

Dean's Newsletter

September 11, 2006

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A Day for Reflection

September 11, 2001. For each of us who lived through that day, emotions and harsh memories are seared into our very beings. Inexplicable human suffering is hard to reconcile with human evolution. Our personal feelings and reactions have not really been forgotten, but anniversaries have a way of resurfacing those deeply held feelings and emotional reactions. Without question the media and those with access to public airways will seek to remind us of that fateful day on this fifth anniversary of 9/11, often with different agendas and purposes. As a physician I recognize that looking backward sometimes provides an opportunity to heal old wounds. But it also can revitalize feelings and emotions in less productive ways – calling on fear to shape the present rather than seeking more creating solutions that can better guide the future.

At our current stage of human evolution, it is hard for most of us to understand the tool of terrorism, although we all respond to its impact. We know that evil is not new to the world and that it has taken many forms and shapes over the course of millennia and in the histories of many past civilizations. At the same time, we can appreciate that, today, as a global community we are all aware of the great disparities and distinctions that can yield to conflagration when accompanied by intolerance and an unwillingness to communicate, understand or share. Ironically, even though we are more and more a global community we are people and nations of vastly different beliefs that are deeply rooted but not well understood or mutually appreciated. Moreover, our great cultural, economic, and religious divides are not likely to be breached or healed by simple rhetoric, stereotypic images or an unwillingness to communicate.

There is little question that our world is dramatically different today than it was five years ago. And in my opinion there is little doubt that the United States is perceived and reacted to differently around the world than it was prior to September 11, 2001. The

choices that have been made by this and other nations and their leaders have widened gaps of understanding and torn people and families apart. While human evolution might be thought to have a forward trajectory, one might argue that we have lapsed into more primitive and less enlightened stages of reason – with serious consequences for individuals, nations and the world.

My hope is that we will use this 9/11 to recognize that we are in a state of world illness that needs more thoughtful and refined diagnoses and that we should be thinking about treatments and reparations that promote healing rather than further disease. I am particularly alarmed by the likely remedies that certain world leaders have prescribed - and will no doubt continue to prescribe – which I fear will further aggravate rather than ameliorate our situation as a people, nation and global community.

On this day I will reflect on where we are today in America and in the world. But as a physician I will be asking myself what it will take to promote healing rather than more suffering. One opportunity will come in November of this year when we can choose leaders who seek to be healers and who will pursue different remedies and not simply rely on rhetoric, stereotyping or violence to address a serious – even life-threatening – global illness.

Stanford Industry Interactions Policy Announcement

As many of you know, during the past year we have had a number of discussions about interactions of Stanford students, faculty and staff with industry. I certainly appreciate the value of appropriate and productive interactions with industry, and indeed I hope we can foster and nurture relationships that facilitate our mission in *Translating Discoveries*. However, I also recognize that some interactions with industry have become too intermingled and are now contaminated by gifts, financial gains and marketing tactics that can blur the boundary between academia and industry. I have felt for some time that we needed a Stanford Medical-Center-wide policy to provide guidance in this area.

I am pleased to announce today that we now have such a policy. The Stanford Industry Interactions Policy, which will become effective on October 1, 2006, governs interactions, largely in the clinical and educational arenas, with the pharmaceutical, biotech, medical device, and hospital and research equipment and supplies industries. (Research interactions are governed by a separate policy). The policy will apply to the School of Medicine, the Stanford Hospital and Clinics, and the Lucile Packard Children's Hospital, as well as to other clinics operated by the hospitals.

The Web site at <http://med.stanford.edu/coi/siip/> contains the policy as well as further information and resources for applying it. I encourage you to become familiar with its contents, especially the sections that apply directly to your areas of responsibility.

Thank you for your attention to this important new policy.

Members of Incoming 2006 Class Are Already Full-Fledged Medical Students

Our incoming class of MD students began their orientation to the School of Medicine on Monday, August 28th and officially began classes on Thursday August 31st. By now they are certainly fully-fledged medical students!

The incoming class of 2006 includes 86 students, who were accepted from an applicant pool of 5999. The Admissions Committee, led by Dr. Gabe Garcia, selected 410 students for interviews (350 MD applicants and 60 MSTP applicants) and ultimately admitted 184 candidates, 11 of whom have deferred admission – generally because of a special fellowship award.

The 2006 MD class includes 48 (56%) women, 22 (26%) New Americans, and 15 (17%) students who are “under-represented in Medicine.” As with past classes, a number of students enter with advanced degrees already in hand (i.e., 9 students hold MS degrees and 7 have [or soon will have] PhD degrees).

While more students received their undergraduate degree at Stanford or Harvard than other individual colleges or universities, our incoming class is quite diversified, with some 36 colleges sending one or more students to Stanford. These students had birthplaces on any of four continents or in any of 25 states (including the District of Columbia).

This year’s medical school class is also joined, for the first time, by six Masters in Medicine students. These are individuals who are pursuing a PhD at Stanford and who wish to learn more about clinical medicine, with the goal of advancing research in translational and clinical research. The Masters in Medicine program was initiated by Professor Ben Barres and is still in its inaugural phase. As it evolves it will help bridge important connections between basic and clinical scientists – and hopefully through that, to advance our efforts in “*Translating Discoveries.*”

Our MD and Masters in Medicine students will be the fourth consecutive class to enroll in the New Stanford Curriculum. The governing principles of the New Curriculum are to educate students concurrently in basic and in clinical science throughout their years in medical school – and beyond. Indeed, the interweaving of these disciplines is essential to modern medicine. Thus, in addition to Foundations of Medicine and Anatomy courses, first year students will also be taking a course on the Practice of Medicine. Considerable efforts have also been made to reduce the formal didactic teaching so that students can engage in small group learning as well as individual scholarship and pursuit. Relevant basic sciences courses are also being re-introduced in the clinical clerkship phase of medical education under the title of Applied Biomedical Sciences. In addition, by the time students begin their second year, individual scholarship is formalized by selection of a Scholarly Concentration that enables them to have a more in-depth exploration of an important issue or discipline (e.g., Molecular Medicine, Public Policy, Community Health, and Bioengineering – among others).

At this time our Stanford Curriculum is unique, and it matches the goals of our faculty and students in educating and training future leaders – including those who will pursue careers in academia and scholarship. These goals are consistent with Stanford’s legacy and are highly relevant to our over-arching mission in *Translating Discoveries*.

Challenges to the NIH

The National Institutes of Health remains the world’s most important supporter of biomedical research, and it has permitted the United States to be the global leader in advancing insights in the biosciences and their translation to human biology and disease. During the past several years a number of political, ethical and financial forces have converged on the NIH that, as a consequence, now threaten the future of the larger biomedical research community. As I have noted in prior Dean’s Newsletters the greatest threat is the decline in the NIH budget, which is already negatively impacting the funding of new as well as renewing grant applications. Additional issues include the profound restrictions on embryonic stem cell research that the NIH can support due to President Bush’s religious proclamations, challenges to the peer-review process by the Congress, declines in support for graduate students, scandals regarding conflict of interest, and the politics surrounding the NIH reauthorization.

Reauthorization legislation consists of a broad-based policy review of a federal agency or program. While existing agencies and programs are often reauthorized every three to five years and, in some cases on an annual basis, NIH has not been reauthorized for over 13 years. Given federal budgetary constraints, and in follow-up to the 2003 Institute of Medicine report entitled, “*Enhancing the Vitality of the National Institutes of Health—Organizational Change to Meet New Challenges*,” the House Committee with oversight authority for NIH began discussing more specific proposals for NIH two years ago.

This past week the House Energy and Commerce Committee released a new concept paper with the express intent of passing House legislation before Congress goes on recess at the end of this month. As I have stated previously, the committee believes it has drafted a proposal to enhance NIH’s ability to develop and encourage research planning across NIH, strengthen the NIH Director’s authority to coordinate NIH’s research portfolio, and direct the development of standardized reporting requirements and data collection to promote greater accountability to Congress and the public.

Although many issues are still under discussion, below I will provide a very brief summary of the proposed legislation’s key points.

The Energy and Commerce Committee’s current concept paper proposes:

- Authorization of a 5% funding increase for fiscal year 2007 and for each of the following two federal fiscal years. Please understand that the authorization of

funding is looked upon in Congress as a recommendation. Most budget analysts believe that actual funding will be at a level below the rate of inflation.

- The most controversial issue included in the proposal is the establishment of a “NIH Common Fund.” The committee’s intent is that this new structure will set up a funding mechanism to spur more “trans-NIH” research that will involve extensive collaboration between individual Institutes and Centers. Support from this fund would be awarded on a peer-reviewed basis. The committee has proposed that the fund be financed by a contribution of 50% of NIH’s incremental funding increases over the next three fiscal years.
- The creation of a Division for Strategic Planning and Portfolio Management within the Office of the Director that would be tasked with developing broad based, trans-NIH planning for the agency.
- The establishment of a “Scientific Management Review Group” tasked with reviewing and making recommendations regarding the organization structure at NIH. The group would include Institute and Center Directors and outside scientific experts. A mandated review will take place once every seven years.
- Uniform reporting requirements and improved data collection across NIH to improve transparency.
- Limiting the overall size of NIH to the existing 27 Institutes and Centers.

As I stated in a previous Dean’s Newsletter on this issue, while I think that the current concept paper seems to support some recommendations from the IOM report and some ideas that many of us support (i.e.: some increased authority for the Director and better data collection and portfolio management) I have been very concerned about increasing the Common Fund while the NIH budget is flat to declining. I recognize that the Congress has some concerns about the NIH’s impact since the doubling of its budget that was completed in 2003. However, I am keenly aware that the foundation of our biomedical research enterprise is investigator initiated research and that if that is damaged it will have an enormously negative impact on our future. Further I am very concerned about the increasing pressures that young faculty and investigators are facing in receiving NIH support, and I worry tremendously that this will discourage bright young researchers from entering and remaining in biomedical research careers. Accordingly, I am continuing to work through the AAMC Task Force that I co-chair with Bob Kelch from the University of Michigan to ensure that any proposed changes enhance the NIH’s research mission rather than disrupt it. We also continue to work in a very constructive way with the House Energy and Commerce Committee.

I will keep you updated on this important legislative issue. I particularly want to thank Ryan Adesnik, Director of Federal Relations, for the enormously important role he is playing in this process. He has been truly invaluable. If you have any questions or suggestions, please don’t hesitate to Ryan at radesnik@stanford.edu.

Challenges in Health Care: An Interesting Irony

On Saturday, September 9th I had the pleasure of attending a brunch hosted by the Cardinal Free Clinics for community physicians. It was an opportunity to witness the passion and commitment of our Stanford students to provide care to underserved communities. It also afforded an opportunity to acknowledge the important contributions and leadership by faculty advisors and medical directors (especially Drs. Rex Chiu and Lars Osterberg) as well as the community and staff physicians who volunteer their time to either the Arbor Free Clinic or the Pacific Free Clinic. These clinical programs are located in Menlo Park and San Jose respectively; they provide services on either Saturday or Sunday to adults and children, nearly 90% of who are uninsured. I want to thank the student managers for these clinics (Shirin Zarafshar and Asya Agulnik for Arbor Free Clinic and Yannis Paulus and Ian Chua for Pacific Free Clinic) along with their student colleagues for the dedicated commitment to service they each provide.

But there was an interesting and somewhat ironic message that emerged in the presentations of the students, residents, faculty and community physicians who volunteer at the Cardinal Free Clinics. Specifically, from different perspectives, each individual spoke passionately about how good they feel in participating in these free clinics, noting that they can spend time with patients and not get overwhelmed by paper work, productivity measures, etc. A common message was that they felt that they could truly function as compassionate physicians (or “doctors-to-be”) – which is different from how they feel in their regular positions, be those at Stanford or in a community office setting. And while these physicians and students were able to provide compassionate and patient-centric care to those without an ability to pay, it struck me how ironic it was that they didn’t feel this same satisfaction when caring for patients who were insured and who were visiting high-powered clinical services at Stanford or other community practices. Of course to all of us in medicine, that is not surprising.

The last decades have witnessed dramatic changes in medical care and in the role of the physician. While there is no doubt that at institutions like Stanford we are able to deliver the most advanced and technologically sophisticated health care, it is also true that most of our physicians and health care providers feel the stress of expectations for meeting volume or RVU targets. These are all consequences of the gradual migration of medicine from a profession to a business and in some cases, the changing role of the doctor from one who has the time to listen and to care compassionately for patients in need to one who operates by the clock. Ironically, volunteers at our Cardinal Free Clinics found that an environment without the time, bureaucratic and financial pressures and limitations permitted them to serve as “doctors” – something they expressed exhilaration in doing.

The further irony for me is that these messages were being conveyed at the same time as the State of California is beginning to grapple with its health care system. Of course California is not alone since our nation doesn’t really have an effective health care system – a travesty when compared to other developed nations around the world. While

there have been attempts to move to some better organized health care system over the last several decades, those efforts have been thwarted by one special interest group or another. The current solution of letting the free-market drive health care and reduce cost has proved a failure at virtually every level. Disparity has increased, the numbers of uninsured have risen, and the overall costs of health care costs have continued to rise – with no demonstrable impact on health outcomes for the nation in comparison with other countries around the world. While it is not clear precisely which alternative approach or solution is best to pursue, it is also notable that the last weeks have seen activity by the California legislature in passing a bill for a single payer system. While there are certainly downsides to this approach, there are also many upsides – one of which is reducing administrative overhead that might permit doctors to serve patients rather than market forces. The current proposed single payer legislation will surely be vetoed by the Governor but one must hope that this is, at a minimum, a tangible step forward in developing a rational health care system – whether for California or for the nation.

I am pleased that those caring for patients at our free clinics feel inspired to function as health care providers. I will be even more pleased when we have a health care system that allows doctors everywhere to have that same sense of satisfaction – and for their patients to believe that they are the beneficiaries of advanced medical care with compassion and sensitivity. Certainly we should be striving to achieve this combination across Stanford and to educate our students and trainees to achieve it in their professional careers and lives.

Stanford Begins New Relationship with the Palo Alto Veteran's Administration Medical Center

At the end of August, Stanford University and the Palo Alto Institute for Research and Education (PAIRE) signed an agreement that will transfer administration for all research conducted by Stanford faculty at the VA to PAIRE. In practical terms, this means that PAIRE will manage both pre- and post-award research administration for Stanford faculty conducting research that is primarily located at the VA. I believe that this arrangement will have many benefits for our faculty doing research at the VA.

The process that led to this agreement began in March 2004, when the Palo Alto Veteran's Affairs Health Care System and its associated foundation, the Palo Alto Institute for Research and Education (PAIRE), proposed that PAIRE take over the administration for all research conducted by Stanford faculty based at the VA. The motivation for this proposal was to improve the research infrastructure for Stanford faculty while also bringing in additional funding for the VA. Improvements would be funded in two ways: 1) through PAIRE's ability to negotiate a higher rate of indirect cost recovery under OMB Circular A-122 than Stanford is able to obtain under OMB Circular A-21 at the off-campus rate; and 2) through the increase in VERA (Veteran's Equitable Resource Allocation) dollars associated with increased research administration activities, half of which would be applied to the research infrastructure.

Task forces (one internal to Stanford and another with combined membership) were identified and began to meet in the summer of 2004. These groups struggled for many months with the complex issues raised by a transfer of administrative responsibility to PAIRE. To address this they established principles for the transfer, evaluated financial impact and effort required to make the transition, solicited faculty and chair input on the proposal, contacted other institutions with similar agreements, and began evaluating implementation options. In February 2006, the decision was made to move ahead with the transition. For the past several months, a Joint Operations Team - comprised of Donna McCartney and Mary Thornton from PAIRE, Rick Kraemer, M.D., from Stanford and the VA (and PAIRE Board Member), and Kathleen Thompson, Julia Tussing, Sara Bible and Pamela Webb from Stanford - has been negotiating details, finalizing the agreement, and pounding out an implementation plan. Dr. Artie Bienenstock, Vice Provost and Dean of Research and Graduate Policy, Professor at SSRL and of Materials Science and Engineering and of Applied Physics approved the final plan.

I would like to commend the many people from all three organizations who worked diligently to make this agreement a reality, one that will hopefully further strengthen our relationship with the VA. While there will be a continued administrative effort and cost associated with the ongoing implementation of this change, I believe that our faculty will reap the rewards over time – which makes it worth doing.

Medical Development 2006

In anticipation of the upcoming University-wide campaign, the Stanford Challenge, our Office of Medical Development has been busy hiring staff and working with faculty to assemble new gifts and pledges. While there is much to be done, the good news is that as we close the books on the fiscal year that ended August 31, 2006, both the School of Medicine and Stanford Hospital & Clinics (SHC) have set new fundraising records. New gifts and pledges for the School of Medicine reached \$145.6 million (up from \$127.8 million in FY05, and \$98.7 million in FY04). Similarly, SHC achieved new gifts and pledges of \$10.3 million (up from \$8.6 million in FY05, and \$2.3 million in FY04). Behind these numbers are many friends and donors whose dedication to our mission is truly inspiring. Also behind the numbers is a great deal of work from many of our faculty, volunteers, and from our new team in the Office of Medical Development (OMD), to whom I am most grateful.

The rebuilding of the Office of Medical Development and Alumni Affairs, under the leadership of Doug Stewart, Associate Vice President of OMD, is itself an important accomplishment – and one we expect will pay big dividends as we move forward with our aggressive fundraising goals in the coming years. Restructuring and recruiting staff for the new OMD has been an arduous process, but I am encouraged by the progress. During the final months of this fiscal year we were able to recruit the last of the senior directors of development who will be responsible for guiding fundraising activities for all of the Institutes and related priorities. A number of additional recruitments are also underway for development officers to join these senior staff, and Doug tells me he expects to announce a new round of hires shortly.

The development activity at the Medical Center is not taking place in isolation. As I mentioned above, Stanford University plans to publicly announce a major, comprehensive campaign – The Stanford Challenge – this October, which features the Medical Center in a variety of cross-campus initiatives and priorities. From what I have seen, Stanford’s fundraising results leading up to the public launch are going to be breathtaking. Watch for those announcements the week of October 9.

Mark Krasnow is New Chair of Biochemistry

I am very pleased to announce the appointment of Mark Krasnow, MD, PhD, as chair of the Department of Biochemistry. He succeeds Dr. Suzanne Pfeffer who has served with great distinction as chair since 1998. I would also like to thank and acknowledge Dr. Pfeffer for the tremendous work she did on behalf of the faculty during her years of service – and also the very important role that she served as a school and national leader. Dr. Pfeffer deserves our greatest thanks and appreciation.

Dr. Krasnow has had the opportunity to learn from Dr. Pfeffer, having served as Associate Chair from 2000 until the present. Mark received his MD and PhD degrees from the University of Chicago and has been a member of the Stanford faculty since 1988. He is currently Professor of Biochemistry and Investigator in the Howard Hughes Medical Institute. Dr. Krasnow served as the Director of the MSTP program from 1996-2002. He is a highly regarded investigator whose laboratory has focused on the genetic, cellular and molecular mechanisms that govern lung development using *Drosophila* as a model system. According to Dr. Krasnow’s website, his lab is addressing “three basic questions: (1) What specifies the complex pattern of branching -- where each branch sprouts, the direction it grows, and when it sprouts again to form the next generation of branches; and how is this patterning information encoded in the genome? (2) How does an epithelium migrate and assemble into tubes of the appropriate size and shape? (3) How does oxygen influence the process?” It is his hope that this work will help elucidate normal and abnormal lung development – including lung cancer and other diseases.

I am most pleased to welcome Dr. Krasnow as our new chair of Biochemistry.

Search Commences for Director of Stanford Cancer Center Breast Oncology Program

The Stanford Cancer Center is seeking an outstanding clinician, investigator and leader for the position of Director of the Breast Oncology Program. The Search Committee has asked me to call this position to your attention in case you have any recommendations of potential candidates.

According to the position description,, the Director will be responsible for the organization and coordination of the Breast Oncology Program and its faculty members. This will include the clinical activities of the faculty who contribute to this program and

the development and implementation of a comprehensive research program emphasizing the translation of laboratory discoveries into clinical trials.

Candidates are required to have an M.D. degree and be board-certified and fellowship-trained in an oncology-related specialty. Experience in a multidisciplinary clinical and research program in an academic medical center is required, as well as a record of productivity in clinical and translational research in breast cancer and related scholarly areas; she or he should also have significant leadership experience and be recognized as an effective team builder.

As you know, Stanford University is an equal opportunity employer and we are committed to increasing the diversity of its faculty. The Search Committee welcomes nomination of and applications from women and members of minority groups, as well as others who would bring additional dimensions to the university's research, teaching and clinical missions.

Questions regarding the search may be directed to Jonathan Berek, MD, chair, search committee, at 650.723.5533, or email (jberek@stanford.edu). Nominations (including name and contact information) may be submitted directly to Kendra Baldwin electronically at kendra2@stanford.edu no later than **September 20, 2006**.

Upcoming United Nations Association Regional Conference at Stanford

On October 7, the School of Medicine is co-sponsoring with the Northern California Division, Mid-Pacific Region of the United Nations Association of the USA an all-day conference entitled *Can the United Nations Heal the World?* The conference will be held from 9:30 am to 6:00 pm in the Fairchild Auditorium (box lunches will be provided for those who register by September 22nd). The focus of the conference is the United Nations Millennium Development Goals. These are a set of clear, time-bound, and measurable development targets for combating poverty, hunger, disease, and environmental degradation, among others. Every UN member state agreed to them at the United Nations Millennium Summit in September 2000. Information about the Millennium Development Goals can be found at this web site:

<http://www.unausa.org/site/apps/s/content.asp?c=fvKRI8MPJpF&b=369041&ct=2221915>

The School's direct participation in the conference will consist of a morning Plenary Session entitled *Improving Health around the World: the Millennium Development Goals and Biomedical Science*. Speakers will include Drs. Jonathan Berek, Professor of Obstetrics and Gynecology, Yvonne Maldonado, Associate Professor of Pediatrics (Infectious Diseases), and by courtesy, of Health Research and Policy, Gary Schoolnik, Associate Professor of Pediatrics (Infectious Diseases), and by courtesy, of Health Research and Policy and Paul Wise, Richard Behrman Professor in Child Health. They will focus on the Millennium Development Goals that focus on health issues, which are:

To reduce child mortality - By 2015, reduce by two-thirds the mortality rate among children under five

To improve maternal health - By 2015, reduce by three quarters the ratio of women who die by childbirth

To combat HIV/AIDS, malaria, and other diseases - By 2015, halt and begin to reverse the spread of HIV/AIDS and the incidence of malaria and other major diseases

This promises to be an exciting conference. General admission, which includes lunch, is \$35/\$15 for students. Admission at the door will be \$35 general/\$15 student (no lunch provided). To register, please send a check made payable to UNA-USA, NCD to Mary Granholm, President UNA-USA Midpeninsula, 552 Emerson Street, Palo Alto, CA 94306 by September 22.

Appointments and Promotions

Philip A. Beachy has been appointed to Professor of Developmental Biology, effective 9/1/06.

James Ford has been promoted to Associate Professor of Medicine (Oncology) and Genetics, effective 9/1/06.

Anthony Oro has been promoted to Associate Professor of Dermatology, effective 9/1/06.

Thomas Wandless has been reappointed to Assistant Professor (Research) of Molecular Pharmacology, effective 10/1/06.