

The Dean's Newsletter: October 27, 2003

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Notable Upcoming Events

US Poet Laureate to Visit the School of Medicine: On Wednesday, November 12th a Poetry Reading by Billy Collins, US Poet Laureate will be held at Noon in the Fairchild Auditorium. This is made possible by a generous gift from Helen and Peter Bing and is sponsored by the Arts and Humanities Medical Scholars Program and the Biomedical Ethics and Medical Humanities Scholarly Concentration. I particularly want to acknowledge Dr. Audrey Shafer, Associate Professor of Anesthesiology, for making this important presentation possible. I hope you will attend.

Dr. David Satcher to deliver the 2003 Symposium on Improving Diversity in Graduate Education. On Tuesday November 18th Dr. David Satcher, US Surgeon General (1998-2002) and currently the Director of the National Center for Primary Care at the Morehouse School of Medicine, will speak at noon in the Clark Center Auditorium. For additional information contact Kimberly Griffin at kgriffin@stanford.edu .

New Department of Otolaryngology-Head & Neck Surgery

I am very pleased to announce that on October 14th the Board of Trustees of Stanford University approved our request to create a new department of Otolaryngology (ORL) - Head & Neck Surgery in the School of Medicine. This will provide an opportunity for Stanford to further develop its education, research and patient care activities in this important area of clinical medicine. Although this department is new for Stanford, it should be noted that more than 90% of medical schools have such a departmental status for this area. Until now, ORL was

administratively housed in the Department of Surgery. I want to thank Dr. Tom Krummel, Chair of the Department of Surgery, for his important help and support in the initiation of this new departmental status.

I am also pleased to let you know that Dr. Robert Jackler, who recently joined Stanford as the chief of the division of ORL, will become the first Chair of the new department of Otolaryngology-Head and Neck Surgery. Dr. Jackler, who is an internationally recognized leader in this field, is uniquely qualified to serve this important role. I am pleased for him and for Stanford that he has agreed to take on this new responsibility.

Board of Trustees: Some Updates on Lucile Packard Children's Hospital and the Stanford Hospital & Clinics

At the Medical Center Committee of the Stanford University Board of Trustees meeting on October 13-14, their respective CEO's, Chris Dawes and Martha Marsh gave presentations about the status of LPCH and SHC. I will summarize some of the highlights of their comments.

- **LPCH:** Mr. Dawes noted that among the most important drivers for the success of LPCH are the successful implementation of its strategic plan; the necessary investments in the programs and leaders in LPCH and the School of Medicine that are enabled by the support of the Children's Health Initiative; the continued growth of LPCH as a regional and national center (in addition to serving the needs of our local community); and judicious and rigorous operational and fiscal management. Mr. Dawes noted that between FY01 and FY03, significant changes have occurred in patient care activities. Notably, inpatient days have increased by 9.1%, discharges by 0.9%, outpatient visits (inclusive of all sites) by 10.8%; and surgery and procedures by 30.3%. These increases in patient care activity have certainly put a strain on the faculty and staff caring for an increasingly sick population of children but have also brought a number of new and important clinical services to this community. They have also increased the operational and fiscal performance of the hospital - consistent with the overarching goals of achieving both preeminence and sustainability. These programs have also been enabled through the support (both grants and gifts) from the Lucile Packard Foundation of Children's Health and the Children's Health Initiative.

During the next several years, the goal of LPCH is to continue to develop its key centers of excellence along with other important services. These include the Heart Center, Cancer Center, Neurosciences and Neurosurgery, Transplantation and Maternal-Fetal Medicine. In addition, surgical programs (including minimally invasive surgery and orthopedics) will also be targets for major initiatives. Accomplishing this level of program development has put a significant strain on the existing inpatient and ambulatory resources at LPCH and has compelled a major plan for both the renovation of existing facilities as well as strategic planning for additional onsite and offsite care facilities. The goal is to match the facilities development with clearly defined program requirements - aimed at improving patient and family services and enhancing the sustainability and preeminence of LPCH for the decades ahead.

- **SHC:** Ms. Marsh also reviewed her goals for SHC. These include improving the quality and patient satisfaction of the clinical programs offered at SHC in conjunction with improving the financial strength of the institution so that it can support its key missions. Recognizing that just over 60% of the patients served at SHC come from the counties of Santa Clara and San Mateo, she offered plans for a local/Peninsula as well as regional/national and international patient care strategy.

As part of the local strategy, she addressed the importance of SHC's partnering with the School of Medicine faculty to develop and provide a full complement of services, including off-site ambulatory services in primary care as well as specialty programs. In tandem with these services, she noted that the regional/national strategy for SHC would be closely integrated with the School's plans for the Stanford Institutes of Medicine and would address programs in Cancer, Cardiovascular, Neuroscience and Transplantation.

Developing and sustaining program development is contingent on a sound fiscal performance. While this is a very challenging time for academic medical centers, and whereas SHC had a significant deficit in operations in FY01, it has shown steady improvement and positive bottom-line fiscal performance in FY02 and FY03. This is enormously important and offers hope of continued success for the future

Planning for an NCI Comprehensive Cancer Center

With the inception of the Stanford Institute for Cancer/Stem Cell Biology and Medicine, we have been proceeding with the planning for a Stanford NCI-designated Comprehensive Cancer Center. This effort is being lead by Dr. Karl Blume, Professor of Medicine (Emeritus) and Associate Director of the Cancer/Stem Cell Biology and Medicine Institute and formerly director of the Bone Marrow Transplant Service. We are currently planning to submit an application to the NCI in October, 2004. In anticipation of that, a Retreat is planned for Saturday November 15th in the Clark Center (if you are interested in participating but have not yet signed up please contact Sharon.Olsen@stanford.edu or kgblume@stanford.edu . In preparation for the Retreat, Dr. Blume held a planning meeting for various program leaders Wednesday evening, October 22nd.

Because we are operating on an ambitious time-line, I want to update some of the issues covered during our planning meeting. Importantly, it should be noted that to receive recognition as an NCI designated Comprehensive Cancer Center, an institution must have a reasonable depth and breadth of research activities in basic, clinical and population based research along with evidence of interactive research that bridges these three areas.

Currently, there are 61 NCI-designated Cancer Centers in the USA. Of these, 39 are Comprehensive Cancer Centers, 8 Basic Research Cancer Centers and 14 Clinical Cancer Centers. Nine of the Cancer Centers are in California (including 2 Basic, 1 Clinical and 6

Comprehensive). Remarkably, Stanford has never formally applied for NCI-designation although it has made several internal moves to do so during the past three decades. (I will not review the history that surrounds this - which is all too well known to many). However, I am intent that we should become a Comprehensive Cancer Center during the next several years.

To be successful in our application, we will have to demonstrate evidence of the following characteristics.

1. A focus on cancer evidenced by available grants and contracts in cancer research.
2. Evidence of institutional commitment by an organizational structure that provides sufficient resources (including space and positions) and a Director who has a position of importance at the institution (e.g., at the same level as a department chair) and evidence of continued support should there be a change in the directorship.
3. A Director who is recognized as an outstanding scientist and who has administrative leadership and authority that is clearly supported by the institution. Importantly, the director must have control over the appointment and review of the faculty to the Cancer Center and must also have authority over specifically designated research space, equipment and related resources. Furthermore, the Director needs to have the authority to assure adequate inpatient and outpatient facilities to achieve the objectives of the NCI Cancer Center.
4. There needs to be evidence of the promotion of initiatives and collaborations within and among the major programmatic areas of the cancer center and an internal process for decision making and priority setting. Further, there needs to be an external advisory committee that provides independent input to the Cancer Center Director.
5. The NCI believes that Cancer Centers are more successful in establishing a distinct identity if they have a clearly identifiable location and if there is administrative oversight over shared resources (i.e., cores).
6. There needs to be evidence of interdisciplinary coordination and collaboration that enhances and adds value to the productivity and quality of the institution's cancer research.

At this juncture, we have some but not all of these characteristics and clearly, during the months ahead, we will be working to achieve all of them. This will be the focus for some of our discussion at the November 15th Retreat. We have also assembled an outstanding External Advisory Board that will be visiting in March to review our progress and plans. This Board includes Drs. Marty Abeloff (Johns Hopkins), Ed Benz (DFCI/Harvard), John Glick (U Penn), Ed Harlow (Harvard), Lee Hartwell (Fred Hutchinson Cancer Research Center), John Niederhuber (U Wisconsin), Louise Strong (MD Anderson) and Marcy Waldinger (U Michigan).

During the past months, Dr. Blume has been working with leaders at Stanford as well as visiting other Cancer Centers around the country to more formally engage our planning process. Although the exact number of programs that will be included has not yet been determined, there are currently 13 programs and 14 shared services ("cores") that are being evaluated and

developed. I am taking the liberty of including the complete list in this Newsletter both to provide an update on the current planning and to solicit additional input from faculty about the currently designated list or other suggestions or ideas that you might have. I am also including the current program leader recognizing that other faculty have already been designated for these various areas as well.

Programs in Basic Cancer Research

- Cancer/Stem Cell Biology Research
 - Program Leader: Irv Weissman
- Genomics & Proteomics Research
 - Program Leader: Pat Brown
- Radiation Biology and DNA Repair Research
 - Program Leader: Amato Giaccia
- Cancer Biology, Oncogene and Cell Cycle Research
 - Program Leader: Joe Lipsick
- Cancer Immunology Research
 - Program Leader: Edgar Engelman
- Cancer Cell and Tissue Imaging Research
 - Program Leader: Sam Gambhir
- Biomedical Informatics and Biomedical Computation Research
 - Program Leader: Mark Musen

Programs in Translational/Clinical Cancer Research

- Pediatric Cancer Research
 - Program Leader: Mike Cleary
- Lymphoma and Hodgkin's Disease
 - Program Leader: Ron Levy
- Hematopoietic Cell Transplantation: Biology and Therapy
 - Program Leader: Ron Negrin
- Genetics of Solid Tumors
 - Program Leader: Jim Ford
- Cancer Pharmacology/Experimental Therapeutics
 - Program Leader: Brandy Sikic

Program in Population Sciences and Education

- Cancer Epidemiology/Outcomes Research; Patient Information-Education
 - Program Leader: to be announced

In addition to these program areas, the following cores and their leaders are potentially envisioned:

Cores - Shared Services

- Biostatistics for Clinical Cancer Research - Leader to be announced.
- Clinical Trials Office - Brandy Sikic

- Informatics Core - Henry Lowe
- General and Specialized Animal Resources - Linda Cork
- Cell and Tissue Distribution - Jonathan Pollack, Jeff Norton
- High Throughput DNA Sequencing/SNIP - Ron Davis, Peter Oefner, Rick Myers
- Cancer Imaging - Chris Contag, Sam Gambhir
- Confocal and Immunoelectron Microscopy - Steve Smith, Tobias Meyer
- Flow Cytometry - Gary Nolan, Lee Herzenberg
- Hybridoma - Mike Cleary
- Transgenic and Knockouts - Mike Cleary, Dean Felsher
- DNA-Microarray - Gavin Sherlock, Jonathan Pollack, Jan Matthijs van de Rijn , Mike Fero
- Proteomics - Peter Jackson, Gary Nolan
- Translational/Clinical Research Resources - George Fisher

To help stimulate the planning and development in each of these areas, I was pleased to announce, at the program planning event, that we would commit \$50K as seed money to each project and core in order to stimulate the development of these areas in preparation for the NCI Comprehensive Cancer Center Grant preparation and submission.

We are on a very ambitious schedule to complete and submit our application to the NCI in October 2004. I want to thank Dr. Karl Blume for the progress he has made to date but also to encourage any of you who are interested in participating in this effort to let us know. Again, the next big event will be our Retreat on Saturday, November 15th in the Clark Center.

Executive Committee: Update on Neurosurgery

At the October 17th Executive Committee, Dr. Gary Steinberg, Chair of the Department of Neurosurgery, gave a fascinating and exciting review of the department and highlighted the positive changes that have occurred over the past seven years since he assumed the leadership of the department.

Among the clinical areas he described were:

- The Cerebrovascular/Stroke Team, which includes the Intracranial Vascular Malformations group as well as the Stanford Stroke Center.
- The Radiosurgery program, including the Stereotactic Radiosurgery Program.
- Spine Neurosurgery
- Functional Neurosurgery, which includes movement disorders and pain
- The Stanford Comprehensive Epilepsy Center
- The Brain Tumor/Neuro-oncology Center
- The Stanford University Skull Base Team
- Palo Alto VA Hospital

Dr. Steinberg described the impressive volume trends the department has achieved in total Neurosurgery Service O.R. cases, discharges and days, charges and collections during the past several years. He also provided brief sketches of the department's research areas including:

- Oxidative stress-related mechanisms of CNS injury

- The Stanford Neurosurgery Image-Guided Laboratories, including the work of the
- Stanford Surgical Planning Team
- Mechanisms of cerebral ischemic injury as it pertains to inflammation, oxidative stress, and apoptosis
- Brain tumors (the role of bone marrow derived putative endothelial progenitor cells in tumor angiogenesis)
- Human neuronal stem cells: Control and consequence of neurogenesis in the adult
- Mild hypothermia, which has been found to provide excellent protection against experimental cerebral ischemia and traumatic brain injury

Importantly, Dr. Steinberg noted that the department's research programs are now ranked 6th nationally in NIH funding. In addition, the department currently has two NIH project grants (Stanford is the only Neurosurgery Department in the country to have two such project grants). They are the Center for Cerebrovascular Disease and the CNS Injury and Edema Research Center.

Dr. Steinberg also described the improvements that have occurred in the Residency Program since 1995, when the department faced the possibility of probation by the Residency Review Committee. Impressively, the department now has a full five-year accreditation and matches its top #1-5 choices out of more than 100 applicants per year. The department recently instituted new requirements for the residency program; these include the submission of peer-reviewed grants for a research year and the presentation of written scholarship at national meetings.

At the same time, it is important to note that the department of Neurosurgery faces similar challenges as other departments; these include funding, space, billets, and recruitment/retention issues. On the other hand, the department also sees great opportunities in taking advantage of advances in computer technology, imaging, bioengineering, molecular and cellular biology to develop new clinical therapeutic strategies. These might include:

- Minimally invasive surgery
- Neuromodulation (CNS stimulation)
- CNS tissue repair
- Robotic assisted surgery
- Neurotransplantation for stroke

Dr. Steinberg concluded by pointing out that in 1996, the department's goal was to develop the best Neurosurgery Department in the country over the next decade. Today, he sees the goal as the development of the finest Neuroscience Institute in the country, one that would:

- Provide the best clinical care and most innovative clinical advances;
- Explore the most exciting fundamental discoveries in neurobiology and technology;
- Set an example for successful translation of basic and clinical research into improved outcome for patients with neurological diseases.

I want to thank Dr. Steinberg for his thoughtful leadership and the faculty, staff, trainees and students of the department of Neurosurgery for their impressive accomplishments.

Fall Forum on Community Scholarship and Service

On Tuesday, October 14th our students led, coordinated and presented at the Second Annual Fall Forum on Community Scholarship and Service. Demonstrating that service to the community can be coupled with thoughtful and analytic studies to demonstrate their performance, we were treated to poster and oral presentation on a wide-reaching array of topics. Special thanks to Anne Braun Zink (SMS II) and Brent Kobashi (SMS II) for their important leadership in this event.

In addition to excellent oral presentations by Khaliah Johnson, Courtney Griffiths, Glenn Valenzuela, Joyce Javiar, Andrea Pomrehn, Ward Myers, Brent Kobaschi and Elise Lawson, we were also treated to a presentation by community partner Mr. Luther Brock and a special keynote address by Dr. Steven Shroeder, formerly CEO of the Robert Wood Johnson Foundation and presently Professor at UCSF.

This is an excellent event and if you didn't have the opportunity to attend it this year, I hope you will make every effort to do so when it is held next Fall!

Bing Lecture Series Resumes

On Wednesday, October 15th the Bing Lecture Series commenced for 2003-2004. This tradition which dates back decades, involves having a Stanford School of Medicine faculty member deliver a special lecture to a group of friends of Stanford in Los Angeles. Our first speaker of this season was Dr. Sam Gambir, Professor of Radiology, who recently joined Stanford from UCLA to serve as the director for the rapidly evolving area of molecular imaging. He gave an excellent presentation.

Other faculty selected to present at the Bing Lecture series include Marlene Rabinovitch, M.D., Dwight and Vera Dunlevie Professor of Pediatrics, Professor of Developmental Biology and Research Director of the Wall Center for Pulmonary Hypertension; Gary Heit, Assistant Professor of Neurosurgery; and Michael Longaker, Deane P. and Louise Mitchell Professor in the School of Medicine.

Fostering Compliance and Integrity in Clinical Research

On Monday October 20th, the Stanford [ACCESS](#) Program sponsored its 4th Annual Symposium for Clinical Research Personnel. I want to thank at the outset Dr. Steve Alexander, Director of ACCESS, along with Mary Sweeney and members of the ACCESS Clinical Trials office, for making this another very successful event.

As with past symposia, this year's event dealt with the extremely important topic of compliance and integrity. The Keynote Speaker was Dr. Arthur Rubenstein, Executive Vice President and Dean, University of Pennsylvania. In addition to experiences emanating from a long and distinguished career as a physician-scientist, Dr. Rubenstein also chaired the Institute of

Medicine's Committee on Scientific Integrity, the recent report of which addresses the important topics of individual and institutional integrity.

Through the symposium, by case study (and some theater), speakers addressed some of the key issues that challenge compliance including: unapproved tissue banking; improper consent process; data gathered outside of IRB approval; lack of training of investigators and staff; failure to adequately inform patients of risks associated with a clinical trial; inadequate protection of privacy and confidential data; not informing the IRB of collaborating sites; databases and privacy; inappropriate recruitment of subjects; and changes to the protocol without IRB approval. Because any one of these can impact institutional compliance, it is imperative that participants in the clinical research process become as informed as possible about their responsibilities and the appropriate and safe conduct of clinical research. This year's ACCESS symposium provided lots of insights and education to help our research community be informed - and compliant.

Clark Center Dedication and BioX

During the past weeks much has been written about the Clark Center and BioX, culminating in the dedication of the Clark Center on Friday October 24th. I certainly won't repeat the comments and reports that have appeared in various publications (see summary in the October 22nd issue of the Stanford Report - <http://www.stanford.edu/dept/news/report/news/2003/october22/xintro-1022.html>). At the same time, I want to thank all of the School of Medicine's faculty, students and staff for the work they have done to bring this important interdisciplinary program to its current level of success. There is little doubt that in the years ahead, programs like BioX will define Stanford and create a new landscape for education and research - and a resource for generating knowledge that can help fulfill our mission in "Translating Discoveries."

I would be remiss however if I did not thank some of the individuals within the School of Medicine who played a key role in the early developments of [BioX](#). I apologize in advance if my acknowledgement list is incomplete - but it should certainly include Professors Jim Spudich, Bill Mobley, Lucy Shapiro, Harvey Cohen - and, of course, Matt Scott, who now serves as the Program Director for BioX. In a number of important ways, BioX is building on previous Stanford programs that have fostered interdisciplinary education and research and which are clearly part of our institutional fabric - and undoubtedly much of the future in the 21st Century and beyond.

NIH Roadmap and the Grand Challenges

In the October 13 Dean's Newsletter, I commented on the recent announcement by the NIH of its new Roadmap for Research (www.nihroadmap.nih.gov) and, in addition, on the announcement in the October 17th issue of Science on the Grand Challenges that will be supported by the Bill and Melinda Gates Foundation (www.grandchallengesgh.org). These are significant events in that they are likely to have an impact on reshaping the way we conduct biomedical research. While it is imperative to foster investigator initiated basic research and to support it via the traditional NIH RO1 funding mechanism, it is clear that both the NIH and the

Gates Foundation are planning to support more team-based problem oriented research that addresses important questions and which has an impact on translating discoveries from the bench to the bedside (and back).

I believe that our Strategic Planning process in the School of Medicine during the past two years has made us uniquely suited to seize some of these new opportunities. To help explore ways to do that, I have asked Drs. Harry Greenberg and John Boothroyd, Senior Associate Dean's for Research, Graduate Education and Postdoctoral Affairs, to lead a task force that ascertains how we can optimize our institutional success. They will also explore what resources may be necessary to enable us to be as successful as possible. I will be reporting about their progress in future issues of the Newsletter - but also want to encourage you to submit your ideas or suggestions to Drs. Greenberg and/or Boothroyd.

Newly Elected Members to the Institute of Medicine, National Academy of Sciences

At its national meeting on October 27-28, the newly elected members to the IOM were announced. Of the 70 new members, four are from our Stanford faculty. They include:

- Ann Arvin, Lucile Salter Packard Professor of Pediatrics and Professor of Microbiology and Immunology
- Helena Kraemer, Professor of Biostatistics in Psychiatry
- Alan Schatzberg, Kenneth T. Norris, Jr. Professor of Psychiatry and Behavioral Sciences
- Mark McClellan, Associate Professor of Economics and of Medicine and of Health Research and Policy (currently on administrative leave)

This brings our total Stanford membership in the IOM to 38 members. Given the small size of our School, this is an amazingly high number of individuals who have achieved this impressive distinction.

Additional Selected Awards and Honors

Professor Irv Weissman has been selected as this year's recipient of the J. Allyn Taylor International Prize in Medicine for his extraordinary contributions to science in the area of Cell-Based Therapeutics. The Prize will be awarded in London, Ontario, on November 5, 2003.

John J. Barry, MD, Director of the Neuropsychiatry and Individual Psychotherapy Clinics and Assistant Professor of Psychiatry has been awarded the ninth Annual Outstanding Faculty Physician Award for excellence in the specialty care of students, from the Vaden Heath Center

Announcement

- The next Community Lecture Series will be held at 7:00 p.m. on Wednesday, November 5th at the Clark Center Auditorium. Suzanne Pfeffer, PhD, Chair of the Department of Biochemistry, will discuss "DNA Chips: A Breakthrough for Cancer Diagnosis" and cover innovative new molecular and genetic tools for diagnosing disease. This free event is

one of an ongoing series of lectures on important issues in health care and biomedical research.

Appointments and Promotions

- **Mark Blumenkranz** was reappointed to Professor of Ophthalmology at the Stanford University Medical Center, effective 2/1/2004.
- **Matthew Bogyo** has been appointed to Assistant Professor of Pathology, effective 11/1/2003 to 10/31/2006.
- **Andrew Fire** was appointed to Professor of Pathology and of Genetics, effective 11/1/2003.
- **Shai Friedland** was appointed to Assistant Professor of Medicine (Gastroenterology and Hepatology) at the Palo Alto Veterans Affairs Health Care System, effective 10/1/2003 to 9/30/2006.
- **Kevin Lemley** was appointed to Associate Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital, effective 10/1/2003 to 9/30/2008.
- **Robert Norris** was reappointed to Associate Professor of Surgery (Emergency Medicine) at the Stanford University Medical Center, effective 2/1/2004 to 3/31/2009.
- **Minnie Sarwal** was appointed to Associate Professor of Pediatrics (Nephrology) at the Lucile Salter Packard Children's Hospital, effective 10/1/2003 to 9/30/2008.
- **Kuldev Singh** was appointed to Professor of Ophthalmology at the Stanford University Medical Center, effective 10/1/2003.
- **William H. Robinson** has been appointed to Assistant Professor of Medicine, 11/1/2003 to 10/31/2006.