

**Dean's Newsletter**  
**January 24, 2005**

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**Conflict of Interest**

At Universities and Academic Medical Centers faculty have the opportunity to engage in a number of outside activities that can include consulting, advising, and lecturing, to name just a few. These can be enriching and rewarding opportunities. At the same time, among the most important responsibilities we have as members of an academic community is to conduct such activities in a manner free of conflicts of interest or commitment. While strictly avoiding conflicts of interest or commitment is important for every member of the Stanford faculty, it is particularly relevant for the School of Medicine, where engagement in clinical trials and research elevates the importance of assuring the public trust.

During the past year attention to violations of conflict of interest has increased in press and congressional inquiries due to reports about NIH officials or researchers who appear to have violated guidelines for consulting with pharmacy or biotech. These violations are, in part, related to a change in NIH guidelines that date back to 1995. Prior to that time, the NIH had strict prohibitions on consulting and receipt of honoraria, and members of the NIH community were not permitted to own stocks or equity in companies with which they consulted or received honoraria. Further, individuals at the NIH who had oversight over extramural grants and contracts or who held leadership positions (Institute Directors, Scientific Directors, etc.) were not permitted to engage in “outside activities” in which they received a fee for consulting. When more lenient government-wide changes in ethics rules went into place in the early 1990’s, the NIH did not pursue a special “supplemental” modification and thus the prior stricter rules went into abeyance.

More specifically, previous limits on consulting arrangements including the ability to assume equity or receive stock options were relaxed. In addition, prior limits on time for consulting or on rank were removed. While the goal was to permit the NIH scientists or officials to have greater flexibility or opportunity (to help both recruitment

and retention), the new policies actually went beyond those at most academic institutions. That said, most all NIH members appear to have been careful to seek permission for their activities, and they reported according to the guidelines that were made available. The problem, however, was twofold: First, the relaxation of the guidelines created opportunities for some NIH investigators and Institute directors or leaders to give the perception that they were violating conflicts of interest or commitment. Second, and unfortunately, some members of the NIH community appeared to engage in various consulting arrangements but did not seek permission or report their activities to the NIH ethics offices. Together these created a significant liability for the NIH, as evidenced by the public and congressional scrutiny that has now resulted in a ban on all outside activities for members of the NIH.

Last year NIH Director Elias Zerhouni appointed me to a “Blue Ribbon Panel” whose purpose was to provide guidance on conflict of interest policies and procedures for the NIH. My colleagues and I worked diligently to provide sensible and sustainable recommendations. While I believe the Panel accomplished those goals, the climate in Bethesda and the Congress changed sufficiently (in part because of unexpected revelations of additional infractions) to result first in even stricter guidelines and, more recently, in a one-year ban on all consulting by NIH scientists and employees. Clearly this outcome reflects a loss of confidence in the current system. It also has had a significant impact on the morale of the NIH community. Perhaps most significantly affected are “intramural investigators”, nearly all of whom have no oversight over extramural grants or contracts and who, for the most part, operate quite comparably to scientists working in academia or private research institutes. The important lesson is that once public confidence and trust have been lost, it is hard to reclaim the high road.

At Stanford we have strict guidelines regarding Conflict of Interest and Commitment. In the recent publication entitled “Code of Conduct,” conflict of interest and conflict of commitment are included among eight key areas that require faculty and staff attention. In this publication it is noted that:

Community members who are Stanford faculty and staff owe their primary professional allegiance to the University and its mission to engage in the highest level of education, patient care, research and scholarship. Outside professional activities, private financial interests or the receipt of benefits from third parties can cause an actual or perceived divergence between the University mission and an individual’s private interests. In order to protect our primary mission, community members with other professional or financial interests shall disclose them in compliance with applicable conflict of interest/conflict of commitment policies, which are available on the following websites:

- ***Faculty Policy on Faculty Conflict of Commitment and Interest:***  
<http://www.stanford.edu/dept/DoR/rph/4-1.html>
- ***Staff Policy on Conflict of Commitment and Interest:***  
[http://adminguide.stanford.edu/15\\_2.pdf](http://adminguide.stanford.edu/15_2.pdf)

- ***Academic Staff Policy on Conflict of Commitment and Interest:***  
<http://www.stanford.edu/dept/DoR/rph/4-4.html>

On Friday, January 21<sup>st</sup>, we discussed Conflict of Interest issues at our Executive Committee. Dr. Harry Greenberg, Senior Associate Dean for Research, Graduate Education, and Postdoctoral Affairs, and Ms. Barbara Flynn, Manager of the School of Medicine's Conflict of Interest Review Program, described the elements of the Program for us.

All faculty must file a Conflict of Commitment and Interest Certification annually. In addition, faculty must disclose, *as they occur*, grants or contracts, human research protocols, licensing activities, gifts, material transfer and collaboration agreements, and purchasing. The School also requires the disclosure of any financial interest or relationship with a company where: (a) the company's interests are related to the research; (b) the company is sponsoring the research, or (c) the company is a vendor, supplier, or provider of materials, equipment, drugs or devices being used in the research.

Furthermore, significant financial interests must be disclosed. These include financial interests over \$10,000 in monetary value, interests that involve the ownership or promise of stock options over \$10,000 or 0.5% of the total value of the company in a publicly traded company, or interests that involve the ownership or promise of stock or stock options of any amount in a privately held or start-up company. Financial interests above these thresholds will automatically require closer scrutiny and possible elimination, mitigation, and/or management. Research involving human subjects above these thresholds is prohibited unless conflicted investigators provide compelling reasons justifying their involvement in the research and the Conflict of Interest Committee approves their involvement and management of the conflict is in place.

Dr. Greenberg and Ms. Flynn also described the initiatives underway for 2005. These include the development of a required online conflict of interest training module and enacting in written policy the practice of revoking research privileges when annual disclosures are not completed in a timely fashion (6 weeks). They also intend to develop a set of simple and concise set of Q&A describing Stanford's conflict of interest policies and to develop better guidance for faculty on conflict of interest and conflict of commitment, particularly pertaining to the generation of intellectual property during consulting arrangements.

The Conflict of Interest Committee consists of Drs. Harry Greenberg, Chair, Helen Bronte-Stewart, Mildred Cho, Ron Levy, Ed Mocarski, Rich Popp, and David Spiegel. This committee is doing critically important work on behalf of the School, and we greatly appreciate their efforts. Questions about conflict of interest and commitment should be directed to Barbara Flynn, at [Barbara.Flynn@stanford.edu](mailto:Barbara.Flynn@stanford.edu).

It should be noted that the guidelines regarding conflict of commitment and interest are just one aspect of Stanford University's Code of Conduct, which defines "the

ethical, professional and legal standards we use as the basis for our daily and long-term decisions and actions.” These also include standards of integrity and quality, confidentiality and privacy, human resources, financial reporting, compliance with laws, use of University resources, and reporting suspected violations. The Stanford Code of Conduct may be found at <http://codeofconduct.stanford.edu>. Our School of Medicine initiatives on the Respectful Workplace fit within the context of the Code of Conduct as well. Each of these initiatives has an impact on the overall quality and integrity of our community.

### **Goals for the Upcoming School of Medicine Leadership Retreat**

Beginning later this week (January 27 – 29<sup>th</sup>) we will hold our annual School of Medicine Leadership Retreat, the fourth since my arrival in April 2001. These events are attended by basic and clinical science department chairs, institute directors, senior deans and program leaders, representatives of medical students, graduate students, residents, research and clinical fellows, hospital CEOs and strategic planning directors, and members of the University leadership as well as Board of Trustee members. As in past years, this will amount to about 75 individuals, who will be joined by several invited guests.

Our past three Strategic Leadership Retreats have focused on developing, shaping, implementing and assessing our plan *Translating Discoveries* (<http://medstrategicplan.stanford.edu>). While this remains a very important School-wide initiative, I felt it was important to modify the focus and venue of this year’s retreat. The central theme will be how we, as a school of medicine, address the critically important issues of diversity and leadership. While these themes are not new, it is our intention to give them a very high visibility and commitment as we move forward. Indeed I believe that one of our most important goals must be to enhance the gender and racial diversity of our school, enrich the career paths for faculty, students and staff, and develop mechanisms to promote leadership skills and opportunities for our members of our community.

To help guide and provoke the discussion, we have invited Anna Deavere Smith, professor at the Tisch School of Arts and the former Ann O’Day Maples Professor of the Arts in the Department of Drama at Stanford, to stage a performance based on her study of Stanford faculty, students and community this past Fall. The goal is to provide a reflection of our current reality as a means for stimulating a dialogue about how we can create a renewed agenda on diversity for the 21<sup>st</sup> Century. In addition to Professor Deavere Smith, we will also be joined by Dr. David Satcher, Director of the National Center for Primary Care at the Morehouse School of Medicine and former US Surgeon General and by Dr. Freeman Hrabowski, President of the University of Maryland, Baltimore County. Dr. Hrabowski is also Director of the Meyerhoff Program, which has achieved great success in fostering the interest of under-represented minorities in careers in engineering and science and preparing them for graduate education at the best institutions in the country.

In tandem with presentations from our guests, we will have small and large group discussions among the retreat attendees. Through the discussions we will refine and shape our plans for enhancing diversity and leadership among our faculty, students and staff in the School of Medicine.

We will also have the opportunity to learn about the plans underway to develop three Strategic Centers (Informatics, Imaging, and Genomics and Human Genetics) that will complement our four Stanford Institutes of Medicine. In addition, I will reflect on some of the major challenges we face as an academic medical center and how we might address the important question of discerning how we might be best configured to optimize our future in the 21<sup>st</sup> Century. Finally, at the conclusion of the retreat, we will have an update on the planning underway for both the University Capital Campaign as well as that of the School of Medicine.

Overall, this promises to be an exciting, provocative and important event. As always, I wish that every member of our community could be there to participate but alas, that is not possible. I will, however, do my best to communicate an update on the retreat in the next Dean's Newsletter and, as appropriate and needed, to have "town hall meetings" to permit broader discussion of key initiatives.

### **A Perspective and Opinion on the Proposed Law School and Graduate Housing Project**

By now most members of the Stanford community have heard something about the plans for the Law School and Graduate Housing Project that is possible thanks to a significant gift to the University by Mr. Charles Munger (<http://news.service.stanford.edu/news/2004/december1/munger-1201.html>). For a number of reasons this project has provoked considerable debate, which stems largely from its size and location and the presumed consequences on its immediate neighborhood, which is proximate to the Law School. Indeed, a number of objections have been raised by active and emeritus faculty who are residents in the neighborhood near the planned project, as well as other members of the Stanford community. I respect the concerns that have been expressed and would like to speak to them both as faculty member as well as a resident (I live only a couple of blocks away from the planned project and will travel the affected area a number of times each day).

While changes in university landscape evokes different responses depending on one's personal perspective and biases, it seems clear that in future years there will be an increasing density on the core campus in order to accommodate to the expanding programmatic and residential demands of our Stanford community. Most everyone resonates to large open spaces, bucolic walkways, minimal traffic, etc. However, such an environment doesn't necessarily address the real needs of students and faculty.

Because of our location, the University has made special efforts to accommodate as many students as possible on campus along with a wide array of faculty housing. While there is no question that the planned Law School and Graduate Housing Project is

large – it will offer 600 beds – it is also true that it will permit a unique residential environment for Law School students that will help make Stanford’s already outstanding Law School even more distinctive and special. This residential environment will be further enriched by providing housing for graduate students from other schools – thus expanding the diversity and quality of life for a broad spectrum of Stanford graduate students. While some argue that the nature of the proposed housing (larger rooms, more amenities) detracts from the project, it is hard for me to believe that quality facilities will not improve the overall life experience of individuals who are working hard and whose home and family life deserve as much dignity as is possible.

But there are additional benefits of this project that are also quite important. Undergraduate students will benefit as more graduate students relocate to the Law and Graduate Housing facility – thus opening spaces in the undergrad dorms. This will permit senior undergraduates to have single rooms and will also decrease the number of undergraduates who are currently crammed into space designed for fewer students. Hence both undergraduate and graduate students will benefit from this project.

In addition, because the residential housing will fulfill the requirements of the General Use Permit (GUP) it will be possible to proceed with plans for additional academic building developments. Key among these are the Science, Engineering and Medicine Campus (SEMC), which includes the School of Medicine’s Learning and Knowledge Center as well as Stanford Institutes of Medicine #1.

Thus, while it is certainly possible to cite the negative features of this large ambitious project, the facts that the Law School will become even more exceptional by creating a residential professional school environment, that all graduate and undergraduate students will benefit from the expanded housing opportunities, and that other key academic building projects will be able to proceed, make this a project worthy of support.

I recognize, along with others, that the increased concentration of students proximate to the Law School and abutting on neighboring faculty homes will increase traffic, density and noise. As mentioned, since I live in the general area, I am certainly cognizant of these challenges. But I actually like the idea of having more students in “the neighborhood.” After all, that is one of the reasons for choosing to reside on the campus. And I appreciate the overall benefits that this project will offer to our greater community. Accordingly, I suggest that our School of Medicine community become better informed about the overall benefits of this project and that we offer our support to it.

### **New School-wide Information Technology Support Model**

On Monday January 24, 2005 the Office of Information Resources and Technology (IRT) will inaugurate a new information technology (I.T) user support model for the School of Medicine. This new model will provide desktop computer support for ALL faculty, staff and students at the School.

Beginning January 24, 2005 if you have an I.T. problem, you should first call the IRT Desktop Support Help Desk at 5-8000 (725-8000). The Help Desk operates Monday-Friday from 7 AM until 7 PM. Outside of these hours IRT will provide an emergency help desk service at the same number where messages left will page an on-call technician.

Most problems may actually be solved while you are on the phone. If you currently receive I.T. support from departmental I.T. support staff, that support will continue. However, as of January 24, all School of Medicine departmental I.T. support will be coordinated through the School's new I.T. Help Desk. Call 5-8000 as your first step when seeking I.T. support. Problems that cannot be resolved remotely by the IRT Help Desk will be routed to your local I.T. support personnel, who can provide on-site assistance.

You can also get information on the new Help Desk by visiting the IRT Web Site at: [http://med.stanford.edu/irt/desktop\\_support/](http://med.stanford.edu/irt/desktop_support/)

### **Update on the California Institute for Regenerative Medicine**

In the January 10 Dean's Newsletter I provided an update on the various program and oversight committees that our Stanford Institute for Cancer/Stem Cell Biology will be providing. The Institute and the Program in Regenerative Medicine Advisory Committee are planning a retreat for Monday, January 31st. If you have questions about this retreat please contact Dr. Michael Longaker ([longaker@stanford.edu](mailto:longaker@stanford.edu)) or Dr. Linda Giudice ([gjudice@stanford.edu](mailto:gjudice@stanford.edu)). We will keep you apprised of the results of the retreat and of other progress at Stanford in this area.

As many of you know, I was appointed by State Controller Steve Westly to serve on the Independent Citizen's Oversight Committee (ICOC), which oversees the California Institute on Regenerative Medicine. This has been an interesting process to date, in part because the press has had a series of critical commentaries on the progress of the Institute and the ICOC. Without question, in light of the commitment of the state and its citizens to this initiative, there is every reason for heightened expectations. It is clearly important to move promptly in developing the infrastructure and policies to enable the awarding of the competitive research and facility awards that are the heart and soul of the initiative. But it is also important to be wary of moving forward before the appropriate policies have actually been put into place. Since the ICOC did not have the authority to hire staff or spend any resources until January 6<sup>th</sup>, it is essential to measure progress in a reasoned manner. One of the critical next steps is the selection of the President of the Institute. The role of the President is described as follows:

The President's responsibilities are to serve as the chief executive of the institute; to recruit the highest scientific and medical talent in the United States to serve the institute on its working groups; to serve the institute on its working groups; to direct ICOC staff and participate in the process of supporting all working group requirements to develop recommendations on grants, loans, facilities, and

standards as well as to direct and support the ICOC process of evaluating and acting on those recommendations, the implementation of all decisions on these and general matters of the ICOC; to hire, direct, and manage the staff of the institute; to develop the budgets and cost control programs of the institute; to manage compliance with all rules and regulations on the ICOC, including the performance of all grant recipients; and to manage and execute all intellectual property agreements and any other contracts pertaining to the institute or research it funds.

We will keep you informed of further developments in the establishment of the Institute.

### **Some Notable Events**

- ***Interventional Cardiology Professorship***: On Monday January 10<sup>th</sup>, a dinner was held in the Cantor Arts Museum to honor the first incumbent of the Professorship in Interventional Cardiology. This event was particularly meaningful because the individuals who donated the Professorship, **Dr. Simon Stertz**, Clinical Professor of Medicine (check this) and his wife Kimberly, were present for the event. The first incumbent of this professorship is **Dr. Alan Yeung**, Co-Director (Clinical) of Cardiology and a leading expert in the field of interventional cardiology. Congratulations and appreciation to Dr. Yeung and to Dr. and Mrs. Stertz respectively.
- ***Stanford Alumni Events***. On Saturday January 22<sup>nd</sup>, the School of Medicine participated in the Stanford in San Francisco Event. We hosted a session on stem cell biology and policy that featured presentations and a panel discussion with Drs. Philip Pizzo, Paul Berg and Irv Weissman. This event afforded an opportunity to inform the broader Stanford community about our important initiatives in the School of Medicine and the important role that stem cells are playing. In addition to reviewing the basics of stem cell biology we also had the opportunity to review a number of the important breakthroughs being made by members of our Stanford faculty in this exciting area of research.
- ***Dance Marathon***: Over the years, “dance marathons” have become popular on university campuses and have served as a source of charitable contribution from students and their supporters. This year, Stanford students held a 24-hour dance marathon from Saturday January 22<sup>nd</sup> to Sunday January 23<sup>rd</sup>. Because the focus of this year’s support was to the Elizabeth Glaser Pediatric AIDS Foundation, an organization promoting research in pediatric AIDS and other diseases impacting children, and because I have been a long-standing member of the Foundation and serve as its Vice Chair, I had the opportunity to participate in the last phase of this remarkable event. Putting aside the fact that I would prefer (truly hands down) to run a marathon rather than to dance one, I extend heartfelt congratulations to those who participated. I am awed by their energy and enthusiasm and deeply appreciative of their kindness and generosity.

## **Wear Red on February 4th - National Go Red for Women Day.**

I have received the following announcement from Women's Health@Stanford, the Stanford Prevention Research Center, and the Preventive Cardiology Clinic. I urge you to participate in this worthwhile endeavor.

The American Heart Association's **Go Red For Women** initiative is designed to raise awareness of cardiovascular disease, the No. 1 killer of women in America. Through the **Go Red For Women** campaign, the American Heart Association seeks to improve women's heart health by providing education and tools about women and heart disease to: the general public (to help women reduce their risk by providing information on healthful eating, exercising, quitting smoking, maintaining a healthy weight, blood pressure and blood cholesterol, and controlling diabetes); to healthcare professionals (to ensure that women are treated according to the American Heart Association's guidelines); and to federal, state and local policy makers (to encourage them to support policies to improve women's cardiovascular health).

The American Heart Association also advises learning your family's medical history and visiting your doctor to find out if you are at risk for heart disease or stroke. If a healthy diet and regular exercise aren't enough, ask your doctor about medication and take it as prescribed. Even if women take medication, a healthy diet and exercise are still important. Heart disease, stroke and other cardiovascular diseases claim more women's lives each year than the next five causes of death combined, and nearly twice as many as all forms of cancer, including breast cancer. **Go Red For Women** will raise women's awareness of this major health problem. Call 1-888-MYHEART or visit <http://www.americanheart.org/presenter.jhtml?identifier=3017091> for more information. **Wear Red on February 4th** to show your support.

## **Appointments and Promotions**

- **David Cassarino** has been appointed to Assistant Professor of Pathology and Dermatology at the Stanford University Medical Center effective 2/1/2005.
- **Ching-Pin Chang** has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 2/1/2005.
- **Chang-Zheng Chen**, has been appointed to Assistant Professor of Microbiology and Immunology at the Stanford University Medical Center, effective 2/1/2005.
- **David Clark** has been promoted to Associate Professor of Anesthesia at the Veterans Affairs Palo Alto Health Care System effective 1/01/05.
- **Rochelle Dicker** has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center effective 1/1/2005.

- ***Nancy Fischbein*** has been appointed to Associate Professor of Radiology at the Stanford University Medical Center effective 1/1/2005.
- ***Mary Goldstein*** has been promoted to Professor of Medicine (Center for Primary Care and Outcomes Research) at the Veterans Affairs Palo Alto Health Care System effective 1/1/2005.
- ***Jason Gotlib*** has been appointed to Assistant Professor of Medicine (Hematology) at the Stanford University Medical Center effective 1/1/2005.
- ***Christina Kong*** has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center effective 3/1/2005.
- ***Bassem Safadi*** has been appointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System effective 6/1/2005.
- ***Julie Theriot*** has been promoted to Associate Professor of Biochemistry and of Microbiology and Immunology at the Stanford University Medical Center, effective 2/1/2005.