

Dean's Newsletter

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Twenty Days Following the First Report by the CDC of HINI

On April 21st the Centers for Disease Control and Prevention (CDC), in a Morbidity and Mortality Weekly Report (MMWR) dispatch, reported two cases of swine flu infection in southern California, thus calling attention to a new influenza virus that was quickly linked to a large outbreak taking place in Mexico. Within days, public health systems in the USA and around the world became increasingly focused on the possibility of a pandemic influenza outbreak. Although many important questions remain to be resolved, an incredible amount of information and policy implementation occurred globally to contain the potential for a very serious global infection. Thankfully, the infection seems to be reasonably contained at this point – due in large part to the local, community, state, national and global responses that took place and that were generally well coordinated. The fact that the infection proved less virulent outside of Mexico also played a role in containing panic and spread of infection and its consequences.

As of Saturday, May 9th, the CDC reports 2254 laboratory-confirmed HINI (swine flu) cases in 44 states (see: <http://www.cdc.gov/h1n1flu/>). To date, two of these infections have led to death – both in Texas, one a child from Mexico and the second in a young woman reported to have other co-morbidities. The World Health Organization reports 2330 laboratory confirmed cases of H1N1 infection in 29 countries around the world (<http://www.who.int/en/>). While the pandemic is not over, the pace of new infections is ebbing, and some of the local and community isolation and control mechanisms and policies are being curtailed. But nearly every health department and center is analyzing what went well during the past 20 days – and what did not - for good reason. Even if the current infection declines (especially as we move out of the traditional flu season) there is every reason to be concerned that this H1N1 virus will re-emerge in the fall during the traditional flu season. After all, that is what happened in 1918 when an H1N1 infection emerged in the spring and caused relatively mild flu symptoms, only to return in the fall and winter with the devastating global infection that caused over 50 million deaths

around the world. Needless to say, every effort must and will be made to prevent a similar occurrence this next fall or in the years ahead.

While the ultimate control of a pandemic depends on a united and coordinated global response, these efforts begin and are most critically affected by local events. In the last several days, leaders from throughout the Stanford Medical Center (including Stanford Hospital and Clinics, the Lucile Packard Children's Hospital and the School of Medicine) have already begun serious "post-mortem" analyses that are being further coordinated with the University, the County and ultimately with broader constituencies. Thanks to the extensive planning that had been put in place in recent years to prepare for emergencies like pandemics, natural disasters and man-made events, the systems to respond to the H1N1 infection were well defined and were activated very early in the process at Stanford— by April 24th, well ahead of most other agencies. Importantly, the coordination within the medical center was excellent, especially by medical, nursing and administrative leaders, who met multiple times each day, coordinated policies and messages, created novel approaches (including a new geographically defined isolation/screening site to remove patient pressure from the Emergency Department and, importantly, to better contain potential infection).

Challenges about available personnel and other resources were delineated and are now being compiled into reviews that will become the action plans for next fall. At this point it is impossible to make any assumptions about whether the current H1N1 virus will re-emerge in its current form (which has been proven to be mild and sensitive to two antiviral agents) or whether it will more or less virulent. Thus plans for all contingencies will be needed.

Of course in addition to public health planning, considerations about preparing a vaccine that includes the current H1N1 virus are also underway. The observation that fewer individuals above 35 encountered infection suggests that prior immunity to other strains that bear some antigenic similarity to H1N1 afforded protection to older adults. This is an encouraging sign that a vaccine might prove helpful. Efforts are already commencing to prepare a vaccine that could be available in 4-5 months – hopefully in time for the traditional time frame for the 2009 flu season.

There are many resources that can be consulted as guides for the months and years ahead. The Institutes of Medicine of the National Academy of Sciences has released a number of policy recommendations that address:

- Communicating with and engaging the public
- Use of masks and personal protective equipment
- Use of antiviral drugs and vaccines
- Outbreak mitigation (e.g., social distancing, school closures)
- Surveillance, research, and evaluation during a pandemic

These and related reports can be accessed at <http://www.iom.edu/CMS/66154.aspx> - the IOM "Guide to Recent Institute of Medicine Studies and Workshops regarding Pandemic

Influenza.” For those interested in some of the historical connections regarding swine flu, Dr. Harvey Fineberg, President of the IOM, has made his book on the 1976 swine flu outbreak available on-line as a free PDF (see: <http://www.iom.edu/CMS/65954.aspx>). Entitled “*The Swine Flu Affair: Decision-Making on a Slippery Disease,*” this book reviews the numerous controversies, administrative challenges, legal complications, unforeseen side effects and more regarding the 1976 swine flu epidemic. It makes for interesting reading.

Knowing the past can help us forecast the future. I hope that we will learn from prior pandemics and events, including those of the past 20 days, so that we can be more prepared for the inevitable infections that will occur later this year.

The Institute of Medicine and Conflict of Interest: Catching Up to Stanford University

On April 28th the Institute of Medicine of the National Academy of Sciences released its report entitled “Conflict of Interest in Medical Research, Education and Practice” (see <http://www.iom.edu/CMS/3740/47464/65721.aspx>). As noted in the précis:

The committee’s report stresses the importance of preventing bias and mistrust rather than trying to remedy damage after it is discovered. It focuses specifically on financial conflicts of interest involving pharmaceutical, medical device, and biotechnology companies.

The committee recommends the implementation of policies and procedures that will reduce the risk of conflicts that can jeopardize the integrity of scientific investigations, the objectivity of medical education, the quality of patient care, and the public’s trust in medicine.

I had the opportunity to provide testimony to the IOM Committee preparing this report, and I also served as a reviewer prior to its publication. It codifies well the guidelines and recommendations that should be embraced by academic institutions in the broad continuum of industry- academic relationships.

While the IOM report establishes a national context, Stanford Medical School and Medical Center has been at the forefront of COI issues and reforms. As many of you know, we implemented the Stanford Industry Interactions Policy (SIIP) in October 2006. This policy governs interactions, largely in the clinical and educational arenas, with the pharmaceutical, biotech, medical device, and hospital and research equipment and supplies industries. It includes provisions regarding, among other issues, gifts from industry, access of sales and marketing representatives to our campus, and industry support of education.

In recent months the policy has been updated to include, among other changes, our CME Commercial Support Policy (http://cme.stanford.edu/commercial_support.html), which was introduced in 2008.

Greater clarity concerning participation in meetings or conferences supported by industry has also been provided, including an explicit provision that participation by Stanford faculty in so-called speakers bureaus is contrary to the policy. The updated policy can be found at <http://med.stanford.edu/coi/siip/>.

SIIP continues to be the defining document for our interactions with industry in the clinical care and educational areas. Given the prominence of these issues in the public domain and the changing landscape of conflict of interest, it is important that we maintain the currency of the policy and that all of us assure that our own interactions with industry comply with its provisions.

NIH Guidelines on Stem Cell Research

Following President Obama's March 9, 2009 Executive Order (#13505) on stem cell research, the National Institutes of Health has released guidelines on "Human Stem Cell Research" that are available for public comment (see: <http://stemcells.nih.gov/policy/2009draft>). To date about 7000 responses have been submitted to the NIH – most from individuals and organizations opposed to stem cell research. While there are some limitations regarding the proposed NIH policy, especially around the unfortunate limitations regarding somatic cell nuclear transfer, the overall policy is a major step in the right direction. I would encourage you to review the policy and, if you agree, offer your support for what the NIH is proposing (with any caveats or recommendations you deem appropriate). It is important that the scientific community unite to support the important changes in the direction of science and research that the Obama Administration is bringing forth. In the case of the NIH stem cell guidelines, individual comments of support will be important – and can provide a counter to the voices of those who would prefer to once again bring down the curtain on this important area of research. So please add your voice before May 26th. Comments can be entered at: http://nihorextra.nih.gov/stem_cells/add.htm.

Medical Student Admit Weekend

By May 15th students admitted to medical schools across the USA will need to finalize their selection. To help with that process, the Stanford School of Medicine hosted its Admit Weekend 2009 on May 8-9th. Each year 86 students form the medical school's incoming class. They are selected from an applicant pool of over 6000. The students who have received formal acceptances to Stanford were invited to campus for a weekend of information exchange, meetings and social interactions. Over 55 students elected to participate in this year's Admit Weekend (this is similar to past years). I had the privilege of meeting most of the students at different events, and I continue to be in awe of the talent that each individual brings. We are so fortunate to have such outstanding students at Stanford – and the class arriving in August will surely continue that great tradition.

The 26th Annual Medical Student Research Symposium

On Thursday, May 7th, thanks to support from the Stanford University Medical

Center Alumni Association, the 26th Annual Medical Student Research Symposium was held. Students presented poster sessions of the work they have carried out through the Medical Scholars or the Scholarly Concentrations Programs in an amazingly wide variety of areas and topics. Just over 60 posters were presented, the abstracts for which can be viewed at http://med.stanford.edu/student_research/events.html#symposium. Special thanks go to the Symposium Committee, including Dr. Loren Baker, Director of the Scholarly Concentration Program, along with Dr. Patricia C. Cross, Associate Dean for Medical Student Research & Scholarship Advising; Mara Violanti, Scholarly Concentrations Program Administrator; Chris Cueva, Medical Scholars Program Coordinator; and medical students Alana Frost, Matthew Goldstein, Gene Ma, Sarah Nelson, Wendy Pang, Sarah Pickard, and Judy Yeh.

One of the most important features of Stanford Medical School is the opportunity our students have to participate in research and scholarship. While it is always a challenge to reduce months to years of work to a single poster or publication, for each student this tangible outcome represents the results of the opportunity he or she took to create knowledge and contribute directly to improving our understanding of science, medicine, policy and the world we live in. While we all benefit from new insights, the student who has done the research – formulated the hypothesis or goals, done the experiments or gathered the data, analyzed the results and prepared them for presentation – benefits uniquely from the experience. In that vein, everyone also has the opportunity to benefit, through sharing and discussing the work. An additional tradition of the Research Symposium is to select the five most outstanding poster/abstracts – which can of course be a daunting task in and of itself. This year the faculty and student judges included: Marissa Aillaud, James Berbee, Tiffany Castillo, Patricia Foo, Dr. Neil Gesundheit, Joshua Goldner, Mariko Howe, Dr. Susan Knox, Andrew Lee, Abed Meer, Laura Prolo, Jeremiah Ray, Dr. Oscar Salvatierra, Jessica Tsai, Anelea Venegas, and Jane Whitney. Additional thanks to each of this year’s judges, who selected the following poster presentations as this year’s top five (not listed in any priority order):

Student	Poster Title	Faculty Mentor
Steven Lin <i>SMS 3</i>	Stopping a Silent Killer in the Underserved Asian Community: A Novel Liver Cancer Prevention Clinic	Frank Trihn
Geoff Krampitz <i>SMS 5</i>	Adventitial VEGF Signaling is Critical for Restenosis After Vascular Injury	Ching-Pin Chang
Gavitt Woodward <i>SMS 3</i>	Altered Alcohol Metabolism Following Roux-En-Y Gastric Bypass	John Morton
Joshua Troke <i>SMS 2</i>	The Use of Metformin as a Cardioprotective Agent in Heart Transplantation Decreases Ischemia –Reperfusion Injury and Increases Graft Function and Survival	Michael Fischbein
Carlene Chun <i>SMS 2</i>	Longitudinal Investigation of Cancer Biomarker Expression Levels Pre- and Post-Chemotherapy Treatment Using Multiplexed	Albert Koong

Congratulations to all of our students, their mentors and to those who made the Research Symposium a success.

The Department of Dermatology's Update to the Executive Committee

On Friday, May 1st, Dr. Al Lane, Professor of Dermatology and of Pediatrics and Chair of the Department of Dermatology, provided an update on the department – a brief summary of which follows:

The Department of Dermatology was created in 1959 when the Medical School moved from San Francisco to Palo Alto. Currently the Department of Dermatology consists of 20 full-time faculty who are active at SHC, LPCH, Santa Clara Valley Medical Center and the Palo Alto Veterans Hospital. We also have 4 part-time faculty, 62 VCF, 16 residents, 16 postdoctoral fellows and 13 graduate students. The Mission of the Department of Dermatology is: *Sustained leadership in scientific investigation, patient care, and in training future leaders of our specialty in an environment that fosters creativity and synergy.* The faculty and staff in dermatology have continued to accomplish that mission.

Scientific leadership can be documented by international leadership in the number of high impact scientific publications over the past seven years. In addition, we have consistently been ranked one of the top five programs in the USA for NIH funding. Our research has focused on translating discoveries in the area of skin cancer pathogenesis, skin aging and regeneration, skin inflammation and genetic skin disease correction. We have developed teams of researchers and clinicians in each of these areas.

Patient care excellence can be documented by the specialty clinics, which focus on Cosmetic Dermatology, Genital Dermatology, Immunobullous Diseases, Pigmented Lesions, Dermatology Surgery, Cutaneous Autoimmunity, Cutaneous Lymphoma, Melanoma, Epidermolysis Bullosa, Genetic Skin Diseases, and Vascular Anomalies. In addition, our adult dermatology clinical care opportunities have greatly expanded with the move to Redwood City in the Stanford Medicine Outpatient Center. Many of the specialty clinics are multidisciplinary in that they also include physicians from many medical disciplines so that the patient may receive a comprehensive evaluation at the same visit.

The Department of Dermatology focus on training future leaders has been successful over the past 15 years. During that time 32% of the graduated residents maintain faculty appointments at major medical schools. The graduate student and postdoctoral trainees are also in academic and industry leadership positions. The residency program is one of the most competitive and most successful in the country.

The Department of Dermatology currently is expanding clinical, research and educational opportunity by developing improved synergy and redundancy in areas of current success and expanding into new opportunities.

Notable Events:

- ***Honoring Major Contributors to the Li Ka Shing Center for Learning and Knowledge:*** On Thursday, April 30th, we held an event for donors who made exceptional contributions for the Li Ka Shing Center for Learning and Knowledge. They toured the facility and heard presentations about how this wonderful facility will be such a transformative feature for the future education of our students and community. The LKSC will open for education functions in the late summer of 2010. Special thanks to Bruce Bingham and members of the Office of Medical Development for organizing this event.
- ***Fifty Years of Support from the Baxter Foundation to Stanford University:*** On Wednesday, May 6th we had the opportunity to honor the Baxter Foundation for its 50 years of support for Stanford Medicine. It has been an extraordinary relationship during which the Foundation has provided more than 10 million dollars that has supported over 140 Med Scholar students, more than 65 junior faculty, over a dozen graduate students, two full scholarships for medical students, an endowed professorship and laboratory and resources and equipment to support the school's missions. In addition to their monetary contributions, the active Foundation Board Members: Donald Haake, Martha and Richard Haake and Jane Haake Russell and James Russell, have been deeply involved in meeting with students and faculty over the years and have very much become part of the Stanford family. We are deeply appreciative to the Baxter Foundation, and I too have appreciated my relationship with Don, Martha, Dick, Jane and Jim and for all they have done for our students and faculty and for Stanford Medicine.
- ***Remembering Ralph Joshua Spiegl, MD.*** On Thursday, May 7th we remembered the life and contributions of Dr. Ralph Spiegl, MD'48 in a service at the Stanford Memorial Church. Dr. Spiegl was an extraordinary physician who embodied the attributes and values we can only hope to instill in our students today. He was also exceptional member of the Stanford University and Medical School community – honored by the Golden Spike Award and the Dean's Medal for his incredible dedication and contributions. He will be deeply missed.

Awards and Honors

- ***The Stanford Human Research Protection Program (HRPP)*** has been awarded continuing full "Accreditation" by the Association for the Accreditation of Human Research Protection Programs (<http://www.aahrpp.org>). This is a triennial process which, thanks to the leadership of Kathy McClelland, Ann Arvin and the faculty and staff involved in human subject research, Stanford passed with

“flying colors.” In fact the AAHRP reported that Stanford met five accreditation elements with distinction – an additional honor for the University and our institutional leaders.

- **Dr Ann Arvin**, Vice Provost and Dean of Research, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology, received the Pediatric Infectious Disease Society Distinguished Physician Award for 2009. This is a wonderful honor and is richly deserved by Dr. Arvin.
- **Dr. Jonathan Berek**, Professor and Chair of the Department of Obstetrics and Gynecology, has been elected the President-Elect of the University Chairs of Obstetrics and Gynecology. A wonderful leadership accomplishment!
- **Dr. Shreyas Vasanawla**, Assistant Professor of Radiology, has won the Caffey Award for the Outstanding Basic Science Research Paper at the Society of Pediatric Radiology. This is a coveted award and we congratulate Dr. Vasanwala.
- **Dr. Sam So**, the Lui Hac Minh Professor in the Department of Surgery, will be honored on May 14th by the California Asian Pacific Islander Joint Legislative Caucus for his accomplishments, which include leading the Asian Liver Center and program at Stanford.
- **Yi-Rren Chen**, SMS 2, is the recipient of the Alpha Omega Alpha (AOA, a Medical Honor Society) Student Research Award – a wonderful honor.
- **Marlene Martin**, SMS 2, is the winner of the AMA Foundations Minority Scholars Award; this award is given to only ten students a year across the country to recognize their commitment to minority health.

Congratulations to all!

Appointments and Promotions

- **Michelle Barry** has been appointed to Professor of Medicine, effective 5/01/09.
- **Julie C. Baker** has been promoted to Associate Professor of Genetics, effective 5/01/09.
- **Todd Brinton** has been appointed as Clinical Assistant Professor of Medicine, effective 4/01/09.
- **Michael W. Brook** has been promoted to Clinical Assistant Professor of Anesthesia, effective 4/16/09.
- **Fidelia Yuan-Shin Butt** has been reappointed as Clinical Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 7/01/09.
- **Cheryl Cho-Phan** has been reappointed as Clinical Assistant Professor of Medicine, effective 5/01/09.

- **LaVera Crawley** has been reappointed to Assistant Professor (Research) of Pediatrics, effective 6/01/09.
- **Mark Cullen** has been appointed to Professor of Medicine, effective 5/01/09.
- **Rhiju Das** has been appointed to Assistant Professor of Biochemistry, effective 5/01/09.
- **Manisha Desai** has been appointed as Clinical Associate Professor of Medicine, effective 7/01/09.
- **Brian Hargreaves** has been reappointed to Assistant Professor of Radiology, effective 5/01/09.
- **Michael Hsieh** has been appointed to Assistant Professor of Urology, effective 8/15/09.
- **Kai Ihnken** has been promoted to Clinical Associate Professor of Cardiothoracic Surgery, effective 5/01/09.
- **Robert Jack** has been reappointed as Clinical Associate Professor of Ophthalmology, effective 9/01/08.
- **Malcolm MacDonald** has been promoted to Clinical Associate Professor of Cardiothoracic Surgery, effective 10/01/08.
- **Samuel A. Mireles** has been appointed as Clinical Assistant Professor of Anesthesia, effective 8/01/09.
- **Rajorshi Mitra** has been promoted to Clinical Associate Professor of Orthopaedic Surgery, effective 5/01/09.
- **Garry P. Nolan** has been promoted to Professor of Microbiology and Immunology, effective 5/01/09.
- **Echo Rowe** has been appointed as Clinical Assistant Professor of Anesthesia, effective 8/01/09.
- **Debora L. Sawyer** has been reappointed as Clinical Assistant Professor of Obstetrics and Gynecology, effective 5/01/09.
- **Davud Sirjani** has been appointed as Clinical Assistant Professor of Otolaryngology – Head and Neck Surgery, effective 8/17/09.

- ***Roy M. Soetikno*** has been appointed as Clinical Professor of Medicine, effective 1/12/09.