

Dean's Newsletter

August 23, 2004

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Appointment of Associate Vice President for Medical Development

As you know from prior communications, we are on the threshold of initiating the first phase of our capital campaign, for both the School of Medicine and Medical Center, as well as for the University. Indeed during the past couple of years we have developed an inventory of the key facilities and programs needed to further propel Stanford as leading research-intensive school of medicine and university into the 21st century. For the Medical School much of this will come under our umbrella of Translating Discoveries, the theme for our Strategic Plan (<http://medstrategicplan.stanford.edu/>). While it is certainly true that our faculty is the most critical component to the success of our fundraising efforts, it is also true that having an outstanding Office of Medical Development is also critically important.

During the past several months we have been engaged in a national search to identify the individual who could help lead and coordinate our development plans as the Associate Vice President for Medical Development. We worked with excellent search firm, Witt/Kieffer, and had the opportunity to evaluate a large number of potential candidates. Indeed, our group of finalists was truly outstanding – each bringing different and special strengths and talents to this position. Our search committee included Martha Marsh, CEO of Stanford Hospital & Clinics, John Ford, Vice President for Development, Mike Hindery, Senior Associate Dean for Finance and Administration, John Freidenrich, University Trustee and Chair of our Leadership Council for Medical Development and myself. During the final interview sessions we also benefited from the assistance and insights of senior faculty and university leaders who met with each of the candidates. The input we received was most helpful.

Last Monday, John Ford, Martha Marsh, and I were very pleased to announce the appointment of Douglas G. Stewart as Associate Vice President for Medical Development and Alumni Affairs at the Stanford University Medical Center.

Doug will begin his new responsibilities on October 1st. He comes to Stanford from the University of California, San Francisco, where he served as Executive Director, University Development, and Associate Vice President for the UCSF Foundation. Importantly, he directed UCSF's most recent successful comprehensive fundraising campaign, which just surpassed its goal of \$1.4 billion a year early. Prior to going to UCSF, Doug directed fundraising activities for the California State University at Fullerton, the California Academy of Mathematics and Sciences, and Neurosciences at the University of California, Los Angeles. His experiences in leading these campaigns as well as his abilities as a manager, leader and fundraiser, will surely prove most valuable to Stanford as we move forward.

As Associate Vice President, Doug will lead the School's Office of Medical Development. He will work closely with Martha Marsh and me as well as with the leadership of the University's Office of Development in all aspects of fundraising for the School of Medicine and the Stanford Hospital and Clinics. We are extremely pleased that Doug will be coming to Stanford. I also want to thank Jana Baldwin (Administrative Associate) and Julia Tussing (Managing Director, Finance & Administration) who played key roles in coordinating the visits of our candidates and making each feel welcome to Stanford.

For those readers unfamiliar with the work of the Office of Medical Development, let me say that it provides support for Stanford University Medical Center by building long-lasting relationships with patients, businesses, foundations, medical school alumni, and members of the community. These relationships help enhance the groundbreaking work of physicians and scientists throughout the medical center - from the discoveries they make to the patient care they deliver - and provide a sense of involvement and fulfillment for donors, volunteers, and staff. The Office plays a crucial role in the work of the Stanford University Medical Center, and I couldn't be more pleased that we have someone of Doug Stewart's experience and talent to lead our development efforts.

Update on the School of Medicine Website Project

At the August 6th meeting of the Executive Committee, Michael Halaas, the Systems Development Associate Director of Web Development in the Office of Information Resources and Technology (IRT), presented a report on the School's public web site.

As you likely know, in January 2004, the school launched its newly designed web site including a new home page and several thousand pages of associated content. The primary goal was to create a site that can provide meaningful, usable information and services to the school's core audiences and appropriately represent the spirit and stature of our institution. Michael emphasized that the redesigned site was not simply a cosmetic

upgrade, but a complete re-implementation of the web infrastructure from both a technical and a conceptual standpoint. I think that Michael and his colleagues, under the leadership of Dr. Henry Lowe, Senior Associate Dean for Information Resources and Technology, have done an outstanding job in making our website easy to navigate and highly informative.

The new website (<http://med.stanford.edu/>) has proven to be a heavily used resource for the school, accumulating 1.9 million unique visitors between January and June of 2004 with an average of 92,000 page views each day. 15% of visitors to the site were from Stanford, 30% were from elsewhere in California, 33% were from elsewhere in the US, and 22% were international.

Michael also provided an exciting update on the status of the redesign project and showed examples of completed pages. The ultimate goal is to build all sites in the school using a common design framework. It was emphasized that this design uses many common elements but is flexible in order to accommodate the unique needs of each site. To date, 49% of the web sites that the project team is aware of have been completed. An additional 8% are in development, and the remaining are still to be done. Among the benefits of the redesign are a more attractive presentation, improved organization, better navigation, more dynamic content, a unified presentation of the school's departments and other entities, and improved support for departmental web maintainers.

Michael also demonstrated and gave an update on the status of two dynamic web projects: the *Community Academic Profiles (CAP)* and the *Public Clinical Trials Directory*. The *Community Academic Profiles (CAP)*, in Phase 1 of the project, will be a replacement for the Faculty Research Directory that is currently online. It will automatically generate profiles for all Principle Investigators in the School. These profiles will be easy for researchers (or their designees) to update and can be published on multiple school sites simultaneously. Information about all publications associated with our researchers will be automatically retrieved from PubMed and incorporated into profiles. The site is scheduled for release in September with continued development and enhancements planned for the future.

The *Public Clinical Trials Directory* is built as a searchable repository for all clinical trials in the school. It has been developed in partnership with many groups in the school and hospitals and is being piloted by the Cancer Clinical Trials Office. The site organizes the trials by disease category and school department and provides basic information and a primary contact for each trial. Maintenance of trial information is delegated to study coordinators and PI's. If your department would like to begin using the system, please contact Michael at halaas@stanford.edu. The site can be viewed at http://med.stanford.edu/clinical_trials/

The members of the Executive Committee expressed their appreciation for the redesigned site and for the extensive efforts of the many staff members who have worked on its various components. I would add that thanks to Michael and his group. We truly

have an outstanding website – which promises to become only better in the months and years ahead.

Update on the Department of Psychiatry

At the August 20th meeting of the Executive Committee, Dr. Alan Schatzberg, Kenneth T. Norris Jr. Professor and Chair of the Department of Psychiatry and Behavioral Sciences, presented an overview of his department's activities. Unfortunately, I was away for this presentation and thank Kathy Gillam for this summary. Per her report, Dr. Schatzberg began by pointing out that the discipline of psychiatry has changed enormously since the era when the image one had of psychiatry was the couch in the psychoanalyst's office. Today it is heavily pharmacologically oriented, with strong elements of molecular biology, radiology, and genetics. Indeed, I would add that I very much see psychiatry as being embraced in the domain of our Neurosciences Institute at Stanford.

The department currently consists of some 92 faculty and clinician educators, 27 academic research staff, 57 residents, 84 fellows, and 350 other employees. It has over 40,000 clinic visits annually and projects that it will have over \$28M in sponsored project expenditures by the end of FY 2004. The department, as is typical of Stanford departments, is smaller than its peers, so that it brings in less total grant support than they. However, like the School of Medicine as a whole, it ranks at the top in terms of grant support per faculty member.

The department is historically multidisciplinary, in part because it encompasses both psychiatry and behavioral sciences. The academic disciplines represented in the department include animal behavior, brain imaging, epidemiology, genetics and pharmacogenetics, health outcomes research, molecular and cellular physiology, molecular pharmacology, neuropsychology, psychology (psychotherapy), psychoneuroendocrinology, psychopharmacology, sleep medicine, and statistics. The department is also involved in major collaborations with many departments both within the School of Medicine and in other schools, such as Biological Sciences, Psychology, Bioengineering, and Electrical Engineering.

The major research programs within the department are child psychiatry, eating disorders, geriatric psychiatry, mood disorders, the Pritzker Laboratory, psychosocial research, and sleep disorders, including narcolepsy. For each program, Dr. Schatzberg provided a brief synopsis of current research and recent findings. He emphasized the novel approaches being used in each of the areas. In its research, training, and patient care, the department covers most of the major psychiatric illnesses. Research on them is carried out using a variety of disciplines and methodologies, beginning with basic animal models and other basic research and encompassing epidemiology, clinical biology, psychopharmacology, and psychotherapy.

Following the presentation, the members of the Executive Committee commented on the broad based transformation the department has undergone under Dr. Schatzberg's

leadership and on the close connections between the department and the neurosciences institute. Thanks to Dr. Schatzberg for his informative and engaging presentation and to all the members of the Department of Psychiatry and Behavioral Sciences for their many contributions.

A Timely Article about Stem Cells

Today's Washington Post presented an op-ed article by Ruth R. Faden and John D. Gearhart. Dr. Faden, Wagley Professor of Biomedical Ethics at Johns Hopkins University, directs its Berman Bioethics Institute. Dr. Gearhart is the C. Michael Armstrong Professor, also at Johns Hopkins University. In my opinion they present a clear, balanced and articulate perspective, which I am taking the liberty of including in this issue of the Dean's Newsletter for your information.

Facts on Stem Cells

By Ruth R. Faden and John D. Gearhart

Reprinted from the Washington Post, Monday, August 23, 2004; Page A15

This summer marks the third anniversary of President Bush's announcement of his policy on stem cell research. In the intervening years, the subject has become a polarizing flash point for American politics and a focal point for the presidential campaign. For many of Sen. John Kerry's supporters, the Bush administration's stem cell policy is a leading symbol of everything that is wrong with the current domestic agenda. For Bush supporters, his stance on stem cells is a leading symbol of all that is right.

Translating science into political symbols and slogans comes at a price. There is hype on both sides. In the rush to put a human face on a complicated biomedical challenge, supporters of both stem cell research and Kerry sometimes seem to suggest that but for the administration's policy, stem cell cures for dread diseases would already be in hand. Even under the most supportive policies, however, considerable research needs to be done before the therapeutic promise of stem cells is fully understood and its benefits are realized. In no cases are cures guaranteed, and even in the most promising areas, reliable cures are years, in some cases as much as five to 10 years, away.

That said, and despite the hype to the contrary, there is no question that the current policy is substantially retarding progress in stem cell research. In an Aug. 4 op-ed in The Post, Anne Applebaum argues that our national debate on stem cells should begin with the facts. We agree. Here are some facts:

* As much as we might wish it to be otherwise, no non-embryonic sources of stem cells -- not stem cells from cord blood or from any "adult" sources -- have been shown to have anything like the potential to lead us to viable treatments for

such diseases as juvenile diabetes, Parkinson's and spinal cord injury that stem cells derived from very early embryos do. The science here is unequivocal: Access to embryonic stem cell lines is essential to rapid progress in stem cell research.

* The embryonic stem cell lines the president approved for federal funding three years ago, all of which were derived before August 2001, are clearly inadequate to advance stem cell science, let alone to take that science from the bench to the bedside. There are too few of them, no more than 21. All of the approved stem cell lines were prepared using mouse cells and thus pose a risk of contaminating human subjects with mouse viruses. This is a needless risk; since 2001 we have developed techniques for establishing embryonic stem cell lines without using mouse cells. Even if the approved lines were safe for use in humans, many patients who would be appropriate and willing participants in the first human trials would have difficulty receiving grafts based on these lines because of problems of genetic matching. There are just too few lines to even begin to accommodate the genetic diversity in our population.

* Under the current policy, it is not possible to use federal funding to generate or study stem cells derived from embryos with genetic defects or disease genes. Such cell lines would be invaluable in helping to determine the molecular basis of disease and in seeking ways to correct problems or ameliorate their consequences.

* Restricting federal funding to just the approved lines is retarding progress for financial as well as scientific reasons. The \$25 million allocated by the Bush administration for embryonic stem cell research in 2003 is a tiny fraction of the National Institutes of Health budget of \$18.3 billion for extramural research. To put this in perspective, in that same year the government spent almost eight times as much (\$190.7 million) on research with less promising "adult" stem cells. There are formidable scientific and medical challenges to attaining our goal of providing cell-based therapies that are safe and effective. It will take the efforts of many scientists and clinicians in a variety of disciplines to bring this technology to the clinic. The results of laboratory investigations on human embryonic stem cells are highly encouraging and consistent with meeting this goal. Private funding of stem cell research is important and is increasingly forthcoming, but in these early stages, federal funding is paramount and essential.

* We are losing ground to other countries with less restrictive policies on embryonic stem cells. This month British government officials announced the first license to use cloning techniques to generate a human embryo to produce stem cells that might be used for the treatment of disease. Other nations are investing heavily -- hundreds of millions of dollars -- in embryonic stem cell research. The United States stands to lose substantially in the global economy of intellectual property and biotechnology. More important, patients everywhere stand to lose. As much as other countries invest, they cannot fill the gap. They are not as well positioned scientifically as the United States to advance stem cell

research. Losing ground to other countries also means losing oversight of critical points in the research cycle, over the ethical treatment of human subjects and embryos, and over quality control.

Hype and symbols will not advance our national debate about stem cell research. Facts and frankness will. So let's be frank.

The controversy about stem cells, and the choice between Kerry and Bush on stem cell policy, is not about science; it really is about values -- moral values.

The science is clear. The only way to ensure that we realize the promise of stem cell research as quickly as possible is to permit federal funding to be used to create new embryonic stem cell lines and to support research with new lines. President Bush's values are also clear. He believes that the destruction of embryos can never be morally justified, no matter how much human suffering might be alleviated, even if the embryos are only still a clump of cells not visible to the human eye and even if the embryos will be destroyed in any event in fertility clinics where they are no longer needed.

We believe that most Americans have different moral values from the president's. While we recognize and respect embryos as early forms of human life, we do not believe that embryos in a dish have the same moral status as children and adults. We believe that the obligation to relieve human suffering binds us all and justifies the instrumental use of early embryonic life. And we believe that it is possible to draw morally relevant lines and to enforce them as a matter of national policy.

Hype and symbols aside, the choice is clear.

Victory in the Jung Lawsuit Regarding the Intern Match

As many of you know, the last couple of years have been marked by a controversial and contentious lawsuit by Jung and colleagues that has threatened the future of the Intern Match program. Stanford Hospital was named in the suit, along with a number of other teaching hospitals across the nation, and university and hospital leaders have been quite involved in this process. On August 12th, however, US District Court Judge Paul Friedman granted the defendants' motions to dismiss the plaintiffs' case due to the passage of the Match statute by the Congress in support of the Match. This dismissal helps assure the integrity of the Intern Match and further protects teaching hospitals from costs of antitrust litigation against the Match. I think this is excellent news for American medicine and graduate medical education.

Town Hall Meeting on Staff Diversity

Mike Hindery, the Senior Associate Dean for Finance and Administration, will be hosting a Town Hall Meeting at noon on September 8th to discuss diversity and inclusiveness issues affecting staff. Diversity and inclusiveness programs are a major component of our recruiting efforts, for faculty, staff, and students, and discussions among colleagues across the School help to move these programs forward.

I commented on diversity programs in my May 31, 2004 Newsletter, stating that, "While the progress made in enhancing medical and graduate student education is important and encouraging, we also have considerable work to do in recruiting and retaining minority faculty and staff. This will be a major initiative and I will be following up on this discussion throughout the year. Indeed, it will feature prominently in our Leadership Retreat next January as well as in a new program in leadership development within the School. It will also (receive) oversight from the Office of the Dean to help make sure that we are doing all we can to enhance and improve diversity within the School of Medicine." The town hall meeting Mike Hindery is holding is a continuation of the effort to enhance diversity and inclusiveness across the School.

We encourage all members of the School of Medicine community to support the School of Medicine's efforts in this regard, including efforts to encourage qualified individuals who would bring diversity to our workforce to apply at Stanford, and by suggesting ideas for broadening our outreach efforts so as to increase the number of women and minorities in our applicant pools, and by working to make every member of the School community feel included.

Sandwiches and drinks will be provided; please RSVP to amy.erickson@stanford.edu. The location of the meeting will be announced by email.

Awards and Honors

- ***Dr. William Dement***, Lowell W. and Josephine Q Berry Professor of Psychiatry and Behavioral Sciences, has been selected by the Society for Neuroscience as "one of the great brains of our time." Admittedly, this certainly stands as a most impressive honor and designation. Congratulations to Dr. Dement for all of his outstanding work on sleep and its disorders.
- ***Dr. Sarah Donaldson***, Catharine and Howard Avery Professor of Radiation Oncology, has been elected Secretary/Treasurer of the American College of Radiology. This appointment exemplifies Dr. Donaldson's dedication to service at all levels in the field of radiology. Congratulations to Dr. Donaldson for being an outstanding role model for all faculty.
- ***Dr. Alice Whittemore***, Professor of Health Research and Policy, has been named the recipient of this year's Janet L. Norwood Award for outstanding achievement by a women in the statistical sciences. The Award is presented by the Department

of Biostatistics and the Section on Statistical Genetics in the School of Public Health at the University of Alabama at Birmingham. The award will be presented at a ceremony on October 15th at UAB. Congratulations to Dr. Whittemore for this wonderful honor.

Appointments and Promotions

- **Lawrence Goodnough** has been appointed to Professor of Pathology at the Stanford University Medical Center, effective 9/1/2004.
- **Peter Koltai** has been appointed to Professor of Otolaryngology and Professor, by courtesy, of Pediatrics at the Stanford University Medical Center, effective 9/1/2004 to 8/31/2009.
- **George Yang** has been promoted to Assistant Professor of Surgery at the Palo Alto Veterans Affairs Health Care System, effective 8/1/2004 to 7/31/2007.