

Dean's Newsletter

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A New Year Begins With Something Old and Something New

On August 18th we welcomed 86 new medical students for the 2010 Orientation, with first quarter classes beginning on Monday, August 23rd. Once again, we are fortunate to have a highly selected group of students – we had 5873 applicants for 86 matriculating students (1.5%). The class is comprised equally of men and women. Eight students are entering as part of the MSTP (Medical Science Training Program – or MD/PhD program). Three of the incoming class already have PhD degrees, 10 have Master degrees and one has a JD degree. The majority of the students concentrated in the biological, physical or engineering sciences as undergraduates – but ten were non-science majors. Although they come from 29 colleges and universities, three institutes account for half of the class (20 students graduated from Stanford, 16 graduated from Harvard and 7 from UC Berkeley). Approximately 15% are from three other universities (MIT [5 students], Johns Hopkins [4], Yale [4]) and two each are from seven other universities (Duke, Princeton, U Arizona, UCLA, UCSD, USC, U Wisconsin). The remaining sixteen students come from 16 other colleges or universities, including Arizona State U, Bethany College, Carnegie-Mellon, Columbia, CSU Long Beach, Haverford, LSU, Loyola Chicago, Northwestern, Oberlin, Swarthmore, U. Illinois Chicago, U Miami, U New Mexico, Washington U and Whitman College.

The class is diversified by underrepresented in medicine students as well as place of birth (20% respectively). In addition to the USA (with students coming from 23

states), 29 (34%) students were born in one of 18 other countries. Importantly, 23 of the incoming students spent time in research or service work in other nations – a testament to their interests in global health and a reminder of our increasingly global community in science and medicine. I want to thank Dr. Gabe Garcia, Associate Dean for MD Admissions, and the faculty and students who participated in the admissions process for their time, skill and wisdom in selecting another outstanding class of Stanford medical students.

The incoming class is the first to be oriented and begin classes in the new Li Ka Shing Center for Learning and Knowledge (LKSC) and while the sounds of construction still herald the final completion of the building, its innovations and importance to the future of medical education still shine brightly. Orientation began with a welcome from Paul Berg, the Robert W and Vivian K Cahill Professor Emeritus, who reflected on the impact of the move of the medical school to the Stanford campus in 1959 – something he and a number of his colleagues took part in. Dr. Berg highlighted the unique connections of the medical school to the university and the impact of these physical relationships on education, research and patient care. Indeed, the past 50 years have been transformative for Stanford Medicine and the University – something that Dr. Berg and his many colleagues help to nucleate, foster and facilitate. Looking forward, we all hope that the next 50 years and more will be equally transformative and that the LKSC will contribute to that outcome.

During the orientation, this year's new medical school students received "something old and something new." The "new" (of course, in addition to the LKSC) is an iPad for each student designed to serve as the repository of class syllabi, a route to on-line journals, texts and learning tools – and a look into the future of technology and education. A number of stories have appeared about our decision to provide iPads – which the school purchased – including the following press release: <http://med.stanford.edu/ism/2010/august/ipad.html>.

The "something old" (at least relatively) is a stethoscope. At the conclusion of orientation on Friday evening, August 20th, we held the 2010 Stethoscope Ceremony, sponsored by the Stanford University Medical Alumni Association, the School of Medicine and The Arnold P. Gold Foundation (see: <http://humanism-in-medicine.org/>), which promotes humanism in medicine. Of interest, this past June we announced the formation of the Arnold Gold Humanism Honorary Society at Stanford and its first inductees.

As I pointed out in my opening comments at the Stethoscope Ceremony, most medical schools conduct a "White Coat Ceremony" to mark the initiation of a career in medicine. At Stanford the tradition has been to provide a stethoscope to incoming students – not only because it is the one piece of equipment that symbolizes the "doctor" but, even more importantly, because it fosters a connection between the patient and physician, whereas the white coat tends to distinguish (and perhaps inadvertently separate) the patient and physician. The stethoscope has been part of medical practice since its invention by Dr. Rene Laennec in 1816 in Paris and has gone through many

changes in the 19th, 20th and 21st centuries. It may be of local interest to know that a modification of the stethoscope in the 1940s by Rappaport and Sprague created a two-side stethoscope (bell and diaphragm) and was initially manufactured by HP (Hewlett-Packard) before being spun out to Agilent and then to Phillips. In the 1960s Littmann (of Harvard) developed a lighter and more acoustically refined model of this type of stethoscope, the current version of which is the one we provided to our students at this year's Stethoscope Ceremony.

I also reminded students that their life in medicine would be filled with incredible opportunities and pathways – few of which could be imagined as they commenced their first exciting days of classes at Stanford. I witnessed my own career – which like that of many of my generation – has taken unexpected turns through research, education, patient-care, advocacy and public policy and various leadership roles. Being open to change and preparing to lead change allows one to transform individuals, institutions and communities – something we hope that our students will embrace and exemplify.

In tandem with the evolution of one's personal life and career, I also reflected on the dramatic positive and some unfortunately negative events that have occurred in medicine and science during my personal chronology. The clinical and scientific advances have been breathtaking at virtually every level. Some fields have become less relevant whereas new ones, especially molecular biology, genetics, genomics, stem cell biology and bioinformatics, have emerged and transformed disease and system disciplines (such as cancer, neuroscience, regenerative medicine, immunology and cardiovascular, to name a few). These advances have led to new devices, drugs and technologies that have improved the diagnosis, management and prevention of human disease – but they have also served to increase the cost of medical care and, in some situations, have inadvertently caused a separation between the doctor and her patient. They have been further impacted by market forces that have attempted to commoditize medicine as well as a fee-for-service model that has created a number of perverse incentives for nearly every facet of the healthcare system.

Many of these realities are so entrenched that it has made healthcare reform in the United States a near impossibility. And while the Patient Protection and Affordability Act, signed into law by President Obama on March 24, 2010, begins to address health insurance reform along with other components of our costly and not truly functional healthcare “system” (or the lack thereof), we are still very much at the beginning of the journey toward healthcare reform. In addition to healthcare reform focused on patient access, major efforts are needed to address the healthcare provider side of the equation, including who provides care and where it is delivered. We are clearly moving from disease-based management that has been hospital and technology focused to a system that puts a greater emphasis on health and managing patients at home, in the community or ambulatory setting. In tandem there needs to be a greater emphasis on patient safety, on reducing errors and enhancing the quality outcomes of medical care, and on data driven medical decision making that is free from bias and influence, especially by the drug and pharmaceutical industry.

These changes in science, knowledge and clinical care will have a very significant impact on medical education. Coupling the art (and humanism) of medicine with science is ever more important for physicians and institutions, including academic medical centers like Stanford. Almost certainly, with the enormous economic and related pressures now being unleashed, institutions like Stanford will have to demonstrate their value to the communities they serve. In my opinion, this will be based on how well they serve as innovators and discoverers of new diagnostic, treatment and preventive strategies. How we are perceived will depend on whether we are seen as providing state-of-the-art medical care across numerous disciplines that is associated with high quality, outstanding patient service and low cost. Almost surely the patient as a consumer will expect institutions like Stanford to be innovative and to offer excellent state-of-the-art care. Patients are likely to be less aware of how cost effective we are, although that will almost surely change in the future. But they will likely assess our value by the quality of the patient experience – not just their medical care but how they were treated as individuals and how the medical professionals they interacted with respected and valued them.

Other constituencies will assess us by metrics specific to their interests. For example, peer academic centers will likely pay the most attention to our excellence in discovery and innovation. Public and private payers for medical services will judge us on quality, safety, outcomes and costs. The bottom line is that we must be outstanding in each of these intersecting features, and we must be able to educate and teach the next generation of students in these principles and practices.

I also shared with our incoming students a few of the lessons I feel are important for future physicians. This is hardly an inclusive list, but it is a reasonable starting place and includes the following:

- Science is the foundation of clinical medicine. Because the pace of scientific discovery is ever accelerating, whatever knowledge is learned in medical school will need to be rejuvenated and even replaced in the years ahead. This means that medical school is the beginning of a journey filled with lifetime learning. This requires a commitment to continued education by physicians and the skills to judge new knowledge on its true merits.
- The patient needs to be at the center of learning and caring. While science and technology may shape the future of medical care, compassion, humanism and professionalism define the patient experience.
- Medicine needs to be reclaimed as a profession and not as a commodity. This requires a careful assessment of personal and institutional goals and values. It also means making professional integrity and avoidance of bias or financial influence a fundamental principle.
- Promoting the health of the patient and one's own personal health are equally important. Not only is personal health importance in facing the rigor of a career in

medicine, how we behave as individuals also signals to patients what we value. I also took the liberty of signaling to our incoming students that medicine is a group and an individual activity and that it requires stamina, sustenance and endurance. Not surprisingly, a marathon is (in some ways) a metaphor for medical education and a career in medicine.

For example, as our students begin the first day of class they are very much part of a group and feel the excitement and exuberance of the starting line. They will feel more secure if they have prepared well. They also need to pace themselves – which is highly individualized. Some may sprint and then fade, others may go too slowly and some will be naturally speedy. All need sustenance along the way. And, while the group exuberance is great at the outset, everyone faces the isolation of individualization that comes later in the course – when the mind demons question why you are in this race and even whether you can finish. But if you have prepared well and built up your endurance, you will feel the excitement of seeing the finish and completing the race.

In some ways a marathon is a metaphor for the first day of medical school as a whole – then the first week, month, year and beyond. If you build on past performance and sustain your pace of learning and activity, each new horizon becomes a new “race” that, when linked with the next one and the one after that, defines a career in medicine: lots of opportunities for group and team interaction as well as many lonely and stressful moments – leading to the satisfaction of a job well done. OK, maybe a little hokey, but the metaphor has certainly been a help to me over the years.

- Finally, I emphasized to our students the importance of being leaders and of taking a stand on behalf of their patients, institutions, communities and beyond. It is our hope that each of our students will be leaders and in their own ways, transformers of science, medicine and society.

At the conclusion of the Stethoscope Ceremony we asked our incoming medical students, along with any other MDs in attendance, to read the Stanford Affirmation. This is also something old and something new since it derives from the Hippocratic Oath but has been modernized at Stanford to make it more contemporaneous and relevant. The last time I read the Affirmation was at Commencement in June, and our new students will next read it when they receive their MD degree. Given all the issues and challenges in medicine, some noted above, I am struck by how many of the principles in this affirmation still speak to the profession of medicine in a light that I hold valuable – truly something old that is still new. I have copied the affirmation below in case you haven’t seen or read it in some time.

On my admission to the Practice of Medicine I pledge to devote my life to the service of humanity.

The care of my patients will be my first consideration.

I will strive to acquire and share new knowledge with my colleagues and my patients;

I will practice my profession with conscience and dignity, and to the best of my ability and judgment.

I will approach each patient with charity, attention, humility, and commitment;

I will hold all life dear, and let knowledge, wisdom, courage, and compassion guide my therapy;

I will use my medical knowledge and skills to promote human rights, social justice, and civil liberties;

I will not permit considerations of age, disease or disability, faith, ethnic origin, gender identity, nationality, race, sexual orientation, social standing or other forms of discrimination to intervene between my duty and my patient;

I will respect the confidences with which I will be entrusted;

I will give gratitude and respect to those from whom I have learned my Science and my Art;

I will uphold the integrity of the medical profession;

I will cultivate peace in both personal conduct and political expression;

I will not use my knowledge contrary to the spirit of this Affirmation.

I make these promises in witness of those who have stood here before me, and those who will come after, solemnly, freely, and upon my honor.

Thinking About Medical Education for the Future

In the May 14th Dean's Newsletter I outlined our commitment to thinking critically and creatively about education – for medical and graduate students and for postdoctoral fellows. As I noted, we planned three separate “think tanks” that would be followed by work groups to explore each of these discrete but interconnected domains of education. The goal is to assess where we are now and how we can transform the future of medicine and science through our education programs. We held our Think Tank on Postdoctoral Fellows and Scholars on July 17th and on Saturday, August 28th, we held our Think Tank on Medical Student Education. As with the first think tank, the one on medical student education was incredibly rich in content and discussion. Over 45 students, faculty and staff participated actively and enthusiastically in animated and creative discussions. We benefitted from having Dr. David Irby, Professor and Vice Dean

for Medical Education at UCSF, join us along with Dean Jim Plummer from our School of Engineering and Richard Saller, Dean of the School of Humanities and Sciences at Stanford.

Dr. Charles Prober, Senior Associate Dean for Medical Education and I began by framing the issues, after which we engaged in an open discussion about the ways that medical education could be improved. We then turned to the more important question of how MD education could be transformed and how we might construct the program if we were starting anew. This year is the centennial of the 1910 Flexner Report that guided medical education in the 20th century, so it is timely to ask how we can be transformative for the 21st century and what is the unique role that Stanford can play in this process.

Over the next days we will be sharing some of the fruits of our discussion with the participants of the August 28th Think Tank. I will then summarize our discussion and preliminary thoughts and considerations and share them with you – for information as well as comment – in my next Newsletter. We are at a point where we can be truly transformative, and I very much hope we can engage in a rich dialogue about how we can proceed. Once we have had this communication, we will be developing work groups to refine and deepen specific issues and topics – with the goal of having a presentation for our Leadership Retreat in January 2011. I will do my best to keep you engaged through this process.

Stanford Society of Physician Scholars

On August 26th the inaugural meeting of the Stanford Society of Physician Scholars (SSPS) (see: <http://ssps.stanford.edu/>) was held in the Li Ka Shing Center for Learning and Knowledge. This is a joint program of our clinical department chairs and residency program directors with the Office of Medical Education. Dr. Charles Prober, Senior Associate Dean for Medical Education, serves as SSPS Director, and Dr. Robert Ohgami, a resident in the Department of Pathology, is the Associate Director. The SSPS “focuses on the academic development of fellows from Clinical Departments across the School of Medicine” and is designed to foster interactions of residents and fellows from different disciplines as well as with students and faculty. The ultimate goal is to create bridges and connections between undergraduate medical education and graduate and postgraduate trainees with the hope of fostering a continuum of education and collaboration. This will be done by regular informal gatherings as well as formal seminars about topics relevant to careers in academic medicine. I had the opportunity to give the leadoff presentation and focused on issues that should be considered in developing a successful academic career.

Residents are selected for the SSPS program by their department chairs based on their interest in pursuing an academic career. While we view this new program as an experiment, I am very enthusiastic about its relevance and importance. Based on the turnout at the first meeting and the feedback received to date, so are the residents and faculty – which bodes well for the future success of this new initiative.

Embryonic Stem Cell Research: Déjà Vu All Over Again

Two weeks ago I was inviting some leading faculty to participate in a symposium on stem cell biology and regenerative medicine at an upcoming national meeting. An invitation was extended to a noted ethicist who replied that there would be not much for her to discuss since the issues and problems with embryonic stem cell research had pretty much been resolved. Then, almost out of the blue came the decision by Chief Judge Royce Lamberth of the Federal District Court for DC that halts federal funding for embryonic stem cell research (see http://www.nytimes.com/2010/08/24/health/policy/24stem.html?_r=1). While there is still uncertainty about what this ruling truly will mean, and while efforts are underway to overturn the injunction, scientists and institutions are trying to figure out what, if any, federally funded research can proceed. Individuals and institutions have offered their opinion about this ruling (see: <http://scopeblog.stanford.edu/archives/2010/08/concern-over-stem-cell-ruling.html>), and national professional organizations including the Association of American Medical Colleges, the Association of American Universities, Association of Public and Land-Grant Universities and the Council on Government Relations, are responding to the injunction on embryonic stem cell research with the following shared statement:

The judicial injunction blocking federally funded human embryonic stem cell research not only blocks potential life-saving research but also threatens to undermine the system of peer-reviewed science that has helped make America the unquestioned world leader in scientific discovery.

Embryonic stem cell research holds enormous potential for developing treatments and cures for numerous chronic and fatal diseases. With scientists across the nation positioned to make dramatic advances funded substantially by the National Institutes of Health, this judicial action is particularly disappointing. We hope this injunction will be lifted soon and that the lawsuit will be unsuccessful. As these court actions have made clear, it is imperative that policymakers clarify that federal law unambiguously permits the funding of this critical research.

We are also deeply concerned that the researchers who are plaintiffs in this case have been granted standing to sue the government based primarily on the assertion that they would be “irreparably harmed” by continued funding of embryonic stem cell research. This is judicial intervention in the peer review process, pure and simple. The notion that competition for research funding should be adjudicated in the courts rather than by expert peer review endangers the merit-based system of funding that makes American science the envy of the world. We strongly encourage the federal government to argue forcefully in court against permitting the peer review system to be undermined in this manner.

Needless to say I share this view. And while we will be less impacted because of the California Institute of Regenerative Medicine (CIRM) due to Prop 71, this ruling represents another setback and source of confusion and lost opportunity. Hopefully it will

be short-lived. But it affirms that the issues and objections to embryonic stem cell research have certainly not been resolved.

Supporting Clinical and Translational Research

Dr. Harry Greenberg, Senior Associate Dean for Research, asked me to share some good news about a new agreement between Spectrum (<http://spectrum.stanford.edu/>) and both Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH) to help support the costs of clinical research. As Dr. Greenberg notes, “in recent years the rising cost of medical care has made it increasingly difficult to fund the patient care components of clinical and translational research. The problem has been particularly severe for clinical investigators at academic health centers like Stanford, where patient care costs are among of the highest in the country. While these costs have been discounted at Stanford Hospital for research purposes for many years, the traditional hospital research discounts on the order of 40-50% often have left Stanford investigators at a competitive disadvantage, threatening their ability to conduct research at our affiliated facilities.”

Dr. Greenberg goes on to say, “beginning in 2006, representatives of Spectrum have worked with SHC and LPCH to increase research discounts and lower research clinical care costs. We are pleased to announce that Spectrum and the Hospitals have finalized and updated a new Clinical Trials research discount structure for technical services (supplies, procedures, and laboratory services, etc). Effective July 1, 2010, the updated discount structure provides these research related patient care activities essentially at cost, without markup of any kind, thus reflecting the hospital’s ongoing commitment to clinical and translational research at Stanford.”

Along with Dr. Greenberg I would like to thank the SHC and LPCH Leadership for their alignment with and continued support for our shared research mission.

Center for Biomedical Imaging Seed Grants

The Center for Biomedical Imaging at Stanford (see: <http://cbis.stanford.edu/about/>), led by Dr. Kim Butts Pauly, Professor of Radiology, announced the 2010 Seed Funding recipients. As with other School of Medicine seed funding programs, this is designed to foster broad interschool collaboration and cooperation in imaging sciences. There were 53 applications and seven awards, including two outside the School of Medicine (Engineering and Humanities & Sciences).

Faculty Principal Investigator	Department/School	Topic
Colin Carpenter, PhD	Radiation Oncology	Tri-modality Molecular Surgical Guidance Integrated into a Laparoscope
Mark Cutkosky, PhD	Mechanical Engineering	Development and testing of tools with opto-thermal actuation for MRI-guided

		interventions
Michael Hsieh, MD, PhD	Urology	Single Cell Magnetic Resonance Imaging of Infections Using Bacterial Magnetite
Anita Koshy, MD	Internal Medicine	Using imaging to determine how and why Toxoplasma gondii injects rhoptry proteins it does not invade
Michael Lin, MD, PhD	Pediatrics, BioEngineering	Chemistry-based engineering of autocatalytic fluorescent proteins for whole-animal imaging in the optical window
Andrew Quon, MD	Radiology	18F-Sodium Fluoride PET/CT for the pre-surgical evaluation of back pain
Mark Schnitzer, PhD	Applied Physics	Integrated fluorescence microscopes based on CMOS image sensors for teaching digital imaging in the microscopy courses at Stanford University

Congratulations to the seed grant winners and special thanks to Dr. Pauly and her colleagues.

Remembering Dr. Ted Harris

On Tuesday, August 24th we held a memorial service to honor and celebrate the life of Edward D Harris, Jr, MD. Ted Harris died on May 21st following a long battle with cancer. Ted was a much beloved colleague and friend of Stanford Medicine and the University. He was recognized for his significant contributions as a teacher, mentor, investigator, clinician and leader of institutions and national organizations. He served as Chair of the Department of Medicine from 1987-1995 and as Academic Secretary to the University Faculty Senate from 2002-2007.

We had the opportunity to witness Ted Harris's contributions as a physician, scholar, athlete, musician, parent and grandparent through the reflections of institutional leaders, family, friends and colleagues. The beginnings of a portrait of Ted emerged through the initial comments of Provost John Etchemendy and Chair of Medicine Ralph Horwitz. These were complemented and enriched by more personal reflections from Ned Harris, one of Ted's three sons, and Dr. Bill Rogoway, a close friend and colleague over many decades. Sheri Sheppard, Professor of Mechanical Engineering, shared reflections from the Faculty Senate, including her own observations when she served as Senate chair during Ted's final year as Academic Secretary. Dr. Rex Jamison, a long time colleague of Ted from Boston to Stanford and his successor as Academic Secretary, offered his reflections about Ted as well as excerpts from Ted's own Senate Minutes that reflected

both his keen wit and his generous spirit. Finally, Dr. Mark Genovese, Professor of Medicine, reflected on the important role that Ted played in his own life and career as a mentor and teacher.

Taken together, a rich fabric of excellence was depicted and appreciated by the many family, friends and colleagues who attended the memorial service. I want to thank the Rev. Joanne Sanders, Associate Dean for Religious Life, for her own comments and reflections at the beginning and ending of the program. Finally, I want to thank Kathy Gillam, Kristin Goldthorpe, Mira Engel and Terri Tarantino for their efforts in putting the program together.

Thanks to Dr Alan Schatzberg

On Monday, August 23rd we held a reception to thank and honor Dr. Alan Schatzberg for his incredible contributions during his tenure as Chair of the Department of Psychiatry and Behavioral Sciences since 1991. Prior to joining Stanford, Dr. Schatzberg had already established a distinguished career at Harvard as a leading investigator in the biology and treatment of depression. Over the past 19 years he developed one of the finest departments of psychiatry in the nation, hallmarked by every important metric and measure of excellence. He has recruited superb faculty and helped nurture and enhance their careers. He has provided a strong scientific foundation for the department that is recognized worldwide for its excellence in research and innovation. Dr. Schatzberg and his colleagues have recruited, trained and developed some of the most outstanding physician-scientists focused on mental illness and behavior in the country and, indeed, in the world. In addition, he has championed clinical excellence and fostered a department that has excelled in the care of adults and children with psychiatric illnesses.

In addition to his contributions to the Department, Dr. Schatzberg has excelled as an investigator and leader in his field and in medicine. He is renowned for his research in depression and is the author of more than 600 publications and several books. He is an elected Member of the Institute of Medicine of the National Academy of Sciences and has held numerous important leadership positions, including Past President of the American College of Neuropsychopharmacology, the Society of Biological Psychiatry and most recently, the American Psychiatric Society. He has received numerous awards and honors.

One of the best accolades is the respect of one's peers and colleagues. When we were doing the search for the next Chair of Psychiatry I had the opportunity to meet with each of the candidates, a large number of whom were Chairs of Psychiatry at other medical centers. To a person they all began the meeting by offering their praise for Alan Schatzberg and by indicating that their interest in Stanford was because such a great department had been built under his leadership. This is wonderful praise that reflects a great legacy.

On behalf of his many friends and colleagues it is a pleasure to thank Alan Schatzberg for nearly two decades as department chair and for developing an incredibly excellent academic Department of Psychiatry at Stanford. We also wish Alan well in all his future endeavors.

Transitions and Searches

The excellence of an Academic Medical Center is defined by the quality of its faculty, students and staff together with the leaders of its mission critical programs in education, research and patient care. Currently there are a number of important searches and transitions underway within the medical center. One of these is the search for the next President and CEO to replace Martha Marsh, who retires on August 31st. I thank her again for her eight years of leadership at SHC and work on behalf of Stanford Medicine. I have also commented in prior newsletters on the work of the search committee that is working actively to find the most outstanding individual possible to succeed Martha for the position description). Because there will be an interval before a new CEO is selected and arrives, Mike Peterson, who served as the interim CEO in 2001 for the year prior to Martha Marsh's arrival in April of 2002, has agreed to serve as interim leader over the months ahead. I hope to provide additional updates in the not too distant future about the progress of the committee.

In addition to the leadership transition at SHC, several search committees are now in progress or will soon begin working to find chairs of four important School of Medicine departments. Two of these are currently or will soon begin interviewing candidates. This first is the search for the next Chair of the Department of Radiology. Over more than two decades Dr. Gary Glazer has built one of the finest academic departments of Radiology in the world. Dr. Bobby Robbins, Professor and Chair of Cardiothoracic Surgery and Director of the Cardiovascular Institute of Medicine, is leading the search for his successor. The second is the search for the next Chair of the Department of Radiation Oncology. Dr. Rich Hoppe, who has also built an excellent department, is stepping down after 15 years of outstanding service. Dr. Bev Mitchell, Professor and Director of the Stanford Cancer Center, is chairing the search committee for his successor.

Two other search committees will begin their work in the weeks ahead. First, Dr. Linda Shortliffe, who has served as chair of the Department of Urology for over 15 years, has announced her intention to step down from her chairperson responsibilities in 2011. Dr. Shortliffe is widely recognized as a leader in American Urology and has recruited a number of highly talented faculty to Stanford and has developed a highly valued training program – for which we are deeply appreciative. Dr. Sherry Wren, Associate Dean for Academic Affairs and Professor of Surgery, will serve as the chair of the Search Committee for the next Chair of Urology.

The fourth position for which we will be seeking a new leader is the Chair of the Department of Medicine. On July 29th, Dr. Ralph Horwitz sent the following communication to the Department of Medicine and the School of Medicine Executive Committee:

Message from Dr. Ralph Horwitz, Chair of the Department of Medicine

As the academic year 2010 draws to a close, I write with the very good news of stellar performance by the Department of Medicine and with plans for my own activities here at Stanford.

By every measure of success, the department has exceeded its own high level of expectation. Our research has continued to expand in both scope and depth. Our traditional excellence in basic and translational research is now complemented by increasing strength in patient/population health sciences. During the past year, we have seen research expenditures in the department increase 18.5 percent from \$82 million in 2009 to a projected total of over \$100 million in 2010. Our clinical volumes also continue to grow as the department emphasizes cutting-edge expertise and complex medical care. And of course, whether for students, residents or fellows, our educational programs are widely acknowledged as a major strength of our department.

Among our most notable accomplishments is the enormous success we have experienced in bringing to Stanford new faculty at all ranks. Many of these appointments are in the patient and population sciences that were previously less developed than the laboratory based sciences. This emphasis on the growth of patient/population sciences within the department now also provides me the chance to extend my commitment to the success of this program through my own scholarship.

With the full support of the Dean Phil Pizzo, I will begin now to focus my energies on research and program development that advances the patient and population sciences here at Stanford. While I will continue my appointment as chair through the end of my term that concludes October 31, 2011, I plan to step aside from my administrative duties at the end of this October. Over the next several months a transition team will be appointed and I will serve as consultant and advisor to them. Effective November 1, I will begin an administrative leave that will enable me to concentrate on my new role and activities. Dean Pizzo will establish a search committee to find my successor.

The quality of faculty, residents, fellows and staff of our department makes us the envy of many peer departments across the country. Contributing to the success of all of you has been the major source of my own satisfaction since coming to Stanford in 2006. I look forward now to working alongside you to ensure that our department remains a standard against which other departments are measured.

In response to the announcement from Dr. Horwitz, on August 6th I sent the following statement to the Department of Medicine and the Medical School Executive Committee.

*Message from Phil Pizzo to the Department of Medicine and
Executive Committee on August 6, 2010*

In announcing his personal plans to the Department of Medicine last week, Dr. Ralph Horwitz also commented that I would be appointing a Leadership Transition Team to oversee the department as well as a Search Committee for the next chair of the Department of Medicine. I now want to give you some updates.

First, I am very pleased to announce that Dr. Linda Boxer, Professor of Medicine and Chief of the Division of Hematology, will serve as the Chair of the Leadership Transition Team and as Interim Chair of the Department of Medicine. Both of these appointments are effective as of August 1, 2010. In addition to Dr. Boxer, the Leadership Transition Team will also include current Vice Chairs Drs. Andy Hoffman, Larry Leung, Kelly Skeff and Alan Yeung. Each has pledged his commitment and support to assist Dr. Boxer and to do all that he can to help the department in every way possible. As Dr. Horwitz noted in his message, he will serve as an advisor to the Leadership Transition Team until he begins his administrative leave on November 1, 2010. Both Dr. David Stevenson and I are also committed to doing all that we can to help support Dr. Boxer and the Leadership Transition Team.

I am also pleased to announce that Dr. Steve Galli has agreed to serve as the chair of the Search Committee for the next department chair. The Office of Academic Affairs will be contacting committee members and our Office of Institutional Planning will help support the search process.

The Department of Medicine is comprised of exceptional faculty, trainees and staff, and we are committed to doing all we can to continue its trajectory of excellence. I am confident that Dr. Boxer and the Leadership Transition Team will help make this a reality.

Needless to say, taken together these transitions are quite significant for the School of Medicine, the Medical Center and the University. In tandem with these leadership changes are some other major external and internal challenges that will impact us over the next several years. Among these is the impact of the continuing economic downturn both nationally and in California, which has consequences for future philanthropic support as well as state and federally supported programs like MediCal and the future funding for stem cell research. We are also all too aware of the decreased support for biomedical research from the NIH as ARRA (American Recovery and Reinvestment Act) funding comes to an end. Also looming ever larger is the impact of health care reform with the passage of the Patient Protection and Affordable Health Care Act on March 23, 2010. While significant reform of healthcare is essential, one of the necessary consequences will be decreasing amounts of financial payments and major shifts in where and how healthcare is provided. These changes are essential, but they will

certainly have important consequences that we will need to anticipate, prepare for and respond to over the next several years.

In light of all these changes, I have also been considering my own role as Dean of the School of Medicine, a position I have been privileged to hold since April 2001. In order to provide continuity through the major institutional programmatic and institutional changes we are facing, I have discussed with the President and Provost my continuing service as Dean for up to three more years. During this time the major leadership changes (and likely others) noted above will have been completed, and we will have developed plans and strategies for responding to – and hopefully leading – the major external and internal challenges that lie ahead.

While not reducing my term to other quantifiable units, I could add that three more years would yield about 68 new Dean's Newsletters - If I add those to the 214 issues of the DNL already on line, I find that I still have nearly a quarter of the total yet to come. Of course, I hope that many of these will chronicle the exciting and hopefully transformative events in the continuing evolution of Stanford Medicine over the years ahead. And for your additional reading pleasure you may (or may not) be happy to note that our Office of Communication and Public Affairs has encouraged me to develop a Twitter feed as a complement to, but not a replacement for, the DNL. I hope those of you who are on Twitter find this addition a helpful communication modality to keep up with the latest news and perspectives from the School.

Campaign Update

On October 6, 2006, President John Hennessy launched the \$4.3 billion Stanford Challenge. I am pleased to say that the Medical's School target of \$991,000,000 for the ongoing campaign has been achieved and that crossing the \$1 billion mark is imminent. I want to thank our Office of Medical Development and especially our faculty and staff for making this happen. I particularly want to thank our donors, large and small, who have invested in Stanford Medicine and who are helping us to transform the future.

Henry Kaplan and the Story of Hodgkin's Disease

Dr. Charlotte DeCroes Jacobs, the Ben and A. Jess Shenson Professor of Medicine (Oncology), has written an extraordinarily rich and informative biography of Henry Kaplan, one of the true pioneers of American Science and Medicine of the 20th Century. The story of Dr. Kaplan is not only about one of the most important chapters in cancer biology and medicine, it is also very much the story of Stanford. Dr. Kaplan was one of the most visionary and vigorous leaders of Stanford Medicine as it migrated from San Francisco to Palo Alto and as it sowed the seeds for one of the most successful research-intensive schools of medicine in the world. *Henry Kaplan and the Story of Hodgkin's Disease* has been published in 2010 by the Stanford University Press (<http://www.sup.org/book.cgi?id=16764>). Dr. Jacobs described some of her goals and reasons for writing this important biography in an April 10th interview with Paul Costello (see: <http://med.stanford.edu/ism/2010/april/5q-jacobs-0412.html>).

Advanced Residency Training at Stanford (ARTS) Program

Stanford University residents and fellows interested in combining clinical training with advanced research training are invited to apply to the Advanced Residency Training at Stanford (ARTS) Program. ARTS offers the opportunity to obtain a PhD degree during or upon completion of residency or clinical fellowship. The program begins with approximately 12 – 48 months clinical training, followed by research training in a graduate program in the School of Medicine, Engineering or Humanities and Sciences at Stanford University. Residents and fellows admitted to the program complete clinical training toward board certification in internal medicine, its subspecialties (cardiovascular medicine, hematology, immunology and rheumatology, infectious diseases, nephrology, oncology, pulmonary and critical care medicine), surgical disciplines (neurosurgery, obstetrics and gynecology, surgery, urology), or non-surgical disciplines (neurology, pathology, pediatrics, psychiatry, radiation oncology, radiology). The Program Director of this Graduate Training Program is **Sanjiv Sam Gambhir, MD, PhD**, and funding is available for tuition, stipend, and health benefits.

The application deadline is **October 4, 2010** (for applicants starting their PhD coursework in Fall, 2011). Please contact the ARTS Program Office for more information at (650) 724-9139 or sofias@stanford.edu.
Web Site:<http://med.stanford.edu/arts/>

Noted Author Dr. Pauline Chen will be the 20th Annual Jonathan King Memorial Lecturer.

On Monday October 11th at 5:30 pm in the Millie and Paul Berg Hall in the Li Ka Shing Center for Learning and Knowledge, Dr. Pauline Chen will deliver the 20th Annual Jonathan King Lecture entitled “*Doctor and Patient: Lost in Translation.*”

Dr. Chen, a liver transplant and liver cancer surgeon, is the author of *Final Exam: A Surgeon's Reflections on Mortality*, a New York Times bestseller. She graduated from Harvard University and Northwestern University Feinberg School of Medicine, completing her surgical training at Yale University, the National Cancer Institute (NIH), and UCLA, where she was most recently a faculty member in the Department of Surgery. In 1999, she was named UCLA's Outstanding Physician of the Year. She has been nominated for a National Magazine Award, and has written for numerous publications, including the New York Times.

This lectureship was established to honor the memory of Dr. Jonathan King to encourage the compassionate and human care of patients (see: <http://bioethics.stanford.edu/events/king.html>).

Tickets Go on Sale for the Visit of His Holiness the Dalai Lama

I am very pleased to let you know that His Holiness the Dalai Lama will visit Stanford on October 14 and 15 and will participate in three public events on the general theme of Compassion, Science and Society. These include a public talk in Maples

Pavilion, a lecture (for Stanford students only) at Memorial Church and an all day conference with scientists and educators in Memorial Auditorium. Tickets for these events are available starting today, August 30. Further information, including how to obtain tickets, is available at <http://dalailama.stanford.edu/>. If past experience is at all predictive, tickets will go quickly.

This visit is being sponsored by the School of Medicine, the Stanford Institute for Neuro-innovation and Translational Neuroscience ([SINTN](#)), the Center for Compassion and Altruism Research and Education ([CCARE](#)), and the Office for Religious Life. The Dalai Lama's interest in the intersection of science and Buddhist practice is well known and was the inspiration for the establishment of CCARE, whose mission is:

- To undertake a rigorous scientific study of the neural, mental and social bases of compassion and altruistic behavior that draws from a wide spectrum of disciplines, especially neuroscience, psychology, economics and contemplative traditions.
- To explore ways in which compassion and altruism can be cultivated within an individual as well as within the society on the basis of testable cognitive and affective training exercises.

No doubt the October visit will help advance these worthy goals.

Awards and Honors

- **Dr Suzanne Pfeffer**, Professor of Biochemistry, has been elected President of the prestigious American Society for Biochemistry and Molecular Biology (ASBMB). The Society was founded in 1906 “to advance the science of biochemistry and molecular biology through the publication of scientific and educational journals, scientific meetings, advocacy for the support of basic research and education, and diversity of the science workforce.” The ASBMB has over 12,000 members. Dr. Pfeffer's term runs from 2010-2012.

Dr. Rob Malenka, Pritzker Professor of Psychiatry and Behavioral Sciences, Director of the Nancy Friend Pritzker Laboratory and Co-Director of the Stanford Institute for Neuro-Innovation and Translational Neuroscience, has won two prestigious awards. These are two exceptional recognitions of Dr. Malenka's outstanding research.

- - The first is the Goldman –Rakic Prize for Outstanding Cognitive Neuroscience Research, which is awarded annually by NARSAD, the Brain and Behavior Research Fund. The award is for “excellence in neurobiological research at the cellular, physiological, or behavioral levels that may lead to a greater understanding of underlying psychiatric or neurological disease.”
 - The second is the Pasarow Award for Extraordinary Accomplishment in Medical Research-Neuropsychiatry. Dr. Malenka will share this award with Roger Nicoll of UCSF and Charles Stevens of the Salk Institute.

- ***Dr. Jack Remington***, Professor of Medicine Emeritus, will receive the 2010 Mentor Award from the Infectious Disease Society of America. Dr. Remington has been deeply admired as a mentor by nearly 70 Fellows during his 40-year career at Stanford, whose stories are told in “We Were Fellows,” which was prepared in his honor. This is a great acknowledgement of a much-revered teacher and mentor.
- ***Dr. Gary Steinberg***, Professor of Neurosurgery and the Neurosciences and Chairman of the Department Neurosurgery, has received the 2010 Outstanding Achievement in Medicine Award from the Santa Clara County Medical Association (SCCMA). This award is given annually to a physician member of the association who has achieved widespread recognition for their unique contributions to the betterment of patient care.
- ***Katalin Szabo***, SMS 6+, is one of 20 students being awarded the American Medical Association (AMA) Foundation Physicians of Tomorrow Scholarship based on her academic performance, financial status and community service. This award includes a \$10,000 scholarship to help defray the expenses of medical education.
- ***Dr. Ian Whitmore***, Professor of Surgery (Anatomy), has been awarded the Jubilee Medal by the All-Russian Scientific Society of Anatomists, Histologists and Embryologists – the largest Anatomical Society in the world.
- ***Dr. Douglas Owens***, Professor of Medicine and of Health Research and Policy, has been awarded the Society for Medical Decision Making’s John M. Eisenberg Award. It will be presented at the Society’s annual meeting in Toronto in October.

Congratulations to all!

Appointments and Promotions

Maheen M Adamson has been appointed to Clinical Assistant Professor of Psychiatry & Behavioral Sciences, effective 8/1/10.

Sadick Alsadir has been reappointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/10.

Roland Bammer has been promoted to Associate Professor (Research) of Radiology, effective 8/1/10.

Barbie J. Barrett has been promoted to Clinical Associate Professor of Surgery, effective 9/1/10.

Gulshan Bhatia has been reappointed to Clinical Professor (Affiliated) of Medicine, effective 9/1/09.

Michela Camorcia has been appointed to Clinical Assistant Professor of Anesthesia, effective 11/1/10.

Michael I Chen has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/10.

Michael Joshua Cisco has been reappointed as Clinical Assistant Professor of Pediatrics, effective 7/1/10.

Edward L. Cohen has been reappointed as Clinical Associate Professor (Affiliated) of Obstetrics and Gynecology, effective 10/1/10.

Edwin Colloff has been reappointed to Clinical Assistant Professor of Medicine, effective 9/1/10.

Bernard Dannenberg has been promoted to Clinical Associate Professor of Surgery, effective 8/1/10.

John Dorman has been reappointed as Clinical Professor of Medicine, effective 9/1/10.

Terry S. Desser has been reappointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Peter D'Souza has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/10.

Ian Glen Ferguson has been reappointed to Clinical Assistant Professor of Surgery, effective 9/1/10.

Wendy Flapan has been appointed to Clinical Assistant Professor of Neurosurgery, effective 8/1/10.

Leonard Goldschmidt has been reappointed as Clinical Associate Professor (Affiliated) of Ophthalmology, effective 5/1/10.

Julie J Good has been promoted to Clinical Associate Professor of Anesthesia, effective 9/1/10.

Laura A Gross has been reappointed to Clinical Assistant Professor of Medicine, effective 6/1/10.

Lauren C. Harshman has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Paul Hwang has been reappointed to Clinical Assistant Professor of Pediatrics, effective 9/1/10.

Michelle Inserra has been appointed as Clinical Assistant Professor (Affiliated) of Otolaryngology/Head & Neck Surgery, effective 8/1/10.

Saraswati Kache has been promoted to Clinical Associate Professor of Pediatrics, effective 8/1/10.

Laurence Katznelson has been promoted to Professor of Neurosurgery and of Medicine at the Stanford University Medical Center, the Lucile Salter Packard Children's Hospital, and the Veterans Affairs Palo Alto Health Care System, effective 8/1/10.

Shannon Kilgore has been promoted to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 9/1/10.

Larisa Kunda has been appointed as Clinical Assistant Professor (Affiliated) of Otolaryngology/Head & Neck Surgery, effective 8/1/10.

Pamela L. Kunz has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

David P. Lee has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Grant Lipman has been reappointed as Clinical Assistant Professor of Surgery, effective 9/1/10.

Bingwei Lu has been promoted to Associate Professor of Pathology, effective 8/1/10.

Hari R. Mallidi has been appointed to Assistant Professor of Cardiothoracic Surgery at the Stanford University Medical Center, effective 8/1/10.

Michael R. Manuel has been promoted to Clinical Assistant Professor of Obstetrics and Gynecology, effective 9/1/10.

Stephen McKenna has been promoted to Clinical Assistant Professor (Affiliated) of Medicine and of Neurosurgery, effective 6/1/10.

Lynn Million has been promoted to Clinical Associate Professor of Radiation Oncology, effective 9/1/10.

Subir Nag has been appointed to Clinical Professor (Affiliated) of Radiation Oncology, effective 6/1/10.

Viet Nguyen has been appointed to Clinical Assistant Professor of Neurology & Neurological Sciences, effective 8/1/10.

Douglas Ota has been appointed as Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/10.

Anna E Plauth has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 6/1/10.

Vandana Punj has been promoted to Clinical Assistant Professor (Affiliated) of Orthopaedic Surgery, effective 6/1/10.

Kavitha J Ramchandran has been appointed to Clinical Assistant Professor of Medicine, effective 8/1/10.

V. Mohan Reddy has been appointed to Professor of Cardiothoracic Surgery at the Stanford University Medical Center and of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 8/1/10.

Lisa Schmelzel has been reappointed to Clinical Assistant Professor of Radiology, effective 8/1/10.

Run Zhang Shi has been promoted to Clinical Assistant Professor of Pathology, effective 8/16/10.

Upinder Singh has been promoted to Associate Professor of Medicine and of Microbiology and Immunology, effective 8/1/10.

Dharshi Sivakumar has been reappointed to Clinical Assistant Professor of Pediatrics, effective 4/1/10.

Sakti Srivastava has been appointed to Associate Professor (Teaching) of Surgery, effective 8/1/10.

Kristan Staudenmayer has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 8/1/10.

Daniel Y. Sze has been promoted to Professor of Radiology at the Stanford University Medical Center, effective 8/1/10.

Melinda L. Telli has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

Vance Vanier has been promoted to Clinical Assistant Professor of Surgery, effective 9/1/10.

Robert Wallerstein has been appointed to Clinical Associate Professor of Pediatrics, effective 7/1/10.

Robert West has been promoted to Associate Professor of Pathology at the Veterans Affairs Palo Alto Health Care System and at the Stanford University Medical Center, effective 8/1/10.

Joseph Wu has been appointed to Associate Professor of Medicine and of Radiology, effective 9/1/10.

Julie Yabu has been appointed to Assistant Professor of Medicine at the Stanford University Medical Center, effective 8/1/10.

David C Yao has been promoted to Clinical Associate Professor of Medicine, effective 5/1/10.

Victor Kenneth Zafren has been promoted to Clinical Associate Professor of Surgery, effective 9/1/10.