

Dean's Newsletter

December 12, 2011

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Thank You

At this time of the year one often hears comments about how quickly the year has gone by – and also how time seems to go by faster as one ages. While I can relate to both of these statements, there is something more timeless that I want to comment on at the year's end, and that is my deep gratitude and appreciation for the quality and performance of our extraordinary Stanford Medicine community. For nearly eleven years I have had the honor and privilege to work with you and to witness, not infrequently first hand, the extraordinary accomplishments and achievements that are made every day in so many different ways, small and large, but that come together to make our institution unique. We are all too cognizant of the vast challenges facing the United States and the world today, and we certainly can anticipate the coming changes that will almost certainly impact academic medicine as we have known it. I am confident that we will weather whatever storms arrive and that new innovations and discoveries at Stanford will see the light of day and advance the health and wellbeing of people in our community and beyond.

I am appreciative of the guiding leadership of our department chairs, institute and center directors, decanal leaders, faculty, students and trainees and for their dedicated and committed efforts to all facets of the medical school, medical center, university and community. I especially want to thank our exceptional cadre of staff, who labor tirelessly to weave our individual and collective contributions into the integrated whole that defines Stanford Medicine. While our staff are frequently less visible, none of what we do would be seen without their hard work, dedication and commitment. So, at year's end I want to say thank you to each of you for your personal and shared efforts to make the Stanford School of Medicine the shining beacon of hope and promise it has become. I also wish you a Happy Holiday and look forward to sharing the New Year with you.

Some Things to Consider During Winter Break

On December 5th we had the pleasure of hosting a holiday celebration in Berg Hall at the Li Ka Shing Center for Learning and Knowledge. This was the first such holiday event we held since 2008, when the economic downturn compelled us to cut back on events not directly linked to our core missions in education, research and patient care. Of course it was correct to cut out social events when resources were extremely strained, but that also meant that we missed the opportunity to bring our community together in settings that offered thanks and appreciation. So it was meaningful that we were able to have a modest holiday celebration at the close of 2011. I want to thank Mira Engel, Executive Assistant to the Dean, and other members of the dean's administrative and office staff for the lovely organization and preparations they put together for the holiday party. It was very special.

The Holiday Party did provide an opportunity to offer some suggestions for the University-wide Winter Break, which will run from December 19th through January 2nd. Because of the broad scope of our work, I know that many of us will be working on research, patient care or other activities. But I also recognize that Winter Break has become one of the traditions at Stanford when we can give each other the gift of time and space. This means completing all tasks, including grant and related submissions, well before December 16th so that staff do not face unnecessary work pressures during what is meant to be a relaxed (although still stressful) time for families. One particular tradition that we should honor is taking a break from email or other electronic communications that are not prompted by emergencies. And if an email is needed think carefully about who is copied. We can help each other by not triggering the chain of email communication, response, etc. by simply limiting the communications we take for granted in our daily work life. Indeed, as electronic communications have become so easy and accessible, their intrusion is constant and sometimes unwelcome. ***So, starting on the evening of December 16th I would recommend that each of us refrain from sending emails to members of our Stanford community unless there is an emergency or crisis.*** That would be a welcome gift for many of us.

In addition, there are some important facts you should be aware of about medical school facilities during winter break prepared by our Facilities Planning Office. They are included here:

Some Things to Know About Facilities During Winter Break

December 19, 2011 - January 2, 2012

During the winter closure all buildings will be locked and only accessible through badge access. The following is an overview of School of Medicine operations during Winter Closure and some important announcements.

All campus services will be closed during the following days: Friday December 23 through Monday, December 26th and Monday January 2nd. For life

threatening emergencies, if on-campus, please dial 286 from Stanford phones or 650-723-7222 from cell phones. From off-campus buildings, dial 911 from Stanford phones or cell phones. Then dial 650-723-7222 to report the incident to Security.

For non-life threatening and other immediate needs, please call the security desk at 650-723-7222

If you are on campus during Winter Break, please be careful. Statistics consistently show a higher frequency of workplace accidents during the holiday season. Plan your work carefully and avoid attempting tasks requiring additional resources that are not available. Please be diligent regarding security in all you do.

During other days of winter closure between December 19th and January 2nd, some campus services will be available as listed below.

Security: Dial (650) 723-7222 for any emergency from on campus phones

Operations and Maintenance: Request assistance by accessing medfacilities.stanford.edu (select links on left menu and then eAM work request form) or call (650) 714 2146. For immediate assistance on weekends, holidays and after hours (7:30 PM to 6:00 AM) call Security at 723 7222.

Health and Safety: Dial (650) 723-0110 for Health and Safety issues and other non-emergencies

Shipping and Receiving: The loading dock will be closed for the duration of the winter break. The dock will reopen on January 3rd. UPS and Fed-X will be holding all packages at their hub and will deliver the packages when we reopen on January 3rd. Other vendors like Fisher and VWR will also deliver all packages after the winter closure. Praxair and Airgas will still make deliveries as normal.

Please make prior arrangements with the carrier and/or delivery service for accepting packages during the winter closure period if the delivery is deemed urgent. If you are expecting a large shipment that requires delivery to the dock, please make arrangements in advance by contacting the loading dock at (650) 721-2726 before December 15th.

SAVE ENERGY: You can do your part in helping make Stanford University more sustainable by saving energy. Simply:

- Turn off as many lights as safely possible
- Close doors and windows (if applicable)
- Turn off - or better yet, unplug any devices or equipment including Computer and monitor: The “sleep” mode saves some energy but a complete shutdown and power off saves much more

- Same with printers, scanners, and other peripherals
- Anything with a “brick” on the power cord. They use power even when the devices are turned off.
- Turn off/unplug shared copiers, printers and FAX machines
- Unplug any scientific equipment that will not be used
- Close the sash on all fume hoods. The unnecessary exhaust to the outside consumes an enormous amount of energy.

A Few Brief Reflections on 2011

Our faculty, students and trainees, and staff have had another extraordinarily successful year of notable contributions to our interconnected missions in education, research and patient care, both locally and globally.

Despite the impact of the economic downturn on sponsored federal research, Stanford faculty achieved 9% more funding this year than last year. Our faculty continues to achieve recognition as recipients of major national and international awards and through election to the National Academy of Sciences and Institute of Medicine. Without question we have one of the most outstanding bioscience research faculty in the world, and the contributions being made by faculty and their students and postdoctoral fellows at virtually every stage of career development are remarkable.

Our faculty have also continued to excel in translating novel discoveries to improve the lives of adults and children and in creating novel ways to improve the delivery of patient care. During this past year the School of Medicine (SoM) has worked closely with the leaders at Stanford Hospital & Clinics (SHC) and the Lucile Packard Children’s Hospital (LPCH) to develop integrated strategic plans that engage the School’s missions in discovery and innovation with the hospitals’ mission of delivery of complex care and a network of care. Significant progress has been made in the planning of our integrated Stanford Cardiovascular Institute and its Cardinal Health led by Drs. Alan Yeung, Bobby Robbins and Ron Dalman in collaboration with Dr. Sri Seshadri. Progress is also being made in the integrated planning for the Stanford Cancer Institute led by Drs. Bev Mitchell, Doug Blayney and Sri Seshadri. Work is also beginning for the Stanford Neuroscience Institute initiative led by Drs. Gary Steinberg and Frank Longo along with Alison Kerr. These and related areas will help forge our efforts in adult complex care. Similar efforts are underway in pediatrics.

Our faculty have also made progress in setting up novel delivery systems for health care, including the Ambulatory ICU model that was conceptualized by Dr. Arnie Milstein and that is now being established in a collaboration between SHC and SoM. In addition, progress has been made expanding the network of care through the University Health Alliance. In these and many other efforts we have benefited from the energetic and exceptionally collaborative leadership of Amir Rubin, who joined SHC as its new

President and CEO in January of 2011. In addition to his leadership in strategic planning and focus on coordinated complex care and a coordinated network of care, Amir has been an incredible leader and advocate for improving the patient experience through CI-CARE, a comprehensive program he helped develop and lead at UCLA before joining Stanford. We have continued to make progress, albeit with challenges, in improving our overall quality of care and have benefited from the leadership of Dr. Norm Rizk (who has been functioning as Interim Chief Medical Officer in addition to his long-standing role as Senior Associated Dean for Adult Clinical Affairs) and Dr. Ann Weinacker, who currently serves as the elected Chief of Staff at SHC.

A complementary strategy in complex care and a network of care is underway with LPCH in collaboration with Christopher Dawes, President and CEO, along with Dr. Christy Sandborg, Chief of Staff, and Dr. Ken Cox, Senior Associate Dean for Clinical Affairs/Pediatric and Obstetrics. Mr. Dawes presented the vision and goals of the LPCH-Stanford strategic vision to the Medical Center Committee of the Stanford University Board of Trustees on December 12th.

Given tremendous opportunities as well as challenges unfolding in health care – along with the uncertainties of how health care reform will actually unfold over the next several years—the integrated partnership between the School of Medicine, SHC and LPCH is essential and affords us an opportunity to be leaders in unique and important ways. By capitalizing on our unique capabilities in innovation and discovery, our expanding and ever more outstanding physician leaders and clinical faculty, and our shared efforts in improving the quality of care, the patient experience and the value benefit, we are positioned to create a better vision for the future than the fragmented care system that exists now in our country. The current system, fueled as it is by the “fee-for-service” payment system, is really no system at all – although the Affordable Care Act of 2010, with all its imperfections, was at least a start.

It is clear that over the next several years we will need new tools and insights in the broad field of population sciences. Over the past several years a number of important recruitments have added excellence to a superb faculty in this area that expands across the university. However, until now, these faculty have operated in individual or small spheres of excellence without integrating principles or coordination. Thanks to the work of our Stanford Clinical and Translational Science program, led by Dr. Harry Greenberg, Senior Associate Dean for Research, which coordinates activities across the University, our efforts in population health science are becoming better defined. This is timely indeed – given the increased emphasis funding agencies are placing on innovations in population health sciences. With that in mind, the planning activities in Population Health Sciences over the past year, which have been coordinated by our Office of Institutional Planning led by David O’Brien, have the potential for significant and important outcomes. This will be an important topic at our Strategic Planning Leadership Retreat on January 20-21, 2012.

The field of population health sciences embraces a number of fields (from statistics and epidemiology to informatics, health outcomes, disparities, policy, and

healthcare delivery– and more). Stanford is also unique in being able to bring into this equation the enormous technical and basic science advances in genomics and genetics that are being articulated in the Center for Genomics and Personalized Medicine led by Drs. Mike Snyder and Steve Galli. Complementing this are the major advances in early diagnosis led by Dr. Sam Gambhir and his colleagues in molecular imaging – along with the remarkable skills and talents that exist at Stanford in computational biology and informatics.

Given the incredible strengths at Stanford in basic science (which is very much our defining excellence) along with the cross-cutting interdisciplinary research led by our Institutes of Medicine and Centers (each of which have made remarkable contributions this past year), Stanford continues to shed light on basic human biology. Importantly, the growing number of connections among basic research, clinical and translational research and now, increasingly, population health science research, fosters incredibly rich areas of interaction and insight. Indeed 2011 has continued to foster these connections both broadly and deeply.

Just as technology, innovation and discovery are transforming our research agenda and our delivery of patient care, major changes are also taking place in how we think about the education of medical and graduate students – separately and together. Major initiatives are underway by Dr. Charles Prober, Senior Associate Dean for Medical Education, and his colleagues, and this past year has witnessed some intriguing innovations that have caught the attention of medical schools and educators across the US and around the world. This too will be a topic at our January leadership retreat as well as a summit we will host in March with selected medical school peers.

Over the past year we have had a lot of discussion and debate about graduate student and postdoctoral fellow education and training, and a number of initiatives are underway led by Dr. Dan Herschlag, Senior Associate Dean for Graduate Education and Postdoctoral Affairs, and Dr. Tom Clandinin, Director of CGAP (Committee on Graduate Admissions and Policy). Progress has been made in formulating new approaches for curriculum development in the biosciences – again a topic for further dialogue in early 2012.

In addition to progress in research, education and patient care, we have continued to benefit from inspired leadership and commitment throughout the School of Medicine. In 2011 we welcomed four new department chairs: Dr. Sam Gambhir as Chair of Radiology, Dr. Quynh Le as Chair of Radiation Oncology, Dr. Tobias Meyer as Chair of Chemical and Systems Biology and Dr. Peter Sarnow as Chair of Microbiology and Immunology. At the beginning of 2012 Dr. Will Talbot will become Chair of Developmental Biology, and we are anticipating naming new Chairs of Bioengineering, Urology and Medicine early in the new year. We benefit tremendously from great leadership and even more so from the individual and collective contributions and leadership throughout our Stanford Medicine community.

In 2011 we also became leaders in academic social networking with the launch of CAP-Network, thanks to the efforts of Michael Halaas, Dr. Henry Lowe and the office of Information Resources and Technology. In addition to all that is happening in our community at Stanford, our Offices of Community Health (led by Rhonda McClinton-Brown and Dr. Marilyn Winkleby) and of Global Health (led by Dr. Michele Barry) have created numerous new programs and connections – regionally and worldwide. Importantly, without offering a specific opinion, I am grateful for the contributions of our faculty and students for their dedication and contributions to the discourse that was initiated on December 9th in *Occupy the Future* (<http://studentaffairs.stanford.edu/haas/occupythefuture>). Stanford is an incredible community of scholars and their contributions to improving social justice and equity in the US and the world are incredibly important and critically needed.

These brief reflections are just that - some loosely connected remembrances of how our faculty, students and staff are working to make the world a better place. I am awed by their contributions and honored to be part of their community.

Coming January 13th at 9 pm on PBS: Anna Deveare Smith's "Let Me Down Easy"

On Friday, January 13th at 9 pm (check local listing) Anna Deveare Smith's acclaimed *"Let Me Down Easy,"* which examines the body and body politic will be shown on Great Performances. A former Stanford faculty member, Anna Deveare Smith is recognized as one of America's most gifted and talent artists and visionaries. The Great Performances production of *Let Me Down Easy* was recorded in February 2011 in the Kreeger Theater at Arena Stage in Washington DC. This performance launched a national tour that included California, during which she visited Stanford and was interviewed by Paul Costello, Executive Director of Communications and Public Affairs (see: http://med.stanford.edu/news_releases/2006/october/deavere.html). I am taking the liberty of including some background information from the recent announcement of this forthcoming presentation.

*"Having been credited with creating a new form of theater, to create **Let Me Down Easy** Smith interviewed an eclectic group of people (300 on three continents) and performs several in an evening that is funny, moving and engaging.*

The title resonates on several levels reverberating with meanings of lost love, the faith that sustains people in times of difficulty, and ultimately, the end of life.

Smith, through her chameleon-like virtuosity, creates an indelible gallery of portraits, from a rodeo bull rider to a prize fighter to a New Orleans doctor during Hurricane Katrina, as well as boldface names like former Texas Governor Ann Richards, legendary cyclist Lance Armstrong, network film critic Joel Siegel, and supermodel Lauren Hutton. She performs 19 characters in the course of an

hour and thirty-five minutes. Their stories are alternately humorous and heart-wrenching, and often a blend of both. Building upon each other with hypnotic force, her subjects recount personal encounters with the frailty of the human body, ranging from a mere brush with mortality, coping with an uncertain future in today's medical establishment, to confronting an end of life transition. The testimony of health care professionals adds further texture to a vivid portrayal of the cultural and societal attitudes to matters of health.

With keen observation and understated compassion, Smith – without judgment and maintaining the dignity of her subjects at all times — effortlessly submerges her own persona, and assumes her characters' vocal and physical mannerisms with unerring accuracy.

Despite the profound poignancy of the issues at hand, Smith leavens the evening with many lighter anecdotes, some outright hilarious: choreographer Elizabeth Streb recounts how she accidentally set herself on fire as part of an elaborate birthday celebration; Smith's own Aunt (Lorraine Colman) recalls the last (and distinctly unsentimental) words uttered by her elder sister; and when a Yale School of Medicine oncology fellow informs cancer patient Ruth Katz that the hospital has lost her records — he is dumbfounded to discover she is actually the associate dean of the medical school there. Other characters address the intensity of the will to live even in the face of dire sickness: University of Notre Dame musicologist Susan Youens rhapsodizes on the Adagio from Schubert's String Quintet in C Major, one of over a thousand works Schubert composed before his untimely death at age 31; and while undergoing chemotherapy, Ann Richards defiantly tells of learning how to hang up the phone to preserve her precious "Chi."

Called "the most exciting individual in American theater" by Newsweek magazine, Smith (Fires in the Mirror, Twilight: Los Angeles) turns on this occasion to tell a powerful story which points to the financial and psychological cost of care, the preciousness of life and the inevitability of our mortality.

"Even in the darkest hour, even where the crisis is the greatest, you'll often find people who have the gift of grace, the gift of kindness, the gift of healing," Smith observed. "Ultimately, through this play I am trying to spark a conversation that is easier, and maybe more enjoyable to have through art and entertainment than through politics."

***Let Me Down Easy** was inspired by work she did at Yale School of Medicine, where she was invited as a visiting professor. Bill Moyers dedicated a full hour segment to profiling Ms. Smith and **Let Me Down Easy**, noting with amazement how her play transformed "a houseful of strangers" into "an intimate community."*

Facilities and Master Planning 2011 and Beyond

While the dramatic changes to our medical school facilities that concluded 2010 are not as evident in 2011, an amazing amount of large and small facilities projects and capital planning is underway – with a lot more to come in the years ahead. At the Executive Committee on December 2nd, Niraj Dangoria, Associate Dean for Facilities Planning, and Marcia Cohen, Senior Associate Dean for Finance and Administration, provided an excellent and comprehensive update on space and facilities projects and planning now underway or coming in the next year(s). In many ways we are at the beginning of the most significant construction projects in the history of the Medical Center and University. Indeed over the next 5-10 years the Medical School and Medical Center, along with the surrounding university, will be further changed and in spite of inevitable challenges and disruptions along the way, will prepare the way for future students, faculty, staff – and of course the patients we care for and serve.

As we get ready to begin 2012, it is important to recognize that over the next 5-6 years the Stanford University Medical Center (SUMC) will be literally and figuratively transformed. In June 2011, following six years of planning, the City of Palo Alto approved the “entitlements” for SUMC including Stanford Hospital & Clinics, the Lucile Packard Children’s Hospital and the School of Medicine projects located in Palo Alto (<http://stanfordhospital.org/newsEvents/newsReleases/2011/city-council-approves-renewal.html>). With this approval in place, projects could now move ahead. Following is a summary of some of the ongoing and planned facilities projects around the School of Medicine, within the Medical Center and just outside our perimeters. Within the Medical Center alone (of course including both SHC and LPCH along with the School) we are looking at well over \$4 Billion in capital expenditures. Clearly this seems staggering – but a number of the most significant of these projects are already underway. Here is some of what is happening:

Immediately Around Us

Just as the Medical School has undergone a major physical transformation during the past several years, so too has virtually the entire University – with more changes still to come. Among the highlights have been a new campus for the Graduate School of Business at the Knight Management Center, a new Law School complex, the new Munger Graduate Housing facilities, the John A. and Cynthia Fry Gunn Building, and the new Science and Engineering Quad, which virtually adjoins the School of Medicine and where the new Bioengineering/Chemical Engineering Building is now under construction – a project shared with the School of Medicine. In addition to new athletic facilities – including a new center now under construction in the Panama corridor and Santa Theresa, work is rapidly advancing on the Performing Arts Center on Campus Drive between Palm Drive and Galvez and the new Arts District just east of the School of Medicine along Porter Avenue.

Over the next couple of years, construction will begin on a new Biology Building just east of the Clark Center. This building will create important east-west axes joining the Medical School with the life and physical sciences and the north-south corridors that join medicine to engineering and environmental sciences. These are extraordinary

physical alignments that when complete will further achieve the integration of Stanford University. Over the not too distant horizon (within 5 years) the Cogen plant (energy facility) that is just south of the Li Ka Shing Center for Learning and Knowledge will be relocated to a new site – opening the way for new academic facilities that will further connect other schools to the Medical School. That should open the way to the elimination of Campus Drive to the south of the Medical School, which will create new connections and corridors to the “main campus” – removing the “other side of the campus” mindset that demarcated the “west campus” for decades. This will be made feasible as new traffic patterns emerge around the medical center.

In, Under and Around Us

Of course the big news in our midst is the beginning of the major hospital construction projects at SHC and LPCH. Already the landscapes have changed dramatically as the Welch Road infrastructure projects get underway and with the site preparations for the LPCH expansion (already marked by the demolition of the 701 and 703 Welch Road buildings that once housed a number of medical school faculty and staff). The traffic congestion is significant and regular alerts are being circulated as Hospital Renewal reminders (add <http://stanfordhospital.org/rebuild/>). Work on the construction of a new parking facility at the Hoover Pavilion site on Quarry Road is getting underway and the Day Care Center previously housed at the Hoover site is being relocated to a site near Stock Farm Road.

Several important new medical school facilities on Welch Road are underway or will be during the next year or so. The Jill and John Freidenrich Center for Translational Research (FCTR), located at 800 Welch Road, is the closest to completion; it is slated for occupancy in June 2012. Thanks to the excellence of our facilities staff, this major project is proceeding on schedule and budget. When it opens it will house over 150 research nurses and coordinators and 36 infusion centers to support the Stanford Cancer Institute and the Stanford Center for Clinical and Translational Science. The proximity of the FCTR to the Stanford Cancer Institute and the hospitals is notable and important for facilitating our growing efforts in clinical and translational research. These programs will be further enhanced by our ongoing planning in population health sciences, as described above.

In addition, thanks to a major gift from Dr. CJ Huang, the School of Medicine is now in active planning at an adjoining and companion site, 780 Welch Road, where we will build a 32, 000 gross square foot (gsf) building (about the same size as the FCTR). An anchor tenant will be the Asian Liver Center led by Dr. Sam So, Lui Hac Minh Professor of Surgery. The design and planning of the Huang Building will begin in January 2012, with construction planned to begin in early 2013 and occupancy in the spring of 2014. Taken together, the Freidenrich Center and the Huang Building will establish a strong footprint for the medical school’s clinical and translational research programs within the medical center. These are all very exciting developments.

Less visible on the surface have been the major strategic planning efforts for animal research facilities. Led by Dr. Sherril Green, Professor and Chair of the

Department of Comparative Medicine, along with our Facilities Group, these efforts are defining the Medical School's research animal needs and plans over the next 2-3 decades. A critical component of the resulting plan (which will be presented shortly to the Executive Committee) will be construction of a 21,000 gasf Satellite Research Animal Facility (SRAF). This temporary SRAF (which has a projected life of 10-15 years) will house approximately 21,000 mouse cages and support facilities. Construction of the SRAF will commence in the spring of 2012 and will be completed in December 2012. The SRAF is critically important and in fact is essential for permitting the renovations that must be done in the current Research Animal Facility (RAF) 1 and 2. The Animal Master Plan also addresses the further utilization of other vivaria on campus that house large and small research animals. The Master Plan also addresses the need for future vivaria in the planning of future research buildings.

As a result of the City of Palo Alto "entitlements" approval, design planning will begin in early 2012 for the Foundations in Medicine 1 (FIM1) building, which will be located on the lawn just north of the CCSR (Center for Clinical Sciences Research). This 200,000 gasf research building will face the new Stanford Hospital across Pasteur Drive and will provide a gateway and connection to the north/south and east/west connections that align the medical center and connect to the rest of the university. When completed FIM 1 will provide 640 wet bench equivalents along with faculty offices and other research support facilities. At this point the plan is to design FIM1 generically with the recognition that, given the incredible amount of hospital construction about to begin in close proximity and several other considerations, it will not be completed until 2017. However, planning is important since, in tandem with the FIMs and SIMs, continued assessment of the Edwards, Lane, Alway, and Grant complex is imperative as part of our overall facilities planning. Indeed, we are awaiting the results of a new seismic study that could impact how we handle some of these original 1959 Medical School buildings (especially the Edwards building) in the short run of the next 3-6 years. Differential plans are being put into place for the other buildings – with the expectation that the Grant Building (which faces Campus Drive to the east) is likely to remain in operation for at least another 10-15 years. Indeed, today major projects are being completed in the Alway and Lane Buildings that will house administrative offices for the Departments of Medicine and Pediatrics beginning in the spring of 2012.

Also less visible from the ground level is the completion of the Lucas Building Magnet Renovation project that offers newly improved technology for advanced imaging through the Department of Radiology. Further planning is underway for the Fairchild Science Building, which will ultimately need to be converted from a science to an administrative facility, because of its irremediable infrastructure limitations. In the interim, a number of projects to refresh or update needed improvements (some cosmetic) in the Fairchild Building are underway.

In addition to major facilities planning and capital projects, dozens of construction projects and renovation projects are underway or have been completed in virtually every medical school building. Some of these are deferred maintenance but many represent new programmatic needs and revisions – all taking time, effort and coordination. Needless to

say, each year (and sometimes it seems like each day) brings new requests and needs that require attention and planning. Space is a commodity we have in short supply – and while this is a constant challenge, at least we don't suffer from the challenges many of our peers are now facing with unfilled and unfunded space at a time when research funding will be more limited and challenged. However, that is not to say that continued development of space – both renovation and construction – is not among our highest priorities and needs if we are to remain a competitive world-class institution for innovation and discovery. And, without new hospital facilities we simply could not offer the services our patients need – and deserve.

Just Outside Our Immediate Perimeter But Closely Connected

As you know from prior communications, the School of Medicine currently leases over 500,000 gasf of space “off –campus” – from Sand Hill Road to Menlo Park to California Avenue to Arastradero. These facilities house administrative services, medical development and large and small research programs and laboratories for wet and dry research. Over the past several the School of Medicine has explored the possibility of developing a campus for technology and innovation that might consolidate a number of its programs and bring them into close proximity. We considered doing this at the Redwood City site or at the so-called Roche site, but for a variety of reasons these opportunities did not materialize.

As is often the case, sometimes failed efforts breed better opportunities, and that now appears to be unfolding at the Technology and Innovation Center being developed on Porter Drive, just across Page Mill Road – within an easy bike commute (of course with helmets and lights) from the main campus. This evolving site will enable us to bring together “big science” programs that require more space than can be provided on campus and that can function in more of a delivery mode with less reliance on the interdisciplinary work that best takes place on campus. Of considerable importance, the Porter Avenue site abuts the VA hospital, where we have important and major research collaborations, where nearly 100 School of Medicine faculty are located and where major research developments are underway that are aligned to our shared overarching goals and programs. Porter Avenue is also near our Arastradero sites, which have also matured over the years and which are now providing a home for important neuroscience programs – just as they did for stem cell biology and regenerative medicine prior to the construction of the Lorry Lokey Building.

It is presently anticipated that Stanford will occupy seven buildings on Porter Drive – three by business units from the University and the rest by research groups and administrative units of the School of Medicine. Currently envisioned anchor programs include the Center for Genomics and Personalized Medicine, the Genome Technology Center, the Center for Early Cancer Detection, and the Stanford Center for Sleep Sciences and Medicine. Over time between 1200-1500 researchers and staff will occupy this site, thus creating a sense of community. The School of Medicine is currently in the midst of renovating several buildings:

- ***3165 Porter Drive*** provides 91,000 gasf; construction will commence in the summer of 2012, and occupancy is planned for the spring of 2013.

- *3155 Porter Drive* offers approximately 63,000 gasf and, in addition to research laboratories, will provide vivarium space.
- *3172 Porter Drive* will be used for administrative functions and will help consolidate programs including the Research Management Group, Human Resources, Finance, the Office of Institutional Planning, the Office of Communications and Public Affairs, Information Resources and Technology, Office of Facilities Planning and the Office of Hospital and Medical Development. The construction of this facility will begin in early 2012 and planned move-in will be in the summer of 2012.

What About Sustainability

In both new construction and renovation the School of Medicine remains committed to being a leader in sustainability and to reducing energy resources and saving money. To accomplish this we are completing a number of energy-based renovations including the Beckman Building, MSLS (Medical School Lab Surge at the Lucas Center), the MSOB (Medical School Office Building), the Hagey Pediatric Research Building, Psychiatry and others. In addition to being environmentally responsible, these facilities save water and electricity consumption and are already resulting in an annual saving of nearly \$850,000 per year.

We have had mixed results with some of our major new construction sites. For example, the Lorry Lokey Building is consuming even less energy that its design called for – which is great news. And the recycled cage project in the SIM1 vivarium saves over 9 million gallons of water annually. Unfortunately the Li Ka Shing Center for Learning and Knowledge has not fulfilled its energy model and adjustments will be necessary over the next year.

We plan to carry successful energy saving innovations to future construction and renovation projects.

What are the Operational and Capital Projects You Can Anticipate Over the Next 12 Months and Beyond?

Facilities construction and renovation are constant projects and new challenges emerge daily. Over the next year we plan to address some of the audiovisual problems in the LKSC as well its energy and HVAC problems. We will also be renewing contracts for food services and working diligently to better integrate health and safety into facilities operations. As of this report there are over 15 significant construction and facilities projects we expect to complete over the next year – and it seems safe to anticipate that others will be added to this list. Each provokes the important questions about the adequacy of current and future space, how effectively we are using what we have and planning what we need. Throughout, our planning of ongoing and future efforts will require close collaboration with our hospital partners at SHC and LPCH since the simple coordination of facilities projects will be an amazing challenge in its own right.

We also need to better plan facilities to house clinical faculty – which is rapidly becoming a rate-limiting step in our ability to recruit additional faculty. Clearly this will

need to be a very high priority, and we have concurrence that joint planning on this issue will begin in earnest in the early part of 2012. In addition to space for clinical programs and faculty, we constantly need to refresh our views about the right balance of research space and how changes in science alter the mix of wet and dry space along with space for computers and technology. Of course, doing our best to match capital needs with affordable space will be critical during the next decade, when the funding for research will be more challenging and the pressures on clinical programs – including the balance between inpatient and ambulatory programs – ever more significant.

We have made a lot of progress over the past decade. Some of our accomplishments can be viewed as transformative. But as you will hopefully conclude from this report, transformation is a constant work in progress – and much remains to be done!

The Office of Communication & Public Affairs Has a New Website

The Office of Communication & Public Affairs (OCPA) released a new version of its website earlier this month to make itself even more available to the media and members of the Stanford community. To see it, please visit: <http://mednews.stanford.edu/>.

The new site highlights the services that OCPA provides to faculty, students and staff; makes it easier for members of the media to connect with OCPA staff and medical school experts, and showcases the diverse content the group produces. The new site also features biographies and contact details for OCPA employees, as well as contact lists that can be shared and customized.

The site was developed in partnership with the Office of Information Resources & Technology.

The Fall Issue of Stanford Medicine Focuses on Cancer

The Fall 2011 issue of *Stanford Magazine*, a special report on cancer, paints a very mixed picture of where we are in the so-called “war on cancer.” The lead story goes so far as to say that America stands on the verge of squandering its hard-won ammunition in this “war.” While data and insights pour in as never before, the efforts to prevent, treat and cure cancer face daunting obstacles. Prime among them: a dysfunctional cancer clinical-trial system, disastrous drug shortages and a health-care system unable to deliver cancer care at an affordable price.

Decades of investment and innovation have pushed the understanding of cancer far beyond what was known when President Nixon declared the “war” in 1971. Huge investments of time, intellect and dollars have worked miracles for some types of cancer, but obviously, not all. And while leaps in understanding of cancer biology have become nearly commonplace over the past few decades, resulting in a strong base of science to build on, this pace of discovery can’t be taken for granted. Given the economic downturn and national debt burden, prolific spending on research is unlikely, no matter how fruitful

its promise.

The issue includes an article entitled “Cancer’s next stage,” which describes challenges and solutions in cancer research and care at this precarious time. It’s time to shake things up, said many cancer experts. In fact, Pulitzer-winning author and oncologist Siddhartha Mukherjee, MD, (*The Emperor of All Maladies*) suggested we would be wise to do away with the cancer war imagery altogether. As he said in this issue’s Q&A: “I think we need to re-create narratives to understand what is happening. Harold Varmus [director of the National Cancer Institute] said to me, ‘Wars are things we win and lose, but solving cancer is like solving a jigsaw puzzle. And you don’t win or lose a jigsaw puzzle; you solve it or you don’t solve it.’”

The magazine, including web-only features, is available online at <http://stanmed.stanford.edu>. Print copies are being sent to subscribers. Others can request a copy at (650) 736-0297 or medmag@stanford.edu. I highly recommend it to you. And congratulations to the Office of Communication & Public Affairs for another outstanding issue of *Stanford Medicine*.

Memorial Service Celebrates the Remarkable Accomplishments of Dr. Gary M. Glazer

On Saturday, December 3rd, the Department of Radiology and the Glazer family hosted a Memorial Service to honor and celebrate the life and accomplishments of Dr. Gary Glazer, who served as Chair of the Department of Radiology from 1989-2011 and who served as the Emma Pfeffer Merner Professor in the Medical Sciences. Dr. Glazer died on October 17, 2011 following an eleven-year battle with cancer. Dr. Norbert Pelc served as the Master of Ceremonies for the service at the CEMEX Auditorium. Dr. Glazer’s exceptional contributions, from medical student to trainee, faculty member, department chair and internationally renowned physician-scientist and leader, were recounted with respect and deep caring by longstanding colleagues and trainees. Dr. Glazer’s impact on the field of radiology, his transformation of Stanford’s Department of Radiology and the community of excellence he created will endure for many decades to come. While his memory will be carried by family, friends and colleagues throughout the world, his impact on education and teaching will be memorialized at Stanford by the naming of the [Gary M. Glazer MD Radiology Learning Center](#).

Upcoming Events

2012 Katharine D. McCormick Distinguished Lecture: *Dr. Christiane Nüsslein-Volhard, Nobel Laureate*

Tuesday, January 24

4-5 pm followed by reception

Li Ka Shing Center for Learning and Knowledge (LKSC Bldg.-Berg Hall)

On behalf of the McCormick Lectureship Committee, we are delighted to announce that Dr. Christiane Nüsslein-Volhard, Nobel laureate and Director of the Max Planck Institute for Developmental Biology in Tübingen, Germany will present the 2012 McCormick Lecture. The title of her presentation will be, "The Development of Color Patterns in Fishes: Towards an Understanding of the Evolution of Beauty."

Please plan to join us for this distinguished lecture on January 24, 2012 and a reception afterwards. To register for the lecture, please click on this link:

<https://www.onlineregistrationcenter.com/register.asp?m=275&c=14> If you have any questions, contact Lydia Espinosa at lydiae@stanford.edu or 650-724-0239.

The McCormick Lectureship:

Katharine Dexter McCormick, an early feminist, devoted much of her long life to the welfare of women. On her death at age 92, she left a large bequest to the Stanford University School of Medicine with the hope that it would be used "in aid of women students attending the School of Medicine and more generally for the encouragement and assistance of women in pursuing the study of medicine, in teaching medicine and engaging in medical research." The McCormick Lectureship is one of the ways of fulfilling the wishes of Dr. McCormick.

Cultural Considerations in Population Health Research and Clinical Practice Series
Interactive Workshop Series over Dinner for Stanford School of Medicine Faculty

Session 1: "Health Disparities and Implications for Patient Care and Research"

Thursday, January 5

5:30 pm – 8:00 pm

Always Building, Room M112

Dr. Clarence Braddock will kick off the Cultural Considerations in Population Health Research and Clinical Practice Series by providing an introduction to health disparities and discussing its implications for patient care and research through this interactive workshop.

Junior faculty are strongly encouraged to attend. Dinner will be provided. Due to limited seating, please kindly RSVP for the January 5 session by **Thursday, December 15, 2011** at: <https://www.onlineregistrationcenter.com/register.asp?m=275&c=13>

Upcoming Sessions: Cultural Considerations in Population Health Research and Clinical Practice Series

Session 2: "Cultural Humility and the Space Between Us: The Case of the Police Officer and the Professor"

Jan Murray-Garcia, MD, MPH
Assistant Adjunct Professor, UC Davis School of Nursing
Thursday, February 2, 2012 / 5:30 - 8 PM / Alway, Room M112

Session 3: "It Is Not What You Say, It Is What They Hear: Cross Cultural Communication and Building Trusting Relationships"

VJ Periyakoil, MD
Clinical Associate Professor of Medicine, Stanford University; and Director, Palliative Care Education and Training
Thursday, March 1, 2012 / 5:30 - 8 PM / Alway, Room M112

Session 4: "Cultural Considerations in Minority and Low Income Recruitment into Clinical Trials"

LaVera Crawley, MD, MPH
Assistant Professor of Pediatrics, Stanford University
Thursday, April 5, 2012 / 5:30 - 8 PM / Room TBD

For more information, please contact Rhonda McClinton-Brown (rhondam@stanford.edu) or Diana Austria (daustria@stanford.edu).

The Cultural Considerations in Population Health Research and Clinical Practice Series *is* sponsored by the Office of Community Health and the Office of Diversity and Leadership and funded by the Stanford Clinical & Translational Science Award (CTSA).

Awards and Honors

- ***Dr. Ken Cox***, Senior Associate Dean for Clinical Affairs/Pediatric and Obstetrics, Professor of Pediatrics, Director of the Center for Transplantation, and Chief of Pediatric Gastroenterology and Nutrition at Lucile Packard Children's Hospital, will be the recipient of the American Liver Foundation's "Salute to Excellence" Award.
- ***Dr. Stuart Goodman***, the Robert L. and Mary Ellenburg Professor, has been elected to the College of Fellows of the American Institute for Medical and Biological Engineering (AIMBE).
- ***The VA Palo Alto Health Care System*** is the recipient of the Carey Award for its excellent performance in patient care, patient satisfaction, quality, safety and business practices.

The Stanford Medical Youth Science Program (SMYSP) was named as a 2011 recipient of the Presidential Award for Excellence in Science, Mathematics and Engineering Mentoring. The award, the highest honor bestowed by the U.S. government for mentoring in these fields, carries a \$25,000 prize from the [National Science Foundation](#) to help further SMYSP's efforts. ***Marilyn Winkleby, PhD***, Professor of Medicine at the Stanford Prevention Research Center, founded SMYSP in 1988 with two pre-med students, and has since served as its faculty director. Each year, 10 Stanford undergraduates oversee the

summer residential program, which focuses on low income and under represented minority high school students from Northern and Central California.

Appointments and Promotions

Catherine Blish has been appointed to Clinical Associate Professor of Medicine, effective 12/1/2011

Paul R. David has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/1/2011

Luis De Lecea has been promoted to Professor of Psychiatry and Behavioral Sciences, effective 12/1/2011

Balaji Govindaswami has been appointed to Clinical Professor (Affiliated) of Pediatrics, 12/1/2011

Liliana K. Hamlett has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Michael Hirschklau has been reappointed as Clinical Associate Professor (Affiliated) of Pediatrics, effective 9/1/2009

Aaron Ilano has been promoted to Clinical Associate Professor (Affiliated) of Surgery, effective 9/1/2011

Priya Jegatheesan has been promoted to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 12/1/2011

Susy Shu-Hsin Jeng has been appointed to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 1/1/2012

Yeuen Kim has been appointed to Clinical Assistant Professor (Affiliated) of Medicine, effective 11/1/2011

Andrea Kwan has been appointed to Clinical Associate Professor of Genetics and of Pediatrics, effective 10/1/2011

Haydn H. Leung has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/1/2011

Cathleen M. Ligman has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Ann Lindsay has been appointed to Clinical Professor of Medicine, effective 1/1/2012

William Davidson Ogden has been reappointed as Clinical Assistant Professor of Cardiothoracic Surgery, effective 12/1/2011

Kendra Peterson has been appointed to Clinical Associate Professor (Affiliated) of Neurology and Neurological Sciences, effective 11/1/2011

Marlyanne M. Pol-Rodriguez has been appointed to Clinical Assistant Professor of Dermatology, effective 12/1/2011

Peter Pompei has been appointed to Clinical Professor of Medicine, effective 12/1/2011

Edward Rustamzadeh has been promoted to Clinical Associate Professor of Neurosurgery, effective 1/1/2012

Kenneth Sakamoto has been appointed to Clinical Associate Professor of Medicine, effective 12/1/2011

Allison T. Siebern has been promoted to Clinical Assistant Professor of Psychiatry and Behavioral Sciences, effective 12/1/2011

Mark Thanassi has been appointed to Clinical Assistant Professor (Affiliated) of Surgery, effective 10/1/2011

Philip S. Tsao has been reappointed to Professor (Research) of Medicine, effective 12/1/2011

Eva Weinlander has been reappointed as Clinical Associate Professor of Medicine, effective 9/1/2011

