravenous immunoglobulin for the prevention and treatment of secondary bacterial infections in these young patients.<sup>1</sup>

In 1990, in order to expand pediatric treatment options to include antiretroviral drugs, the NICHD and the National Institute of Allergy and Infectious Diseases (NIAID) joined forces. Together, the institutes conducted important clinical trials, including the historic ACTG 076 trial, which demonstrated that AZT reduces maternal transmission of HIV by up to 67 percent. The trial was instrumental in obtaining FDA approval for the use of AZT by HIV-infected pregnant women.<sup>2</sup>

In 1995, NIAID and NICHD formed the Pediatric AIDS Clinical Trial Group (PACTG), a branch of the ACTG in which pediatric and maternal studies were given priority. With this came the expansion of maternal and pediatric studies to countries outside of the United States. In subsequent years, the combined efforts of NICHD and NIAID through the

*(continued on page 15)*

## NICHD Exchange Recap (continued from page 14)

PACTG have been responsible for the identification and approval of multiple new treatments and/or combination treatment regimens for pediatric HIV infection, and have significantly reduced maternal transmission of HIV on a global level.

Despite this great progress, however, Dr. Mofenson reminded the audience that we are still very short of our goal to eradicate maternal HIV-transmission. In addition, the long-term effects of *in utero* exposure to HIV and/or anti retroviral drugs on growth and development are unknown. NICHD has therefore established the Pediatric HIV/AIDS Cohort Study (PHACS), an ongoing longitudinal study documenting the health and development of these children.

Given the successes of antiretroviral therapy (ART), how close are we to finding an actual cure for viral infection? The next speaker, Dr. Rohan Hazra, posed three specific questions:

1. Why is it so hard to cure HIV?
2. Have we cured anyone?
3. Will we cure anyone?

To understand why HIV is so hard to cure, one must know a little about the pathogen's infectious life cycle. HIV is a retrovirus that infects activated CD4+ T-cells (among other cell types) by integrating its genetic information directly into the host's genome.

Most of the cells, once they become infected, either die or actively begin to produce infectious virions. A very small percentage of these infected T-cells become long-lived memory cells, and rather than producing active virions, they allow the newly integrated viral DNA to remain dormant. This creates a latent viral reservoir.

ART is only effective against active viral replication and infection. Its withdrawal results in a relapse and an increase of viral titers due to the resurgence of actively replicating virus. Unfortunately, these latently infected cells are able to persist throughout the lifetime of an infected patient, which means that ART must be administered for life.<sup>3</sup> The latent HIV reservoir, therefore, renders ART insufficient to cure HIV infection.

After explaining HIV biology, Dr. Hazra introduced the history of Timothy Brown (also known as the Berlin Patient), the only person to date who has been declared cured of HIV infection. This individual was an HIV-positive patient who received a complete blood stem cell transplant after whole body irradiation as treatment for leukemia. The transplanted cells expressed a mutated version of the CCR5 protein, a molecule on the cell's surface that normally acts as a co-receptor for HIV entry. Such a mutation renders these cells "immune" to HIV infection. Upon discontinuing his

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## NICHD Exchange Recap (continued from page 15)

use of ART over half a decade ago, Timothy Brown's virus titer levels continue today to remain below or near detection limits.<sup>4</sup> Therefore, the answer to the second question is yes, but...

...Despite the success of this procedure, Dr. Hazra explained that such treatment would not be accessible or practical on a population-wide scale. Dr. Hazra then posited a rhetorical question: Should we still strive for a cure even though HIV-infected individuals live relatively normal lives with ART treatment? He closed with a reminder that HIV infection affects more than the biology and physical well-being of the individual. It also impacts social life and subjects the individual to the stigma associated with chronic HIV infection. Dr. Hazra concluded that this was reason enough to persist with the battle against HIV.

The next presentation, given by Dr. Leonid Margolis, dealt with finding new HIV therapies from established drugs. Dr. Margolis began his talk by voicing his dissatisfaction with the use of monolayers and cloned cell lines as models for HIV infection. Instead, he prefers human tissue samples for study because tissues contain multiple cell types and more closely recapitulate the environment in which HIV infection progresses.

For example, the antiviral drug Acyclovir, developed over 30 years ago for use against herpes virus infection, had previously been shown to be ineffective against HIV in cloned tissue culture cells and monolayers. Yet, Acyclovir demonstrates antiviral activity against HIV in human tissue specimens. Why this disconnect? Herpes virus-specific enzymes convert Acyclovir into a form that is active against HIV replication. Cloned cell lines are usually free of herpes virus, but many human tissue samples are not.

The Margolis lab has shown that Acyclovir's modified derivative suppresses HIV replication. But perhaps more importantly, it is effective against strains of HIV that have developed resistance to other antiretroviral agents. Thus it has the potential to be used in combination therapy regimens.<sup>5</sup>

The final speaker, Dr. Susan Newcomer, described her experience with a large epidemiological study in KwaZulu-Natal, South Africa. The study examined HIV transmission and treatment on a population-wide level. She explained that such an

*(continued on page 17)*

## NICHD Exchange Recap (continued from page 16)

epidemic cannot be thought of as a single unit, but instead as several smaller epidemics within a large area, each with its own unique characteristics based on the location and timing of the outbreak. Specific geographic targeting of an area is a more cost-effective means to study an outbreak. The challenge of using such an approach, however, is the social stigma associated with the area being under surveillance, and it is not uncommon for researchers to face resistance to their efforts.

Dealing with an epidemic such as HIV requires the participation of an entire community and not just the efforts of individuals. A significant challenge to epidemiological studies is compliance. Dr. Newcomer discussed that women are more likely to receive treatment for HIV infection than men, which can result in disproportionate counts during surveys. Another complicating factor in the prevention and treatment of HIV infection is the political and social fallout resulting from open discussion of HIV transmission routes. HIV is a sexually transmitted disease, and the subject of sex is often taboo in many communities, making it difficult to discuss the use of contraceptives and sexual partner choices. Dr. Newcomer implored NICHD to be at the forefront of both cellular and social developments against HIV transmission.

Obstacles throughout the last few decades have made HIV a difficult virus to work with, let alone cure, and not all of them have been biological. The latent reservoir has

thus far been the biggest barrier to finding a complete cure or a means of remission. Social and economic barriers have been the biggest enemy on the prevention front. In spite of these barriers, tremendous progress has still been made against this pathogen. A disease that carried a death sentence has been transformed into a chronic, treatable condition for many individuals. That said, we cannot afford to become complacent with the success we have already had.

And so, NICHD will continue to champion MPIDB's mission to support and conduct domestic and international research related to the epidemiology, diagnosis, clinical manifestations, pathogenesis, transmission, treatment, and prevention of HIV infection and its complications, both in the United States and globally.

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## Will You Be a PI? There's an App for That

By Swagata Roychowdhury, PhD

*Editor's Note: The tool discussed in this article does not give you all the answers or make choices for you. It is one way of helping you reflect on the career options open to you.*

Many postdoctoral fellows and graduate students aspire to become a principal investigator (PI). But given the current statistics, less than 15 percent secure a tenured position within six years of obtaining a PhD, while about 18 percent find untenured employment.<sup>1</sup> The situation is grim and unpredictable. So how can you estimate your likelihood of becoming a PI?

Enter the PI predictor. In a matter of seconds, the calculated probability of your future tenure is a couple of clicks away. The PI predictor is a machine-learning approach formulated by three early-career scientists that claims to predict your likelihood of becoming a PI.<sup>2</sup> The authors collected data from over 25,000 scientists on PubMed and showed that fate is somewhat predictable when it comes to academia. The PI predictor takes into account several factors, all of which the authors found play a significant role in the academic hiring and tenure process. These factors include:

- » Your number of publications
- » Impact factor (IF) of the journals where the scientist has published (this factor carries more weight than the number of times a publication is cited)
- » Citations/IF, which is the number of publications that receive above average citations for the journal in which they have been published
- » h-index, which is a quantification of research output of a scientist

Apart from these, some non-publication factors are also added to the equation

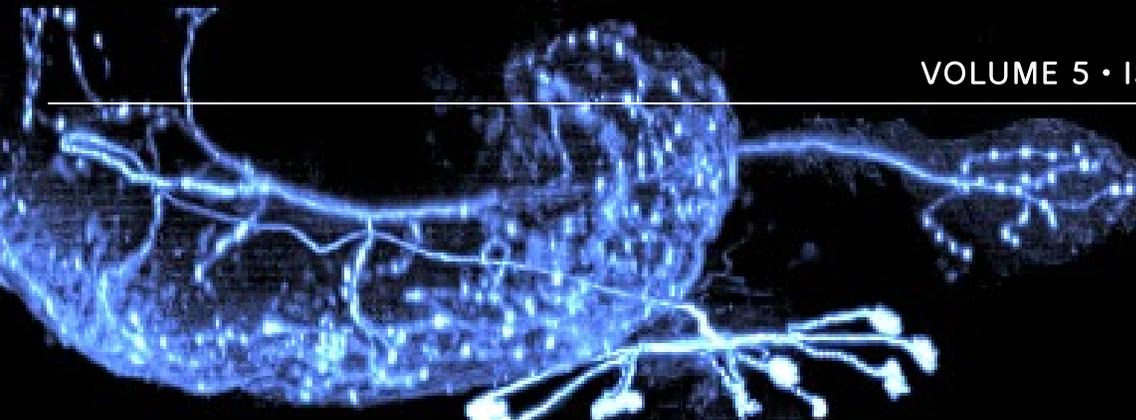
- » Scientist's gender (according to the author's research, being a woman puts a scientist at a disadvantage)
- » Ranking of the university where you work

While these factors may seem intimidating, don't let them prevent you from exploring your potential. For example, graduate student Katrina Furth wasn't expecting to encounter a program that could determine her chances

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*This page: Ian Williams (2014) / Forbes Porter Lab / Brain sections from our NPC1 mouse model. Blue = DAPI, Green = lipid stain, Red = Neuron Stain.*





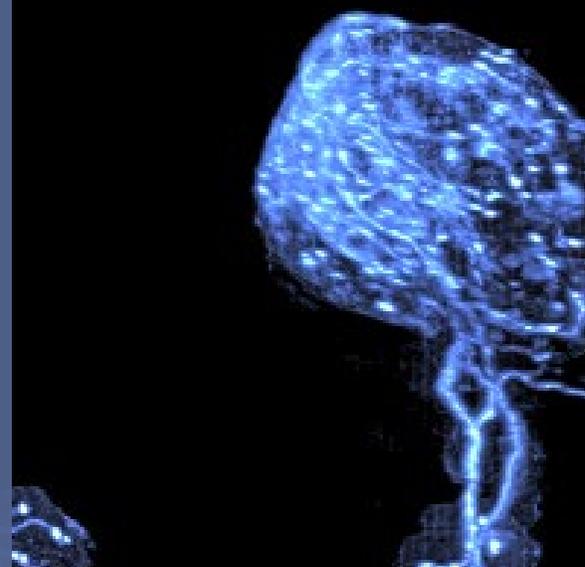
## Will You Be a PI? (continued from page 18)

of becoming a PI—she was skeptical about the function of the model (especially it being so early in her research career). But she received a nice ego boost when program indicated her “PI probability” was quite high.

There are a few exceptions to the above rules. A larger number of co-authors can have a negative effect on the predictability measure. Even if scientists do not have any high impact factor publications, they still have a fair chance of becoming a PI—but only if they have twice the number of first-author publications compared to non-PI scientists. Not surprisingly, the model predicts that scientists from higher ranked institutions will see the fruits of their hard work earlier than scientists from lower ranked institutions.

Is it good to know your predicted probability as you job hunt? That is uncertain. But as postdoctoral fellow Robert Mitchell says, at least it does not give people false hopes. As you might expect, publication record is still the most important determining factor in academic success. But, at the end of the day, the authors suggest that if the work is exceptional, it will not go unnoticed, regardless of where it has been published.

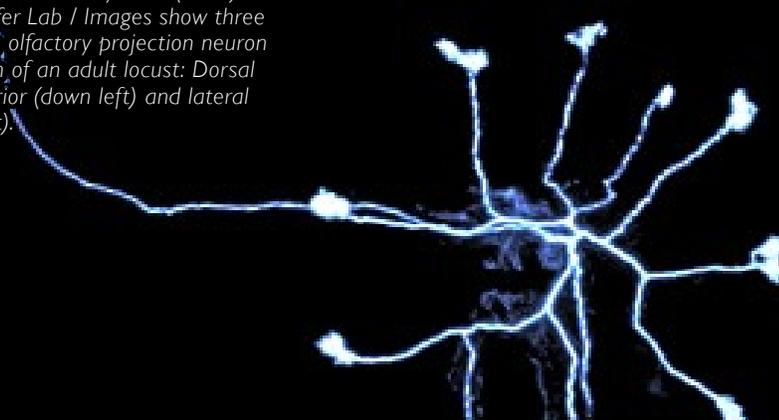
Check out your chances at [www.pipredictor.com](http://www.pipredictor.com). Good Luck!



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*This page: Takaaki Miyazaki (2012) / Mark Stopfer Lab / Images show three views of an olfactory projection neuron in the brain of an adult locust: Dorsal (top), anterior (down left) and lateral (down right).*



## Welcome to Our New NICHD Postbacs

Dear new postbacs,

Welcome to the NICHD! We hope that your year or two with us will be memorable while contributing to your academic and career goals. You are one of 42 postbacs in our institute, spanning buildings 10, 6, 18, 49, and others. Because you are dispersed, we hope to create opportunities that allow you to get to know one another.

Throughout the year, there are many valuable NIH-wide professional development activities offered through the central education office, OITE, and we also run programs of our own with the help of our postbac representatives.

We encourage you to sign up for the NIH postbac listserv through OITE. And watch out for announcements for NICHD-specific activities, including our annual postbac course, "Becoming an Effective Scientist." It starts on September 15<sup>th</sup> and runs over lunchtime, 12-1:30 pm, on Mondays in the Clinical Center. The intent is to create a small-group, comfortable environment that helps you to perfect your analytical skills while expanding your knowledge of experimental techniques. Also, we will have a welcoming session in October on possible volunteer activities, shadowing in our Tuesday Genetic Clinic, and more.

As you prepare for your next career move, we are available to work with any of you on applications and personal statements, if you need an additional pair of eyes and some editorial input. We also conduct mock interviews with you, when the time comes. We have a subscription for MSAR®, which is a suite of up-to-date guides produced by the AAMC for U.S. and Canadian medical school admission requirements. As a postbac trainee of our institute, it is available to you! Contact us if you would like to schedule an appointment for gaining online access.

We look forward to meeting you and if you have any questions, please don't hesitate to contact us at [hanningb@mail.nih.gov](mailto:hanningb@mail.nih.gov) or [yvette.pittman@nih.gov](mailto:yvette.pittman@nih.gov).

Sincerely yours,

Brenda Hanning and Yvette Pittman  
Office of Education, NICHD

## September Announcements

### DR. MEGAN SAMPLEY TO BECOME NEW POSTDOC REP

*The NICHD Connection* is happy to announce that Dr. Megan Sampley will serve as the new NICHD postdoc rep. In this role, she will work with the Office of Education to identify academic and career programs of benefit to NICHD fellows. Dr. Sampley will also network with other fellow leaders across the campus and contribute to planning and delivery of intramural-wide training programs. If you have any comments or suggestions for Dr. Sampley, please contact her at [megan.sampley@nih.gov](mailto:megan.sampley@nih.gov).

### NATIONAL POSTDOC APPRECIATION WEEK, SEPT 15-19

The sixth annual national postdoc appreciation week will take place the third week of September this year. To learn more, visit <http://www.nationalpostdoc.org/meetings-and-events-4/appreciation>, and don't forget to join the Postdoc Pizza Party on **September 5, building 31, room 2A48, 12 - 1:30 p.m.** Please RSVP to [Yvette Pittman](#).

### AWARD IN VIROLOGY APPLICATION DEADLINE, SEPT 19

The Sixteenth Annual Norman P. Salzman Memorial Award in Virology Application is due **Friday, September 19, 2014 at 5 p.m.** For more information, please visit <http://www.fnih.org/content/call-abstracts-sixteenth-annual-norman-p-salzman-memorial-award-virology> or email Ed Berger ([eberger@niaid.nih.gov](mailto:eberger@niaid.nih.gov)).

### PRINCIPLES AND PRACTICE OF CLINICAL RESEARCH COURSE REGISTRATION OPEN

Registration for the 2014-2015 "Introduction to the Principles and Practice of Clinical Research" course is now open. The course will run from **October 14, 2014** through **March 9, 2015**. Classes will be held on the NIH campus at the **Clinical Center, Building 10, Lipsett Amphitheater at 5:00 p.m.** Please click the link for course information, schedule, and registration: <http://clinicalcenter.nih.gov/training/training/ippcr.html>

*(continued on page 22)*

## September Announcements (continued from page 21)

### UPCOMING GLOBAL HSA RECRUITMENTS!

The CSD Global Recruitment Unit (GRU) continues to successfully build strategic partnerships with the NIH community, find high caliber talent, and reduce the burden on IC staff by filling vacancies across NIH using this streamlined hiring approach. GRU is planning to advertise a Health Scientist Administrator (HAS) announcement in September. Since its inception, the GRU has hired over 338 HSAs in a variety of areas of science. GRU's upcoming HSA recruitment will be advertised in over 400 Journals/Associations, 52 of which are diversity organizations.

### 2015 FELLOWS RETREAT PLANNING: JOIN THE TEAM

The annual fellows retreat each spring allows you to step outside of your specialty, present your research, and connect with colleagues across the institute. All NICHD fellows and graduate students are invited to serve on the Steering Committee, which will plan our 2015 event for postdoctoral fellows, clinical fellows, and graduate students. This is a great opportunity to use your organizational skills and gain new transferrable skills while working in a team.

Please send a note to Amber Stratman, chair of the Steering Committee, at [amber.stratman@nih.gov](mailto:amber.stratman@nih.gov) to express your interest. The group builds the program for the meeting, invites speakers, reviews abstracts, selects fellow/graduate student presenters, moderates sessions, and plans a social outing, among other responsibilities. We hope to start our monthly meetings in September.

*This page: Arjun Saha (2010) / Anil Mukherjee Lab / Fatty acid synthase expression in Astrocyte differentiating from neuronal stem cells (neurospheres). DAPI, FASn and GFAP are pseudo-colored.*

## September Events

**FRIDAY, SEPTEMBER 5, 12 – 1:30 PM**

Postdoc Pizza Party!

In honor of National Postdoc Appreciation Week, NICHD leadership will treat our postdocs to a free pizza lunch. Stop on by, postdocs! (But first, let Yvette Pittman know you plan to attend—we don't want to run out of pizza.)

Building 31, Room 2A48

**FRIDAY, SEPTEMBER 19, 10 AM – 12 NOON**

Job Interviewing Workshop, for senior fellows

Will you be actively searching for employment this fall? Do you want to gain a competitive edge? Led by Scott Morgan, this job interviewing workshop is designed to help scientists make a strong impression during a job interview. It focuses on identifying singular examples to help answer questions. Expected questions, themes, dilemmas, and comporment will be analyzed though interactive exercises and peer review. This is an excellent workshop.

Limited to 10 people and can include an individual follow-up session with the instructor.

Please register with Dr. Yvette Pittman at [yvette.pittman@nih.gov](mailto:yvette.pittman@nih.gov).

