

# The Dean's Newsletter: September 9, 2002

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## Welcome to Incoming Medical Students

We welcome today our incoming medical student class to the School of Medicine. Beginning Monday, September 9th, our new medical students will commence their orientation to the School and to Medicine as a profession. They will learn about the practice of medicine in a multicultural society as well as the importance of professional ethics in their lives and careers. Students will also be informed about the numerous resources available to them within the School and University, including advising and mentoring, student affairs, the role of the ombudsperson, health and counseling resources, etc. In addition, they will be informed about the resources available through Lane Library and SUMMIT, along with other opportunities available throughout Stanford. Of course, the orientation will include an introduction to the curriculum with a special focus on the Fall Course schedule. As you know, the School is also in the midst of major curriculum changes and the impact of this will also be discussed.

Please join me in welcoming our new medical students. Our new graduate students begin arriving on September 20th.

## September 11th Remembrance

This Wednesday represents the first anniversary of the tragedies of September 11, 2001, the impacts of which have been etched deeply in all of our minds and souls. At noon on September 11th there will be a Remembrance Ceremony on the University Main Quad. Please make every effort to attend.

## Executive Cabinet Retreat - Update on University Resource Need Planning

On Friday, August 30th, the President and Provost held an Executive Cabinet Retreat with the Deans of the Schools of Business, Earth Sciences, Education, Engineering, Law and Medicine as well as the Directors of SLAC and the Hoover Institute, to review the individual and collective plans for programmatic and capital growth during the next

decade, and the resources needed to achieve them. In addition to these School-based programs, the Executive Cabinet also heard presentations about three major multidisciplinary initiatives: The Clark Center/BioX, Environmental Science and International Programs.

While everyone agrees that there are extraordinary opportunities for continued program growth and development at Stanford during the next 10-20 years, it is also clear that there are limitations with respect to land use, as well as finances, to support major new initiatives. Accordingly, it is imperative that University Leadership considers the array of proposed plans and initiatives among and between the Schools and then does its best to prioritize and support the most important of them in order to assure the continued success of Stanford University.

As you know, the School of Medicine initiated a comprehensive [Strategic Planning](#) effort in September, 2001 that addresses the School's missions in education, research, clinical care, as well as its role viz. information resources and technology, the professoriate, finance and administration, communication, advocacy, public policy and philanthropy. As I have reported in previous Newsletters, many of the strategic initiatives identified during this process are currently being worked on and our progress in completing them is noted on <http://medstrategicplan.stanford.edu/updates.html>. Within the next several weeks the complete Strategic Plan and Executive Summaries will be available for circulation to faculty and leaders in the School and University. In addition to the work being conducted within the School, the School's coordinated clinical planning with Stanford Hospital & Clinics and the Lucile Packard Children's Hospital is also receiving considerable attention in order to assure that the interrelated clinical missions of the School and Hospitals are optimized during the decade ahead. Importantly this will also include planning for facilities and programs within the Medical Center and in relation to the University.

Strategic Planning is a phrase often used to describe an array of activities. Within the School of Medicine, however, the use of this phrase is built on the promise that our past, current and future efforts will act to shape the future of Stanford Medicine. It is important that each member of our community be optimally informed about the plans currently underway, as well as those planned. I encourage members of the Medical School and Medical Center community to offer comments and recommendations. In advance of our next Retreat, to be held on January 30, 2003, I will be updating you of our progress during this past year and plans for the immediate future. I hope you will respond with your thoughts and feedback.

### **Office of the Senior Dean for Research**

I am pleased to announce a reconfigured Office of the Senior Dean for Research. With the decision of Professor James Nelson to focus his efforts on Graduate Education and Postdoctoral Affairs, I have given considerable thought to how best to provide oversight and support for the School's research programs and our specific goal of developing translational research as an overarching theme during the decade ahead. In support of this goal I have decided to recruit two individuals to work collaboratively with the

understanding that this will limit the time commitment of each to about a 30% effort, thus permitting these Senior Deans to continue their own research and related activities. I have continued to believe that it is important to have individuals in decanal roles remain active members of our academic community in order to assure that they are cognizant of the issues, opportunities and challenges being faced by our faculty and students.

Based on this formulation, I am very pleased to announce that Dr. John Boothroyd, Professor and former Chair of the Department of Microbiology and Immunology and Dr. Harry Greenberg, Professor of Medicine (Gastroenterology) and former Senior Associate Dean for Research, will work together in directing the Office of Senior Associate Dean for Research. Although their backgrounds are different, their roles will overlap and each will engage the continuum from basic to clinical science.

Professors Boothroyd and Greenberg will both participate in the overall strategic planning for research for the School and will interact with other Senior Associate Deans, chairs, faculty and students within the School and University, as well as in our local and global communities. They will jointly oversee multidisciplinary and translational research programs as well as the nomination process for major internal and external faculty awards. They will not have separate (i.e., clinical vs. basic science) constituencies but rather will work to assure the connectedness of these communities. At the same time, each will also have some discrete areas of responsibility. These will include:

For Dr. John Boothroyd:

- Interaction with the Research Management Group (RMG) in conjunction with Mike Hindery, Senior Associate Dean for Administration and Finance
- Compliance issues related to experimental animals and biosafety
- Oversight over research core functions
- For Dr. Harry Greenberg
- Oversight over conflict of interest policy and implementation
- Compliance issues related to human subjects
- Oversight over the ACCESS program and infrastructure development of clinical and translational research
- Interface with the Palo Alto VA Hospital and its research programs

Dr. Boothroyd will begin his new role on September 15th and Dr. Greenberg will officially commence his responsibilities when he returns from administrative leave on November 1<sup>st</sup>.

Please join me in welcoming Drs. Boothroyd and Greenberg to their important new roles on behalf of the School of Medicine.

### **Use of the Stanford Name**

At the School of Medicine Executive Committee Meeting on Friday, September 6th, we discussed the use of the Stanford name. The University's Name Use policy is detailed in Administrative Guide Memo 15.5, "Ownership and Use of Stanford Name and Trademarks." A copy is available online at [http://adminguide.stanford.edu/15\\_5.pdf](http://adminguide.stanford.edu/15_5.pdf). It is

important for faculty, students and staff to be informed about these policies and their own use of the Stanford name in various professional activities.

The University's policy includes guidelines for use of the Stanford name and marks by faculty, staff, and students. Specifically, Stanford names and marks may be used **only** in connection with Stanford-sponsored or Stanford-sanctioned activities or materials, and use of the Stanford name and marks must meet the following criteria:

**Stanford Role**

Involvement by individual faculty, students, alumni or staff is not a sufficient basis for indicating University sponsorship or endorsement. The activity must be one in which the University has an institutional role.

**Quality**

Activities must meet high standards and must be consistent with the University's educational, research and related purposes.

**Prohibited Uses**

- Name use is prohibited in relation to partisan political activities.
- Name use associated with commercial activity or outside venture must be granted special approval as indicated in Section II below.

University policy specifies when approval is necessary and designates authority delegated by the President for granting such approvals as follows:

To the Provost for use in connection with educational and research activities, including courseware and related materials developed for teaching at Stanford (see Research Policy Handbook 5.2, "Copyright Policy"

[\[http://www.stanford.edu/dept/DoR/rph/5-2.html\]](http://www.stanford.edu/dept/DoR/rph/5-2.html)), and for special events (see Guide Memo 82.1, "Public Events" [\[http://adminguide.stanford.edu/82\\_1.pdf\]](http://adminguide.stanford.edu/82_1.pdf)).

- To the Vice President for Business Affairs and Chief Financial Officer for use in connection with business activities of Stanford or by vendors (including promotional use).
- To the Dean of the School of Medicine for use in connection with medical activities.
- To the Director of University Communications for use in film, video, print, and electronic media, including the University's home pages on the Web.
- To the General Counsel.

Delegated authorities should be executed in a manner consistent with University policies. All questions about interpretation of Stanford's name and trademark use policies should be addressed to:

Beverly Simmonds  
Special Assistant to the Dean  
Phone: 724-7233  
MC: 5110  
Email: [simmonds@stanford.edu](mailto:simmonds@stanford.edu)

## **Translational Research and Medicine**

An overarching theme for the School of Medicine during the decade ahead will be translational research. Translational medicine has become a widely used term in the last several years but it has a variety of interpretations and meanings that can be convergent or disparate among or even within academic medical centers. From my perspective, translational medicine can have both a narrow as well as a more general definition. Perhaps the most specific definition is "bench-to-bedside" research wherein a basic laboratory discovery becomes applicable to the diagnosis, treatment or prevention of a specific disease. Such a discovery is brought forth by either a physician-scientist who works at the interface between the research laboratory and patient care, or by a team that joins basic and clinical science investigators who collaborate in the translation of research findings to the patient care setting.

Often translational research and medicine will be initially focused on a small number of patients but the impact of such patient-oriented clinical research can have wide-sweeping effects on the practice of medicine. There have been numerous examples of such outcomes at Stanford during the past years. I have personally witnessed the impact of translational research during my own work in pediatric oncology, infectious complications in immunocompromised hosts and pediatric AIDS. These experiences have underscored the power of translational research in changing the outcome of serious diseases.

Translational medicine may also refer to the wider-spectrum of patient-oriented research that embraces innovations in technology and biomedical devices, as well as study of new therapies in clinical trials. It includes epidemiological and health outcomes research, as well as studies on behavior that can be brought to the bedside or ambulatory setting. In the absence of translational and patient-oriented clinical research, the delivery of medical care would remain stagnant and uninformed by the tremendous progress now taking place in biomedical science. Thus, translational medicine offers one of the most unique contributions of academic medical centers and teaching hospitals: the prospect of improving current healthcare through state-of-the-art research.

While translational research is critical to the future of Stanford Medicine, our overall research agenda must be much broader and deeper. Current translational research is built on the foundations of fundamental basic research, much of which is undirected and without immediate clinical impact. Indeed, the current focus of translational medicine is built on basic research findings that may have begun years or decades ago. The pipeline for discovery can be long and is not easily managed or regulated. Accordingly, supporting basic research is critically important since it is often not possible to predict which of today's extraordinary ideas in basic science will have potential clinical application in the future. Thus, if Stanford is to have a successful program in translational medicine it must be built with a very strong emphasis on basic fundamental research. This is the critical foundation and thankfully it is already very strong at Stanford.

In addition to supporting exceptional basic research, the environment at Stanford must also be one that fosters translational research. At a minimum, this means contact and interaction between basic and clinical scientists, as well as an infrastructure that helps to facilitate and support translational research. During the past year I appointed a Task Force on Clinical Research led by Dr. Charles Prober, Professor of Pediatrics and of Microbiology and Immunology, and Scientific Director of the Glaser Pediatric Research Network. This Task Force has helped to elucidate the key components needed to make our clinical research programs as robust as possible at Stanford and to better align them to public (e.g., the NIH and General Clinical Research Centers) and private foundations, resources and organizations.

An important new initiative in translational research was announced recently by the Beckman Center for Molecular and Genetic Medicine and the Department of Medicine. The jointly funded Interdisciplinary Translational Research Program has earmarked \$1.2 M over three years to support collaboration primarily between physician-investigators and basic scientists.

According to Professor Lucy Shapiro, Director of the Beckman Center, "Our goal is to stimulate research collaborations across a number of disciplines, encompassing many schools within the University, including Engineering and Humanities and Sciences." Dr. Shapiro, with Professor Judith Swain, Chair of the Department of Medicine, established the novel program and led the search for qualified candidates.

As a result of the commitment of Professors Shapiro and Swain, eight recipients will each receive a total of \$150,000 over three years to support translational research in areas ranging from vascular interventions to stem cells to bioinformatics. Each of the projects is composed of a team of two or more investigators, including a physician scientist and a basic scientist, and at least one trainee. The recently announced awardees and their project interests include:

- Gilbert Chu (Medicine/Oncology, Biochemistry), Robert Tibshirani (Biostatistics/Genetics), and Dick Zare (Chemistry): "Protein Profiling to Predict Breast Cancer after Radiation Therapy"
- Seung Kim (Developmental Biology, Medicine) and Judith Shizuru (Medicine/Bone Marrow Transplantation): "Transplantation of Embryonic Stem Cell-Derived Islets in Diabetes Mellitus"
- Peter N. Kao (Medicine/Pulmonary and Critical Care), Judith Shizuru (Medicine/Bone Marrow Transplantation), and Christopher Contag (Pediatrics, Microbiology, Immunology, and Radiology): "Lung Regeneration from Bone Marrow Stem Cells"
- Gary K. Schoolnik (Medicine/Infectious Diseases and Geographic Medicine) and Alfred Spormann (Engineering): "Biofilm Development in Vivo: A Genetic Bioinformatics and Bioengineering Analysis"

- Eric T. Kool and Ellen Jo Brown (Pathology): "Rapid Color-Based Identification of Pathogenic Bacteria"
- David Liang (Medicine/Cardiovascular Medicine) and Fritz Prinz (Engineering): "Microfabricated Devices for Vascular Interventions"
- Hongjie Dai and Paul J. Utz (Medicine/Rheumatology and Immunology): "Development of Non-Fluorescence-Based Detection Methods for Proteomics Studies: Carbon Nanotubes as Molecular Sensors"
- John P. Cooke (Medicine/Cardiovascular Disease) and Richard Zare (Chemistry): "Development for a Novel Cardiovascular Risk Factor"

Again, special thanks must go to Professors Shapiro and Swain for their foresight in initiating this program and for their financial support in bringing it to fruition.

At the broader institutional level, in addition to supporting faculty initiatives we are also seeking to develop Institutes that will bring together basic and clinical scientists to address areas of translational medicine. During the next couple of years we envision these will take on specific themes, such as the Stanford Cancer and Stem Cell Biology Institute, or the Stanford Institutes for Neurosciences, Infection and Immunity and Cardiovascular Diseases. We hope that these and related programs will foster communication and collaboration between our scientific and patient care communities and, most importantly, generate knowledge that will improve the lives of adults and children.

I also believe that the future success of translational medicine will be more readily achieved by educating and training medical and graduate students about the important interface that links medicine and science. Indeed it is my hope that the students we teach today will play an important role in bringing forth the translational research discoveries of tomorrow.

### **Appreciation of Lucile Packard Children's Hospital (LPCH) Leadership and Staff**

At the LPCH Board of Directors Meeting on Thursday, September 5th, the end-of-year performance for the hospital was presented. The results were very impressive.

This has been an enormously challenging year for LPCH, hallmarked by significant increases in patient volume and bed utilization, especially in the Intensive Care Units and Operating Rooms. Although much of this is attributable to the new world-class cardiac program evolving under the leadership of Dr. Frank Hanley, who was recruited to Stanford in November, 2001, there have also been significant increases in other critically important programs including solid organ transplantation and cancer, among others. These rapid and dramatic changes have challenged and stressed the medical, nursing and other professional staff at LPCH. They, in turn, have responded remarkably well in delivering exceptional medical and surgical care in a family centered manner to

seriously ill children. Because of their efforts and those of the leaders of LPCH, the overall financial performance of the hospital has recovered from its recent deficits to a much healthier state. Such a recovery will prove critically important in enabling LPCH to continue its trajectory toward becoming one of the leading children's hospitals in the world.

I want to thank the faculty and staff who have worked enormously hard to deliver outstanding pediatric care during this past year. I had the privilege of serving as an attending physician at LPCH in August and can affirm, first hand, the outstanding care that is being delivered to children. I also want to acknowledge and thank the leadership of LPCH, especially Mr. Chris Dawes, President and CEO, and Ms. Sue Flanagan, Chief Operating Officer, for the enormous contributions they have made to improving the delivery of clinical care to seriously ill children, and to the very effective relationships they have forged with the faculty of the School of Medicine led by Dr. Harvey Cohen, who has served as both Chair of Pediatrics at Stanford and as Chief of Staff at LPCH. These leaders have truly served as institutional stewards during an important and challenging time of transition for LPCH.

### **Increased Role of the School of Medicine in Graduate Medical Education**

Although the role of the School in graduate medical education for residents has been limited in recent years, I believe it is important that this be changed and that the School become much more involved and engaged in resident education. This is important in helping to assure the success, vitality and viability of training programs at SHC, LPCH and other affiliates, especially given the important interrelationship of resident and fellow training with medical student education. I conveyed the interests of the School in resident education to the GME Committee meeting on Thursday, September 5<sup>th</sup>, and also indicated that the important role that program directors (and clerkship directors) have will be included in the appointment and promotion criteria for faculty in the future.

### **Announcements**

#### **Town Hall Meeting for Medical Students**

Deans Pizzo and Parsonnet will be holding a special Town Hall Meeting on Monday, September 30<sup>th</sup> at 7:00 p.m. in the Fairchild Auditorium. Topics for discussion will be advising, dean's letter, curriculum, etc.

Please make every effort to attend.

#### **Symposium of the Ellison Medical Foundation at Stanford University School of Medicine**

A symposium on aging and infectious diseases will take place on Thursday, September 19<sup>th</sup> in the Munzer Auditorium, Beckman Center. Speakers include Dr. David Relman of Stanford's Department of Microbiology and Immunology and Dr. Joshua Lederberg of Rockefeller University, just to name a few. Please visit the website:

<http://reggie.Stanford.edu/SignupForm1.asp?611> for registration and parking information.

### **Congratulations to Dr. Tom Krummel**

Dr. Tom Krummel, Chair of the Department of Surgery at Sanford, has recently also been appointed the Surgeon-in-Chief of the Lucile Packard Children's Hospital, effective September 1, 2002. This newly endowed position at LPCH is made possible by a gift from Susan B. Ford and will enable LPCH to achieve its goal of preeminence and sustainability. In this position Dr. Krummel will play a critical role in helping develop surgical programs, including the retention and recruitment of nationally and internationally recognized surgeons. As Surgeon-in-Chief, Dr. Krummel will also be appointed to the hospital's Executive Management Committee and to the hospital's Board of Directors.

### **Congratulations to Professor Emeritus Luigi Luca Cavalli-Sforza**

The Foundation for the Future has named Professor Emeritus Luigi Luca Cavalli-Sforza as its 2002 winner of the Kistler Prize. This distinguished award is given annually to an investigator whose original research has increased knowledge and understanding of the relationships between the human genome and society. Professor Cavalli-Sforza has traced historical migrations by analyzing the genetic diversity and phylogeny of human populations dating back as long as 100,000 years of human and cultural evolution.

Congratulations to Professor Cavalli-Sforza

### **Appointments and Promotions**

- **Eugene Carragee** has been promoted to Professor of Orthopedic Surgery at Stanford University Medical Center, effective 9/1/02
- **Sheau Yu Hsu** has been appointed Assistant Professor of Obstetrics and Gynecology, 9/1/02-8/31/05
- **Ian Whitmore** has been appointed Professor of Surgery (Anatomy) (Teaching), 9/1/02-8/31/08