

# Dean's Newsletter

## May 21, 2007

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### **Promoting Health: Extending a Ban on Smoking**

During the past few months there has been considerable discussion at Stanford about whether the University should prohibit research funding from the tobacco industry. I have commented in previous Dean's Newsletters about a proposal to enact such a ban that was brought to the Academic Council by Professors Proctor, Greely and Jackler and that sparked considerable debate –which unfortunately sometimes became unnecessarily personal. The underlying issues are serious and evoke responses, perceptions and defenses about academic freedom, the risks of creating a “slippery slope” that might spill over to challenges or bans for other sources of research support, as well as the question of whether the tobacco industry is beyond others in its behavior. I have drawn some personal conclusions but know from many discussions with colleagues in the School of Medicine and throughout the University that two important themes have emerged.

First, and importantly, there is virtually universal disdain for the tobacco industry's practices – historically, currently and what appears destined to occur in the future. Second, despite that disdain, many faculty are concerned about setting a precedent that could have inadvertent consequences for the University's research mission. That was evidenced at the Thursday, May 17<sup>th</sup> meeting of the Academic Senate when a majority of the voting members (deans and University officials are non-voting ex officio members) elected to deny the proposal and thus uphold the long-standing University policy, which states that *“Individual scholars should be free to select the subject matter of their research, to seek support from any source for their work and form their own findings and conclusions.”* Regardless of our views, we should now lay this matter to rest. While some medical schools (Harvard, Johns Hopkins) have developed separate policies from their

parent universities that ban tobacco funding, I would not support moving in that direction at Stanford. I strongly believe that our research community should be united under one set of policies and regulations.

However, we do have a responsibility and an opportunity to demonstrate and voice our core mission of promoting human health. Given the irrefutable evidence that tobacco use is one of the most serious threats to health, the medical school will be enacting policies later this summer that will further restrict smoking or tobacco use on its campus – outdoors in addition to the indoor restrictions that are currently in place. Part of the reason for this decision is the evidence that even outdoor smoking can contribute to adverse health consequences (see July 7<sup>th</sup> Stanford Report: <http://news-service.stanford.edu/news/2004/july7/med-smokefree-77.html>). In banning smoking anywhere on our campus we will also be signaling to our medical school community that such practices are contrary to our mission and should be vigorously restricted. We will also pursue further discussions with the hospital leaders to make this a Medical Center wide policy, although I am cognizant that exceptions may need to be made for selected patients.

It is my hope that this expansion of our official smoking policy will signal to the tobacco industry our nearly universal abhorrence of its practices and our commitment to promoting the health of our community. It is my hope that in the next months to years we will couple this with programs to facilitate exercise and nutrition as well. Given the contribution of life-style and environmental impacts on health, it is important that we do all we can to improve the health of our employees as well as that of the communities we serve.

### **Stanford University School of Medicine Gets an “A”**

I am of course fully aware that there are very strong feelings about grades among our medical students, particularly during their preclinical years. I agree that the avoidance of formal grades has permitted our students to work more collegially and productively as they navigate the preclinical sciences. At the same time, I do have a strong view that evaluations are an important aspect of clinical medicine and that formalizing this process is a topic needing further attention. But that is not the focus of this current commentary. Rather, in case you haven't heard, Stanford University School of Medicine was one of just five medical schools to receive an “A” from the American Medical Student Association in the 2007 PharmaFree Scorecard. This reflects the progress we have made in limiting the presence of marketing and gift giving through the Stanford Industry Interactions Guidelines that we adopted in October 2006 and that can be reviewed at <http://med.stanford.edu/coi/siip/>.

Concerns about the interactions of physicians with the pharmaceutical and device industry have been further heightened by individual and institutional practices – including concerns about the potential inadvertent impact of industry on the Food and Drug Administration (FDA) through the “Prescription Drug User Fee Act” (see Mark McClellan “*Drug Safety Reform at the FDA – Pendulum Swing or Systemic Improvement*” in the *New England Journal of Medicine*, 2007; 356:1700-1702) and the

very fact that according to a recent study by Campbell et al that was reported in the *New England Journal of Medicine* (2007; 356:1742-1750), 94% of physicians have some financial involvement with industry – a rather shocking finding.

We are among a small group of schools that are helping to distinguish and differentiate research collaborations with industry (which we wish to support and engage) versus marketing associations with industry – which we seek to avoid. We have much more work to do in this area, but I am pleased that we are playing an important role in stimulating and leading a more enlightened national dialogue on this serious issue. That does deserve an “A.”!

### **A Major Step Forward for Stem Cell Research in California**

On Wednesday, May 16<sup>th</sup> the California Supreme Court declined to hear an appeal in the litigation that challenged the constitutionality of Proposition 71, The California Stem Cell Research and Cures Act. Coming some 30 months and 14 days after the voters of California voted to support stem cell research by passing with a considerable majority a \$3 billion bond initiative, this is a major victory for medical science, our citizens and the global community. As you likely know, Proposition 71 established the California Institute for Regenerative Medicine (CIRM), which is responsible for providing the funding to California investigators. But because of litigation, funding was brought to a near standstill until last summer when Governor Arnold Schwarzenegger authorized a \$150 million loan to the CIRM from the state’s general fund. Together with an additional \$45 million from 14 individuals and institutions through the purchase of bond anticipation notes (BANs), CIRM was able to award \$158 million for stem cell research this past year. This research is now taking place at non-profit research institutions, medical schools and universities in California. Stanford has done exceedingly well in this competitive funding, having received \$28.9 million for its training grants as well as seed and comprehensive grant proposals.

Having served on the 29 member governing board (the so-called Independent Citizens’ Oversight Committee or ICOC) from the inception of the CIRM I, along with my colleagues, have spent countless hours and many days of meetings to develop the policies, procedures and operations of the CIRM. While the negative impact of the litigation was deeply felt by all, the Supreme Court decision now allows us to move to the next round of funding – which will include \$48.5 million in shared laboratories grants and loans and up to \$222 million for major facility construction at universities, medical schools, research hospitals and research institutes in California. More importantly, this legal decision now offers the hope of funding research that will create new knowledge about stem cell biology and regenerative medicine and that will eventually lead to new therapies and treatments.

The timing of the decision is also of critical importance since the ICOC Presidential Search Committee (of which I am a member) is actively seeking the next leader of the CIRM. This decision now makes this position all the more important and exciting. Clearly this is all great news for California and for biomedical research.

While we celebrate the ability to move forward in California – and in other states as they take similar steps – we must recognize that, as important as these state initiatives are in filling in important gaps in research funding, it is equally if not more important to do all we can to strengthen our nation’s biomedical research engine, the National Institutes of Health, both generally and more specifically in stem cell research. Unfortunately the latter remains a highly politicized issue and, despite increasing support in the House and Senate, the votes are not sufficient to override a Presidential veto of legislation to permit broader Federal funding in this area. That leaves only two options: first, to continue our advocacy in California and nationally and, second, to exercise our rights through the democratic process – especially in November 2008.

### **Are Research Universities Organized for Optimizing Interdisciplinary Research?**

Some years ago I raised the question of whether the current departmental structure that defines the School of Medicine – as well as virtually all medical schools and universities – should be re-examined in order to foster more optimal alignments among disciplines and promote interdisciplinary research and education. Part of this discussion emerged from our burgeoning efforts to establish the Stanford Institutes of Medicine, which some faculty leaders then thought – and some continue to think - might threaten or challenge the traditional domain of departments. When I originally raised this issue, many junior faculty and a number of senior faculty were supportive to change – but I think it is safe to say that many department chairs were not and hence I elected to put the matter aside and allow a more evolutionary approach to interdisciplinary research and education unfold. Interestingly, in the April 26<sup>th</sup> issue of *Nature* (2007; 446:949) an editorial entitled “*The University of the Future*” leads with the statement that “The traditional model of the US research university – based on the pre-eminence of the single-discipline department – needs to be stretched and challenged.” In part this editorial was stimulated by an update of what is referred to as “The Arizona Experiment” – where an effort by Arizona State University President Nicholas Crow is underway to break away from the traditional department-based model and build instead problem-focused interdisciplinary research centers. It is an experiment that has both supporters and detractors – but it will certainly be worth watching, as long as thoughtful metrics are configured to monitor its progress, successes and failures.

At Stanford, interdisciplinary research has been part of the fabric of the University for decades and has largely been accomplished by faculty-initiated efforts. Even Bio-X, now widely known as emblematic of interdisciplinary research, and alluded to in the *Nature* editorial mentioned above, has been faculty driven. Like many others at Stanford, I believe that the intersections between the physical and life sciences are exciting and essential to future discovery based research – as well as to translating discoveries. And while the foundations for these efforts are best left with faculty initiatives and collaborations, I also believe that efforts to further enhance these efforts across the University benefit from institution wide efforts. It is for those reasons that the Stanford Institutes of Medicine were launched.

The Institutes are progressing in various ways and on different time-lines. For example, our efforts in establishing the Stanford Cancer Center (despite its very long latency) are now fostering a new level of institutional interaction and national recognition (see below). Similarly, the Stanford Institute for Stem Cell Biology and Regenerative Medicine has achieved considerable momentum, through the support of the California Institute for Regenerative Medicine, the receipt of numerous philanthropic gifts and a community that has forged numerous education and research collaborations, among other factors. Both of these Stanford Institutes of Medicine are featured as university-wide initiatives in the Stanford Challenge (see [http://deansnewsletter.stanford.edu/archive/10\\_23\\_06.html#1](http://deansnewsletter.stanford.edu/archive/10_23_06.html#1)).

The Neuroscience Institute at Stanford (NIS) represents perhaps the broadest institutional initiative and opportunity since it extends across a number of clinical and basic science departments within the Medical School as well as in the Schools of Humanities & Sciences, Engineering, Law, Business and Education. It also engages the interlinking strategic centers of Genomics, Imaging, and Informatics, and it connects to Stem Cell Biology and Regenerative Medicine, among others. In addition, NIS raises some of the most important societal challenges of contemporary science— from memory and human consciousness to behavior – as well as delving into the most basic and fundamental issues surrounding neural circuitry and the definitions of both the normal and abnormal workings of neural systems.

For these and other reasons, I was pleased to have the opportunity to address the Annual Retreat of the NIS at Asilomar on May 6-8<sup>th</sup>. Given the extraordinarily talented faculty at Stanford who are devoted to various aspects and features of neuroscience – and the outstanding students and staff who work with them – the goal of NIS to become among the world’s best (if not the best) university-wide initiative in neuroscience seems both plausible and achievable. While considerable progress has been made I challenged the group to think even more boldly and broadly to identify the most compelling vision possible that will distinguish Stanford Neuroscience from any efforts imagined here to date. Building on our foundations of discovery based fundamental research and extending the boundaries as broadly as possible – including to the communities that surround us – provide unique opportunities. I am excited to know that numerous leaders and members of the NIS have embraced this challenge and are working on ways to meet the Stanford Challenge. I am looking forward to receiving the benefits of their creativity in the months ahead and to sharing them with you. Clearly we are poised for success, and the time is right to bring this vision forth.

### **Another Affirmation for the Stanford Cancer Center**

In the April 23, 2007 Dean’s Newsletter I announced the wonderful news that we have become an NCI-designated Cancer Center. But we all acknowledge that this important recognition is just one step along the path of becoming one of the nation’s foremost cancer treatment and prevention centers. Our achieving that goal will be based on excellence in basic discovery research together with translational and population

science research and excellence in the delivery of patient care. To further validate our progress and better delineate future efforts, the Stanford University Cancer Center (SUCC) External Advisory Board (EAB) conducted a site visit on Monday May 14<sup>th</sup>. The EAB includes Drs. Ed Benz (Dana Farber Cancer Institute, Harvard), Janelle Baldwin (Fred Hutchinson Cancer Research Center), Elizabeth Blackburn (UCSF), Shelly Earp (Lineberger Comprehensive Cancer Center, UNC), John Glick (Abramson Cancer Center, U Penn), Ed Harlow (Harvard), Ron Herberman (University of Pittsburgh Cancer Institute), Richard Jones (Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins), Joyce Niland (City of Hope Comprehensive Cancer Center), Electra Paskett (James Cancer Hospital and Solove Research Institute, OSU), Louise Strong (MD Anderson Cancer Center) and Marcy Waldinger (University of Michigan Comprehensive Cancer Center).

This is an impressive and highly experienced group of cancer center director leaders and investigators with expertise across the spectrum of basic research, translational discovery and population sciences. Of interest, a number of these same individuals visited with us several years ago when we were first contemplating making an application for NCI designation. Because I had known many of them from my own past work as an oncologist, they provided me with an informal summary that was, as it turned out, humbling. Specifically, they commented that, while cancer research was enormously strong at Stanford and while we had some areas of excellence in translational research, they questioned whether we would “ever get our act together – based on our prior performance” sufficiently to make a credible application to the NCI for cancer center designation. I have been pleased that, with each passing visit, the skepticism of the EAB has morphed to increasing support.

Now, on the eve of our entry into the cadre of NCI designated Cancer Centers, we have a wonderful portfolio of basic discovery research programs, a rapidly developing number of clinical and translational research projects and, thanks to our partnership with the Northern California Cancer Center (NCCC), a burgeoning program in population sciences. And I am happy to report that the EAB, at their May 14<sup>th</sup> meeting, was most enthusiastic and impressed with our progress and our future. For that I thank all of the investigators and scientists who have stepped forward to forge new collaborative efforts in cancer research and care. I also thank the leaders and director of the NCCC for their willingness to join with Stanford in this important effort. And, of course, I thank the leaders who have moved our agenda forward, especially Irv Weissman, Bev Mitchell, Steve Leibel and Karl Blume – among many others.

In my mind the evolution of the Stanford Cancer Center is a new model for interaction and collaboration and should serve as such for our other Stanford Institutes of Medicine and Strategic Centers. The more that we can accomplish in areas of coordination, interaction, integration and cross-disciplinary research and patient care, the stronger we will be as an institution to help lead medicine and bioscience research in the 21<sup>st</sup> Century.

## **Physician Leadership Program Completes Its Second Year**

Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership provided this report.

On Saturday May 19<sup>th</sup>, the Physician Leadership Program, co-sponsored by the School of Medicine and Stanford Hospital and Clinics, witnessed the graduation of a second group of outstanding leaders. The twenty-six graduating associate professors had completed a yearlong leadership program under the directorship of Dr. Joseph Hopkins, MD, MBA, Clinical Professor of Medicine. A highlight of the program was the faculty-led project that each participant conducted using a team-based approach. Each presentation was a vivid testimony of the talents of our faculty and of their outstanding leadership capabilities. It was delightful and inspiring to see the diversity of work that has been accomplished. One faculty leader commented, “The graduation ceremony reminded me of the ‘magic’ of Stanford. To hear about the wonderful, often groundbreaking work that everyone is doing, in spite of all the challenges we each face in our extremely busy lives, was like drinking champagne: it made me feel effervescent!”

Importantly, each of these faculty members is actively leading changes that will enable us to realize the SoM and Stanford Hospital's vision for excellence. Success in achieving their stated project goals is an inspiring indication of the positive change that can occur with the right leadership. Two faculty leader commented: “What I learned from the course and grew to appreciate was an idea of leadership more rooted in service to others and in navigating through complex systems for the general good.” “Early on during the leadership course, I was astonished by the feeling of the group in general of being unable to make any change at Stanford- despite the fact that this group was picked because of their ability to lead. However, during the leadership course, reinforced by the project, where theory became practice, there was an amazing difference in the group's perception of our ability to effect change at Stanford.”

In addition to accomplishing change with their individual projects, the graduating faculty leaders uniformly expressed the tremendous value of the program in building community, providing them with new networks, mentoring, and an enhanced feeling of being connected to the institution. Learning from each other, they had acquired a greater understanding of how the institution works, experienced support through shared interest, and appreciated dedicated time to discussing leadership issues with their peers. The overarching theme expressed was the powerful effect of team and collaborative work, consistent with a reframing of “leadership” as organizational capacity in which the emphasis is on developing social capital through relationships. This approach represents an important paradigm shift – instead of thinking of leadership as something that someone does – it is thought of as “something people do together.

Congratulations to all of the graduates of this year's Physician Leadership Program!

## **The Continuing Challenge of Enhancing Diversity**

In the May issue of *Nature Medicine* an editorial entitled “Minority Report” (2007;13:513) concludes “*Minority representation in science will not increase overnight. But the need for diversity at the bench and in the highest echelons of science cannot wait another generation. Investments must be made now to recruit and retain minority scientists so that their representation increases to reflect the importance of diverse voices in scientific research.*” This important challenge is made more daunting by the fact that between 1993-2002 only 2.6% of new PhDs were black and only 3.7% were Hispanic. Improving the diversity of the faculty remains an important goal both for the President and Provost and throughout the university, including the School of Medicine, where Dr. Hannah Valentine, Professor of Medicine, leads our efforts as the Senior Associate Dean for Diversity and Leadership. While progress throughout the University has occurred during the past several years, additional major investments are still needed.

In the recent update of University faculty “gains and losses” presented to the Academic Senate and most recently at the Spring Departments Chairs Workshop, Vice Provost for Faculty Development Pat Jones noted that the number of women faculty continues to increase, with women comprising 24.3% of the faculty as a whole and, most encouragingly, 43% of the junior faculty hired in the past year. Importantly, female and male faculty earn tenure at similar rates. While faculty of color comprise 18.4% of the faculty, it is discouraging to note that little to no growth has occurred in the recruitment of underrepresented minority faculty - especially of Black and Native American faculty. Clearly recruiting and supporting additional underrepresented minority faculty is an important priority for the School of Medicine as well as for the University. Efforts are underway to provide more assistance to search committees, heighten awareness and foster outreach programs. We have done better with the recruitment of medical and graduate students - but have work to do to make these efforts even more successful. But we also need to be more creative in retaining and developing underrepresented minority students and trainees to join our faculty so that our opportunity to more successfully diversify our faculty can be enriched and enhanced.

## **Advocacy on Hepatitis Prevention Among Asian Americans Takes Hold**

California continues to take the lead on a number of important health initiatives. Among these is the opportunity to reduce or prevent liver cancer among high-risk populations, especially the Asian community, by immunization against Hepatitis B. This effort has been spearheaded by the vision and leadership of Dr. Sam So, Lui Hac Minh Professor and the founder and director of the decade-old Asian Liver Center at Stanford. Most recently Dr. So has aligned with other community organizations as well as with San Francisco Mayor Gavin Newsome to launch the Hep B Free Campaign, which will test and vaccinate all Asian and Pacific Islander American residents for hepatitis B – making San Francisco the first city to carry out such an effort. The goal is to raise both awareness and collaboration among the health care services to help enact this important program – which is made more important by the fact that San Francisco has the highest incidence of liver cancer in the USA, mainly due to unrecognized hepatitis B infection among the Asian and Pacific Islander populations. Indeed, two out of three Asian American San Francisco residents who turned out to be chronically infected with hepatitis B were

unaware of the infection. Because infected populations can be monitored more closely for possible liver cancer and since uninfected patients and especially newborns can have infection largely prevented by the hepatitis B vaccine, this campaign has important health benefits. It is a great example of promoting human health and I want to especially acknowledge Dr. Sam So for his key role in making these important programs a reality. Without question, we need many more examples of such advocacy efforts if we are to reduce disease morbidity and the cost of health care in this nation – and around the world.

### **New Public-Private Partnership to Enhance Emergency Care in India**

Thanks to the efforts of Drs. SV Mahadevan, Assistant Professor of Surgery, and his Emergency Medicine colleagues Drs. Matthew Strehlow, Gregory Gilbert, Peter D'Souza and Alice Chao, an agreement was signed on May 9<sup>th</sup> with the nonprofit group Emergency Management Research Institute (EMRI), based in Hyderabad, India. Under this agreement, paramedics will be trained to provide emergency services in the southern state of Andhra Pradesh, which has a population of 80 million. The ultimate goal is to extend this program through India – whose population is now 1 billion (see: [http://med.stanford.edu/news\\_releases/2007/may/EMRI.html](http://med.stanford.edu/news_releases/2007/may/EMRI.html) for additional details). This ambitious project represents a unique public-private partnership that will include education and training programs provided by the Stanford's Emergency Medicine program. It is a wonderful example of Stanford's goal of reaching out to our global community as part of the Stanford Challenge. I am appreciative to Dr. Mahadevan and his colleagues for the leadership and to the collaboration with EMRI and India.

### **A Wealth of Talents**

Within a span of just 10 days our students have given evidence of their vast array of talents across a spectrum ranging from the arts to the sciences and the community beyond. On May 7<sup>th</sup>, the annual Medicine and the Muse featured presentations, readings from forthcoming books and essays, visual commentaries, and instrumental and voice musical celebrations by medical and graduate students. Various displays and posters accompanied the students' presentations. The program also included a keynote address by Dr. Samuel Shem, Professor of Psychiatry at Harvard Medical School and author of "The House of God" and "Mount Misery." Medicine and the Muse was an amazing display of virtuosity and talent that helped humanize and provide an emotional and artistic voice to the many dimensions of human biology, medicine and disease.

Balancing this artistic talent was a wide range of scientific accomplishments displayed on May 16<sup>th</sup> at the 24<sup>th</sup> Annual Stanford Medical Student Research Symposium. Some 48 poster presentations were provided that ranged in content from basic science studies to clinical and translational research projects. I was pleased to review a number of these projects and witness the depth and excellence of our students' research efforts – and the guidance and mentoring they were receiving from colleagues and faculty members.

In addition, a number of our students presented their work from a variety of community service projects undertaken as an extension of their efforts in the Practice of

Medicine course. This exhibit further complemented the repertoire of talents and experiences that were on display – representing the spectrum from basic discovery to clinical, translational and population science research to community service to arts and the humanities. Pretty amazing.

### **Some Notable Events**

***Goodman Simulation Center and the Learning and Knowledge Center:*** On Wednesday, May 9<sup>th</sup> Dr. Paul Berg, Robert W. and Vivian K. Cahill Professor Emeritus, hosted an event featuring the new Goodman Simulation Center and the upcoming Learning and Knowledge Center. Thanks to the vision and dedication of Dr. Tom Krummel, Emile Holman Professor and Chair of Surgery, and the wonderful support of the Goodman family, the Stanford Hospital & Clinics based Center for Simulation was officially opened in November 2006. Guests had the opportunity to visit the Goodman Center and to also learn about the rapidly developing plans for the LKC (see <http://lkc.stanford.edu/>). In addition to housing the Center for Simulation and Immersive Learning, the LKC will foster both advanced technical learning and skill acquisition along with state-of-the-art classrooms, a conference center, executive meeting rooms, and student center, as well as a café and a bookstore. Work has already commenced on the infrastructure and site preparation of the LKC, and we hope to have ground breaking in February 2008 with project completion in late 2009 or early 2010. These are very exciting developments - the LKC and related projects will be transformative for the School of Medicine and Medical Center.

***Fight for Memory: Stanford's Alzheimer Disease:*** On May 16<sup>th</sup> a special luncheon was hosted by Michael and Emily Goldberg and Rick and Paula Murdock to feature the efforts underway at Stanford to develop a Center for Alzheimer Disease. The current impact of dementia on the population is already seriously felt and is destined to get significantly worse with the aging population. At this very well attended event. Dr. Frank Longo, George E. and Lucy Becker Professor, described some of his own research in developing new potential approaches to the treatment of Alzheimer disease and dementias as well as the broad University-wide commitment to working collaboratively under the broad umbrella of the Neuroscience Institute at Stanford. As noted above, neuroscience is one of our highest priorities in the School and University. One of the most important challenges and opportunities before us is the development of better tools for the diagnosis, treatment and prevention of dementias – built on a deeper and more fundamental understanding of the mechanisms causing these serious disorders.

### **Awards and Honors**

- **Dr. Stan Falkow**, Robert W. and Vivian K. Cahill Professor, received the wonderful news this week that he was elected to become a Foreign Member of the Royal Society of London for Improving Natural Knowledge (see also: <http://www.royalsoc.ac.uk/page.asp?tip=1&id=6628>). This is a most prestigious

honor and another recognition of a remarkably successful career. Please join me in congratulating Dr. Falkow.

- **Dr. Ron Garcia**, Assistant Dean for Minority Affairs, and **Dr. Fernando Mendoza**, Professor of Pediatrics and Associate Dean of Minority Advising and Programs, were nominated and selected as two of the 100 Most Influential Latinos in Silicon Valley. Their biographies and pictures will be published in the San Jose Magazine July issue. Please join me in congratulating Dr. Garcia and Dr. Mendoza.
- **Dr. Richard Tsien**, George B. Smith Professor of Molecular and Cellular Physiology, has been named recipient of the Gill Prize given by the Linda and Jack Gill Center for Biomolecular Science at Indiana University for outstanding contributions to his field. Please join me in congratulating Dick for his extremely important and continuing scientific contributions and for his terrific citizenship in support of our community!
- The **Office of Communication & Public Affairs** has been notified by the Council for Advancement and Support of Education (CASE) that they have won an impressive variety of honors for their publications:
  - Gold medal - News releases covering research, medicine and science
  - Silver medal - Staff writing for "Medical Center Report"
  - Silver medal - "Stanford Medicine" in the category of special-interest magazines
  - Silver medal - Overall visual design of "Stanford Medicine"
  - Bronze medal - Illustration that accompanied the story titled, "The Oasis" (Stanford Medicine, Spring 2006).Congratulations to Paul Costello and his team!

## **Appointments and Promotions**

- **Rajni Agarwal-Hashmi** has been reappointed to Assistant Professor of Pediatrics (Stem Cell Transplantation) at the Lucile Salter Packard Children's Hospital, effective 5/01/07.
- **Sandip Biswal** has been reappointed to Assistant Professor of Radiology, effective 5/01/07.
- **Maxwell Boakye** has been reappointed to Assistant Professor of Neurosurgery at the Veterans Affairs Palo Alto Health Care System, effective 5/01/07.
- **Kiki Chang** has been promoted to Associate Professor of Psychiatry and Behavioral Sciences, effective 5/01/07.

- ***Benjamin I. Chung*** has been appointed to Assistant Professor of Urology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 6/01/07.
- ***Edward J. Damrose*** has been reappointed to Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 5/01/07.
- ***Cornelia L. Dekker*** has been promoted to Professor (Research) of Pediatrics (Infectious Diseases), effective 5/01/07.
- ***Magali Fontaine*** has been reappointed to Assistant Professor of Pathology effective 5/01/07.
- ***Paul C. Grimm*** has been appointed to Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children’s Hospital, effective 5/01/07.
- ***Keith N. Humphreys*** has been promoted to Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/07.
- ***Neeraja Kambham*** has been reappointed to Assistant Professor of Pathology, effective 5/01/07.
- ***Karen J. Parker*** has been appointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences, effective 5/01/07.
- ***Gavin Sherlock*** has been reappointed to Assistant Professor (Research) of Genetics, effective 4/01/07.
- ***Aaron Straight*** has been reappointed to Assistant Professor of Biochemistry, effective 6/01/07.
- ***Edith V. Sullivan*** has been reappointed to Professor (Research) Psychiatry and Behavioral Sciences, effective 6/01/07.
- ***Hannes O. Vogel*** has been promoted to Professor of Pathology and of Pediatrics (Medical Genetics) and, by courtesy, of Neurosurgery, effective 5/01/07.
- ***Christine A.C. Wijman*** has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, effective 5/01/07.