

# Dean's Newsletter

## September 10, 2007

### *Table of Contents*

- Medicine in a Global Community: Another Year Begins
- Stanford Medical Youth Science Program Celebrates its 20<sup>th</sup> Anniversary
- The Stanford Challenge and Medical Development: 2006-2007
- Update on the Department of Bioengineering
- The School of Medicine is now a "Tobacco-Free Zone"
- Celebrating Lubert Stryer and Stanford
- Living Lessons
- Awards and Honors
- Appointments and Promotions

### **Learning Medicine in a Global Community: Another Year Begins**

Medicine, like most of our lives, has become increasingly global in its dimensions, reach and impact. It was only a decade ago that many major academic centers in this country viewed medical care from a decidedly United States-centric perspective. Indeed, many medical centers (e.g., Mayo, Cleveland Clinics, Johns Hopkins, Partners) established international centers that catered to international communities whose members were willing to travel to their various centers for medical or surgical interventions. I would be remiss if I did not also say that a significant financial motive drove some of these programs, since payment was usually cost and cash based. While many international patients continue to travel to the U.S. (or Europe or Australia) for personal healthcare, a notable change is unfolding wherein a number of countries (e.g., India and Thailand, among others) are offering less expensive high quality procedures, such as joint replacements, that are attracting U.S. patients and companies. Another example, and one consonant with Thomas Friedman's "*The World is Flat*" hypothesis, is that many U.S. hospitals have begun using digital imaging technology to have their emergency nighttime radiographs requiring immediate assessment (when their own radiology staff are out of the hospital) read by radiologists in countries like India, where time zone differences provide opportunities for rapid information sharing.

In addition, international medical graduates train in various medical and surgical specialties in the U.S. (as well as other countries) and constitute an important component of our medical workforce. At the same time, U.S. medical students and physicians carry out clinical work, research or education programs in other nations around the world. Also, a number of medical schools oversee medical education or research programs in Asia, Africa, the Mid-East and elsewhere, and an increasing number of U.S. students desire an international experience as part of the training or plan to spend some portion of their time abroad during their career. And of course, the global nature of medicine is well evidenced by the fact that infectious diseases more rapidly traverse geographic borders through air travel, and potentially preventable disorders in the U.S. (e.g., tobacco use,

poor nutritional habits and consequent obesity) may, regrettably, be exported or emulated globally, with consequent healthcare consequences.

More than ever it is important that we learn and teach medicine and science with greater global awareness and intent. Cultural sensitivity and an increased appreciation of the impact of different social and ethnic mores as well as differences in the perception of disease – including its treatment or prevention - are enhanced and enriched by learning in a more diverse community. One of the wonderful features of Stanford Medical School is the diversity of its students. I was pleased to witness this diversity once again when our incoming First Year Students arrived on August 30<sup>th</sup> for Orientation and the beginning of classes. Of the 86 incoming medical students, 18 were born in countries outside the United States and 14% are underrepresented in medicine. Students also came from throughout the U.S., although California led the field as the birthplace to 25 of the incoming students. (Of course I might add that some have considered California as a foreign country in its own right). The rest come from 23 other states and the District of Columbia – making for a geographically and culturally enriched incoming class. So we have much to celebrate in the broad diversity of our new students– which we all believe plays an important role in the overall educational experience and opportunities for the entire medical school.

Our new students are talented in a number of important ways. They were selected from an applicant pool of 6599 (yes, that is 1 out of 77 applicants who finally join Stanford!) and did their undergraduate work at 37 different colleges or universities. Of these Stanford and Harvard led the pack, with 12 and 11 graduates respectively, followed by graduates of Yale (8), Johns Hopkins (7) and MIT (5). The majority (59) concentrated in biological sciences as undergraduates, 22 in physical or engineering sciences and the remainder in humanities. Moreover, a quarter of the class enters medical school with one or more advanced degrees – and many plan additional ones during their time at Stanford.

In addition to our incoming medical students, 7 of our PhD students enrolled in the Masters in Medical Science Program pioneered by Dr. Ben Barres, Professor of Neurobiology. This program provides a grounding in medicine for selected students whose discovery based investigation may address translational research.

With each new class we seek to continue to enhance the Stanford legacy by training leaders and critical thinkers as well as excellent and caring physicians. We expect our students to be the transformers of tomorrow's medicine, biomedical science and healthcare. We take this responsibility seriously and endeavor to develop and refine our unique and exciting education programs, which were rejuvenated as the New Stanford Curriculum in 2003 (see: <http://med.stanford.edu/md/>). To an ever-increasing degree, the special focus of our education offerings accounts for why outstanding students like those who joined us last week chose to come to Stanford – and why we invited them to be part of our community. We recognize that each has unique and highly individualized talents, knowledge, interests and goals, and it is our responsibility to assure that their dreams and aspirations are fulfilled, while recognizing that these will evolve and take many unanticipated directions during the years ahead.

As I underscored during my welcoming comments at Orientation, the opportunity at Stanford is to train both broadly and deeply and to do so in a way that permits opportunities for lifetime transitions and opportunities. Medicine and science are among the most exciting and fulfilling career paths that I know of, and they offer a lifetime of learning, contributing to the public good and advocating for positive world changes. For many this will mean traditional pathways that include clinical medicine or specialty care in either academic centers or communities around the nation. Many will combine this with career paths that include (sometimes exclusively) a commitment to research and/or education. Others will follow other pathways at various stages of their careers – as hospital, medical school or university leaders and administrators, in industry or consulting, as part or full-time artists, public health or international health leaders and numerous other paths. For many, career paths will change over time – which is why a commitment to lifetime learning and to serial skill acquisition is so important. And if these are done wisely (and of course with some luck) a life of continuing personal discovery and opportunity can result, and one’s career rarely, if ever, becomes a “job” in the more traditional sense.

Regardless of the path chosen, it is important for every Stanford student and graduate to be an advocate for change and leadership in their professional or personal communities, locally or globally. There is much that needs such leadership, both now and in the future. Whether it is advancing new discoveries, including in areas where new territories must be explored and failure looms high, or in tackling some of the health woes of our society, we can each make a difference. I have written all too often about the need for leadership in helping to transform our nation’s healthcare or in confronting the policies that pit science against religion or politics. Thankfully, these are topics that many throughout the nation, and indeed the world, are increasingly discussing and for which they are, sometimes, seeking solutions. These issues will likely grow larger as national resources for investment in science and education – and health care – are limited by unfortunate global conflicts and ideologies. This is another reason for viewing medicine today as part of a global effort and enterprise for which bold new visions are needed and for which Stanford can play an important role.

## **Stanford Medical Youth Science Program Celebrates its 20<sup>th</sup> Anniversary**

In 1987 the foundations were laid for the wonderfully successful Stanford Medical Youth Science Program (SMYSP), which was envisioned, championed and brought to fruition by the dedicated leadership of Dr. Marilyn Winkleby, Professor of Medicine. On August 17-19<sup>th</sup> the 20<sup>th</sup> Anniversary of SMYSP was celebrated with workshops and a Reunion Banquet. Over these two decades, nearly 600 students have graduated from SMYSP, the vast majority of whom have graduated from college and now pursuing careers as health professionals. This is a truly remarkable accomplishment, and it offers evidence of what personal advocacy can accomplish and how lives can be changed as a consequence. Please join me in congratulating all the participants and graduates of SMYSP and especially its leaders, Dr. Winkleby and Judith Ned. Well done!

## **The Stanford Challenge and Medical Development 2006-2007**

*The Stanford Challenge* was publicly announced in October 2006, when more than half of the \$4.3 billion campaign goal had been raised. As I have previously discussed, the Stanford Challenge is unique among university fundraising campaigns in *Seeking Solutions* to some of the world's most pressing problems and in its goal of *Educating Leaders* who will address the future because they have been equipped with the skills and knowledge to meet important global challenges. Focused on three major themes (The Initiative on Energy and the Environment, the International Initiative, and the Initiative on Human Health), the Stanford Challenge is addressing problems in alternative energy sources and in creating a sustainable environment, is seeking solutions to global warming and global conflicts and security and is taking on the major health and biomedical research challenges of the 21<sup>st</sup> century. It is a commitment to transform Stanford and, through the knowledge, discoveries and insights gained, to help with important global issues.

On September 5<sup>th</sup>, I had the opportunity to address leading alumni and friends of Stanford at a Washington D.C. launch of the Stanford Challenge, held at the Phillips Gallery and hosted by Stanford University Trustee Vicki Sant and her husband Roger Sant, together with Stanford parents Jim Johnson and his wife Maxine Isaacs. I relayed to this group my conviction that Stanford is uniquely poised to take on these challenges. We are a relatively small research-intensive University, with world class schools of Business, Earth Science, Education, Engineering, Humanities & Sciences, Law and Medicine. In addition, we have an extraordinarily talented students and faculty who are highly entrepreneurial and willing to work across disciplines and take on big challenges – even with the risk of failure. The campaign themes, *Seeking Solutions* and *Educating Leaders*, are in my view, wonderfully emblematic of Stanford in the 21<sup>st</sup> century.

At the D.C. launch, we also hosted a panel presentation on the challenges and opportunities in stem cell biology and regenerative medicine that featured Irv Weissman, Virginia & DK Ludwig Professor and Director of the Stanford Institute of Stem Cell Biology and Regenerative Medicine, and Hank Greely, Deane & Kate Edelman Johnson Professor of Law and of Genetics. The panel spanned the basic discoveries and opportunities emerging from research in stem cell biology along with the scientific, political, ethical and legal issues that challenge and confound this important new area of science and medicine. Thanks to our recent successes at Stanford and the important funding now flowing through the California Institute for Regenerative Medicine and fueling research and education in California, we were able to convey the exiting opportunities and prospects for the future. It did not escape the audience that similar research is not going on in Washington or most of the rest of the nation because of the restrictions placed on the NIH by the current Executive Branch and Congress – something that we all hope will change in the not too distant future.

Through our presentations and a vibrant discussion session we were able to convey the excitement that is taking place at Stanford as the Stanford Challenge

continues to unfold. I am also happy to say that the School of Medicine and Medical Center have played an important part in the Stanford Challenge.

As most of you know, Stanford's fiscal years run September 1 through August 31<sup>st</sup>. One of the exciting accomplishments of the fiscal year that just ended is the continued progress in private fundraising for the medical center. I have been spending an ever-increasing amount of time and energy on development and am thankful to the many faculty who have lent their time and efforts to helping with our fundraising activities. We have also forged a close working relationship between the School and Stanford Hospital & Clinics, and the SUMC Executive Committee, led by John Freidenrich and Denise O'Leary, has been working diligently and collaboratively.

The continued growth, organization and effectiveness of our Office of Medical Development, led by Associate Vice President Douglas Stewart, have been vital to our efforts. Certainly most significant and exciting is that Doug reports that FY 2007 (September 1, 2006 – August 31, 2007) broke previous fundraising records by a considerable margin. Notably, for the School of Medicine and Stanford Hospital, combined new fundraising activity (new gifts and new pledges) exceeded \$270 million (compared with \$156 million last fiscal year, a previous record), and cash received (new gifts and pledge payments) exceeded \$188 million (up from \$115 million last fiscal year).

Especially noteworthy is the excellent progress we have made on capital projects for the School of Medicine, with several great gifts for the Learning and Knowledge Center, including a \$5 million commitment from Akiko Yamazaki and Jerry Yang and a \$4 million pledge from Professor Paul Berg and his wife Millie. For SIM-1, the first of our Stanford Institutes of Medicine research buildings, progress has been substantial, led by Lorry Lokey's remarkable commitment of at least \$40 million. Wonderful anonymous donors to our stem cell program have contributed more than \$7 million last fiscal year. And just last week, our friends John and Regina Scully pledged \$20 million to the medical center, half to support stem cell research in SIM-1, and half toward the new Stanford Hospital construction. It is also exceedingly important that the Stanford Hospital efforts are gaining momentum with record new activity. I am also pleased to say that we have a number of very significant potential capital gifts in the pipeline and am optimistic that a number of these will come to fruition in the months ahead.

We saw a record number of new endowed professorships established this year, with many more in the pipeline. Among these are the Dorothy and Thye King Chan Professorship in Neurosurgery (now held by John Adler, Jr., MD), the Coyote Foundation Professorship (to be held by Gregory Albers, MD), the Allan and Tina Neill Professorship of Lymphatic Research and Medicine (to be held by Stanley Rockson, MD), and the Joan and Peter E. Haas, Jr., Professorship for Cutaneous Lymphoma Research (to be held by Youn Kim, MD). A number of key faculty leaders helped make these professorships a reality, including Drs. Frank Longo, Rich Hoppe and Gary Steinberg, among others. Nearly a dozen more endowed professorship gifts are in various stages of discussion and approval.

The School of Medicine is enjoying robust alumni support, as well. Among the highlights, Dr. Bob Cody, class representative for the MD Class of 1957, did a magnificent job of organizing his 50th year class reunion. In addition to rallying his classmates to attend, he also challenged them to each make a gift of at least \$2,500 to the school. The class responded with 44 gifts that totaled \$207,500, the largest class gift on record.

These achievements reflect not only the efforts of our Development Office staff and volunteer leaders, but also those of all of our faculty and staff across the medical center, who appreciate that philanthropy is critical to our growth and continued excellence. Thank you to all of you – most especially to the record number of donors who chose to support us this year. That said, we began a new fiscal year (FY08) on September 1<sup>st</sup>, and, as always, we started again at the beginning, with a blank slate but with lots of optimism for continued success in the year ahead!

### **Update on the Department of Bioengineering**

Beginning at the September 7<sup>th</sup> Executive Committee Meeting, we reinstated a program we conducted several years ago of having chairs provide updates on their departments' activities and challenges as a shared learning opportunity. I plan to provide summaries of those presentations in upcoming issues of the Dean's Newsletter. Following is the report prepared by Dr. Russ Altman, Professor of Bioengineering, Genetics and Medicine and, by courtesy, of Computer Science.

The Bioengineering Department is led by Russ Altman (Chair) and Steve Quake (Co-Chair). The mission of the department is *"to create a fusion of engineering and the life sciences that promotes scientific discovery and the invention of new technologies and therapies through research and education."* The Department is unique at Stanford in that it is part of both the Schools of Medicine and Engineering, reflecting the dual emphasis on both discovery and application. Administratively, all support for the department is shared equally by the two schools, including faculty billets, space, and financial support. The department research program is broad, but generally focuses on "translational bioengineering" in which basic sciences (particularly physics and chemistry) is translated into clinical applications or new research tools and technologies, using the principles of engineering.

The department currently has 15 full or joint appointees, 6 courtesy, 1 consulting, and 11 affiliated faculty. The anticipated equilibrium size is approximately 24 full appointees. The faculty boasts three NIH Pioneer Award winners (Steve Quake, Karl Deisseroth, Kwabena Boahen). Research foci include biomedical computation, biomedical imaging, biomedical devices, regenerative medicine/tissue engineering, and cellular and molecular engineering. The latest recruits in 2007 Markus Covert, Zev Bryant, and Annelise Barron. Taking another view of the department by application domain within medicine, there is strong

representation in cardiovascular medicine, neuroscience, orthopedics, cancer, psychiatry/neurology, pharmacology and radiology.

The Bioengineering department has a close working relationship with the BioX program, as the departmental offices and many faculty are housed in the Clark Center and are committed to interdisciplinary research. The department hosts NIH training grants in regenerative medicine and biomedical computation. It also is the home of the NIH Roadmap National Center for Biomedical Computation focusing on physics-based simulation of biological structure (<http://simbios.stanford.edu/>). The department has a translational seed grant program, supported by the Wallace Coulter Foundation that is devoted to funding partnerships of clinicians and bioengineering faculty to bring technology to the bedside in time periods of one to five years.

Bioengineering has welcomed four classes of graduate students (roughly 15-20 per year), pursuing the MS and PhD degrees. These students are free to work with any Stanford faculty who can provide research opportunities relevant to bioengineering. The curriculum includes a core sequence, and then electives in the five research foci defined above.

Bioengineering faces three exciting and important challenges in the coming years.

1. ***Continued faculty growth.*** There is a strong interest in synthetic biology, physics-based modeling, joint appointments with clinical departments, joint appointments with other engineering departments, and a strong interest in biomedical applications.
2. ***Creation of an undergraduate major (and, most likely, a minor) in Bioengineering.*** There is considerable interest among undergraduates in being dually trained in biology and engineering. These students in many cases are interested in research careers or careers in medicine. The department is defining a timeline for building up a curriculum, advising system, and research opportunities for undergraduates, with the goal of introducing a major in the next few years. The department will coordinate this program with other undergraduate programs, and will take advantage of Stanford's special strengths in both engineering and life sciences.
3. ***Aggressive development to support the departmental mission.*** As a new department, Bioengineering needs to articulate its mission and develop mechanisms to support the innovative research and education programs it is creating. Current priorities include student fellowships, support for the translational research seed program, and support for the planned Bioengineering/Chemical Engineering building as part of the new Science & Engineering Quad (SEQ) across Campus Drive from the medical school. In addition, the department is considering a small number of high

impact research projects consisting of teams of bioengineering faculty and other faculty from the BioX program.

In summary, the Department of Bioengineering is in its fifth year.

It is building on a very strong start recruiting a core faculty with stellar research credentials, and is now focusing attention on further recruitment, undergraduate and graduate curriculum development, and gathering resources to support these programs.

## **The School of Medicine is now a “Tobacco-Free Zone”**

You have hopefully noticed the new “No Smoking” signs posted around the perimeter of the Medical School. I’m pleased to report that as of September 1<sup>st</sup>, the School of Medicine campus is now a “tobacco-free zone.” The purpose of this new “Tobacco Free Campus” policy is to further our commitment to promoting health and wellness. With over 400,000 deaths annually in the United States related to tobacco, not permitting smoking on our campus is an appropriate move towards improved health for all.

Importantly, the University has launched a campus-wide program to support smoking cessation and end tobacco use. On September 1, Stanford Benefits and the [Health Improvement Program \(HIP\)](#) started offering a new Quit Tobacco Program to benefits-eligible University faculty and staff and their dependents (age 14 and older). This program provides free educational and counseling support and a supply of nicotine patches or gum to help participants quit tobacco. Additional information about the Quit Tobacco Program can be found at:

<http://benefitsu.stanford.edu/Web%20site%20info-v4.pdf>

Another resource for smokers wanting to quit is our “Tobacco Free Campus” web site. Here you will find campus, local and national resources to help you stop smoking, as well as background information about the effects of smoking and tactics of the tobacco industry. I encourage you to visit the site at: <http://med.stanford.edu/tobaccofree>. Thanks to Kristin Goldthorpe, Project Coordinator in the Dean’s Office, for her efforts in making the new policy a reality.

## **Celebrating Dr. Lubert Stryer and Stanford**

On Friday, September 7<sup>th</sup> friends and colleagues of Dr. Lubert Stryer, the Mrs. George A. Winzer Professor of Cell Biology, Emeritus, and Professor Emeritus of Neurobiology, gathered in the Dean’s Courtyard to celebrate his receipt of the National Medicine of Science which was announced earlier this summer (see:

<http://med.stanford.edu/mcr/2007/stryer-0725.html>). This event was also a reminder of what makes universities like Stanford so great. In looking around at the guests, who included Nobel Laureates, previous National Medal of Science Awardees, and other extraordinary faculty from throughout the University, one could not avoid being impressed by the remarkably talented faculty who are at Stanford and who create the environment that fosters the success of students and each other. I was also reminded of

how important faculty like Lubert Stryer have been to the development of the Medical School during the past nearly 50 years since the school moved to the Stanford campus. Dr. Stryer joined the Department of Biochemistry in 1963 at the invitation of Dr. Arthur Kornberg and was one of the pioneers who contributed to the vibrant education and research milieu that has characterized Stanford Medicine. He and his colleagues also contributed to and benefited from the entrepreneurial environment that has shaped Silicon Valley and Stanford in a mutually synergistic manner.

In his own reflections at the ceremony, Dr. Stryer commented on the important factors that characterized his own illustrious career and that represent significant challenges for the future. These include his love of science, his ability to excite and stimulate students and colleagues, and the unique interdisciplinary environment at Stanford, which forged collaborations throughout the medical school as well as with colleagues in chemistry, applied physics, engineering and SLAC and opened new vistas to discovery. Dr. Stryer and Andrea, his wife of 49 years, have been an integral part of Stanford (except for a seven year sojourn to Yale) and have deep personal and professional connections both here and in the local community.

But Dr. Stryer also expressed concern about three important issues. First, while he expressed deep appreciation for the doors of opportunity that were opened to him as an immigrant to the U.S. based on his hard work and achievements, he offered a concern – and hope – that the U.S. would continue to open its doors to immigrants and offer them the opportunities that have characterized his and past generations. Second, he expressed concern that the period of training for young scientists has become too lengthy and that independence as an investigator (as measured by the time to the first NIH award) is occurring later and later – a trend he hoped could be reversed. In tandem, he expressed concern that the current climate of uncertain funding for biomedical research creates an inordinate pressure for grant writing and can blunt the most creative ideas from being pursued.

I want to again congratulate Dr. Stryer for his many accomplishments as a scientist and for the important role he has played as an educator and faculty member. We are so fortunate to have him at Stanford.

## **Living Lessons**

Like so many others, I have found that many of the lessons I have learned in my own life come directly from living them. This past summer I was privileged to do one of my rotations as an Attending Physician on the pediatric infectious disease service. I have been doing this since I arrived at Stanford and have many reasons for wishing to do so even though it creates some havoc with my “day job.” Among them is that it not only affords me the opportunity to contribute to the care of seriously ill children and to play a role in the education of students and residents, but it also provides an opportunity to directly observe and participate in the inner workings of a leading teaching hospital. One of the important lessons and reminders I continue to take away from these experiences is how challenging and difficult the lives of clinical faculty and trainees can be. The many

time demands, often extending deep into the evening hours and beyond, require considerable focus and energy. And because so many faculty, particularly those who are on the upward climb of their academic career, are deeply engaged in teaching and research as well, the personal and professional pressures can be enormous. I quite purposefully reflect on this while I am “on service” and try recalling this experience when I am reviewing faculty appointments for appointment or promotion. Thus my own experience provides a living lesson reality check on the pressures of life in an academic medical center.

I also had the experience this summer of witnessing the additional pressures that arise when faculty members have children to attend to as well. With my own children long grown, this summer brought our first grandchild. This has been a wonderful experience in its own right. But it is also an affirmation of the tremendous pressures faced by new parents who are seeking to balance career and family against the pressures of time, sleep deprivation and all the uncertainties of a new role hallmarked by life (and family) transforming dimensions. In taking the opportunity to learn on a personal basis from this new experience, I have renewed admiration for the ability of our faculty to balance so many features and dimensions of their lives. But I also recognized, once again, that many of the pressures fall more exclusively to women and young mothers. This underscores the importance and need for robust support systems, including childcare. I have written previously about the work underway by Dr. Hannah Valentine, Ellen Waxman and others to further improve our offerings in childcare. And while I would like to think that I have been highly sensitive and proactive in these important needs in the past, I am certain that this summer’s new “living lesson” will make me even more so on many dimensions in the future. Certainly these experiences are important on multiple levels – and I will endeavor to keep them so.

## **Awards and Honors**

**Myriam Curet, M.D.**, *Professor of Surgery and Associate Dean for Medical Education*, has been chosen to receive the Association of Women Surgeons’ Olga Jonasson Distinguished Member Award. This award is given to a member surgeon who exemplifies the ideals and mission of the association. Congratulations to Dr. Curet!

**Ron Rosenfeld, M.D.**, *Senior VP for Medical Affairs* has been selected to receive the 2008 Robert H. Williams Distinguished Leadership Award. This award is given by the Endocrine Society in recognition of outstanding leadership in fundamental or clinical endocrinology. He has also been selected as the 2008 Transatlantic Medalist by the Society for Endocrinology in the United Kingdom for his significant contributions to the discipline. Congratulations Dr. Rosenfeld!

**Dave Hogness, M.D.**, *Rudy J. and Daphne Donohue Munzer Professor, Emeritus* has won this year’s “International Prize for Biology” prize, awarded by the Japanese Society for Promotion of Science (JSPS) to an individual who “has made an outstanding contribution to the advancement of research in fundamental biology.” The award

ceremony will be held on November 19th in the presence of the Emperor of Japan.  
Congratulations Dr. Hogness!

**Dr. James Chang**, *Professor of Surgery (Plastic Surgery) and Chief of the Division of Plastic and Reconstructive Surgery*, was recently elected to the Board of Directors of the American Association for Hand Surgery. The purpose of the Association is to provide an educational forum to increase the professional expertise and knowledge of surgeons involved in hand surgery. Congratulations Dr. Chang!

## **Appointments and Promotions**

- **Laurence Baker** has been promoted to Professor of Health Research and Policy, effective 9/1/07.
- **Jimmy Brown** has been appointed to Clinical Associate Professor (Otolaryngology - Head and Neck Surgery), effective 9/01/07.
- **Kenan Christopher Garcia** has been promoted to Professor of Molecular and Cellular Physiology, effective 9/01/07.
- **Kyle Harrision** has been promoted to Clinical Assistant Professor (Affiliated) (Pathology), effective 8/01/07.
- **Michele Kastelein** has been reappointed to Clinical Assistant Professor effective 9/01/07.
- **Hau Liu** has been appointed to Clinical Assistant Professor (Affiliated) (Medicine), effective 9/01/07.
- **Melanie Manning** has been promoted to Clinical Assistant Professor (Pathology) effective 8/01/07.
- **Vibha Mohindra** has been promoted to Clinical Assistant Professor (Affiliated); (Medicine), effective 9/01/07.
- **Friedrich Moritz** has been reappointed to Clinical Assistant Professor (Affiliated) (Pathology), effective 9/01/07.
- **Vyjeyanthi Periyakoil** has been reappointed to Clinical Assistant Professor (Medicine), effective 9/01/07.
- **Pavi Prasad** has been promoted to Clinical Assistant Professor (Pathology), effective 9/01/07.
- **Mary-Anne Purtill** has been promoted to Clinical Assistant Professor (Surgery), effective 7/01/07.
- **Jeanne Rosner** has been reappointed to Clinical Assistant Professor (Pathology) effective 9/01/07.
- **George Triadafilopolous** has been reappointed to Clinical Professor (Medicine), effective 9/01/07.

- ***Volney Van Dalsem III*** has been appointed to Clinical Associate Professor (Radiology), effective 9/01/07.
- ***Kirsti Weng*** has been reappointed to Clinical Associate Professor (Affiliated) (Medicine), effective 9/01/07.