Dean's Newsletter
May 16, 2005

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Clinical Trials Under Public Scrutiny

During the past year there has been significant escalation in public scrutiny of the conduct and reliability of clinical trials leading to the approval of new drugs in the USA. These concerns have focused on the policies and procedures that assess the safety profile of currently prescribed pharmaceuticals agents. These worries have been fueled by the recent revelations regarding safety of the COX-2 class of non-steroidal anti-inflammatory drugs (e.g., Vioxx) and the use of antidepressants in teenagers.

One of the concerns frequently expressed is that the business of drug development and marketing can be at odds with the goal of assuring public safety. This tension is aggravated by the large investments drug companies must make in the development, testing and licensure of a new drug (which some estimate to be between $800M – $1.2B) and their need to recoup these costs and generate a profit. The proprietary concerns of industry can, according to a number of observers, impact on the transparency and even veracity of the data reported or made publicly available, in part to avoid actions that would either affect the investment of stakeholders or stock values or give an edge to competition. It goes without saying that drug development is a multi-billion dollar business and that the stakes for success or failure are enormous at many levels. It is also important to note that the development and approval of new drugs, biologicals and devices have had numerous positive effects on disease morbidity and outcome, so that it is important to find the correct balance between the needs and expectations of the public and those of industry.

One of the practical concerns that have come to the forefront is the potential selective reporting of clinical trials in medical journals, whether purposeful or inadvertent. Almost all scientists and investigators know it is hard to get negative data published even when those data are the result of well-designed experiments or clinical trials. Recently editors of major medical journals have expressed the concern that reports of clinical trials do not always adhere to the endpoints delineated in the clinical protocol and that "cherry picking" may be occurring in order to place the data in a better light. In fact such concerns have become so significant that in 2004 the editors of 13 major international journals published concurrently in their respective journals a joint statement entitled *"Clinical Trial Registration: A Statement from the International Committee of Medical Journal Editors (ICMJE)"* (see JAMA 2004;292:1363-64). The statement announced that clinical trial registration would become a prerequisite for consideration of publication in any of their journals (which include the *NEJM, JAMA, Annals of Internal Medicine, Lancet,* and the *Canadian Medical Journal* among others). The Association of American Medical Colleges (AAMC) and the AMA endorsed the statement. Other organizations, including the World Health Organization, have also adopted recommendations favoring a clinical trials registry. While not a panacea, the registration of clinical trials in a publicly accessible data-base would provide the opportunity to assure that all the key constituencies – including the public, journal editors, the academic community, industry, the FDA, and the NIH – had access to the important information that forms the basis of clinical trials, thus avoiding the potential for selective bias in reporting or regulatory filing.

In order to move this process forward, the Health Science Policy Board of the Institute of Medicine (which I chair) held a public meeting on clinical trials and reporting in December 2004. Because we made so much progress during that session, Gail Cassell, also a member of the IOM Health Science Policy Board, and I held a series of additional meetings between January and March with major medical journal editors and pharmaceutical industry leaders to work through remaining differences. We made considerable additional progress and at least by way of principles agreed that a clinical trial registry must be:

- Global in perspective
- Accessible to the public for a nominal fee or at no cost
- Located on a single website or linked via a single portal
- Open to all prospective registrants
- Managed by a not-for-profit organization
- Searchable electronically
- Able to provide a mechanism to ensure the validity of the registration data
- Able to ensure adherence to the registry standards
- Set up so as not to not reduce the incentive to do clinical research, whether public or privately funded

We further defined nearly all the elements that would be contained in a clinical trials registry, and we will be discussing those at our public meeting at the end of June. Given the current activity in the Congress to regulate clinical trial reporting and

registries and the strong stance taken by medical journal editors, industry and the public, this process is timely. We will be publishing the work we have accomplished to date on the IOM website in the next two weeks and will welcome comments as we attempt to move this issue to resolution in a manner that values the public trust.

Important New Faculty Recruitments

During the next couple of weeks I will be announcing a number of truly important faculty leadership recruitments that will play a major role in shaping some of our most important School of Medicine and Medical Center initiatives. I will bring those forward as soon as we have reached final agreement. But I am very pleased to announce two of these today.

Dr. Beverly Mitchell has accepted our offer to come to Stanford as Deputy Director of our proposed Comprehensive Cancer Center. Dr. Mitchell, currently Professor of Medicine at the University of North Carolina, has had a distinguished career in hematology and oncology. She is the past President of the American Society of Hematology and a member of the Institute of Medicine of the National Academy of Sciences. She will play a major leadership role in our efforts to be designated a Comprehensive Cancer Center. Along those lines, I am happy to report that we are on track to submit our proposal to the National Cancer Institute this October. Dr. Mitchell's academic appointment will be in the Department of Medicine. She will join us in June.

Dr. Mike Clarke has agreed to come to Stanford to help lead our cancer and stem cell initiative as the Associate Director of the Institute for Cancer and Stem Cell Biology. Dr. Clarke has had an enormously distinguished career at the University of Michigan where he is Professor of Medicine. Among his many important discoveries, he and his collaborators recently identified the breast cancer stem cell - a finding that has galvanized attention on the role cancer stem cells might play in unraveling tumorgenesis and paving the way for developing more specific therapies. Dr. Clarke's academic appointment will also be in the Department of Medicine, as well as in the Institute for Cancer and Stem Cell Biology.

Please join me in welcoming Dr. Mitchell and Dr. Clarke to Stanford.

Inside the ICOC – What was Most Important Didn't Make the Headlines!

On Friday May 6th, the Independent Citizens Oversight Committee (ICOC) for the California Institute of Regenerative Medicine (CIRM) met in Fresno. Among the items on the agenda that attracted the most public attention – in a nearly circus like atmosphere – was the selection of the city that will house the administrative headquarters of the CIRM. Given the nearly minute-by-minute press coverage of the event, you surely must know by now that San Francisco was selected to house the CIRM offices. While a thoughtful process to determine which city would "win" the competition for becoming the "stem cell center of California" had been undertaken by the Site Selection Committee of the CIRM, in the end the vote of committee closely followed the regional residence of

the ICOC members (there were only 2 exceptions among the 29 members). And while San Francisco was proclaimed the winner over San Diego and Sacramento (which had also made the final list of contenders) this surely requires some perspective. I should immediately add that I voted for San Francisco, likely for some of the same reasons that members from Southern California voted for San Diego or those from the Central Valley voted for Sacramento. And while I am pleased with the outcome, I never felt that this was the most important decision or set of recommendations emanating from the ICOC. Indeed, it may be worth stepping back a moment to consider this decision a little more objectively.

The CIRM is a remarkable and history-making event for all of California and, as a consequence, for the USA. While there may be some cachet for the city that can claim that it houses the administrative hub of the CIRM, which will fund nearly $300M of research programs per annum for the next decade, it must be quickly added that the vast majority of that research will happen outside of San Francisco. The actual scientific work will take place in the universities and research institutes and centers throughout the state. And while it has been asserted that the location of the CIRM administrative offices will promote developments in biotechnology in its host city, it is more likely, in my opinion, that these developments will be driven more by where the science and research is leading the edge – which obviously will include Stanford and almost surely the San Diego corridor – in addition to San Francisco.

While I am happy that the location of the CIRM administrative headquarters has now been decided and reported around the nation (albeit with all-too-much fanfare), it is perhaps unfortunate that the even more important decision made at the May 6th ICOC meeting received little public attention. This was the appointment of the 15 scientists and investigators who will serve on the "Scientific and Medical Research Funding Working Group." This group will serve as the reviewers of the research and training proposals that will come to the CIRM for funding. What is particularly notable is the excellence of the individuals who were selected and who have agreed to serve on Funding Working Group. I was a member of this selection committee, and I can assure you that the process we followed was thoughtful and rigorous. It offers true evidence that the CIRM will be successful and that our scientific colleagues from throughout the nation are committed to making it so.

A few words about the process for selecting the Funding Working Group: The process began in January with discussions of the eligibility criteria for potential members and of how nominations would be solicited and evaluated. Potential candidates needed to be "outstanding and highly recognized experts in the field of stem cell research, including biomedical research that is necessary to develop therapies to implement stem cell research." However it was also noted that potential candidates could (and should) include scientists in related areas of biomedical research. They would have substantial evidence of scientific achievement (measured through their own publication record) as well as experience in grant reviews. Further, potential candidates needed to reside outside of California, be willing to make the time commitment to the review process and not have any conflict of interests based on a set of criteria established on April 7, 2005.

Based on recommendations from scientific peers in California and throughout the USA as well as from professional societies, the National Academy of Science, patient advocacy groups, general public, etc, some 800 names were collected for review. The committee divided these into a "top tier" group of 200 names and a "second tier" group of 600 names. The lists were then divided randomly among six two-person interview teams, who reviewed and then ranked their assigned list, with the knowledge that individuals from the second tier could be moved to the top tier if appropriate. The interview teams then reviewed the CVs of their assigned candidates and distilled their list into a subgroup that was interviewed by phone. Each of the six two-person review teams then recommended eight names to the Committee Chair. Additional interviews to address issues such as conflict of interest in more detail were conducted by Dr. Zach Hall, the Interim President of the CIRM. When this process was completed the entire committee met to present, discuss, review and select the top 15 candidates, as well as alternates, who would be presented to the entire ICOC for approval on May 6th. The process was rigorous, thoughtful and transparent. And in the end an amazingly well qualified group of individuals were approved at the first members of the CIRM's Scientific and Medical Research Funding Working Group. To give you a flavor of the quality of the individuals who agreed to serve and who were selected on May 6th I am taking the liberty of listing them below:

Selected Scientist	Area of Expertise	Institutional Affiliation
Susan Bonner-Weir	Diabetes	Harvard/Joslin Center
Ali Brivanlou	Developmental Biology	Rockerfeller University
Patricia Donahue	Cancer/Developmental Biology/Pediatric Surgery	MGH/Harvard
Andrew Feinberg	Cancer	Johns Hopkins
Alexandra Joyner	Developmental Biology	NYU
Judith Kimble	Stem Cells, Organogenesis	University of Wisconsin
Jeffrey Macklis	Neurodegenerative Diseases	Harvard
Stu Orkin	Hematopoiesis/Pediatric Oncology	Dana Farber Cancer Institute/Harvard
Jeffrey Rothestein	Neurodegenerative Diseases	Johns Hopkins
Pablo Rubenstein	Hematopoiesis (and cord blood stem cells)	New York Blood Center
Dennis Steindler	Neurological Disorders	University of Florida Stem Cell Institute
Ranier Storb	Hematopoiesis, Stem Cell Transplantation	Fred Hutchinson Cancer Research Center
Clive Svenden	Neuro Stem Cells	University of Wisconsin
Alan Trounson	Stem Cells including SCNT	Monash University (Australia)
George Yancopolous	Neuro and Auto-Immune Disorders	Regeneron Pharmaceuticals

In addition to these 15 individuals (the number specified by Proposition 71), an equally distinguished group of alternates was selected who will serve for selected reviews or as replacements for individuals who may drop out in the future. These lists are comprised of superb scientists – both basic and clinical – who have a variety of backgrounds, areas of expertise and institutional representation. A number are members of the NAS, IOM, HHMI and all have evidence of wonderful credentials. Seven patient advocates who are members of the ICOC will join these scientists to comprise the 22 members of the Scientific and Medical Research Funding Working Group. This is terrific news. In my opinion this was the story of the day, although it did not get the requisite public attention compared to that given to the site selection decision described above.

Although we are still early in the process, I am increasingly optimistic that the CIRM will be successful in funding rigorously reviewed and high quality research – and that this will surely add to our knowledge of stem cell biology and regenerative medicine and thus enhance this important field and the national discussion that continues to unfold around it.

Where are We With Our Facilities for Education and Research?

I have previously reported on our facilities plans for the School of Medicine but thought it would be helpful to give you an update on where we are now and where we are going. Currently master facility planning is underway in the Medical School, at both of our affiliated hospitals and at the University. These include locations both on and off-campus along with immediate timelines and those that extend over the next 1-2 decades. Given the rather disorganized way that facility planning and building has occurred at the Medical Center (in contrast to the University) it is essential now – perhaps more than ever – to develop an integrated plan within the School and in relation to the Medical Center and the University.

Within the Medical School we have recently completed a Master Site Plan in tandem with the University that defines the buildings that will come (and go) during the next 10-20 years. As part of the SEMC (Science, Engineering and Medicine Campus planning) we have been working on two major buildings at the School of Medicine. One is the Learning and Knowledge Center, a 120,000 gasf (gross available square feet) building that will be located on the site of the current Fairchild Auditorium. It will house small and larger group classrooms, a multifunctional conference center, hospital and clinic simulation and virtual reality centers, and a digital knowledge and information center (representing the library of the future). The LKC will serve as the central hub for knowledge and learning for medical and graduate students as well as residents, fellows and faculty. It will also be a community resource for the public and for continuing medical education. In tandem with the new LKC we envision renovating portions of the Lane and Alway buildings to accommodate student services and related administrative support functions.

This ambitious and exciting project will create a new front door to the School as it faces the University and especially the new Science and Engineering Quad. While the ultimate construction of the LKC is contingent on funding from a variety of sources –

most notably philanthropic support – it is our hope that this new facility can be completed between 2008-2009, which will be both the centennial anniversary of the School of Medicine and the 50 year anniversary of the relocation of the School from San Francisco to Palo Alto. Although much work remains, we had the opportunity last week to present a status report of our planning efforts for the LKC to an ad hoc committee of the Board of Trustees that oversees facility planning and development on campus.

The second project that is part of the SEMC plan is the Stanford Institutes of Medicine 1 (SIM1). This is currently slated to be a 200,000 gasf building on the parking lot south of the CCSR. We are planning to house portions of the Institute for Cancer and Stem Cell Biology, including the Comprehensive Cancer Center, and the Neuroscience Institute in this building. Because we are so space constrained at this point, we have also recently leased a 70,000 gasf research building on Arastradero Road in the Stanford Research Park. We will initially house investigators in the Cancer/Stem Cell and Neuroscience Institutes in the Arastradero building until SIM1 is completed (also hopefully by 2009). We would then use the Arastradero building as swing space for the Cardiovascular Institute or the Immunity, Transplantation, Infection Institute as well as other school initiatives, until SIM 2, 3 and 4 are constructed. These other SIM buildings are clearly on the more distant horizon. Once SIM 2 is completed, likely 5-10 years from now, it is probable that the Fairchild Science building will come down and that area converted to green space. During this period every effort will be made to achieve more unity and better coordination of the medical school campus by aligning the east-west corridors and developing a much more integrated campus plan.

In addition to the LKC and SIM 1-4 we are also assessing (and reassessing) the future of the Stone buildings and, in particular Grant, Alway, Lane and Edwards. I recognize that these buildings are nearly 50 years old and lack the floor-ceiling ratios now required for wet laboratory construction, along with many other missing facets. On the one hand nearly 30 % of our research laboratories are located in these now ever-aging buildings and we lack alternative space. Obviously the costs of renovation, as well as the price tags already mounting for other new buildings, will influence our assessment. So too will the time line in which we can exercise options. In reality until we have SIM 2 (and ideally SIM 3) it will be very hard to find space for the research programs currently in the Stone buildings. In the meantime we are continuing to renovate the space, move new programs into it and prepare for the necessary seismic retrofitting.

The decisions around the Stone buildings will also be influenced by hospital planning and in particular by the fact that SHC will not be able to house patients in their portion of the Stone building after 2030. While that is certainly a long way in the future, it is important to recognize the long lead-time needed for planning, approvals, funding, etc. So these issues are very much on our radar screen today. Our original hope had been to replace the wet laboratory functions in the Stone complex with dry research laboratory and administrative space, and these are still active considerations. In addition, we are exploring leasing additional research space off campus to meet some of the current demands and to provide some relief until SIM 1and the other SIM buildings are available.

At this juncture my highest priority is to get forward traction for the LKC and SIM1. Both are critically needed and for different reasons. But together they are critical for our ability to carry out our fundamental missions in education and research, and they offer the next bold steps in the continued transformation of Stanford as a leading research-intensive school of medicine and university.

Medical Student Research Day

On Wednesday May 11th, the Twenty-Second Annual Stanford Medical Student Research Symposium was held in the Fairchild Lobby and Terrace. Approximately 43 students presented posters of their work, which ranged from basic to clinical research, and which they had performed as Medical Scholars, or in their Scholarly Concentrations or via other programs. The topics were far-ranging and I was particularly pleased to see how engaged the students were in their own research, and equally how much their classmates and colleagues engaged with them during their presentations to discuss, critique and learn from each others' contributions.

I want to thank the SMAA for their continued support of this important annual event and also the members of the Program Committee for attending to all the details that made the event so successful. These included Dr. Pat Cross, Associate Dean for Medical Student Research and Scholarship, Benjamin Berk, MS II, Benjamin Hoehn, MS VII, Eliza Long, MS IV, Mary-Elizabeth Muchmore, MS III, Marie Huong Nguyen, MS IV and Eric Sundberg, MS I. I also want to thank Marie Berumen, the Symposium Program Coordinator.

Report from the Neuroscience Institute at Stanford Annual Retreat

The Neuroscience Institute at Stanford recently held its Annual Retreat. Because the efforts of this Institute are so important to the future of Stanford, I asked Dr. Bill Mobley, the NIS Director, to provide a summary of the Retreat. His report follows:

> "The Third Annual Retreat of the NIS was held on May 8th through 10th at Asilomar. This exciting event captured the interest of the entire neuroscience community. A total of 207 registered; in attendance were large numbers of faculty, postdoctoral fellows, graduate students and staff members. In addition, several members of the NIS Advisory Council were present as were representatives from the biotech industry. Twenty-five platform presentations and a large number of posters highlighted the diversity of studies being carried by members of the NIS. All levels of analysis of the nervous system were represented and both fundamental mechanisms and clinically relevant issues were covered. While some presentations focused on the biology of individual channels or molecular machines, others defined the biology of neuronal circuits, learning mechanisms in animals, or the consequences mutant transgenesis on neuronal function. Equally exciting was the diversity of tools used by investigators. They ranged from genetic, pharmacological and cellular probes in cells and animals; to the use of platforms for examining the structure and activity of circuits in vitro; to a newly invented 2-photon microendoscope to visualize individual hippocampal neurons and blood vessels in vivo. A final indicator of diversity was the

departments from which participants were drawn. Whether located in the School of Medicine or in the School of Humanities and Sciences, essentially all basic science departments in which neuroscience is done were represented as were all of the clinical neuroscience departments. Finally, attendees were entertained and informed by keynote speaker William Dement whose many years of contributions to Sleep Medicine were beautifully detailed. We intend in future years to continue this tradition of inviting a senior or former member of the Stanford neuroscience community to present the keynote address. It provides a unique opportunity for younger members of the community to learn about the traditions of neuroscience at Stanford.

The faculty met as a group during the retreat to review progress and plans. The Director of the NIS, Dr Mobley, reviewed accomplishments over the last year. Most importantly, the NIS has demonstrated its commitment to building the entire neuroscience community and to establishing the relationships needed to initiate and sustain major collaborative efforts involving basic and clinical neuroscientists. The NIS has or is providing support for the recruitment of no less than 7 new faculty members distributed across both basic science and clinical departments. Current plans include participating in additional recruitments, at least one of which is be joint with the Stem Cell Institute. The NIS sponsors a diverse collection of Theme Group meetings, at which faculty discuss their work, and a seminar series that attracts the interest and participation of the entire community. In addition, Dick Tsien and Liqun Luo are just now completing work on plans for the Beckmann Symposium which this year is entitled " Sensation to Action." With help from the Packard Foundation and the Harman Endowment, the NIS has inaugurated a new grant program for basic and clinical studies in developmental neuroscience. With funds from a private donor, it can now initiate a research program focused on the biology of Parkinson's disease. New Core facilities have been established for animal behavior and for fabrication of new tools to support neuroscience research. In addition, the NIS has undertaken to support new efforts in graduate and medical student education. Finally, it has committed through fundraising to develop the new resources that will be needed for further program development.

While effort over the past 18 months has focused appropriately on building the neuroscience community, the faculty believes that now is the time to define major cooperative, collaborative, and synergistic programs that broadly represent the faculty and that capture the most dynamic and exciting possibilities in neuroscience research. While the NIS faculty recognizes the importance of translational research, they acknowledge that developing a truly robust vision of translational neuroscience means developing an equally robust vision for fundamental neuroscience and for linking the two. It was agreed that a focus that was purely fundamental or purely translational would neither serve the diverse NIS faculty nor accomplish the vision that the NIS has set for itself. With this in mind, the faculty has begun to define major, ambitious programs that capture the interest and support of the entire faculty.

One suggestion was provided by Sue McConnell, a member of the NIS Steering Committee. She characterized it by applying the term "seeing neural circuits in whole new ways." As Sue indicated, "at the forefront of neuroscience are imaging technologies that enable us to visualize neurons and circuits in powerful new ways. By virtue of our strengths in neuroscience, engineering, and computer science, Stanford is perfectly positioned to marry the development of new technologies with classic questions in neurobiology and neurology. These methods span the levels of analysis used in neuroscience, and include: the use of confocal microscopes to detect protein movements and trafficking at the subcellular level, ultra-fast imaging methods and physiological indicators to measure the responses of individual neurons in active neural circuits, genetic expression of fluorescent and enzymatic tags that enable the visualization of neural connections in development and adulthood, tiny two-photon "endoscopes" that permit sneak looks at neural activity and blood flow deep inside the brain, novel electron microscopic methods that enable the reconstruction of complete synaptic circuits, and potent imaging methods to visualize the firing patterns of neurons in awake, behaving animals and humans. Stanford researchers have pioneered these new methodologies and are continuing to do so in ever-more creative ways. These new methods enable us to visualize the neurons, their constituent proteins, their connections, and their activities in development, adulthood, and disease. Most importantly, they also enable us to see the nervous system in new ways, leading to new concepts and hypotheses about the mechanisms that enable normal function and those that break down and lead to neurological disease. This theme encompasses most of the work that goes on at Stanford". She correctly identifies it as a way to "market the uniqueness of the NIS," thus differentiating it from other neuroscience institutes that are emerging across the country. There was enthusiasm among the faculty also for decoding the signals generated in circuits, a theme that beautifully complements the emphasis on imaging. The faculty was in agreement that building and properly supporting a program to see circuits and decode their signals would serve to establish stronger programs in both fundamental and translational neuroscience and to link the two.

A number of approaches must now be considered for supporting "seeing neural circuits." We will consider carefully how the initiative might lead to new faculty recruitments and to support research in existing laboratories that have been or wish to do such work. Another mechanism is to support the development of new tools by the faculty and to provide increased access to existing tools for imaging circuits and recording their function. The NIS is now planning for the use of space at the Arastradero facility. In support of "seeing neural circuits" it was agreed that we would develop space for a new effort in neuroimaging that would use the most sophisticated existing methods and support the development on new ones. This effort, designed with the entire faculty in mind, would be financed from fundraising. It would also provide computational support for investigators that use the facility and those who carry out studies on campus that

require advanced needs for computation. The need for other Core facilities (e.g. animal behavior, clinical databases, unique or expensive molecular reagents) was also indicated.

We anticipate equally exciting additional new program development and will ask our faculty to take a leading role in defining what the NIS can do for them. We will ask that new programs appeal to a broad audience and attract significant funding from philanthropic donors and foundations. In this light, the NIS is working carefully with the OMD and we are hopeful that this will yield much success."

Alumni: Perceptions and Annual Events

May 6-7 was the Annual Alumni Weekend sponsored by the Stanford Medical Alumni Association. It was an outstanding weekend featuring special gatherings of graduates dating back to the 1940's and featuring in particularly the 50 Year Alumni Celebrants from the Class of 1955 (of which there was an A and B graduating class!). Among the exciting events was the Saturday morning symposium "New Frontiers in Medicine: How the Four Institutes of Medicine Will Change our Profession." The Symposium featured presentations by our four Stanford Institute of Medicine Directors including: Dr. Bill Mobley, Director of the Neuroscience Institute at Stanford; Dr. Bobby Robbins, Director of the Stanford Cardiovascular Institute; Dr. Mark Davis, Director of the Stanford Institute for Immunity, Transplantation and Infection (IITI); and Dr. Irv Weissman, Director of the Stanford Institute for Cancer and Stem Cell Biology and Medicine. Each gave status reports on their Institutes and described how they will likely evolve in the years ahead. The Directors also each invited faculty colleagues to illustrate specific areas of progress or opportunity related to the work of the Institutes. I want to thank our faculty speakers for Neurosciences (Drs. Jaimie Henderson and Greg Albers); Cardiovascular (Dr. Tom Quertermous); and IITI (Drs. David Relman and Judy Shizuru for wonderful presentations and contributions. Thanks also to the Institute Directors for a very well informed and interesting symposium.

The Alumni Association is currently working hard to embrace more fully the wider spectrum of Medical School graduates, including MD and PhD graduates as well as residents and fellows. Making the School and University more attractive and meaningful to our graduates is an important objective, one that I support enthusiastically. A recent survey done by the Stanford Alumni Association regarding graduate students found that 97% of graduates of the various graduate and professional schools at Stanford were satisfied with the academic experience they had at their school. Interestingly, while the School of Medicine graduates score highest on believing that they had excellent academic preparation, they do not have the highest overall positive feelings as alumni about the Medical School in comparison to other schools at Stanford. Thus, there is still considerable work to do to assure that our alumni feel as engaged and informed as possible. That said, I do want to acknowledge the notable progress that has been made in recent years in improving our alumni association and interactions. For their many efforts in this area I would like to thank Dr. Ross Bright, Associate Dean for Alumni Affairs,

and Dr. Linda Hawes Clever, MD'65 who served so admirably as SMAA President from 2003-2005. Her leadership was very dedicated and significant and I am most appreciative. Linda will be succeeded by Dr. Susan Knox, MD '85, Associate Professor of Radiology; I will very look forward to working with her as well.

Upcoming Events

- Roy Vagelos, MD, retired CEO and Chairman of the Board for Merck and Co., Inc., will speak on "The Changing Pharmaceutical Industry" at noon on May 23 in Fairchild Auditorium. Dr. Vagelos will describe changes in the pharmaceutical industry with the perspective of an insider of the highest reputation. He is a biochemist and a member of the National Academy of Sciences. Dr. Arthur Kornberg will introduce Dr. Vagelos.

- The Departments of Radiology and Radiation Oncology invite the Stanford community to to celebrate the Centennial Anniversary of Radiology at Stanford on Saturday, May 21st at the Lucas Center (1201 Welch Rd). This special event will open with interactive poster presentations of important scientific advances in medical imaging and radiation oncology from 1:00-2:30 pm. A symposium will follow, from 2:30 pm - 5:00 pm, which will celebrate Stanford Radiology's pioneering efforts over the past 100 years and showcase the promising future of imaging and the potential of personalized medicine.

  Industry speakers will include: Jeffrey Immelt, President and CEO of GE, Richard Levy, President and CEO of Varian, Erich Reinhardt, President and CEO of Siemens Medical Solutions. Stanford speakers will include: Sanjiv Sam Gambhir, M.D., Ph.D., Amato Giaccia, Ph.D., Gary Glazer, M.D., Richard Hoppe, M.D., Saul Rosenberg, M.D., John Shoven, Ph.D. and Matt van de Rijn, M.D.

  For further details visit :http://100yearsofradiology.stanford.edu

Honors and Awards

- ***Dr. Dan Bernstein's*** appointment as the Alfred Woodly and Mabel G. Salter Professor of Pediatrics was celebrated at a lovely event at the Faculty Club on Monday May 9th. Among the guests were the grandchildren and great grandchildren of the Salter family along with friends, colleagues and members of Dr. Bernstein's family. Dr. Bernstein has had a most distinguished career in pediatrics cardiology at Stanford. During the past 19 years he has helped shape the division of cardiology and the department of Pediatrics as well as the Lucile Salter Packard Children's Hospital (LPCH). Dan has also played a key role in some of the major recruitments in cardiology and cardiovascular surgery that have propelled LPCH into the top tier of children's hospitals in the USA. Congratulations to Dr. Bernstein.

- ***Dr. Stephen Fortmann***, Professor of Medicine and Director of the Stanford Prevention Research Center is the 2005 recipient of the Joseph Stokes Award from the American Society of Preventive Cardiology. This award is given in recognition of excellence in furthering education, research and the practice of preventive cardiology. The Stokes award honors Joseph Stokes III, M.D., a cardiologist and epidemiologist and co-principal investigator of the Framingham Heart Study, a study that is widely recognized for advancing understanding of the causes and prevention of heart disease. The award was presented May 1st in conjunction with the Annual Conference on Cardiovascular Disease, Epidemiology and Prevention held in Washington D.C. Best wishes to Dr. Fortmann.

- ***Dr. William Northway, MD '57***, Professor of Radiology (Diagnostic Radiology) and of Pediatrics (Pediatric Radiology), Emeritus received the 2005 JE Wallace Sterling Lifetime Alumni Achievement Award at the Alumni Dinner on May 6th at the Cantor Arts Center. Dr. Northway had a most distinguished career as a clinical radiologist and investigator and is perhaps best know for his seminal studies that defined the pathogenesis and natural history of bronchopulmonary dysplasia. In addition to his wife and children, Dr. Northway's career was celebrated by his colleagues and friends including, Drs. Phil Sunshine, Herb Abrams and Bruce Parker. Congratulations to Dr. Northway.

Appointments and Promotions

- ***Xiaoyuan Chen*** has been appointed Assistant Professor (Research) of Radiology, effective 6/01/05.
- ***Christine Cartwright*** has been promoted to Professor of Medicine, effective 6/01/05.
- ***Ronald Dalman*** has been promoted to Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, effective 5/01/05.
- ***Terry Desser*** has been promoted to Associate Professor of Radiology, effective 5/01/05.
- ***Sabine Girod*** has been reappointed to Assistant Professor of Surgery (Plastic Surgery), effective 5/01/05.
- ***Kristen Ganjoo*** has been appointed to Assistant Professor of Medicine (Oncology) at the Palo Alto Veterans Affairs Health Care System, effective 5/01/05.
- ***Shashank Joshi*** has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences, effective 5/01/05.
- ***Laurence Katznelson*** has been appointed to Associate Professor of Neurosurgery and of Medicine (Endocrinology, Gerontology and Metabolism) at the Stanford University Medical Center, the Lucile Salter Packard Children's Hospital and the Palo Alto Veterans Affairs Health Care System, effective 5/01/05.

- ***Paul Sharek*** has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 5/01/05.
- ***Phillip Yang*** has been appointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 5/01/05.
- ***Christine Wijman*** has been reappointed to Assistant Professor of Neurology and Neurological Sciences, effective 5/01/05.