ACNP Hosts Congressional Briefing

To Discuss Post-Traumatic Stress Disorder and the psychological and physiological effects of 9-11 and the anthrax attacks

Frankie Trull, Policy Directions

The ACNP’s first briefing focused on post-traumatic stress disorder as it related to the psychological and physiological effects of 9-11 and the anthrax attacks that followed. While everyone in the nation was saddened and shocked by the events of 9-11, many congressional staffers and members of Congress experienced first hand the psychological impact of terrorist acts of violence. The Senate Hart building was closed for over two months after a letter containing anthrax was found in the personal office of Senate Majority Leader Tom Daschle (D-SD). It was later determined that other congressional offices were targeted with letters containing anthrax.

The briefing was moderated by ACNP President, Joseph Coyle. Dr. Coyle provided a brief history of post-traumatic
The last bulletin carried news of Charlie Nemeroff’s appointment to the editorship and some of his plans for Neuropsychopharmacology.

At the beginning of the year, the College also undertook a review of our publishing arrangements – inviting a number of leading medical and scientific publishers to submit their proposals for working with the College to develop Neuropsychopharmacology.

We were fortunate to receive a number of excellent proposals. These proposals were reviewed by Joe Coyle, Chuck O’Brien, Dennis Charney, Charlie Nemeroff, Oakley Ray, and Ronnie Wilkins. After an extensive process of review, conducting telephone interviews and personal interviews Nature Publishing Group was recommended and approved by Council as the new publisher for Neuropsychopharmacology effective January 2003.

Nature Publishing Group includes Nature itself, and the monthly research titles such as Nature Medicine, the recently launched Nature Reviews series and a strong group of titles focused on more specialist markets. Within Nature Publishing Group, Neuropsychopharmacology will have strong synergies with titles such as Nature Reviews Drug Discovery, British Journal of Pharmacology, Nature Neuroscience, Molecular Psychiatry and The Pharmacogenomics Journal.

Marketing Neuropsychopharmacology worldwide to achieve growth in subscriptions, higher readership and an increased awareness of the journal and its content will be a priority for Nature Publishing Group.

We believe the journal and the College are going to benefit strongly from the visibility that association with the Nature brands will give us. Nature Publishing Group has an ever-growing web presence, and Neuropsychopharmacology will have a new web site which will carry highlights of current articles, press releases, links to related content from other Nature Publishing Group titles, and news etc.

Nature Publishing Group production systems will make all articles available online, to all subscribers, within five weeks of acceptance and we are already working with Nature Publishing Group’s staff planning how to reduce the current delays before articles appear in print.

These faster publication times will be good for readers and authors alike. A further benefit to authors will be the opportunity to submit manuscripts online. The editorial office in Nashville will soon be running the EJournal Press software that will also manage the reviewing of papers via the web – making the work of referees simpler and reducing the time in review.

College staff and the Nature Publishing Group publishing team are already working together to put our new arrangements in place and we are all excited about the potential of the new partnership.

Charlie Nemeroff said, “We reviewed proposals from a number of outstanding publishing houses. Nature’s proposal will allow us to achieve many of the goals I outlined in the last newsletter and in my discussions with the Council, including increasing the number of pages published per issue and reducing both the time interval from submission to editorial decision and from acceptance to publication. We are proud to be a part of the Nature publishing family.”

Annette Thomas, Managing Director of Nature Publishing Group said, “We are delighted to be entering into the association with ACNP and its membership. Neuropsychopharmacology occupies a strong position within the neuro-science, pharmacology and psychiatry communities and we believe Nature Publishing Group can contribute to building the readership of the journal worldwide, to endorsing its web presence and to working closely with Dr. Nemeroff and his colleagues as they plan the journals development.”
stress disorder (PTSD) noting that PTSD was once considered primarily as a warfare condition and “only in recent years has it been recognized as a condition that occurs as a consequence of a wide range of traumatic events.” He noted that there has been confusion among some people as to “whether PTSD is simply a failure of the will. We are here today to present to you the scientific evidence that PTSD is a serious medical condition with well established symptoms and physiologic changes that can be treated and that can be prevented.”

The first speaker was Kenneth Davis, M.D. of the Mount Sinai School of Medicine. Dr. Davis conveyed in moving terms what it was like on 9-11 as the members of a hospital trauma team readying themselves for the arrival of many victims of the terrorist bombings. He told the audience that hospital personnel quickly moved to prepare for the expected onslaught of patients. Sadly, after all the preparations were completed staff at the hospital “waited and they waited and they waited and they waited. We waited all through the afternoon and we waited through the evening. . . . But nothing happened.” Davis and his colleagues “realized that there were two kinds of people. There were people who got out and there were people who didn’t. And there were very few people in the middle. . . . And it struck me at that moment that in fact we had a larger men-
tal health catastrophe than I had imagined.” Although the patients with physical injuries were not coming to the hospital for treatment, the hospital was getting thousands of phone calls from the family and friends of victims or potential victims who “simply wanted to talk.” Davis’s remarks captured the attention of the audience and provided a compelling introduction and perspective on PTSD for the next group of speakers who discussed our scientific understanding of this condition.

Rachel Yehuda, Ph.D., of Mount Sinai School of Medicine and the Bronx Veterans Affairs Medical Center, discussed the aftermath of traumatic events and noted that researchers are interested in why some people develop PTSD and others do not. She noted that PTSD is the fourth most common psychiatric disorder. “Post Traumatic Stress Disorder is fundamentally about having a memory of a traumatic event that you cannot control. [It] comes when it wants to, not when you want it to. And what makes it so difficult to have this memory is that when the memory is re-experienced by the trauma survivor, usually it is accompanied by the same emotional distress that was present at the time of the trauma.”

Dennis Charney, M.D., head of the Mood and Anxiety Disorder research program at the National Institute of Mental Health, spoke about the biology of stress and the biology of PTSD. He spoke in detailed yet clear terms about the body’s reaction and biological responses to certain events. Charney noted that most people do not develop PTSD following a traumatic event and researchers are looking at the “elements of resilience – from a genetic point of view, from a chemical point of view . . . and psychological issues – how can they promote resilience.” Charney told the audience that with a better understanding of how to promote resilience we may be able to prevent PTSD. He said that PTSD may be one of the first psychiatric disorders for which we can develop approaches to prevent the development of the disorder. He said these approaches “will relate to understanding the biology and also the psychology of the risk factors that ultimately lead to getting PTSD or not.” Charney also explained that there are strategies being tested to determine if certain medications may be helpful in treating or preventing PTSD as well as various forms of psychotherapy that are being developed and tested that may prevent the development of PTSD.

The final speaker, Carol North, M.D., professor of psychiatry at Washington University School of Medicine, discussed ongoing research into the mental health consequences of disasters and terrorist actions. Dr. North told the audience that
Ronnie Wilkins

One of the top consulting firms in the world today is McKinsey & Company. Many leading management thinkers such as Tom Peters are former McKinsey employees, and most of the corporate giants of America have sought help from McKinsey at one time or another. I especially admire McKinsey’s relentless focus on priorities. Sound strategic thinking is ingrained into each of their consultants. One of my favorite lines comes from a book written by a former McKinsey consultant, “If I can only do three things, I’ll do the three biggest.”

One of the most important things our Council, our Executive Committee, and our President Joe Coyle are doing these days is leading the College to focus on the important issues. A group of Council members met in Washington on April 23 to spend a day on strategic planning. The group looked at a number of issues and formulated some specific recommendations for Council to consider in the areas of education of future investigators, continuing to improve our public policy efforts, and encouraging positive media attention to our field. Equally important, this group considered other items and decided not to make any recommendations about them. As we attempt to deploy the resources of the College in the most effective way possible, this type of strategic thinking and planning is crucial. You can see from other articles in this Bulletin that our strategic efforts to effectively engage the College in the public policy arena are working and are beginning to have an impact. This is, in large part, a result of work that flows naturally from well-designed strategy.

As we carefully move forward with new initiatives our leadership should be congratulated for focusing on strategic priorities. In today’s busy world it may be optimistic to think that we can do even three things well. All the more reason to focus on the important things. ♦

A Series on ACNP Membership

Oakley Ray

This report is the first of several talks about membership in the ACNP. It is true, as Joe Coyle phrases it, that the ACNP is an honorific research society and membership is keenly sought by many. These articles will not answer all your questions about membership but it will provide much information about the membership nomination and election process. If you would like to know more, let me know. If you want to know less, stop reading.

Scientific Associates: An ACNP Outreach Program.

We previously had a category in the late 1970s and 1980s, of Scientific Associates. The rights and responsibilities were about the same as those established by the 1990 Task Force. This category was abolished when the limit on the number of new members was liberalized in the 1980s. Of interest was the 1975 phrase “Upon recommendation of the Credentials Committee, Scientific Associates may be considered for election to Member status. The status of Scientific Associate shall confer no priority among the candidates for available billets.”

The June 1990 Council accepted a report by a Task Force to Review Credentialing Requirements and Processes. One of the recommendations was the establishment of a new category of membership, Associate Members. This category was unique in several ways.

Associate Members were to be early career investigators, in contrast to those mature investigators who were eligible for regular membership. To ensure that these were early career investigators the limitation was set that no one could apply who was more than 12 years beyond the M.D. or Ph.D. Another unique quality was that the appointment was time limited (five years) and not renewable or extendable. Perhaps, the most revolutionary move-for the ACNP-was that the individuals could self-nominate, no sponsors were needed.

This last mentioned uniqueness was emphasized by the Task Force’s statement: "Self-Application (unsponsored) for Associate Category: The objective was to provide equal entry access for scientists who are not acquainted with ACNP members. Applicants would be judged on their scientific and professional accomplishments and their ability to communicate the significance of their research in a short (500 word) essay.”

Those elected to Scientific Associate Member status could not apply for regular membership until they had been an Associate Member for three years.

At first only 10 Associate Members could be admitted each year, that is now raised to 15. And an Associate Member can apply for regular membership after being an Associate Member for only one year. They are also now eligible for membership on task forces. (See the most recent Directory for the current rights and responsibilities.)

The number of Associate Members elected each year are as follows:

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The real test, of course, is: has the program succeeded in identifying bright young, up & coming, investigators? The evidence suggests that it has. To date-through 2001-36 Associate Members have applied for and been accepted as regular scientific members.

The data are not yet all in, and it may be years before anyone wants to make a final statement about the long term value of this program. One thing seems sure though—it is possible to identify individuals in the first twelve years after their...
A Report From the President’s Council on Bioethics

Paul McHugh

Member, President’s Council on Bioethics
Chair, ACNP Ethics Committee

I was appointed to the President’s Council on Bioethics in December of 2001. I plan to report to the members of the College at regular intervals about its progress. Some details can be quickly described. The Council consists of 18 members amongst whose number are several distinguished scientists, physicians, political scientists, and philosophers. The Chairman is Leon Kass, M.D., Ph.D., arguably the nation’s preeminent bioethicist from the University of Chicago. Amongst the scientists and physicians well known to members of our College are Michael Gazzaniga, psychologist and neuroscientist from Dartmouth; Janet Rowley, the geneticist/molecular biologist from the University of Chicago; Daniel Foster, the Chair of the Department of Medicine at the University of Texas Southwestern Medical School; and Elizabeth Blackburn, geneticist/molecular biologist from the University of California at San Francisco.

The Council meets monthly for two days in Washington in sessions that are not only open to the public but are transcribed for verbatim presentation on the Internet. I offer the suggestion to any members of the College to follow the proceedings on the Internet at bioethics.gov and, if you like, communicate with me at pmchugh1@jhmi.edu to offer thoughts, opinions, objections, etc. All of this public access is in the spirit of the President’s charge to the Committee at its inception.

President Bush met with the Council in January at the time of its first meeting and charged the Council with two overall responsibilities. The first was to consider and review the implications for public policy emerging from the recent advances in biology with special emphasis on genetics and pharmacology. He asked that we start our deliberations on the issues of human cloning for both reproductive and research purposes as he believed these were important issues most currently under discussion in governments around the world.

But as well he hoped the Council would do more than just offer recommendations for policy. He wanted us to discuss and deliberate upon the significance of these scientific advances in what they imply and in what opportunities and concerns they represent for the future of social/scientific interactions. This charge that the Council deliberate – even ruminate – upon these matters encourages me in communicating with all of you.

The Council met for two days in January and again in February. The first meeting was mostly “group process” as the members of the group got to know each other. The February meeting launched the discussions on human cloning. We quickly and unanimously agreed with the National Academy of Science in opposing human cloning for reproduction – for baby-making, as it came to be called. Our opposition was based in part on the health dangers still inherent to this process and in part on the ethical implications of manufacturing human beings.

The discussion then turned to human cloning for research purposes – what is sometimes called therapeutic cloning because of the presumption that such research would produce totipotent stem cells for treatment of human diseases such as diabetes, Parkinson’s, Alzheimer’s disease, etc. Launching this discussion was a brief review by Irving Weisman of Stanford on the science behind somatic cell nuclear transplantation and what might be imagined as potentials for human biological research and treatment that could emerge from it. Weisman was enthusiastic and committed to the promises of this research – telling the committee that, if it were wise, it would support this opportunity in human biology. He pointed to a future where such diseases as amyotrophic lateral sclerosis might succumb to the treatments emerging from this new biology.

Irving Weisman is of course a great scientist but he is also a great salesman and made the pitch for therapeutic potentials without describing a single animal experiment. I was disappointed by this approach. It did not advance the discussion much – no mouse, rat, cat was shown relieved of symptoms or signs. As a result, the session did not move far in deliberating on the science and especially on such ethical issues as whether, right from the start, somatic cell nuclear transplantation begins a new human life that is terminated with the harvesting of stem cells. These matters will continue in discussion of the next meeting of the Council on April 25 and 26. The Council aims to produce a report on the human cloning early in the summer. This report will likely include several divergent opinions as the intention of the Council is not to force a consensus but to bring out clarity of opinions.

After that report, the Council will move to other subjects. Of some interest to the College will be discussions on psychopharmacology and especially the use of psychopharmacological treatments for enhancement of performance as against treatment of disorders. I will report on these matters and will be happy to receive thoughts from you as the Council proceeds.
Senate Expected To Debate Ban on Therapeutic Cloning

Frankie Trull, Policy Directions

Senator Sam Brownback (R-KS) has introduced legislation, S. 1899, the Human Cloning Prohibition Act of 2001 that would ban both human therapeutic cloning (research cloning) as well as human reproductive cloning. Both techniques involve the use of nuclear transplantation (somatic cell nuclear transfer), but human reproductive cloning requires transferring the cells to a uterus.

ACNP has taken a public position against human reproductive cloning and has endorsed a complete ban on this scientific technique. However, ACNP has expressed its opposition to the Brownback legislation because it imposes far too broad a restriction on cloning for therapeutic purposes. Therapeutic cloning represents one of the most promising avenues of biomedical research that we have seen in years. ACNP is opposed to enactment of a new federal law eliminating this research before its potential is fully assessed.

Status of Human Cloning Legislation

The Senate is expected to consider this legislation prior to its scheduled Memorial Day recess which begins on May 27, 2002. At this point, there do not appear to be enough votes to pass the legislation, although there may be a majority of Senators who would vote yes on the Brownback bill. In the Senate, 60 votes are usually required on controversial legislation in order to break a filibuster. Opponents of the Brownback bill were dealt a blow in April when Senator Bill Frist (R-TN), the Senate’s only physician, announced his support for a ban on both human therapeutic and reproductive cloning. This announcement, together with the tenacity of the bill’s supporters, is cause for serious concern that restrictive legislation on therapeutic cloning may be enacted into law this year.

The House approved similar legislation last year, and the President has announced his support for a total ban on all human cloning techniques. If the Brownback bill is presented to the President, he will enthusiastically sign it.

Elements of the Brownback Bill

S. 1899 defines human cloning as “human asexual reproduction, accomplished by introducing nuclear material from one or more human somatic cells into a fertilized or unfertilized oocyte whose nuclear material has been removed or inactivated so as to produce a living organism (at any stage of development) that is genetically virtually identical to an existing or previously existing human organism.” Asexual reproduction is defined as “reproduction not initiated by the union of oocyte and sperm.” Somatic cell is defined as “a diploid cell (having a complete set of chromosomes) obtained or derived from a living or deceased human body at any stage of development.”

The bill makes it unlawful to “(1) perform or attempt to perform human cloning; (2) to participate in an attempt to perform human cloning; or (3) to ship or receive for any purpose an embryo produced by human cloning or any product derived from such embryo.”

The bill also makes it unlawful “to import for any purpose an embryo produced by human cloning, or any product derived from such an embryo.”

Persons found guilty of violating any of these provisions are subject to criminal penalties involving fines and imprisonment of up to 10 years. Civil penalties of not less than $1,000,000 will be imposed for violations involving pecuniary gain. If the gain is more than $1,000,000, the bill permits civil penalties of twice the amount of the gross gain.

Research using nuclear transfer or other cloning techniques to produce molecules, DNA, cells other than human embryos, tissues, organs, plants, or animals other than humans, is exempt from the bill’s prohibitions.

We have included a sample letter (see page 7) that members can use as a template to write to your own Congressional Delegation. The addresses of all Senators and Congressmen are available on the Internet at http://www.house.gov/writerep/ and http://www.senate.gov/senators/senator_by_state.cfm.

President’s Bioethics Council

On January 16, President Bush announced the names of the 18 individuals who will sit on the President’s Council on Bioethics. The chair of the Council, Leon R. Kass, M.D., is a bioethicist from the University of Chicago. ACNP member, Paul McHugh, M.D., the Henry Phipps Professor of Psychiatry and Director of the Department of Psychiatry and Behavioral Sciences at John Hopkins University School of Medicine, is a member of the Council.

Human cloning and stem cell research will be among the first issues addressed by the Council. The Council meets monthly for two days in Washington in sessions that are open to the public. Dr. McHugh reports in an article on p. 5 that the February meeting of the Council launched the discussions on human cloning. The Council is planning to produce a report on the human cloning early in the summer.

A Series on ACNP Membership

Continued from page 4

degree who will then go on to become members. As a point of reference, those who were elected to regular membership in 2001 averaged 22 years from Ph.D. or M.D. to election. The 1990 Task Force created an early outreach program—reaching out to early career investigators and giving them the opportunity to attend the Annual Meeting and interact with the College Members.

Later reports will look at those who were selected as Associate Members who did not become regular members. And, of course, there are those who applied and were not selected—what happened to them?
A Sample Letter Opposing the Brownback Legislation

Dear Senator __________:

As a scientist who does research involving _____________ I am strongly opposed to legislation introduced in the United States Senate that would ban nuclear transplantation technology for research and therapeutic purposes. This technology, commonly referred to as therapeutic cloning, represents one of the most promising avenues of biomedical research that we have seen in years. It offers hope to thousands of individuals who are afflicted with many of the most devastating diseases and disorders known to mankind.

I am opposed to human reproductive cloning and fully endorse a complete ban on cloning for reproductive purpose. However, therapeutic cloning used to produce embryonic stem cells for research purposes offers too great a potential for us to ignore. It would be truly tragic to eliminate this research before we are able to fully assess its potential.

I share the view of forty Nobel Prize winners who recently concluded that nuclear transplantation technology might permit the creation of embryonic stem cells with defined genetic constitution, permitting a new and powerful approach to understanding how inherited predispositions lead to a variety of cancers and neurological diseases such as Parkinson's and Alzheimer's diseases.

Of course, prohibiting this type of research by legislation will only eliminate research by U.S. scientists. Great Britain, France, Germany, Sweden and many other countries permit this research. A blanket ban, as proposed by the Brownback bill, will likely result in a costly loss of many of America's most brilliant scientists.

Equally disturbing is the provision in the Brownback bill that would prohibit and criminalize the importation of any product derived from therapeutic cloning. Is the Congress seriously considering denying new treatments involving therapeutic cloning to patients who need them and whose lives may be dramatically improved for the better by this new technology?

I encourage you to consider in a thoughtful and deliberative manner all of the issues surrounding the use and potential benefits of therapeutic cloning. I support a complete ban on human reproductive cloning, but I believe it would be a travesty for the millions of Americans suffering from potentially curable diseases if new treatments are denied to them because of actions taken by the U.S. Congress.

Sincerely yours,

Annual Meeting Participation

There will be strict enforcement of our name badge policy at the Annual Meeting this year. Anyone not wearing a name badge will not be admitted to any sessions including poster sessions. Those registered as accompanying persons may attend poster sessions, breakfasts, lunches and receptions.

ACNP Hosts Congressional Briefing

“PTSD and other psychiatric disorders following disasters are eminently treatable but only if people get to treatment.”

North said that all disasters are different and individual responses to these disasters are different. She argued for “research specifically examining victims of disasters, terrorism and bioterrorism” and the effectiveness of the different interventions currently deployed.

The briefing concluded with numerous questions from an interested audience, including questions about the need for additional funding of research in this area. Attendees included congressional staff, patient advocacy representatives, public health agency officials, and members of the press. The briefing was a successful first effort by ACNP to inform policy makers and advocates about PTSD, one of many important mental health conditions that should be better understood as our nation assembles resources to promote research and treatment options for this condition.

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The American College of Neuropsychopharmacology on the World Wide Web

You can find the ACNP on the World Wide Web at http://www.acnp.org/

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Meetings

Membership Information
Officers and Council
President’s Message
Our Journal
ACNP Bulletin Online
CALENDAR OF EVENTS

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