

Dean's Newsletter

July 25, 2005

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The Question of Gifts from Pharma

The July 15th issue of **The Wall Street Journal** contained a front-page article entitled “To Sell Their Drugs, Companies Increasingly Rely on Doctors.” It was ironic but relevant that this article, whose subtitle read “For \$750 and Up, Physicians Tell Peers About Products: Talks Called Educational,” was published on the same day as a presentation to the School’s Executive Committee on this very topic. While there is no doubt that the pharmaceutical industry (also known as Big Pharma) has developed medications that have significantly improved the lives of adults and children, there is also no doubt that pharmaceuticals are big business – and in fact the cost of drugs is one of the major factors contributing to the ever-rising cost of healthcare in America. And while there are very important relationships between Pharma and Academia (as well as the medical profession writ large) that should be acknowledged and supported, it is increasingly clear that the boundaries between proprietary interest and public good are getting too blurred.

In this context, the presentation by Dr. Gilbert Chu, Professor of Medicine and of Biochemistry, at the July 15th Executive Committee meeting was important and sobering in its elucidation of the relationship of the pharmaceutical industry and the medical profession. As you likely know, I have been commenting on some of these issues in recent Dean’s Newsletters, including the most recent one, and I feel even more strongly after Dr. Chu’s talk that both collectively and individually we need to understand the relationship between Academia and Pharma and assure that it is managed with integrity.

Dr. Chu provided background about the huge scale and scope of Big Pharma. For instance, the ten biggest pharmaceutical companies worldwide account for 50% of worldwide sales. Among Fortune 500 companies, the 10 pharmaceutical companies in a recent year posted a combined net profit of \$36B, while the other 490 non-pharma

companies had a combined profit of \$34B. The CEO salary plus stock options at one company were reported as \$151M; at another, the figures were \$82M. Amazing numbers!

Of course there is no question that pharmaceutical companies are essential for bringing new drugs to market. It is important to remember, however, that the basic research in identifying drug targets and candidate classes is most often done in academia or biotech, whereas pharmaceutical companies complete the drug evaluation process, support the clinical trials and secure FDA approval. However, questions about financial conflicts of interest in physicians' relationships with the pharmaceutical industry have recently become more pointed. Books such as Jerome Kassirer's, *On the Take, How Medicine's Complicity with Big Business can Endanger Your Health*, Oxford University Press, September 2004, have cast serious doubt on the integrity of the relationship between medicine and big business.

Dr. Chu explained that the business strategy of Big Pharma includes several components: making new drugs, patenting the drugs, lobbying lawmakers, educating patients, and educating physicians. Each of these components can be used to increase the profits of the company while only marginally, or not at all, increasing the health of the population. For instance, after one drug is patented and marketed and is making a profit, a "me too" drug (basically the same drug, with a slight variation in biochemistry but virtually no difference in efficacy) can be patented and used to enlarge the market - and generate new profits. Dr. Chu pointed out that the pharmaceutical lobby is the largest in Washington DC, with 1274 registered lobbyists, including 40 former members of Congress. The industry spends \$12B per year (\$10K per MD in this country) on physician education. Dr. Chu noted the ubiquitous presence of gifts of pens and food at seminars and the financing of 60% of CME by pharma.

Dr. Chu's findings show that pharma has changed significantly over the past 25 years, away from finding novel drugs and towards aggressive marketing, and he is concerned that the pipeline for new drugs is drying up. Indeed, these issues foster the increasing practice of marketing drugs through TV ads (which are distressing in their own right) to the increasing role of using physicians (including academic physicians) to "market" drugs through "education" sessions – including those highlighted in the Wall Street Journal article mentioned above. I would go further and add that being on a "speaker's bureau" or program blurs the lines between scholarship and business.

One of the most egregious current practices, and one that has become increasingly common, is the drafting of scientific reports on clinical trials by the drug company sponsoring the trial or by consultants with the expectation that the clinical scientist doing the trial will simply sign off on the article and have his/her name as the author. It is my hope that no faculty member at Stanford would engage in such a practice. Such ghost-written manuscripts (especially when the ghost is Big Pharma) are incompatible with rigorous independent scholarship.

Dr. Chu concluded his presentation with a series of questions that ask, "What should Stanford do?" Should we ban gifts from pharma? Do we want pharma food at

seminars? Should we ban pharma from clinics? Can we mandate effective disclosure? How do we ensure good science in our research collaborations? These indeed are extremely important questions that deserve our attention. It is my plan to readdress these issues with the Executive Committee in the months ahead. In doing so, I am most interested in also getting input and comments from faculty and students. So please share your reactions, thoughts and recommendations with me.

NIH Reauthorization

During the past year, Ryan Adesnik, Director of Federal Relations, and I have been concerned about the potential impact of the reauthorization of the NIH – which we knew might be forthcoming. For the first time in 13 years, the House of Representatives began consideration of legislation to reauthorize the NIH. Reauthorization legislation consists of a broad based policy review of the agency. Given federal budgetary constraints, and in follow-up to the 2003 IOM report, “Enhancing the Vitality of the National Institutes of Health—Organizational Change to Meet New Challenges,” the House Committee with NIH oversight authority is now considering proposals to improve planning and efficiency at the NIH.

Last week the House Energy and Commerce Committee released a draft bill to begin the reauthorization process. Many of the important details of the proposal are currently under negotiation so it is probably best to consider the discussion draft as a work in progress. The committee asserts that it has tried to draft a document that seeks to enhance the NIH’s ability to develop planning across the NIH, strengthen the NIH Director’s authority to coordinate the NIH’s research portfolio, and direct the development of standardized reporting requirements and data collection to promote greater accountability to Congress and the public.

The Energy and Commerce Committee draft specifically proposes:

- The creation of a Division of Program Coordination, Planning and Strategic Initiatives within the Office of the Director that would be tasked with developing broad based, trans-NIH planning for the agency.
- The organization of the NIH, for funding purposes, into four divisions: 1) Mission Specific Institutes—focusing on disease specific efforts; 2) Science Enabling Institutes and Centers—defined in the committee’s proposal as those entities that provide support and tools to assist the efforts of the mission specific institutes; 3) The aforementioned Division of Program Coordination, Planning and Strategic Initiatives; and 4) Office of the Director.
- Giving the Director the Authority to reorganize institutes and centers with the consent of the HHS Secretary, Congress and a public process yet to be defined. The HHS Secretary currently has this authority.

- An increase in the amount of funding that the Director may transfer between institutes and centers for the purposes of implementing trans-NIH initiatives. The Director's transfer authority is currently set at 1%.
- Uniform reporting requirements and improved data collection across the NIH to improve transparency.

Last week NIH Director Elias Zerhouni testified before the Energy and Commerce Committee to provide his comments on the discussion draft. Dr. Zerhouni indicated that, while there are many important details to be worked out, he believes the committee's general approach would benefit planning and operations at NIH. He also stressed the importance of preserving the sanctity of the peer review process and support for investigator driven grants.

As noted above, over the last year I have been monitoring discussions regarding a possible reauthorization bill in Congress. While I think that the discussion draft seems to support some recommendations from the IOM report and some ideas that many of us support (i.e., some increased authority for the Director and better data collection and portfolio management) we have to work to make sure that any changes enhance the NIH's research mission rather than disrupt it. A number of members on the Energy and Commerce Committee stated last week that the NIH is not a "broken agency" and urged caution in any reform proposal. In particular, I have been very concerned about changes that could further erode the RO1 research pool.

The process is in its very early stages and it is still unclear how Congress will proceed. At our suggestion, the AAMC set up a Dean's Task Force to develop a constructive approach to provide input if such a reauthorization proposal began to move forward in Congress. I chair that task force with Dr. Bob Kelch from the University of Michigan. I will continue to work within that group, with the Association of American Universities and with other groups in the biomedical research community to provide reasoned input.

If you have any questions as the process moves forward please do not hesitate to contact our Director of Federal Relations, Ryan Adesnik at radesnik@stanford.edu. Information is also available at this AAMC web site: <http://www.aamc.org/advocacy/library/washhigh/2005/072205/start.htm#1>

Mini-Retreat to Further Enhance the Progress of the Stanford Institutes of Medicine

On Saturday July 16th, I held a "mini-retreat" with the directors and associate directors of the Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center, to gather updates and status reports on each of the Institutes and, importantly, to address several key questions:

- Which projects now under the auspices of the Institute or Comprehensive Cancer Center (CCC) would be (or not be) in existence if the Institute or CCC did not exist?
- What activities are ongoing or planned to foster and develop Institute or CCC education and training programs?
- What lessons have been learned from launching the Institute or CCC and how can this benefit other Institutes?
- What is truly unique about each Institute or CCC and how is that distinguished from the work of Departments? How can the Institutes work more closely together and how they can they collaborate with the Departments?

Attending the mini-retreat were Drs. Mark Davis and Carlos Esquivel (Stanford Institute for Immunity, Transplantation and Infection), Drs. Bill Mobley and Karoly Nikolich (Neurosciences Institute at Stanford), Dr. Bobby Robbins (Stanford Cardiovascular Institute), Drs. Irv Weissman and Mike Clarke (Stanford Stem Cell Biology and Regenerative Medicine Institute), and Drs. Beverly Mitchell, Steve Leibel, and Karl Blume (Stanford Comprehensive Cancer Center).

The Mini-Retreat was highly interactive and successful in addressing the questions posted above and also in identifying important future challenges and opportunities. Among these is the importance of having the Institutes work more interactively with each other – including having regular meeting to update status, compare progress and determine areas for improved collaboration and interaction. There was unanimity in recognizing that the Institutes need to better engage faculty from throughout the university (although considerable progress on this has already been made) and to optimally align the work of the Institutes and CCC to the clinical and research programs in the Departments and Medical Center. The need to foster even closer collaboration with Stanford Hospital & Clinics and the Lucile Packard Children's Hospital was highlighted by a number of the Institute and CCC directors.

I fully recognize that the Stanford Institutes of Medicine and the Comprehensive Cancer Center represent significant change within the School and could be conceived by some as threats to existing organizational entities, especially departments. I don't see it that way at all. Indeed, I truly believe that strong basic and clinical departments are quite compatible with strong Institutes and the CCC. The challenge is to align structures and resources so that leaders across the School are able to see beyond the traditional boundaries of authority and control and are able to ask how these programs can make Stanford Medical Center stronger and more successful. At the end of the day our ability to be truly transformational will be decided by the quality and vision of our leadership throughout the School and by our individual and collective ability to create the future rather than defend the past. Needless to say, this will be an iterative process, requiring adaptation and compromise by all involved. But as stewards of the future, it remains our responsibility to assure that evolution occurs in a manner that enhances Stanford and furthers our ability to create new knowledge, train future leaders and translate discoveries.

Next Steps in the Faculty Appointments and Promotion Process

Last September I announced the launching of a Task Force on Faculty Appointments and Promotions, chaired by Dr. Rob Jackler, Professor and Chair of the Department of Otolaryngology-Head & Neck Surgery. The purpose of the Task Force is to examine our faculty appointments and promotions processes with a view toward streamlining them so that they can be completed more efficiently and quickly, with appropriate attention to the quality of the evaluation. I also asked the Task Force to assess the feasibility of using web- based technology for this process.

At the July 1st meeting of the Executive Committee, Dr. Jackler gave a progress report on the work accomplished to date. The Task Force has done an extensive review of the current A&P processes and has made a series of recommendations for change. Senior Associate Dean for Academic Affairs David Stevenson and I have approved these recommendations, which will be implemented in the next months. For example, in conjunction with the Provost's Office, the School will be initiating changes in the forms used in the A&P processes. One good outcome is that there will be fewer forms, and the instructions for their use will be simplified and clarified. In addition, benchmarks for how well departments perform in accomplishing appointments, reappointments, and promotions will be established and tracked. Furthermore, the Task Force, under the leadership of Phil Constantinou, Director of IRT System Development, has completed a proposal for a Faculty Appointment and Promotion Web Application, which was demonstrated to the Executive Committee.

The objective of a web-based system would be to improve the speed of long form assembly and review by expositing the process steps to all the stakeholders, automating business rules to reduce errors and speed processing, and alerting responsible parties of delinquent tasks. Developing the full system will be a major project that would take several years to fully implement. The proposal is under review.

The Executive Committee was impressed by and enthusiastic about the Task Force's accomplishments. Dr. Jackler will return to the Executive Committee later in the calendar year, and I will keep you informed of further progress. Thanks to Dr. Jackler and the other members of the Task Force: Brian David, Sarah Donaldson, Jason Irwin, Linda McLaughlin, Julie Moseley, Annelies Ransome, Channing Robertson, Kim Thomas, Scott Walters and Kathy Gillam. Their work will have a significant positive impact on the school in the months and years ahead.

LCME Review Right Around the Corner

On July 20th the written documentation supporting our accreditation application by the LCME was sent to the Review Committee that will visit Stanford on October 16-19th. In addition to the 48-page Institutional Self Study Summary Report and the Student's Review, the application materials include over 3000 pages of background and supporting documents. The written documentation has been under preparation for more than a year and is the result of input from more than 200 faculty, students and staff within the School of Medicine as well as engagement by University officials and trustees. In

thanking them, I also want to offer particular acknowledgement to Dr. Oscar Salvatierra, Professor Surgery and Pediatrics, who served as the LCME Faculty Lead, and to Ms. Rebecca Trumbell, our LCME Project Manager. Their efforts in coordinating this enormous project has been outstanding and I am deeply appreciative of their tremendous contributions.

We have received input on the written materials from our external advisors and have worked diligently to address the concerns or questions that they raised in their review. To refine our presentations, we will have a “mock site visit” in September and then, of course, use these experiences for the October visit.

I am fully cognizant that this LCME visit will take place under the shadow of past reviews, a number of which raised concerns, especially about library and education facilities. We in fact agree with the concerns that were raised and have worked diligently to address these issues. I thought you might like to know what has been done to date and what will be accomplished in the immediate future. The following is abstracted from the LCME Self Study Summary Report. I share it with you so that you will be as informed as possible about this important issue.

The School has made an investment of over \$17.7 million to facilities since the 1997 site visit...the School has built and will continue to improve an IT infrastructure that allows ubiquitous electronic access to knowledge resources “anywhere, anytime,” recognizing the shift in balance from a library facility itself to an unlimited ability to access information; and finally, the School will build a new education facility, the Learning and Knowledge Center (LKC), which will provide the new kind of learning spaces and environment required by medical students today [and in the future]. The five component parts...have been addressed as follows:

1. Changes to the Lane Library facility itself include the elimination of a number of traditional book stacks to create expanded study spaces; the complete renovation and addition of handicapped accessibility to bathrooms within 44 yards of the entrance to the library; and the installation of evaporative coolers throughout the library building as a means of air conditioning. A number of other functional, comfort, and aesthetic upgrades have also been provided.
2. Small group teaching spaces have been created and/or renovated throughout the School in the Fleishmann teaching lab, the team learning classroom, anatomy lab, and Lane Library.
3. The Fleishmann teaching lab has been expanded and completely renovated, including sophisticated computer hardware.
4. The “computer network within the library” has been expanded, beyond what might have been even conceivable at the last LCME site visit, to become a “library without walls,” providing ubiquitous access to a greatly expanded digital

biomedical collection. Within the library facility itself, all computer equipment and services, including hardware and seating, have been upgraded.

5. The lecture halls have been completely renovated and provided with modern audiovisual equipment.

When I came to Stanford as the new dean in April 2001, a plan (called the GALE project) had been in place to address the LCME's prior concerns. However, it did not address the new programs for education that were to be developed in the School and it did not take into account the future of the library as a digital knowledge center. Moreover, the GALE project, a nearly \$200 million phased renovation project tentatively scheduled for completion in 2006, was unrealistic and did not have the support of the School's faculty or the University's administration. In February 2001 (before my actual official arrival), Michael Hindery, Senior Associate Dean for Finance Administration, and I met with the LCME Secretaries in Washington, DC. We informed them of my decision to scrap the GALE project and focus on the development of educational facilities that would have more appropriate alignment with a new, more contemporary vision for knowledge management. Plans for the LKC have been formulated to accomplish these new goals and objectives. It will include facilities for large and small classroom teaching, simulation and virtual reality learning, and the knowledge center.

The School has completed program planning for the LKC, which has been presented to the Board of Trustees. This planning includes an anticipated groundbreaking date in 2007 and opening of the new building in 2009. (It should be noted that 2009 is also the 50th Anniversary of the School's move to the Stanford campus from San Francisco.) In contrast to the GALE project, the plan for the LKC includes 120,000 square feet of new construction in addition to 73,000 square feet for renovation of the Lane and Always buildings.

Taken together, the current renovations and revitalizations of existing space and the construction of state-of-the-art education and library facilities will further transform Stanford School of Medicine and prepare it for the challenges of the 21st Century. Of course I hope that these plans will also resolve the long-standing concerns of the LCME about the adequacy of our education facilities.

Update on Chair Searches of Clinical Departments

We presently have three searches underway for chairs of clinical departments. Each of these searches is important and they are at different stages of execution. The search for a chair of Obstetrics and Gynecology (chaired by Dr. Linda Shortliffe) has been underway since earlier in this calendar year and has identified potential candidates. I am currently reviewing that short list and hope to have an announcement about the selection in the not too distant future.

A second important search is for the next chair of the Department of Medicine, the largest and most complex department in the School. Drs. Harvey Cohen and Gary

Glazer are co-chairing this search. The Committee is completing its needs assessment of the department and its description of the most desirable characteristics for the next chair. They have also assembled a long list of potential candidates and plan to develop a short list and begin inviting prospective candidates to campus in the Fall. It is my hope that we will be able to determine the lead candidate(s) before the end of this calendar year.

The third search is for the next chair of the Department of Pediatrics. Dr. Tom Kummel is chairing this search committee and, while they have only begun their work in the past month, they are already making significant progress. A long list of candidates has been compiled and the committee will be working on the shorter lists soon. The goal will be to have the next chair identified and hopefully at Stanford when Dr. Harvey Cohen steps down next summer.

In each of these searches, my goal is to find individuals who are established leaders and who can help move these respective departments to even greater levels of distinction. Clearly each of these next chairs must have a significant background in science, research, education and clinical medicine. I am particularly interested in individuals with vision and the ability to implement important new programs. These new chairs will also need – and want – to work closely with their colleagues throughout the Medical Center and University. The parallel development of departments and our Stanford Institutes of Medicine constitute a particularly important opportunity. I am especially interested in future chairs who will foster interdepartmental collaborations in research, education and patient care and who will support and benefit from interactions with the Stanford Institutes of Medicine and the Stanford Comprehensive Cancer Center. The potential for positive results of these interactions are boundless, and they offer an opportunity to create a transformational future.

We have been very fortunate in recruiting new clinical chairs who fulfill these criteria and who have joined Stanford in the last couple of years. These include Drs. Rob Jackler, Chair of Otolaryngology and Head and Neck Surgery; Dr. Bill Maloney, Chair of Orthopedic Surgery; Dr. Bobby Robbins, Chair of Cardiothoracic Surgery; Dr. Frank Longo, who will join Stanford in January as the next Chair of Neurology; and Dr. Beverly Mitchell, who is joining Stanford as the Deputy Director for the Stanford Comprehensive Cancer Center. I hope and expect to identify individuals with similar qualities of leadership, vision and a spirit of collaboration – and who are eager to help make Stanford a true leader in academic medicine in the 21st Century.

Medical Student Life Advisor Sought

Dr Julie Parsonnet, Senior Associate Dean for Medical Education, asked me to include the following announcement in the Dean's Newsletter.

The School of Medicine is searching for a Medical Student Life Advisor who can provide guidance on matters that affect medical students, particularly non-academic and personal issues. This Advisor will be a medical student counselor and advocate and will be selected by a search committee comprised predominantly of students. Academic

Advising Deans and the Student Life Advisor will work together closely in the development of the Advising Program. The Student Life Advisor will be a point of contact for students who wish to discuss sensitive or personal topics and obtain advice without concern about affecting their academic "reputation." The appointment will be for 25% time for a term of three years, with possibility for renewal at that time.

Responsibilities:

- Advise medical students on matters that impact student's life decisions, wellbeing, and academic performance, particularly non-academic and personal issues.
- Be available to represent and advocate for medical students, as appropriate, with regard to matters that affect student wellbeing.
- Work directly with the Academic Advising Deans in developing the Advising Program.

Qualifications:

- Training and experience as a practicing physician and educator.
- Extensive experience working with medical students, particularly in the role of advisor or mentor.
- Student-centered, personable, knowledgeable about the University and the School of Medicine.
- Associate, Full or Emeritus Professor at Stanford in UTL, MCL, Research, Teaching or Clinician Educator Line.

Applying

Prospective candidates should send a CV and a letter of intent to the Office of Student Affairs (OSA) to Zera Murphy [zera.murphy@stanford.edu] or Char Hamada [hamada@stanford.edu]. The names of three (3) students who could be contacted by the search committee for additional support of candidacy should also be included in the application material.

Application materials should be received before August 15th, 2005

America the pharmaceutical

The summer issue of Stanford Medicine, now available in print as well as on-line through the Communications and Public Affairs office Web site <http://mednews.stanford.edu/stanmed/2005summer/>, includes a special report on the complicated relationship our society has with pharmaceuticals.

The issue examines "America the pharmaceutical" by exploring the nation's love/hate relationship with pharmaceutical drugs. While drugs are one of society's greatest assets, the public's faith in their reliability is in jeopardy. That's troubling because it strikes at the core of our health-care system. Meanwhile other developments, such as direct-to-consumer advertising, are feeding the public's demand for pharmaceutical solutions.

Among the contents in the special report are the following articles:

- An in-depth look at America's pharmaceutical drug habits and their implications.
- Analysis of the government's system for assuring drug safety, featuring insights from Stanford faculty and former Food and Drug Administration commissioner and Stanford president Donald Kennedy
- An answer to the question: Is it ever ethical to test drugs on children? David Magnus, director of the Stanford Center for Biomedical Ethics provides an explanation.
- A collection of facts and figures revealing the pharmaceutical industry's powerful place in society.
- The story behind the national effort to determine drug dosages appropriate for children. Lucile Packard Children's Hospital physicians are playing leading roles in this endeavor.
- Professor Steven Shafer's insider's perspective on the FDA panel on Cox-2 inhibitors
- A Q & A with futurist Faith Popcorn predicting the surprises pharmaceuticals have in store.

Awards and Honors

Dr. Ronald Davis, Professor of Biochemistry and of Genetics, is this year's recipient of the 2004-2005 Dickson Prize in Medicine. Awarded by the University of Pittsburgh School of Medicine, the Dickson Prize is intended for investigators who are "actively engaged in innovative, paradigm-shifting biochemical research that is worthy of significant and broad attention." The prize consists of a bronze medal and \$50,000, and will be presented this Fall in Pittsburgh. Congratulations to Dr. Davis.

Gerald M. Reaven, M.D., Professor of Medicine, Emeritus, has recently received the 2005 NAMS/Berlex Laboratories, Inc. Postmenopausal Metabolic Syndrome Research Award. This award is designed to recognize and acknowledge an individual whose body of research has made a significant contribution to the understanding of metabolic syndrome in postmenopausal women. A commemorative plaque will be presented on October 1 during the NAMS 16th Annual Meeting, to be held at the Manchester Grand Hyatt Hotel in San Diego, CA (September 28 - October 1, 2005).

Dr. Reaven has also been awarded the 2006 Fred Conrad Koch Award. This award is the highest honor bestowed by The Endocrine Society in recognition of exceptional contributions to endocrinology. The recipient receives the Fred Conrad Koch Medal of The Endocrine Society. Congratulations to Dr. Reaven for these well-deserved honors.

Robert Jackler, M.D., Professor and Chair, Department of Otolaryngology-Head and Neck Surgery, has been conferred honorary fellowship of the Royal College of Surgeons of Edinburgh, the highest accolade which the Royal College can bestow. Congratulations to Dr. Jackler.

Ian Whitmore, M.D., MB, BS, LRCP, MRCS, Professor of Surgery-Anatomy, received the Honored Member, 2005 Award in New York City at the 4th Joint Meeting of the American Association of Clinical Anatomists and the British Association of Clinical Anatomists. This award was given for his distinguished career in, and enthusiasm for, clinically-relevant anatomy and particularly in recognition of his work in Chairing F.I.C.A.T., (Federative International Committee on Anatomical Terminology), and making Terminologia Anatomica a reality. Terminologia Anatomica is the first and only complete listing of anatomical terms in both Latin and English. Congratulations to Dr. Whitmore.

Appointments and Promotions

- ***Atul Butte*** has been appointed to Assistant Professor of Medicine and Pediatrics, effective 9/01/05.
- ***Clifford Chin*** has been promoted to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 7/01/05.
- ***Bruce Daniel*** has been promoted to Associate Professor of Radiology, effective 8/1/05.
- ***Samira Guccione*** has been appointed to Assistant Professor (Research) of Radiology, effective 8/01/05.
- ***Jaimie Henderson*** has been appointed to Assistant Professor of Neurosurgery, effective 7/01/05.
- ***Laura Lazzeroni*** has been promoted to Associate Professor of (Research) of Health Research and Policy, effective 8/01/05.
- ***Timothy McAdams*** has been reappointed to Assistant Professor of Orthopedic Surgery, effective 7/01/05.
- ***Andrew Quon*** has been appointed to Assistant Professor of Radiology, effective 7/01/05.
- ***Arend Sidow*** has been promoted to Associate Professor of Pathology and Genetics, effective 8/105.
- ***Karl Sylvester*** has been reappointed to Assistant Professor of Surgery and Pediatrics at the Lucile Salter Packard Children's Hospital, effective 9/01/05.
- ***Paul Utz*** has been promoted to Associate Professor of Medicine, effective 8/1/05.