ACNP Bulletin

American College of Neuropsychopharmacology

October 2002 Volume 8 No. 4

Human Stem Cell Research Revisited

Joseph T. Coyle

The last issue of the ACNP Newsletter contained an editorial written by Paul McHugh, M.D., Chair of our Ethics Committee, on the deliberations of the President's Council on Bioethics about human stem cell research. Dr. McHugh voted with the majority of that Council to impose a moratorium on the development of additional human stem cell lines until suitable regulations and safeguards were in place, a position that he clearly explained in the column. Therefore, I thought that it would be reasonable to have differing points of view presented to provide a more complete perspective on this important and complex issue at the intersection between science, ethics and public policy. Michael Gazzaniga, Ph.D., a distinguished cognitive neuroscientist and Dean of Dartmouth School of Medicine, who also served on the President's Council on Bioethics, and Michael Manganiello, who speaks for patient advocates as a representative of the Christopher Reeve Foundation, provide below their arguments against the moratorium. I hope that this reasoned debate assists ACNP members in formulating their own positions on human stem cell policy◆

On Biomedical Cloning and the Future of Medicine

Michael S. Gazzaniga
Dean, Dartmouth School of Medicine
Member, President's Council on Bioethics

In these pages a few weeks ago, Dr. Paul McHugh, a fellow member of the President's Council on Bioethics, stated his reasons for voting for a moratorium on what has come to be called biomedical or therapeutic cloning. Many of us on the Council were surprised by his retreating to the moratorium position after being a vigorous and eloquent advocate for the pro-biomedical cloning position without delay up to the final weeks before a vote was taken. As a result, his reasons are worth examining with scrutiny.

First, let me say Dr. McHugh is arguably the finest psychiatrist in America today. I have long ago instructed my family that should I begin to act in stranger ways than I do, they are to call Paul immediately and put me in his care. Having taken on a new assignment as Dean of the Faculty here at Dartmouth, this back up position is on my mind. Over the years, I have always marveled at his sanguinity, caring and optimistic view of the world.

Dr. McHugh reveals why he is willing to consider somatic cell nuclear transfer (SCNT) as a procedure to generate embryonic stem cells at all as a viable biomedical enterprise. Dr. McHugh is a very public Catholic and vigorously believes in his faith. Yet, he is also a practicing physician and one that has worked for over 40 years alleviating the misery of others. His clinical and empathetic powers are second to none. He knows and understands disease and wants to do something about it. In fact, a line could be drawn on the Council between those physicians who actually practice medicine and those who do not. All those who see patients, were pro-biomedical cloning and all those who did not were against it.

With these two belief systems come some rational tensions. Early on in our discussions, it became clear that calling the SCNT an "embryo" was a misnomer. An embryo is a fertilized egg. Somatic cell nuclear transfer is the introduction of an adult somatic cell into an enucleated egg. Thus a SCNT entity is not an embryo. Clearly, the product can, as we have seen with Dolly, sometimes grow into a representation of the adult cell and in theory the same would be true for a human somatic cell. However, how it gets there is not at all clear and certainly does not follow, in the early stages the exact sequence that a fertilized egg follows.

It is also the case that in our early discussions a variety of other methods for nurturing an adult somatic cell were mentioned. There was a report that a rabbit oocyte might do the trick. There were discussions that someday, as the oocyte becomes atomized by biochemists, one could simply concoct a bag of chemicals that could trigger the somatic cell into early development, although this is a long way off by all accounts. All of this discussion easily led to a view that the SCNT was a something, but not a little person. And that is where Dr. McHugh wanted to leave it. He called it a

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"clonote" and thought it was more akin to tissue culture work. That's fine with me. Whatever works.

So, given there is no moral objection to the enterprise, a moratorium was urged by Dr. McHugh for the following three reasons. First, we need a policy on human oocyte production. Second, the SCNT method could be misused in ways that would offend many in our culture. And third, if a SCNT did develop, it could be and most likely would be genetically flawed, raising the specter of future disruptions in the human germ line.

First, it is a matter of debate as to how many new ooctyes would be needed. It is certainly now the case that an extra oocyte, generated by the now active IVF clinics would serve the immediate needs of the biomedical community. And no one doubts couples would be eager to allow an extra oocyte be used for biomedical reasons. Indeed, in order to fuel much needed research on embryonic stem cells, the 100,000 or so fertilized eggs, now lying in frozen limbo could be used to launch an untold number of immortal stem cell lines for research. Indeed, at this point in our meager knowledge it is not even known if cloned stem cells from a particular person will serve the person that much better than cells generated from another germ line.

Second, as the minority members stated with great clarity, no one is proposing at this point that the cloned cells be allowed to live past 14 days. It is also clear it would be against the law to re-implant the 14 day blastocyst back into a uterus to allow not only a full blown child, or even a body part. Dr. McHugh has a misplaced concern.

Finally, and related to the foregoing, no one is for allowing a human to be produced through cloning. This was stated time and time again. His concern, again, is misplaced.

The larger biomedical community should take note. The President's Council voted for biomedical cloning. Seven of us want it to start now with appropriate regulations in place. Three others, including Dr. McHugh want it to start more slowly. Yet, the majority has no ethical issue with the procedure. To my way of thinking, this should empower those interested in letting America go forward with this important biomedical advance to get off the couch and keep up the debate with vigor. It is the job of the most conservative force in modern life, the experimental scientist to sort out how much of stem cell hope is stem cell hype. Let's roll. ◆

A Rejoinder from Paul McHugh

I thank Dr. Gazzaniga and Mr. Manganiello for their thoughtful replies to my editorial, and I propose, with this rejoinder, merely to emphasize two points. First: one of the charges to the Bioethics Council is to be a spur for public discussion raising issues of concern about new biology so as to help resolve them. Hence the value of these exchanges in contrast to a list of protesting signatures. Second: Both of these replies to my editorial demonstrate again the unanimity of scientific opinion over the need for regulation of SCNT. I hold that now the scientific community has the responsibility to translate this universal opinion into specifics - proffering counter-suggestions to the Council in forming these regulations and explaining just what practical steps must be followed in establishing them. Would, for example, the best regulations come from federal legislation that would apply to public and private practices? Would the NIH be the best organization to spell out regulations? Just how long would it take to establish these regulations and would there be an accepted de facto moratorium on human SCNT work until they were in place? The Bioethics Council has challenged the scientific community to produce these answers and I'm confident they will emerge from discussions such as these. ◆

Moratorium on Biomedical Cloning - A Patient Advocate View

Michael Manganiello
VP of Public Policy - Christopher Reeve Paralysis Foundation
Chairman - Coalition for the Advancement of Medical Research

Shortly after the President's Council on Bioethics issued its report in recommending a four-year "moratorium" on therapeutic cloning (also known as somatic cell nuclear transfer, or SCNT), Dr. Elizabeth Blackburn, a renowned cell biologist and member of the Council, wrote an opinion piece in the Chicago Tribune. In it, she said she joined the minority who opposed a moratorium, "for a very simple reason: a moratorium makes no sense." Millions of Americans fighting life-threatening medical conditions could not agree more.

In his recent article, Paul McHugh restated one of the central arguments of the Council majority. A moratorium would allow time to develop a system of national regulation to prevent abuses of therapeutic cloning. But such regulations already exist. They will ensure that SCNT research is carried out with little risk to egg donors and with safeguards against its use for reproductive purposes. For example, the Food and Drug Administration already requires medical research - including human therapeutic cloning - to be done only after disinterested review by an institutional review board ("IRB"). IRBs ensure that research risks are both minimized and reasonable, including those associated with egg donation or tissue transplantation; and that research embryos and records are protected against unauthorized use (e.g., for reproduction). These safeguards could certainly be added to or improved, but the process would take weeks or months, not years.

Some moratorium supporters worry that SCNT will stimulate the demand for human eggs, making women into "egg factories." In fact, SCNT will do just the opposite. The main purpose of therapeutic cloning research is to understand how cells develop. Once that is understood, the process can be replicated in a laboratory, decreasing or eliminating the need for new eggs. In the meantime, it should not be forgotten that an extensive system of regulation of egg donation already exists, which has worked very well in fertility medicine.

Dr. McHugh and other moratorium supporters also believe that a moratorium is the only way to prevent science from proceeding down the slippery slope to growing organs in a woman's uterus, reproducing genetic anomalies, etc. As Dr. Harold Varmus, the former head of the NIH and a Nobel laureate, has said, there is a profound distinction between cloning with the intent of making a human being and research cloning to get a handle on understanding and treating terrible diseases. The patients and scientists who support SCNT research also support immediate creation and enforcement of strict regulations to supplement existing FDA regulations, including a complete ban on reproductive cloning and stiff penalties for breaking the law. Proponents of SCNT in the Senate have already drafted such regulations, which –again—could be put in force in months, not years.

It is not coincidence that some of the strongest supporters of a moratorium are those who want to ban SCNT outright. They know that a moratorium is a thinly veiled attempt to completely ban therapeutic cloning. History has shown that a moratorium is very difficult to lift. In addition, the effects of the moratorium the majority of the committee recommended would last much longer than four years. As council member, Elizabeth Blackburn said, "Scientific research is not like an electric light that can be switched off then instantly turned back on." A moratorium stigmatizes therapeutic cloning, sending a strong signal to the scientific community that should not be pursued. Researchers will move on to other areas, as projects are terminated, and resources shifted to other studies.

Finally, the members of the President's Council on Bioethics who support a moratorium on SCNT missed what is to my mind the most important point of all. A moratorium would mean that important medical breakthroughs would be put on hold.

Think about what that means to Chelsea Coenraads, a four-year old who can't walk, talk, or feed herself because she has an incurable genetic disorder called Rett Syndrome. That condition prevents her from enjoying even the most basic pleasures of childhood, such as running on the playground or blowing out the candles on a birthday cake. Her mother has to watch helplessly as her daughter writhes in pain on the floor. She often feels Chelsea's hand while she's asleep, not sure if she'll find the child alive or dead.

Or think about what putting medical breakthroughs on hold means for people like Debbie Kelsoe, who became a quadriplegic two years ago when an automobile accident broke her neck. Writing in the Houston Chronicle this year, she said, "I am now, along with hundreds of thousands of others like me, desperately awaiting the day when we can get out of these chairs. What gets us through the day and helps us think about the future is hope, hope for new treatments and one day soon a cure."

People suffering from life-threatening diseases and conditions shouldn't have to wait for new therapies one day longer than absolutely necessary. This is especially true for those who develop fast-acting cancers, or move into advanced stages of Parkinson's, Alzheimer's, or other conditions for which a four year delay could literally be the difference between life and death.

Dr. McHugh and the other members of The President's Council on Bioethics did the country a great service, publicly exploring differing perspectives on one of the most important biomedical issues the nation faces. A moratorium, however, would be a severe blow to the hopes of millions of people fighting life-threatening diseases and thousands of researchers looking for cures. ◆

News from Washington

Frankie Trull

Congress

Both the House and Senate have recessed until November 12 when they are expected to consider the 11 remaining appropriations bills, including the funding bill for the National Institutes of Health (NIH). If an agreement cannot be reached, the lame duck session may continue to the end of the calendar year. Meanwhile, increases to research funding, including the final phase of the five-year NIH doubling effort, will not be implemented until the FY2003 appropriations bills are passed. When Congress resumes, ACNP will be sending out a Legislative Alert to urge Representatives and Senators to pass these bills before the end of the year.

NIH Funding

The Senate has passed its version of the Labor-HHS-Education appropriation bill. Included in this bill is the final installment of $3.7 billion for doubling the National Institutes of Health (NIH) budget. The House is expected to follow a similar course. This would bring the total funding for NIH to $27.2 billion.

Senator Specter, former Chairman, and current Ranking Member of the Appropriations Subcommittee for Labor, Health and Human Services, Education and Related Agencies recently introduced a resolution to triple funding for the National Institutes of Health over a 10-year period beginning in 1999. The previous doubling plan was predicated in 1997 by a Senate resolution.

NIH Reorganization

With Congress poised to complete the five-year NIH doubling effort, there is concern about NIH's ability to utilize effectively this influx of funds. The National Academies Institute of Medicine (IOM) committee was charged by Congress to use some of those NIH funds to conduct a study of the current structure of NIH and to make recommendations to Congress of organizational changes that might improve the efficiency and effectiveness of NIH research portfolio. The report is expected to be issued in September of 2003.

The purpose of the study is to determine if the current NIH structure should be modernized. The following questions will be discussed in the report: Are there general principles by which NIH should be organized? Does the current structure reflect these principles, or should NIH be restructured? If restructuring is recommended, what should the new structure be? How will the proposed new structure improve NIH's ability to conduct biomedical research and training, and accommodate organizational growth in the future? How would the proposed new structure overcome current weaknesses, and what new problems might it introduce? The final report may be used as foundation for legislative action to reorganize NIH.

The IOM committee held its first meeting on this issue July 30. Elias Zerhouni, M.D., the current NIH Director, and Bernadine Healy and Harold Varmus, former directors, testified before the committee. To see the members of the committee and read the member bios, visit the NAS website at http://www4.nas.edu/webcr.nsf/CommitteeDisplay/BLSX-K-01-05-A?OpenDocument.

Merging similar institutes to more efficiently use funds, eliminating redundant research and encouraging related collaborative research is one idea that has consistently surfaced among former NIH directors and leaders within the research community.

Advocacy organizations are concerned, however, about ensuring that their respective diseases, disorders and conditions are receiving a fair share of research dollars. Mental health advocates believe that mental illness, a disease that is often dismissed as not being life-threatening and having little or no biological basis, currently does not receive an adequate amount of research resources. To include it with other diseases may reduce resources further. The alternative view is that individuals who suffer from co-occurring mental illness and alcohol or substance abuse problems will gain from collaborative research conducted not on one or the other illness, but on how the two interact.

Harold Varmus, M.D., who served as NIH Director from 1993-2000 has been a longtime advocate for structural reorganization. He has stated that "it's very apparent to me that the small institutes simply can't operate with the kinds of efficiencies and carry out some of the tasks the bigger institutes can…I can see an NIH in which there are, basically, five or six organizations or clusters of organizations that work very effectively together and make the whole process of running the NIH one that is much more effective." [1]

In the March 9, 2001, issue of Science magazine, Dr. Varmus proposed that all of NIH's current activities be distributed among six units of about equal size. These proposed mega-institutes would be disease oriented: the National Cancer Institute, the National Brain Institute, the National Institute for Internal Medicine Research, the National Institute for Human Development and the National Institute for Microbial and Environmental Medicine. Under Varmus's plan, the NIH Director would be responsible for the sixth unit where the five institute directors would report. [2]

Former Congressman John Porter, who chaired the Labor-HHS Appropriations Subcommittee and was instrumental in federal efforts to double the NIH budget, opposed eliminating any institute. He warns that this would likely meet political opposition. However, he is not opposed to grouping already existing institutes.

The next IOM meeting is scheduled for November 20, 2002 - November 21, 2002.

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Human Research Subjects Protection

After serving more than two years as Director of the then newly formed Office for Human Research Protections (OHRP), Dr. Greg Koski will return to Harvard University, effective November 30, 2002. The office was formed after a series of research violations caused concern within the Administration and on Capitol Hill. Elevating the office to the Office of the Secretary served to bring the issues associated with human subjects research to the forefront, spurring several new pieces of legislation, a national advisory committee and the National Academies Institute of Medicine (IOM) study.

The National Academies IOM Committee on Assessing the System for Protecting Human Research Participants released its report October 3. In the report, "Responsible Research: A Systems Approach to Protecting Research Participants," the committee recommends that oversight be expanded to include any research which involves human participants, irrespective of the type or source of funding. Under current law, some research that does not receive federal funds is exempt from federal oversight protections. This would require Congressional action.

Included in the report are four specific conditions to ensure what the committee considers a safe and effective "Human Research Participant Protection Program (HRPPP)." This includes 1) accountability for the provision of participant protection; 2) adequate resources (financial and nonfinancial) to sustain robust protection activities; 3) ethics education programs for those that conduct and oversee research; and 4) transparency, that is, open communication and interaction with the local community, research participants, investigators, and other stakeholders in the research enterprise.,[3] To read the entire report online, please visit the IOM site at: http://www.IOM.edu/IOM/IOMhome.nsf/Pages/Recently+Released+Reports

Senator Kennedy (D-MA) released his long-awaited version of a human subjects' protection bill October 3 to coincide with the IOM report. While the IOM report recommends less dependence on the IRB review board "moving away from the term 'Institutional Review Board'" and using a more appropriate term such as "Research Ethics Review Board, or Research ERB." [5] Senator Kennedy's legislation, S. 3060, includes mandatory accreditation of IRBs and will provide the Boards with funding by allowing human subject protection costs to be charged as direct costs on federal grants. Senator Frist, (R-TN) who also serves on the authorizing committee, prefers voluntary IRB accreditation. To read the entire legislation, please visit the Library of Congress Website at http://thomas.loc.gov/

[1]http://www.nih.gov/news/NIH-Record/01_25_2000/story01.htm

[2]http://life.ac.cn/mlyg/Science/291-5510.htm

[3]http://www.IOM.edu/IOM/IOMhome.nsf/WFiles/ResponsibleResearchFINAL2/$file/ResponsibleResearchFINAL2.pdf

[4]http://www.IOM.edu/IOM/IOMhome.nsf/WFiles/ResponsibleResearchFINAL2/$file/ResponsibleResearchFINAL2.pdf◆

Securing ACNP's Financial Future

Robert T. Rubin, Chair, ACNP Finance Committee

At the suggestion of Ronnie Wilkins, our Executive Director, I write this update on the work of the Finance Committee directed toward securing our College's financial future. In addition to its annual meetings, the Committee recently held an interim meeting in Nashville. This report includes our deliberations at that meeting, as well as information from our annual meetings.

About two years ago, Eric Hollander wrote a similar update, at a time when ACNP was accreting a financial reserve designed to insure the availability of three years' operating expenses. Eric detailed the history leading to a decision by the Finance Committee to commit a portion of its reserve funds ($881,000 in August 2000 and $741,000 in February/March 2001) to active management by an investment company, Ayrshire Associates.

First, an update on performance by Ayrshire. We all are aware of the excessive valuations of common stocks in the late 1990's, the market peak in January–March 2000, and the protracted decline, especially in tech stocks, as the "bubble" burst. Ayrshire began investing our funds at the end of August 2000, a time when, after a sell-off from its peak, the market had rebounded, almost but not quite reaching its former highs. In December 2000, as the market declined again, Ayrshire's indicators pointed to a longer-term bear market, and they "unwound" their positions, particularly in tech stocks, moving more into bonds and cash equivalents. At the end of August 2002, two years later, our total portfolio was down by 25.5%. Considering the severe losses in many common stock sectors, Ayrshire's decision to keep some funds in fixed income investments, even at the outset of their management of our portfolio, was wise. The challenge for Ayrshire now is to judiciously change the investment mix as this protracted bear market begins to turn, the timing of which will require considerable acumen to discern.

The Finance Committee continues to discuss these issues in detail, and we have decided to stay the course with Ayrshire, adhering to our original decision to give them five years to establish a track record with our account. For the present, we are not adding to our allocation with them, and we have tentatively planned to diversify to an additional investment advisor at such time as growth of our fund balances warrant. ACNP continues to have a positive cash flow from operations, and overall management policy for our total assets is to keep at least 40% in bonds and cash; therefore, we remain in solid financial condition and well able to meet any unforeseen contingencies.

Second, as part of a continuing process of competitive bidding for aspects of ACNP's business, we solicited several accounting firms to conduct our audits and selected Frasier, Dean & Howard. At our interim meeting they presented ACNP's audited financial statements for the year ending 31 March 2002. In summary, we are in full compliance with all regulations for a 501(c)(3) not-for-profit corporation. They found no deficiencies in our bookkeeping, and we have appropriate policies and controls in place. Total assets on 31 March 2002 were $2,910,510, compared with $2,867,230 a year earlier.

Third, at our interim meeting the Finance Committee had an exploratory discussion about establishing an endowment fund for ACNP. Representatives of AmSouth Bank presented several ways of constructing endowments, including charitable gift trusts through established companies providing administration. The Committee is formulating a proposal for Council indicating the benefits of establishing an endowment fund, including potential uses for contributions. We will continue our consideration of this issue at the Annual Meeting in San Juan. ◆

ACNP Members Named to Top NIMH and NIAAA Positions

The ACNP proudly congratulates two members who have recently been appointed as Director of NIMH and as Director of NIAAA.

National Institute of Mental Health

Thomas R. Insel, M.D., the newly appointed Director of the National Institute of Mental Health (NIMH), has been a member of the ACNP since 1988. Actively involved in the ACNP, Dr. Insel has served as Co-chair of the ACNP Ethics Committee and as a Field Editor for Neuropsychopharmacology in 2002. In his new position, Dr. Insel will oversee the NIMH's $1.3 billion research budget.

Dr. Insel graduated from Boston University where he received a B.A. from the College of Liberal Arts and an M.D. from the Medical School. He did his internship at Berkshire Medical Center, Pittsfield, Massachusetts, and his residency at the Langley Porter Neuropsychiatric Institute at the University of California San Francisco. Dr. Insel joined NIMH in 1979, where he served in various scientific research positions until 1994 when he went to Emory University, Atlanta, as Professor, Department of Psychiatry, Emory University School of Medicine, and Director of the Yerkes Regional Primate Research Center. As director of Yerkes, Dr. Insel built one of the nation's leading HIV vaccine research programs. He has also served as the founding director of the Center for Behavioral Neuroscience, a science and technology center, funded by the National Science Foundation (NSF). The Center has developed an interdisciplinary consortium for research and education at eight Atlanta colleges and universities.

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In addition to his involvement with the ACNP Dr. Insel serves on numerous academic, scientific, and professional committees including 10 editorial boards. He has received awards from the National Alliance for Research on Schizophrenia and Depression (NARSAD), the Society for Biological Psychiatry, and the U.S. Public Health Service (USPHS).

National Institute on Alcohol Abuse and Alcoholism

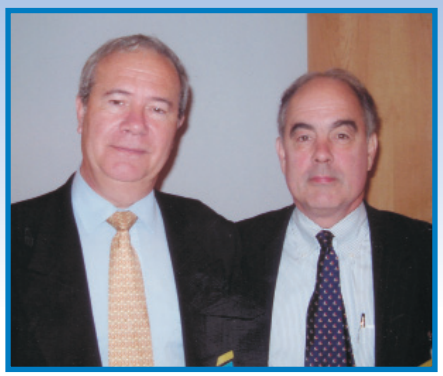
Ting-Kai Li, M.D., a member of the ACNP since 1992, has been appointed to replace Enoch Gordis as Director of NIAAA.

The author of more than 400 journal articles and book chapters, Dr. Li has produced ground-breaking research in several areas, including alcohol metabolism and animal models of alcoholism. He is a major participant in two NIAAA-supported research consortia - the Collaborative Study on the Genetics of Alcoholism (COGA) and the Integrative Neuroscience Initiative on Alcoholism (INIA).

Dr. Li received his medical degree from Harvard University in 1959. He joined the faculty of Indiana University School of Medicine in 1971 and served as the Associate Dean for Research from 1986-2000. Recognition of Dr. Li's research accomplishments include: the Markle Scholar in Academic Medicine, the Research Society on Alcoholism Award for Research Excellence; the James B. Isaacson Award for Research in Chemical Dependency Disease; the Jellinek Award; the R. Brinkley Smithers Distinguished Scientist Award; an Honorary Degree (D.Sc.) from Northeastern Ohio Universities College of Medicine; and the Mark Keller Honorary Lecture Award. Dr. Li is an Honorary Fellow of the Society for the Study of Addiction (UK); and is a member of the Institute of Medicine, National Academy of Sciences. He is the current Editor of the journal Alcoholism: Clinical and Experimental Research. ◆

The ACNP Symposium at the ECNP Congress

Oakley Ray



Yves Lecrubier and Joseph Coyle

The European College of Neuropsychopharmacology (ECNP) held its 15th Congress in Barcelona October 5-9, 2002. About 5000 were in attendance and they enjoyed good science, good social events, and--for the most part--good weather.

As it is every year the ACNP symposium--supported this year by Eli Lilly--was one of the highlights of the Congress. This standing room only crowd of about 250 was treated to an outstanding program organized by President Joseph Coyle.

The title of the two-hour panel was "Molecular Strategies for Understanding Neuropsychiatric Disorders." The speakers and their titles are listed below:

Donald Price "The Value of Transgenic and Gene Targeted Models for Experimental Therapeutics of Alzheimer's Disease"

David Lewis "The Neurobiology of Cognitive Dysfunction in Schizophrenia: Insights from Gene Expression Profiling"

James Kennedy "Genetic Strategies for Dissecting the Dopamine and Related Systems in ADHD and Bipolar Disorder"

Husseini Manji "Genomic Studies Identify Novel Targets for the Long Term Actions of Mood Stabilizers"

Randy Blakely "Model Organisms Genetic Approaches to the Biology of Neural Degeneration: Studies on the C. Elegans Dopamine System"

The ACNP symposium was one of those selected to have a coffee reception at the conclusion of the talks--a nice concept to encourage one-to-one conversation between the speakers and members of the audience.

The following day the President of the ECNP, Yves Lecrubier, and the President of the ACNP, Joseph Coyle, met at lunch to discuss issues of concern to both organizations and to keep the communication channels open. ◆

Husseini Manji, David Lewis, James Kennedy, Donald Price, Joseph Coyle, and Randy Blakely

AMERICAN COLLEGE OF NEUROPSYCHOPHARMACOLOGY
PRELIMINARY SCHEDULE – 41ST ANNUAL MEETING
Caribe Hilton San Juan, Puerto Rico
DECEMBER 8-12, 2002

Saturday, December 7, 2002

8:00 am - 3:00 pm	Council Meeting
8:30 am - 3:30 pm	Committee Meetings as called by chairs
10:00 am - 5:00 pm	Registration

Sunday, December 8, 2002

7:30 am - 5:00 pm	Registration
8:30 am – 1:00 pm	Teaching Day: Developmental Neurobiology & Neuropsychiatric Disorders
1:00 pm – 2:30 pm	Buffet Lunch
2:30 pm – 5:00 pm	Paper Sessions: "Hot Topics"
5:15 pm – 6:00 pm	Dinner
6:00 pm - 8:30 pm	Issues in Ethics

Monday, December 9, 2002

7:30 am - 5:00 pm	Registration
8:30 am - 12:00 pm	President's Plenary: Developmental Psychopathology: Role of Gene and Environmental Interactions
12:00 pm – 1:15 pm	Buffet Lunch
1:15 pm - 2:30 pm	Distinguished Lecture
3:00 pm - 5:30 pm	Panel Sessions
5:30 pm - 7:30 pm	Poster Session I with Reception
7:30 pm - 10:00 pm	Study Groups

ACNP Service Center

Sunday-Wednesday	8:00 am – 5:00 pm
Thursday	8:00 am – 5:30 pm

Tuesday, December 10, 2002

7:30 am – 5:00 pm	Registration
8:30 am - 11:00 am	Panel Sessions
1:30 pm – 2:30 pm	History Lecture
3:00 pm - 5:30 pm	Panel Sessions
5:30 pm - 7:30 pm	Poster Session II with Reception
6:30 pm - 11:00 pm	Council Meeting for Committee Reports

Wednesday, December 11, 2002

8:00 am – 5:00 pm	Registration
8:30 am - 11:00 am	Panel Sessions
11:30 am - 12:30 pm	Business Meeting (Members Only)
12:30 pm – 1:30 pm	Buffet Lunch
1:30 pm – 3:00 pm	Memorial Symposium
3:00 pm - 5:30 pm	Panel Sessions
5:30 pm - 7:30 pm	Poster Session III with Reception
7:30 pm – 10:00 pm	Study Group Sessions

Thursday, December 12, 2002

8:00 am – 3:00 pm	Registration
8:30 am - 11:00 am	Panel Sessions
8:00 am - 11:30 am	Council Meeting
11:30 am – 1:30 pm	Travel Awards Luncheon
1:30 pm – 3:00 pm	Teaching Neuropsychopharmacology
3:00 pm - 5:30 pm	Panel Sessions
8:00 pm - 10:30 pm	Reception

Computer Center

Sunday-Wednesday	7:30 am – 9:00pm
Thursday	7:30 am – 5:00pm

We acknowledge the following companies for their support: Aventis Pharmaceuticals, Inc., Bristol-Myers Squibb, Eli Lilly and Company, Forest Laboratories, Janssen Pharmaceutica Products, L.P., Merck & Company, Inc., Pharmacia Corporation, Pfizer, Inc., Somerset Pharmaceuticals, Inc., and Wyeth Pharmaceuticals.

CALENDAR OF EVENTS

December 8-12, 2002
ACNP 41st Annual Meeting, San Juan, Puerto Rico
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June 1-4, 2003
26th Annual Meeting of the CCNP
Montreal, Quebec
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September 20-24, 2003
16th ECNP Congress, Prague-Czech Republic
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December 7-11, 2003
ACNP 42nd Annual Meeting, San Juan, Puerto Rico
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December 12-14, 2003
3rd ICGP Annual Meeting, San Juan, Puerto Rico
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June 20-24, 2004
24th CINP Congress, Paris, France
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