

# Dean's Newsletter

## April 17, 2006

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### **National Advisory Committee Reviews School**

The Stanford School of Medicine National Advisory Council (NAC) conducted their annual visit on Monday, April 10<sup>th</sup>. At my recommendation, the NAC was appointed four years ago to provide high-level guidance to the Provost and President about the progress of the School in fulfilling its strategic goals and initiatives. The NAC includes leaders in basic and clinical science as well as members of the University Board of Trustees. The chair of the NAC is Dr. Ed Benz, President of the Dana Farber Cancer Institute and Professor of Medicine at Harvard Medical School. The other NAC members are: Elizabeth Blackburn, Professor of Biochemistry and Biophysics at UCSF; Tom Boat, Professor and Chair of Pediatrics, U. Cincinnati and Physician-in-Chief, Cincinnati Children's Hospital; Mariann Byerwalter, Stanford University Board of Trustees and Chair, Board of Directors, Stanford Hospital & Clinics; Ying-Ying Goh, Stanford University Board of Trustees; Daniel Lowenstein, Professor Neurology, UCSF; James Madera, Dean, Pritzker School of Medicine, University of Chicago; William Peck, Dean Emeritus at Washington University; David Satcher, President of Morehouse College School of Medicine; Carla Shatz, Professor and Chair of Neurobiology at Harvard Medical School; William Stead, Director of Informatics Center and Associate Vice Chancellor for Health Affairs, Vanderbilt University, and Sam Wells, Professor Emeritus of Surgery, Duke University.

The scope of this year's visit was broad and began with my annual update on the "state-of-the-school" followed by an in-depth discussion of our progress in medical and

graduate student education as well our efforts in postdoctoral training. These presentations highlighted our efforts to train and develop future leaders in medicine and bioscience and to provide enhanced opportunities for training and engagement in translational research and leadership. These include the Scholarly Concentrations in our MD curriculum, MD/PhD and other advanced dual degree programs, the Masters in Medicine program, and our plans for an advanced residency training program. The NAC was interested and seemed pleased with our efforts in these areas. They recognized the importance of Stanford's distinct niche relative to other schools of medicine and, especially, the importance of our commitment to training future physician-scientists/scholars/leaders as well as leaders in the biosciences. The NAC also had the opportunity to meet with a diverse group of students and postgraduate trainees and to learn directly about their experiences at Stanford – which was informative and exciting.

In order to provide an example of our efforts in translational research, Dr. William Mobley, Director of the Neuroscience Institute at Stanford (NIS), and his colleagues, presented a status report to the NAC. As with all the Stanford Institutes of Medicine a primary goal of the NIS is to foster interdisciplinary research and education that transcends the boundaries of individual departments, draws connections among schools throughout the University, and forges connections to the clinical centers at Stanford Hospital & Clinics and the Lucile Packard Children's Hospital. A primary focus of the NIS is to use the scientific strengths across the University to better understand neural networks: how they are organized and carry out their functions, how they can be disrupted in various disease settings, and how these processes can be visualized and monitored with powerful imaging and molecular profiling technologies. A couple of examples of broad interdisciplinary research were offered, including novel collaborations led by Dr. Brian Wandell, Professor of Psychology, in computational neuroimaging and the exciting collaboration emerging through the efforts of Dr. Dick Tsien, George D. Smith Professor of Molecular and Cellular Physiology, and his colleagues on the molecular foundations of autism. Indeed such interdisciplinary collaborations – some arising at the initiation of individual faculty and others facilitated through various “working groups” – offer opportunities to bring the amazingly diverse and deep scientific expertise at Stanford to bear on both fundamental questions and applied problems in neuroscience. NAC members seemed pleased and impressed by the progress of the NIS and the important role it will serve in the future of the School and University.

The NAC also heard an update on the progress being made in the still new Bioengineering Department (joint between the Schools of Engineering and Medicine), particularly in the areas of new faculty recruitments and the graduate education programs. Since the accomplishments that have been made in the past 2-3 years in Stanford's bioengineering efforts have been startling in their rapidity and excellence, it was easy for the NAC to be impressed. That said, there is still much work to do over the next 5-10 years in bringing the Bioengineering Department to maturity – but it is clear we are well on the way. In addition, an update on the Biodesign Program, which is housed in Bioengineering and BioX, was also presented to the NAC. This program, the brainchild of Dr. Paul Yock, Martha Meier Weiland Professor of Bioengineering and Medicine and Co-Chair of the Department of Bioengineering, is a prototype for bringing team-based

discovery and innovation to a wide array of clinical and other problems. It has exciting potential applications both to our efforts here at Stanford as well as to those that might involve international collaborations.

Finally, the NAC heard an update from Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, on the extensive changes that have occurred in the past several years in clinical informatics in the School of Medicine. While a very broad array of innovations has been introduced during this period, Dr. Lowe focused on those aimed at enhancing and facilitating our efforts in translational medicine. Among the most important of these is the **STRIDE (Stanford Translational Research Integrated Database Environment)** program, which is now becoming increasingly operational and interactive between the School and both SHC and LPCH. The NAC seemed very pleased by these programs and were highly encouraging about future work and development in this area.

The NAC visit concluded with an oral report to President Hennessy about the School's progress to date. This will be followed by a written report in the next several weeks. While the comments we heard at the meeting itself must be viewed as preliminary, I can report that they were highly laudatory of our progress to date, while also pointing out areas where we can address future progress. It is important to share our program developments with critical outside reviewers and to benefit from their recommendations and insights. I will look forward to receiving the official NAC report but I am pleased by the preliminary comments and recommendations.

I want to thank all the faculty and students who participated in this year's NAC review and also express my appreciation to the NAC members, who devoted their valuable time and energy to helping us become ever more successful as a School of Medicine and Medical Center.

### **Senior Associate Dean for Finance and Administration Appointed**

I am extremely pleased to announce that Marcia Cohen has been appointed Senior Associate Dean for Finance and Administration in the School of Medicine. She succeeds Mike Hindery, who left this role in January 2006, after 10 years of service. Ms. Cohen has been the Assistant Dean for Fiscal Affairs and Chief Financial Officer for the School since she joined Stanford in 2003. She has also served as Interim Senior Associate Dean since November 2005. Her selection is the result of a national search that identified a number of highly qualified candidates, including three other finalists who visited Stanford for in-depth interviews a couple of weeks ago. My decision to appoint Ms. Cohen was based on her exemplary performance as CFO and more recently as Interim Senior Associate Dean and was reinforced by the comparative evaluative comments we received from a broad interview and advisory group that included leaders from the University administration, the School of Medicine and both hospitals – which placed Ms. Cohen as the clear choice.

Ms Cohen has had extensive experience in academic medicine as well as management consulting. Prior to joining Stanford she served for 7 years as the Director

of Finance for the Department of Medicine at UCSF and prior to that as a Management Services Officer for UCSF's Department of Physiology. She had previous roles in national and international management consulting that covered a very broad array of areas and responsibilities. Ms Cohen received her BA in Economics (*magna cum laude*) from Carleton College, and she holds a Masters degree in Public and Private Management from Yale.

There is little doubt that the role that Ms Cohen will fill is one of the most important at Stanford. It is broad, demanding and has a major impact on the School, Medical Center and University. I am confident that Ms. Cohen has the professional and personal skills to carry out her new role with excellence, and I am pleased that we were able to identify someone who already knows so much about our programs and needs to take on these significant responsibilities. I look forward to a continued and productive working relationship with Ms. Cohen and ask that you please join me in congratulating her and welcoming her to this important position.

## **Dealing with Traffic Congestion**

You have likely heard by now that the University is facing penalties under the General Use Permit (GUP) agreement if "GUP trips" exceed the limit placed on peak-hour vehicle traffic, including high costs for road improvement and long-term limitations on new square footage we have planned for research and other expansion. "GUP trips" are defined as car trips on campus between the hours of 7:30 and 9 am and 4:30 and 6 pm. You may recall comments this issue in the newsletters of August 9<sup>th</sup> and October 3<sup>rd</sup> of last year, when the School implemented a survey to discover current commuting habits and educate faculty and staff about peak-hour traffic.

The Provost recently sent an urgent request to members of the University Cabinet and the University Management Group (UMG) that stated: "We must immediately introduce additional measures to reduce peak-hour trips that will lead to long-term changes in commuting habits. It is critically important for both the university and the surrounding communities that we do everything we can to live within the commute traffic limitations of the GUP." In addition, the Provost personally contacted me and asked that the School of Medicine, as the largest and fastest-growing segment of the University, embrace this effort.

To respond to the Provost's request, the School of Medicine has asked departments to immediately introduce (beginning today, April 17th) flexible hours for staff to ensure that no drivers leave campus between 4:30 and 6 pm one day per week. This will be a pilot program lasting several weeks while we create other long-term programs and incentives to achieve significant, permanent reductions in peak-hour traffic. The permanent programs will comprise data collection, implementation of and education on an array of alternative work and commuting options for staff, commitments from staff and departments for long-term changes in commuting habits or work hours/location, incentives, and changes in the culture of the institution to allow the implementation of these efforts. Our goal will be to cut peak-hour trips by at least 15%

initially. As an added dividend, this review may also help us define more efficient and functional flexible work plans for our employees.

I realize that requests like this carry a number of challenges and implications, especially when imposed on a short time line. Accordingly, I ask that faculty, supervisors, staff and students be as flexible and creative as possible, given the need for urgent change. Specifically, if you drive onto campus, please be aware of and avoid driving during peak hours. Department staff should be encouraged to use flex time (come in early and leave early, or vice versa) or, in the case of exempt staff, telecommute and be accepting of non-traditional work schedules.

To find creative solutions to the workflow and transportation problems, the Provost's office is also pursuing other novel programs. For example, the Health Improvement Program is sponsoring a class to teach about alternative travel options – including mass transit, biking, or carpooling. The payoffs are multiple – less stress, more exercise, less pollution, save money (in fact, Stanford will pay you up to \$204/year if you do not purchasing a parking permit), less greenhouse gas and more satisfaction from making a difference. If you are interested, the first class will be on April 21<sup>st</sup> between 12-1 pm at 655 Serra Street in the Magnolia Room. To register call 723 9649 or visit <http://hip.stanford.edu>.

Your help, flexibility and assistance are most appreciated.

## **Advocating for the NIH**

The academic community is very concerned about the impact of reduced NIH spending on research and the consequences for medical schools and academic medical centers across the nation. I have described some our concerns and efforts underway to try to reduce some of the potential damage through Congressional remedies in recent Dean's Newsletters. This is both a political as well as a financial challenge and it is imperative that we each do all we can to alter the course now being taken by the Administration. On Tuesday, April 11<sup>th</sup>, I published the following Op-Ed piece in the San Jose Mercury News – which I include below in case you missed it. While the Congress went into recess without dealing effectively with this issue, work is underway to try to address this when the next congressional session begins. Your advocacy, especially through your professional and scientific societies, is most important.

### **Budget pressures jeopardize the future of medical research**

Philip A. Pizzo, MD

At the turn of the 21st century, the federal government doubled the budget for the National Institutes of Health with the goal of securing its status as the most powerful medical research enterprise the world has ever seen.

But later this week the House of Representatives could shed light on the government's vision for the future of this agency -- the driving force in the nation's effort to find cures for cancer, heart disease and scores of other maladies. When the chamber votes on a

budget resolution that addresses the agency's funding, it will be a sign of whether a troubling budget trend has emerged: the ``undoubling" of the NIH.

The NIH has been at the forefront of developing the panoply of vaccines that has prevented serious illnesses. It has helped to realize new treatments that have reduced mortality rates from heart disease and strokes by 40 percent and 51 percent, respectively, since the late 1970s. In the last year, at Stanford University School of Medicine alone, NIH money has helped to make possible a vastly improved way to do stem cell transplants for curing leukemia, the development of a new class of drugs for treating the symptoms of rheumatoid arthritis, and the identification of a gene that could help doctors pinpoint and begin treating children at risk of schizophrenia before symptoms appear.

And that barely scratches the surface of the NIH-funded work that is taking place at Stanford and across the nation.

Unfortunately, after several decades of increasing NIH budgets -- under both Democratic and Republican presidents -- the current leadership in Washington has reversed this course. In this year's budget, funding for the NIH was cut for the first time in more than 30 years, and the administration's budget proposal for next year would freeze the NIH budget at that level. The amount provided next year to two of the NIH's biggest institutes, the National Cancer Institute and the National Heart, Lung and Blood Institute, would be cut by \$40 million and \$21 million.

The bottom line: The budget proposal would give the NIH 13 percent less, when adjusted for inflation, than it had in 2003, the end of the five-year period in which the budget had been doubled.

While the NIH's funding remains substantial, our research systems are fragile. A loss of support can quickly begin to unravel our progress, particularly as other nations launch unprecedented research initiatives. Vast new research programs have been built in China, Singapore and India, as well as in Europe.

Talented bioscientists and trainees who once considered the United States the only place to conduct their work now have other options. Over the last few years the tiny nation of Singapore, for instance, has successfully recruited three of the National Cancer Institute's most senior scientists with its commitment to long-term funding and its spacious, state-of-the-art laboratories.

Even more disturbing is that the pipeline of new talent to succeed these and other established scientists will be jeopardized as research funding becomes less available. It's already apparent that the growing challenge of obtaining NIH funding is sapping the morale of many in the field. The competition for grants has become brutal, with fewer than one in 20 applications winning approval. This year the number of new grants funded by the NIH is projected to be down by almost 15 percent from the number funded three years ago.

This increased competition for scarce resources isn't going to lead to better science. If the NIH dollars become tighter, it will become less likely that innovative ideas will flower. The best and brightest of our researchers will be less willing to take risks for fear of not being funded. Consequently, they may turn to more predictable, ``safer" funding proposals, potentially missing the opportunity for major breakthroughs.

The effect of under-funding on research is well illustrated by the challenges the nation now faces in the physical and engineering sciences. There is widespread concern that we are losing our competitive edge in fields in which we have long been leaders. To the president's credit, he has championed the American Competitiveness Initiative to ratchet up federal support in these areas.

But it would not be in the national interest to create the same problem in the biosciences that we are now seeking to address in the physical sciences -- especially at a time when the great advances of the future are likely to be found at the intersection of physics, engineering, computers and biology.

I certainly understand that federal dollars are a limited and precious resource, but the NIH's efforts cannot be measured strictly in annual budget cycles. Growth in funding must be sustained if we are to avoid undoing the foundation that has been so carefully laid. Fortunately, a number of leaders in Congress share that perspective. Under the leadership of Sens. Arlen Specter, R-Penn.; Tom Harkin, D-Iowa; Diane Feinstein, D-Calif.; and Barbara Boxer, D-Calif., the Senate approved a resolution recommending adding \$2 billion to NIH, bringing its budget to about \$30 billion. The House is slated to consider its budget resolution in the next few days.

This vote is but one step in the budget deliberations, though for medical scientists it will send an important signal. Will Congress remain steadfast in its commitment to research endeavors that can span decades but which offer the prospect of cures for future generations? Or will the NIH fall prey to a funding cycle that demands immediate gratification and instant results, thus losing sight of the future health of our nation?

## **Mentoring Guidelines for Postdoctoral Fellows**

At the April 7<sup>th</sup> Executive Committee meeting, Ms. Chequeta Allen, Assistant Dean for Postdoctoral Affairs, along with Drs. John Boothroyd and Jody Puglisi, members of the Provost's Advisory Committee on Postdoctoral Scholars, presented a recommendation from the Committee to formalize postdoctoral scholar mentoring guidelines. A number of important concerns have been identified that require attention, including:

- Some postdocs – and Principal Investigators – find it difficult to initiate a mentoring meeting and discussion
- Some postdocs report a lack of mentoring by their PIs
- Others postdocs report that they experience a lack of feedback about their progress and goals
- Some PIs have asked for additional resources in this area

In response to these issues, the Provost's Advisory Committee has recommended the implementation of an annual career progress conversation, and they have devised guidelines to help facilitate this process. The guidelines have been incorporated into a mentorship discussion template document, which postdocs will complete and bring to the meeting. It includes sections about research progress, research growth and development (including plans for the upcoming year), and career development. It will be used as a framework for oral discussion and not as a written record. Postdoctoral scholars have had input into the development of these guidelines and have participated in piloting them.

The members of the Executive Committee endorsed this proposal and will work with their faculty to implement it. The expectation is that PIs will have this mentoring discussion annually with each of their postdoctoral research fellows, beginning in July, 2006, at the one-year anniversary of the postdoc's appointment. An educational session for postdocs on the mentoring guidelines is also planned for July. The Annual Postdoctoral Research and Career Progress/Mentorship Discussion Template may be obtained from Assistant Dean Allen ([challen3@stanford.edu](mailto:challen3@stanford.edu)).

I am very pleased that this recommendation has come forward. Postdoctoral research scholars are a critically important part of our community, and we want to do everything we can to foster their careers while they are at Stanford and to prepare them for their future scientific careers.

## **Heading Toward Development**

On Monday April 10<sup>th</sup>, I gave an update on the School's development plans to the University Board of Trustees, as part of a panel discussion that included Deborah Stipek, Dean of the School of Education, and Sharon Long, Dean of Humanities and Sciences. This was part of a series of updates to the Board on how the various Schools are preparing for a University-wide campaign.

As I have also detailed in other communications, I described to the Board the transformative changes we have been implementing during the past several years under the banner of our Strategic Plan *Translating Discoveries*. I pointed out why it was important to organize and coordinate our missions in education, research and education at this important juncture in history, given the tremendous progress in biomedical research during the past several years that is now juxtaposed against the deficiencies in our health care system. While it is true that most Americans indicate their respect for biomedical research, it is notable that an ever-increasing number are expressing their frustrations about our healthcare system – or the lack thereof. This is important since, if the public does not understand or appreciate the important contributions made by academic medical centers and teaching hospitals to their current and future health and welfare, it is unlikely that they will be enthusiastic in their philanthropic or community support for our various endeavors. Accordingly, it is important that we address and communicate big and important issues in a bold and compelling manner.

Given our relatively small size, it is important for Stanford School of Medicine to be more focused and to capitalize on its unique attributes and opportunities. These include the extraordinary opportunities for interdisciplinary education and research that exists in partnership with the greater University and that extend to our teaching hospitals and the community in Silicon Valley. As much as possible our goals should be aligned and coordinated in the context of our primary commitments to training leaders, fostering innovation and discovery, and, where possible, applying new knowledge to improve human health. In my presentation I detailed how we are seeking to accomplish these goals through our education programs focused on developing and training future leaders, innovators and scholars.

I also discussed how important it is for us to continue to support our basic research efforts – ideally in an interdisciplinary manner, as exemplified by BioX and bioengineering. This support, which is really an investment in the future, also involves fostering an environment that brings together diverse communities from throughout the University to address important problems in human health. These efforts are currently codified in our Stanford Institutes of Medicine. While our five Institutes are moving forward on different timelines and with varying objectives, they are each creating broad based communities within Stanford and are drawing the connections between research and patient care. But to make them truly effective, considerable resources will need to be garnered, especially from the private sectors, to help support program development as well as essential capital projects.

To capitalize more optimally on our current strengths and on our vision for the future, the School has worked cooperatively with SHC and LPCH (separately and together) to develop an integrated fundraising plan that addresses the important linkages in program and capital project development. The scope of the integrated development plan for the School, SHC and LPCH is being delineated and will establish an ambitious fundraising target for the next 5-7 years – but it is what will be necessary to assure the School and Medical Center's success for the first part of the 21<sup>st</sup> Century.

In addition to a compelling fundraising case (which I believe we do have), it will also take a highly professional medical development team and highly committed and dedicated community volunteers to bring our plans to fruition. However, until Doug Stewart began as the Associate Vice President for Medical Development in October 2004, our development office was understaffed and without appropriate direction. This situation is changing, as a result of considerable financial investment and the identification of successful fundraising leaders, but rebuilding such a program takes time and considerable effort. While progress has certainly occurred, I would venture to say that we are still at only about 50% of the strength level in personnel that we will need. I am committed to do all I can to support the efforts of the Office of Medical Development - I recognize that our future truly depends on its success. But philanthropic contributions of the size we will need are the result of years of successful prospect identification and stewardship. I am aware that during the early phases, when the groundwork is being laid, it is easy to be critical or impatient of the results attained. But this is a long-term

investment of resources and effort, and we must get it right during these early phases in order to achieve the results we seek over the longer run.

Evidence that we are moving down the right path is beginning to come from the number of exceptional community leaders who are starting to align with the Medical Center efforts and be drawn to serve on one of our leadership councils. Further evidence is provided by some of the very major donations that have been received during the past couple of years precisely because we have come forward with big and bold ideas – like our research efforts in stem cell, cancer, neuroscience, cardiovascular and immunity/transplantation/infection and their translation to patient care.

There is much to be done during the next several years to achieve and sustain our dreams and aspirations – but we are getting traction on our development vision and planning and now need to continue and amplify our efforts.

### **Getting Ready for May 23, 2006**

On May 23<sup>rd</sup> we will have our site visit by the National Cancer Institute (NCI) to review the program Stanford has put together in its application to become an NCI-Designated Comprehensive Cancer Center, which was submitted on February 1, 2006. The effort to become a Comprehensive Cancer Center dates back to shortly after my arrival in 2001 when I appointed a committee to review the question of whether we should submit an application at all and then determined that we should, in fact, proceed with the planning for such a submission. Just over three years ago, Dr. Karl Blume, Professor of Medicine Emeritus, initiated the early foundational planning for the grant, and we began working within Stanford and in conjunction with others (including the NCI) to move this process forward. Two years ago I appointed Dr. Irv Weissman to serve as the Principal Investigator for the Cancer Center, and we then recruited Dr. Steve Leibel to serve as the Medical Director. Last summer Dr. Bev Mitchell joined Stanford as the Deputy Director and, in tandem, Ms Joanne Murphy assumed the role of administrative leader. Since we began the process, over 200 faculty have come forward to become affiliated with the Stanford Comprehensive Cancer Center, and in the grant application, 10 major programs and 11 cores were identified as critical components of the Center. We now await the official feedback that will tell us whether our many thousands of hours of effort have been met with approval. And of course, we face this challenge at the very time that the NIH is facing its own significant financial stresses. Nonetheless, I am optimistic.

On Friday, April 14<sup>th</sup>, under the guidance of Drs. Weissman, Mitchell, Blume and Leibel and Ms. Murphy, a “mock” site visit was presented to a stellar group of critical external reviewers that included several Cancer Center Directors, a Nobel Laureate and outstanding leaders in the field. In a marathon presentation effort, the External Advisory Board (EAB), heard presentations from each program and project leader. While noting that the science they heard was spectacular, the EAB – as was hoped – also offered critical and discerning comments, suggestions and recommendations on how to make the final presentation even clearer, stronger and more compelling. I had the opportunity to

listen to all the presentations and was certainly impressed and pleased by what was being offered – and by how much it had improved during the past years of intense preparation. I want to thank Drs. Weissman, Mitchell, Blume, Leibel and Ms. Murphy for their leadership and tenacity. And of course I want to thank our faculty and program leaders for the quality of their proposals and presentations. Certainly we all recognize that when it comes to external site visits, we are at the mercy of the process – but I do very much believe that Stanford has made tremendous progress in anticipation of this moment. I look forward with anticipation (although not without some trepidation) to the May 23<sup>rd</sup> official NCI visit – and of course to success when the review process is completed.

## **Stem Cell Regenerative Medicine Training Grants Funded – a Beginning**

As presented in the **Stanford Report** (see <http://mednews.stanford.edu/releases/2006/april/cirm-funds.html>) ) and discussed in a recent interview with Dr. Michael Longaker, the Deane P. and Louise Mitchell Professor of Surgery and principal investigator on the grant (see <http://med.stanford.edu/spotlight/>), the School of Medicine has received \$1.2 million from the California Institute for Regenerative Medicine to train the next generation of stem cell researchers. The April 10 payment is the first of a three-year, \$3.7 million grant that was awarded in September. The grant will support 16 scholars—six graduate students, five postdoctoral fellows and five MD research fellows from departments across campus. This is an important step forward, and I want to thank Drs. Longaker, Minx Fuller and Irv Weissman for putting forth a very well constructed proposal.

But it is important to note that these training grants are not the beginning of the \$3 Billion of bond funds approved by a majority of Californians in the November 2004 election. Rather, this funding is the result of Bond Anticipation Notes (BANs) that represent contributions from philanthropists who have invested in the California Institute of Regenerative Medicine with the expectation that the approved bonds will become a reality. And while it is wonderful that the BAN funds now exist, it is a sad statement on the democratic process that the full funding of Proposition 71 has not yet commenced – and that it is still likely sometime in the distance before that happens. Indeed, at this time we are waiting the decision of Judge Subraw, who heard the case on February 27<sup>th</sup> – March 1<sup>st</sup>. While it is expected (I suppose “hoped” is the more correct term) that the plaintiff’s charges will be dismissed, it is also likely that the ruling will be appealed – which could add another year to the process, assuming that the case does not go to the California Supreme Court. So the funding for the training grants, as gratifying as it is, is just a beginning – and one that doesn’t have a clearly defined next step – other than delays – associated with it.

I certainly support the rights of citizens to express their opinion, whether by voting or by legal action. But in this case a clear minority of citizens is doing all it can to block the will of the majority. Unfortunately, this simply slows down the research process, defers the opportunity for discoveries that might have clinical application and further erodes our global position in the field of stem cell research. This is truly

unfortunate and only further dashes the hopes of countless individuals who have pinned their hopes on the prospect that stem cell research will ultimately yield results that will favorably impact human disease. Since I believe this will ultimately be the case, even though it is hard to predict the timing, such delays are most disconcerting. And sadly, with these delays, I can predict that whatever discoveries do take place will only occur further into the future. Despite that, I remain hopeful that wisdom will prevail in a more expedited judicial process!

## **Natural Selection Goes Awry**

I have previously written about the evolving anti-science mood in Washington and the politics surrounding the appointment to advisory committees – or even the abandoning of scientific oversight committees, as was recently done by the President’s Energy Secretary (see **Nature** 2006; 440: 725). The impact of such decisions is to limit the opportunity for critical scientific input and, conversely, to reinforce an unchecked moral, religious or economic position.

While I have viewed these committee assignments and related activities with considerable concern, the process only became personal within the last couple of months. It began with a call from the Personnel Office at the White House indicating that I had been nominated for an important scientific advisory committee. While I not want to sound immodest, it was an appointment that I believe I would be well qualified to assume. However, since it was also a Presidential appointment, I needed to go through an interview and vetting process. Of course that is reasonable but when the questions turned to my position on stem cells or my “party” affiliation, it was clear to me that the selection process would likely be influenced by factors other than scientific expertise. Likely not surprisingly, I was not appointed to this committee. While I surely recognize that there may have been other justifications for this decision, I also believe that the various litmus test questions I was asked likely accounted for much of the final decision. I fully recognize that a political appointment process has been part of the “American Way” since the signing of the Constitution if not before. However, I believe it is unwise and even dangerous when such political factors are used to screen the selection of individuals for scientific advisory committees or scientific leadership positions. We run the serious risk of losing our excellence and prominence in science with such practices – which appear to be on the rise in Washington these days.

## **Medicine and the Muse**

The Annual *Medicine and the Muse: An Arts, Humanities and Medicine Symposium*, will be held on Thursday, April 20<sup>th</sup> beginning at 5 pm in the Cantor Arts Center. The Symposium will feature art, presentations, posters and music by Stanford medical students.

This year’s Keynote speaker will be Denise Grady, Science and Health Reporter for the New York Times, who will speak on “*Bridging the Gap: Communicating Health Knowledge*”. Ms Grady has written more than 500 articles about medicine and biology for The Times and has edited two books, one on women's health and a second on

alternative medicine. She has also authored a book about emerging viruses (*Deadly Invaders*) that will be published in the fall of 2006.

I want to thank Dr. Audrey Shafer for her leadership in this valued event and for the directorship provided by James Andrews (SMS II) and Seth Sherman (SMS I). I would encourage you to attend if at all possible. For further information, contact Paula Bailey [pbailey@stanford.edu](mailto:pbailey@stanford.edu) or visit <http://scbe.stanford.edu>.

## Relay for Cancer Survivors

As the cures rate for pediatric malignancies has now exceeded 70%, an increasing number of young adults are survivors of childhood cancer, and there are many millions of adults who have survived cancer as well. On May 26-27<sup>th</sup> the "Relay for Life", a 24-hour flight against cancer, will be held at Roble Field at Stanford University. Sponsored by the American Cancer Society, the Relay for Life will offer an opportunity for teams of students or other interested individuals to provide support for cancer care and research.

To start a team for the Relay for Life contact Ana Pena at [agp@stanford.edu](mailto:agp@stanford.edu) or Maren Shipe at [meshipe@stanford.edu](mailto:meshipe@stanford.edu). Or for additional information visit: [http://www.cancer.org/docroot/PAR/Content/Par\\_1-Relay\\_for\\_Life.asp](http://www.cancer.org/docroot/PAR/Content/Par_1-Relay_for_Life.asp)

## Events

- **Cardinal Free Care Appreciation:** On Thursday April 13<sup>th</sup> an Appreciation Dinner was held in the Schwab Residential Center to celebrate and announce the formation of the Cardinal Free Clinic that merges the Pacific and Arbor Free Clinics. I want to thank the important leadership that has been provided by Lars Osterberg and Rex Chu and the important contributions from our Stanford medical students who serve in the clinics and the many physician volunteers who provide supervision and guidance. And of course I want to thank the members of our community who have provided financial support for the Arbor and Pacific Free Clinics. Now under a unified banner of the Cardinal Free Clinics, these programs will continue to provide support and care for citizens without resources. Indeed a sad testament to reality is that free clinics may be the only source of medical care for members of our community. Accordingly, I am proud of our students, faculty, physician volunteers and donors who help to support this important program.
- **Bing Lunch Series:** Dr. Frank Longo, Professor and Chair of the Department of Neurology gave the final presentation in the 2005-2006 lecture series. Dr. Longo addressed factors that contribute to dementia and cognitive loss and the value of exercise and lifestyle in attenuating or preventing their onset. It was an extremely well received presentation and I want to thank Dr. Longo for his important contribution.

- **2006 LMSA Conference.** On Saturday, April 8<sup>th</sup> the Latino Medical Student Association hosted its annual meeting at Stanford with over 500 undergraduate and medical students attending. The topics presented were far ranging and included guidance on career development opportunities and specific challenges for the Latino community. This extremely well done forum required an enormous amount of preparation and a number of Stanford Medical students contributed significantly. I would like to thank each of them and especially Joey Bazan and Geoffrey Krampitz for the very special organizing efforts.

## **Awards and Honors**

- ***Dennis Farrey Family Professorship*** was officially established on April and its first incumbent, Dr. Mark Kay, officially named as the chair holder. Dr. Kay is a pioneer in gene therapy and has made important and notable scientific contributions to the study of hemophilia and hepatic deficiencies, including viral hepatitis. Please join me in congratulating Dr. Kay.
- I am delighted to announce that Sepideh Saber, a first year medical student, has been awarded a 2006 Alpha Omega Alpha Carolyn L. Kuckein Student Research Fellowship, to support her in part while doing her research on "Progenitor cell dysfunction and impaired vasculogenesis in diabetic complications." We apologize that Ms. Saber was misidentified in the previous Dean's Newsletter. Congratulations, Sepideh.
- The American Medical Association (AMA) Foundation Seed Grant Research Program provides funds to round out new research project budgets. This year's 2006 medical students recipients include Mana Golzari, M. Yashir Kalani and Helen Liu. Congratulations to all.
- The HHMI-NIH Research Scholars Program is a one-year program at the NIH to conduct basic, translational or applied biomedical research under the mentorship of an NIH senior investigator. Congratulations to Reza Ehsanian and Gina Kwon, this year's Stanford recipients.

## **Appointments and Promotions**

**Barry Behr** has been promoted to Associate Professor of Obstetrics and Gynecology, effective 4/01/06.

**Ajay Chawla** has been reappointed to Assistant Professor of Medicine (Endocrinology, Gerontology and Metabolism) effective 4/01/06.

**Lawrence Crapo** has been reappointed to Professor of Medicine (Endocrinology, Gerontology and Metabolism) at the Santa Clara Valley Medical Center, effective 4/01/06.

**Jeffrey Feinstein** has been promoted to Associate Professor of Pediatrics (Cardiology) at the Lucille Salter Packard Children's Hospital, effective 5/01/06.

**Alex Macario** has been reappointed to Professor of Anesthesia, effective 5/01/06.

**Andrew Patterson** has been promoted to Associate Professor of Anesthesia, effective 4/01/06.

**Dolly Tyan** has been appointed to Professor of Pathology, effective 4/01/06.

**Heather Waklee** has been appointed to Assistant Professor of Medicine (Oncology), effective 4/01/06.