

# Dean's Newsletter

## September 25, 2006

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### **Learning About Clinical Research**

At Stanford we have made a commitment to fostering clinical research and ***“Translating Discoveries.”*** This commitment is built on our strong tradition of outstanding basic science research that has long served as the foundation for creating new insights into human biology and for spawning new innovations and discoveries. Indeed, since the School of Medicine relocated to the Palo Alto campus in 1959, it has become recognized world-wide as a tower of strength in the biosciences. Without question our future success as a research-intensive school of medicine mandates that this foundation be sustained and enhanced in the years ahead. This tradition of excellence in basic science has been made possible by recruiting and supporting outstanding and remarkably talented faculty and students who have benefited from the climate of innovation and interdisciplinary interaction that characterizes Stanford University. This truly began in 1959, when Dean Robert Alway and Provost Frederick Terman, along with Professor Henry Kaplan, recruited Dr. Arthur Kornberg from Washington University to join Stanford. Dr. Kornberg agreed to come to Stanford only if he could bring his entire department with him – which he did - and thus began the School's incredible foundation in biochemistry. This was soon further enhanced when Dr. Kornberg and his new Stanford colleagues recruited Dr. Joshua Lederberg to establish a new department of Genetics at Stanford. These two individuals truly nucleated the new beginnings of the Stanford School of Medicine. The fact that both were also recent Nobel Laureates cemented that foundation in gold!

At the same time that the Stanford University School of Medicine was growing and developing in Palo Alto, the NIH was also expanding its support for biomedical

research. Much of this new support was directed to investigator- initiated inquiry, largely through the funding mechanism known as the RO1 award. Stanford has always excelled in the competition for these research awards and currently has the highest amount of funding per faculty of any medical school in the nation. Indeed Stanford has been viewed by its peers as an outstanding example of a highly successful “RO1 culture.”

But the cultures of academic medical centers as well as funding agencies like the NIH have been changing. To sustain excellence, Stanford must continue its successful base of fundamental research but also build opportunities for more interdisciplinary or program project organized research. Further, it must enrich its efforts in clinical and translational research. This requires new education and training programs and a commitment by faculty and students to both sustain tradition and build a future that will be different from the past.

Stanford is not alone in this evolution. Thirty years ago I was completing my first fellowship at the NIH and working on the molecular biology of herpes viruses, particularly the Epstein Barr virus. Over the subsequent decade my laboratory research interests shifted to questions that addressed problems that I was encountering in the clinic. When opportunities arose to move research-related observations or discoveries to the care of patients, however, the guideposts on how to do this were woefully lacking. There were no courses, texts, or even advisors who were truly knowledgeable – especially when these trials were to take place in children with life-threatening disorders. Accordingly I, along with others of my generation, needed to use self-discovery and trial and error to develop the framework for clinical investigation. Even when these efforts were successful, they consumed enormous personal and professional energy. This was not made easier by the fact that the academic reward systems did not favor clinical and translational research, and many felt it was simply not on the same intellectual plane as more basic fundamental investigation.

I won't pretend that the attitudes about the value of basic versus clinical research within many leading institutions have dramatically changed today – but I will note that the climate for fostering career development and supporting training and research in clinical and translational research is undergoing a sea change. Some of this reflects the interest and attitudes of students and faculty, but a not insignificant factor is the funding climate of the NIH – which has put clinical, and translational research front and center. I have described in a recent Dean's Newsletter the impact of this change on the reauthorization of the NIH and the direction of funding to the “NIH Roadmap” and on the recently announced “Clinical and Translational Science Awards” (see below).

Since the inception of our School of Medicine Strategic Plan, “*Translating Discoveries,*” in early 2002, we have been marshalling resources to support increased efforts in clinical and translational research. These efforts embrace our missions in education, research and patient care. For example, our New Stanford Curriculum, which commenced in the Fall of 2003, provides opportunities for students to engage in a wide range of research venues, including clinical research, through the Scholarly Concentrations. In coming years, in an effort to develop greater continuity between

undergraduate and graduate medical education, we plan to explore ways to expand these Scholarly Concentration opportunities to residents and fellows. In doing so, I hope we can better connect education in biomedical science with patient care through the medical school and residency sojourn than has traditionally been accomplished. In the next year or so we will also be offering opportunities for clinical fellows who have become committed to research to pursue an advanced degree, if doing so would enhance their career development as a clinical investigator. Concurrently we are also providing opportunities for students pursuing a PhD degree to learn more about clinical medicine through the Masters in Medicine degree, which is in its first year. These various opportunities are all aimed at training a cadre of physicians and scientists who will become leaders and who will be deeply knowledgeable about the interface between science and medicine.

In conjunction with our efforts to develop clinical and translational research through our interdisciplinary Stanford Institutes of Translational Medicine, we have also been developing ways to enhance and develop the infrastructure to support clinical investigation. The Stanford/Packard Center for Translational Research in Medicine (SPCTRM), currently led by Drs. Harry Greenberg and Steve Alexander and Nick Gaich, has evolved over the past couple of years to become an important foundation for our clinical research infrastructure (see: <http://clinicaltrials.stanford.edu/>). This past week SPCTRM joined with the Child Health Research Program (CHRP) and the department of Health Research and Policy to conduct a week-long “Intensive Course in Clinical Research: Study Design & Performance.” This initial program effort was focused on pediatric research and was attended by 28 pediatric clinical investigators, most of whom are in the early stages of a career in clinical investigation. The course was divided into modules that focused on key issues such as clinical research methodology, randomized clinical trials, the design of observational studies, interventions and endpoints, statistical inference, sample size, determination and statistical power, the ethics of research in children, finding, informing and studying research volunteers, basic operations for study contact, investigator related issues in clinical trials, and a series of discussion and practice small group modules.

The early feedback from the participants is that this course was really excellent. It is our hope that it will be the first of a series of programs oriented toward equipping young investigators with the knowledge and skills to develop their careers in clinical and translational research. Clearly this will be an ongoing and iterative process, but I am very pleased to take note of its occurrence and will look forward to announcing future programs.

I want to thank in particular Steve Alexander, Christy Sandborg and Phil Lavori for their effort and leadership in bringing this course to fruition.

## **Moving Toward a CTSA**

Preparations for our application to the NIH for a CTSA (Clinical and Translational Science Award) are well underway under the leadership of Dr. Harry

Greenberg, Senior Associate Dean for Research and Joseph D. Grant Professor of Medicine, who will serve as the Principal Investigator of our CTSA application when it is submitted in January 2007. Last year we made the decision to first submit a planning grant application to NIH for our CTSA efforts, and I am pleased to say that we received notice this past week that our planning grant has been approved and funded. Dr. Michael Longaker, Deane P. and Louise Mitchell Professor of Surgery, served as the PI for that application, and I want to thank and commend him for his very significant efforts. I also want to thank the other Stanford faculty who played important roles in this application, including Drs. Harry Greenberg, Alan Krensky, Phil Lavori, Bill Mobley, Daria Mochly-Rosen, Brandy Sikic, David Stevenson, Paul Yock, Steve Leibel, John Boothroyd, Bev Mitchell and Chris Webb. The planning grant is just a step in the process of receiving CTSA status – but it is an important beginning.

During the summer Dr. Greenberg worked intensively with Co-PIs Charles Prober, Phil Lavori, Brandy Sikic, and David Stevenson, along with the Project Leaders, to develop the comprehensive program that will define the Stanford CTSA application. By way of comparison, almost every institution around the country that is preparing for a CTSA application views this process as being as monumental (or perhaps even more so) as applying to become an NCI-Designated Cancer Center. Given the competition for these awards, the effort in putting a successful application in place is intense. It is my hope that the efforts we have already put forth as part of our mission in *Translating Discoveries* will provide the right grounding and home for our CTSA efforts. Accordingly, our Stanford Institutes of Translational Medicine, comprehensive education and training programs, and burgeoning support for clinical research should provide evidence of our commitment and excellence in this area of research.

To continue our progress on the application process, Dr. Greenberg led a very successful half-day retreat on Saturday September 23<sup>rd</sup>. The goal of the retreat was to define and refine the status of the CTSA application and to determine which areas need additional effort. I was pleased to attend this retreat, and I observed that in addition to the excellence of the proposals that are coming forward, the group of involved faculty are interacting in a very creative way that I am sure will not only help our application but also our ability as an institution to carry out outstanding clinical and translational research. An external advisory committee is also being assembled to provide critical advice about our application so we can do everything possible to make our proposal as strong and compelling as possible.

Clearly more will follow on this extremely important endeavor.

### **Special Thanks to Jill and John Freidenrich**

Despite the quality of our faculty and students and our commitment to excellence, we simply could not be fully successful without the incredible devotion of our friends and supporters. Indeed great institutions like Stanford owe a great debt of gratitude and respect to members of our community who have shared their time, energy and personal resources with us. Among the many individuals who have become such wonderful friends of Stanford, I want to thank in particular Jill and John Freidenrich, whose

extraordinary gift of \$25 M was formally announced this past week (see: <http://news-service.stanford.edu/news/2006/september13/med-freidenrich-091306.html>). As we work diligently to fulfill our mission in *Translating Discoveries* and to further develop our efforts in clinical research, their gift to establish the Jill and John Freidenrich Center for Translational Research at Stanford will provide a critical underpinning to our efforts. We cannot thank them enough for this extraordinary gift. Jill and John have been deeply committed to Stanford and the Medical Center for decades and are among the most highly respected individuals in our community. I am also honored to count them as friends whom I have had the privilege to get to know personally. Indeed my wife, Peggy, and I have deeply valued their personal warmth, care and compassion – their commitment to family, children and grandchildren – and their concern for making the community and world we live in a better place. Thanks Jill and John!

### **Stanford Continues to Lead the Nation in Pioneer Awards**

On Tuesday September 19<sup>th</sup> I received a call from Dr. Elias Zerhouni, Director of the National Institutes of Health. He had just served as convener of a group making the announcement of the 2006 NIH Pioneer Awardees and could not help observing that among the 13 recipients from around the nation, three are faculty from Stanford. He also did not fail to recognize that in 2005, when 11 Pioneer Awards were made, three were also from Stanford. In fact since their inception three years ago, 7 of the 34 Pioneer Awardees are from Stanford. By any measure this success rate is truly remarkable, and it certainly speaks to the extraordinary faculty we are privileged to have at Stanford. In his call, Dr. Zerhouni commented, “Phil, you are clearly doing something right at Stanford.” Of course it is easy to agree with that sentiment – but the reality is that our colleagues at Stanford have worked diligently to recruit, retain and support outstanding faculty. This year’s three new pioneer winners are Dr. Kwabena Boahen, PhD, Associate Professor of Bioengineering; Karla Kirkegaard, PhD, Professor and Chair of Microbiology and Immunology; and David Relman, MD, Associate Professor of Medicine. Each is an outstanding example of creativity, innovation and exciting scholarship.

At a time when the NIH is undergoing considerable challenge due to reductions in budget and the challenges of reauthorization, the Pioneer Awards represent a beacon of hope. Not only are these prestigious and highly competitive awards (there were 465 applications for the 13 awarded this year), they are also significant in their value (\$2.5M per award) and perhaps most importantly, in selecting investigators and research proposals that offer future promise rather than past performance. By recognizing and supporting faculty for innovation and forward-looking research, the NIH is helping to redefine its own mission – which is also quite welcome.

Needless to say the honor and credit goes to each of Stanford Pioneer Awardees. But this latest achievement also speaks well for Stanford – and is something we can all feel proud about.

### **Update on the NIH Reauthorization Bill**

In the last issue of the Dean’s Newsletter I wrote about the activities underway regarding the reauthorization of the NIH. As I conveyed in that article, this has been a

challenging process. However, during the past two weeks significant progress was made in helping to shape the legislation in a way that is much more supportive to our national biomedical research initiatives and to the directions previously recommended by the Institute of Medicine of the National Academy of Sciences. Accordingly, a number of major organizations, including the Association of American Medical Colleges (AAMC), Association of Academic Health Centers (AAHC) and the Federation of American Societies for Experimental Biology (FASEB) came together to lend their endorsement (with some important caveats) to the bill that was introduced by Congressman Joe Barton (R-Texas). Based on those efforts, on September 20<sup>th</sup> the House Energy and Commerce Committee approved legislation to reauthorize the National Institutes of Health for the first time in more than a decade. At the end of the mark-up, Energy and Commerce Committee Chair Barton indicated his intent to take the bill to the House floor the week of September 25<sup>th</sup> under the suspension calendar.

Among the key features we were concerned about was that the NIH budget increase be at least 5% and to hold the increase of the Common Fund to 5% with a requirement to evaluate the impact of the Common Fund from both a positive and negative perspective once it achieves the 5% level. Both of these elements are in the bill. There were a number of amendment proposals, and there is little doubt that additional changes may be proposed when the bill goes to the House floor and then to the Senate. But it is likely that the fundamental principles now in place will be sustained. At least from my point of view, they will offer some opportunities for the NIH to improve its role as the major supporter of biomedical research in the world.

### **Engaging in a National Dialogue on Conflict of Interest**

On Wednesday, September 20<sup>th</sup> I participated in “A National Dialogue on Biomedical Conflicts of Interest and Innovation Management” at the Cleveland Clinic. The conference featured speakers from academia, industry, and government and was moderated by Nina Totenberg, NPR Legal Affairs Correspondent. In my introductory comments I traced the history of academic medicine during the past half century, focusing on the remarkable growth of the national enterprise in general and the extraordinary innovations and discoveries that have improved the diagnosis, treatment and prevention of human disease because of the support for research from the NIH and the successful interactions with industry – including Pharma, biotechnology and the device industry. I also pointed out that the success of academic medical centers has become increasingly challenged by periods of downturns in NIH funding (such as is the case presently) and the decreased clinical margins resulting from the era of managed care and the efforts to curtail rising costs of health care through marketplace-driven corrections. These have resulted in limitations in the resources of academic medical center and difficulties in cross-subsidizing the cost centers associated with education and research.

At the same time I pointed out that during the same period of growth in academic medicine, the pharmaceutical (including device) industry has also grown. While a number of major companies have invested considerable resources in research and development, the striking costs for developing new drugs (estimated as between \$800M

to \$1.2B) have dampened innovation at a number of companies, which have instead focused efforts on big-selling “blockbuster” drugs, often with considerable marketing. In fact today Pharma invests more than \$20 billion per annum in marketing – a very significant proportion of which is directed at doctors.

There are clear reasons for constructive and productive partnerships between academia and industry. While many of the molecular targets for eventual drug development arise through basic research carried out in academia, the eventual translation of these discoveries into actual products requires productive partnerships with industry. Certainly this occurred in a highly successful manner during the early stages of molecular biology and genetic engineering, during which much of the biotechnology industry as we know it today was born. In fact, Stanford played a major role in these efforts.

The potential for productive interrelations of academia with industry also lead to the establishment of Offices of Technology Licensing and, again, Stanford established one of the earliest and most successful of these programs. Of course this transcends biomedical research and includes the extraordinary advances that have taken place in engineering, computer sciences and information technology. As a measure of Stanford’s success, a recent report from the Milken Institute noted that the University of California system and Stanford are leaders in published research, patents and startups that they have spawned. In fact Stanford ranks fourth in the list of universities most successful at commercializing its research – following MIT, the UC system, and the California Institute of Technology.

Clearly, when appropriately managed, the interaction between academia and industry can be highly successful in fostering innovation and in translating discovery for the human good. But this is also a relationship fraught with hazards and dangers, especially when human subject research is involved.

Finding the correct balance is essential – and as is making sure that the relationships between academia and industry do not damage individuals, institutions or, perhaps most importantly, the public trust. While I feel confident that most faculty and investigators want to do the “right thing,” human behavior is such that motivations can be swayed, especially when career or financial advancement is involved. For these reasons it has been important for institutions to develop guidelines and policies regarding conflict of interest. In essence, a “conflicts of interest” arise whenever individuals’ personal needs come into conflict with their responsibilities to their primary institution – in our case, Stanford University. Recognizing this, every medical school and academic medical center adopted policies regarding conflict of interest during the 1990’s. At Stanford formal policies were instituted in 1994 and continue to this day. While some argue that such rules are unnecessary, the evidence is to the contrary. While I have no doubt that most faculty behave with high ethical motivations, everyone benefits from knowing the “rules of the road”. And, of course, in any large system, regardless of whatever rules or policies are put into place, some individuals will ignore or disregard them – placing themselves and their institution at considerable risk.

The Stanford policies on Conflict of Interest – which include financial and non-financial conflict as well as conflict of commitment and institutional conflict - are well described on our website (<http://med.stanford.edu/coi/>), and I refer you to the guidelines and the fact sheet for reference. At Stanford we recognize that conflicts of interest are inherent in nearly everything we do and it is not our intent to eliminate them *per se*. In fact doing so would stifle innovation, discovery and the advancement of medicine and science. Rather we want to be sure that the conflicts between individuals (and the institution) with industry are transparent and that if certain “red flags” are raised (e.g., human subject research, exceeding financial thresholds) that these potential conflicts are carefully and independently reviewed and managed. When conflicts are deemed unmanageable the interactions is not allowed. Not infrequently, the perception of conflict is as important as the actual interaction since preserving the public trust is of critical concern.

While the interactions between industry and academia to foster innovation are important, even though they require careful management, I view the issue of marketing by industry to doctors and investigators as quite another matter. Of course this is not to deny that industry has a need to market its products but rather to emphasize the importance of not having the clinical decision making by our students or faculty influenced by marketing or various enticements such as gifts and meals. For these reasons Stanford has recently introduced new policies which become operative on October 1<sup>st</sup> to ban such activities (<http://med.stanford.edu/coi/siip/>). At the National Dialogue meeting I mentioned above, I shared a panel discussion with Dr. Roy Vagelos, the esteemed and highly respected former CEO of Merck. He affirmed that industry does spend an inordinate amount on gifts and meals for doctors and “educational events” as a way to market their products. Indeed he noted that if this strategy didn’t work, industry would not be spending the more than \$20 billion a year that it currently spends.

I should note that while some have criticized our new policy, which we announced on September 12<sup>th</sup>, because it eliminates gifts and other enticements from industry at the Stanford Medical Center (see: <http://med.stanford.edu/coi/siip/>), most have applauded it. In fact, since we announced this policy a number of academic medical centers have contacted us to request their use of our recommendations. As I have noted in other settings, our primary purposes for instituting the Policy and Guidelines for Interactions between the Stanford University School of Medicine, the Stanford Hospital and Clinics, and Lucile Packard Children's Hospital with the Pharmaceutical, Biotech, Medical Device, and Hospital and Research Equipment and Supplies Industries ("Industry") is to create an environment that optimally supports the education of our students and trainees and that helps us better secure the public trust. In fact, at the National Dialogue meeting Nina Totenberg and keynote speaker Dick Thornberg, former US Attorney General, Governor of Pennsylvania and Director of a publicly traded pharmaceutical company, observed that if the medical community is unable to take more responsibility in regulating itself regarding conflicts of interest, they felt sure that regulations will be imposed from other, higher authorities. Clearly that is further evidence of how close to the line some of these issues have become in the public eye.

So, the critical issue is doing all we can to foster the successful and appropriate interactions of academia with industry while, at the same time doing all that we can to prevent unmanaged or hidden conflicts that squander our good will with the public and the patients we serve. I believe that we do an excellent job at Stanford in these efforts – but that we must remain vigilant. And, when all is said and done, it is really individual responsibility that will define our ultimate success or failure. And failure is not something we can accept or tolerate.

## **A New Epic for Stanford Hospital & Clinics**

An effective electronic medical record has been a long-standing promissory note. Unfortunately, most claims of success have been institution- specific and not readily transportable or adaptable to academic medical centers. That is now changing. This past week I had the opportunity to attend preview exhibitions of the Epic Information System that SHC has selected for installation in February 2008. This effort will be led by Dr. Kevin Tabb, Chief Quality & Medical Information Officer and Carolyn Byerly, CIO at Stanford Hospital & Clinics. It will require an enormous amount of preparation, engagement and education by our faculty over the years ahead. When implemented the Epic Information System will provide an electronic medical record for the inpatient and outpatient services at SHC as well as to the clinical programs that will be located at the North Campus or other clinical sites.

To learn more about how the Epic Information System is working at other academic medical centers where it is currently operative, we visited the Cleveland Clinic and Loyola Medical Center on September 21<sup>st</sup> and 22<sup>nd</sup>. These sites were chosen because they have similarities to what will be installed at Stanford Hospital & Clinics.

Because faculty leadership will be so important to the success of Epic at Stanford, these site visits predominately included clinical chairs and faculty leaders including Drs. Greg Albers (Neurology), George Fisher (Medical Oncology), Rob Jackler (Otolaryngology), Quynh-Thu Le (Radiation Oncology), Henry Lowe (IRT and General Medicine), Bill Maloney (Orthopaedic Surgery), Ron Pearl (Anesthesia), Geoff Rubin (Radiology), Larry Shuer (Neurosurgery), Richard Sibley (Pathology), Paul Wang (Cardiology), Mark Welton (Surgery). Hospital leaders included Martha Marsh, President & CEO, in addition to Kevin Tabb, Jerry Shefrin and Carolyn Byerly. The visits were extremely informative and it was exciting to see what an Epic EMR at Stanford might look like. At the same time it was also sobering to recognize the many issues that will need to be addressed to make this project successful. To begin the dialogue with faculty Epic will be at SHC on September 26-27<sup>th</sup> to demonstrate various features of their system. I would strongly encourage as many faculty as possible to attend one of these sessions (see below) so you can witness what is now available and begin to engage in making the future Stanford installation of Epic as successful as possible.

The schedule and location of the sessions is listed below. Please note that in accordance with our policies on industry interactions, the food or meals at these sessions will be provided by SHC and **not** by the vendor.

<b>TIME</b>	<b>TOPIC</b>	<b>LOCATION</b>
<b>September 26, 2006</b>		
7 – 9 am	Epic Physician Tools & Workflows - Inpatient	HH141 GCRC
7 – 9 am	Epic Physician Tools & Workflows - Ambulatory	H330 OB/GYN
10 am – 12 pm	Epic Oncology System Demonstration	Cancer Center
11 am – 1 pm	Epic Physician Tools & Workflows - Ambulatory	Beckman 200
5 – 7 pm	Epic Physician Tools & Workflows - Inpatient	H3680
5 – 7 pm	Epic Physician Tools & Workflows – Ambulatory	H330
5:30 - 7:30 pm	Epic Emergency Department System	701 Welch Rd,
<b>September 27, 2006</b>		
7 – 9 am	Epic Physician Tools & Workflows - Inpatient	G330 -
7 – 9 am	Epic Physician Tools & Workflows - Ambulatory	Blake Wilbur
11 am – 1 pm	Epic Physician Tools & Workflows - Ambulatory	HH141 GCRC
12 – 1 pm	Epic Physician Tools & Workflows - Inpatient	S101
5 – 7 pm	Epic Physician Tools & Workflows - Inpatient	HH141 GCRC
5 – 7 pm	Epic Physician Tools & Workflows - Ambulatory	H330
5 - 6:30 pm	Epic Oncology System Demonstration	Cancer Center

Please make an effort to attend one of these sessions.

### **Thanks to Professor Suzanne Pfeffer**

I want to thank Dr. Suzanne Pfeffer for the outstanding job she did as chair of the Department of Biochemistry from 1998 – 2006. Since the School of Medicine moved to the Stanford campus in 1959 the Department of Biochemistry has been one of the true jewels in our crown. During her tenure Dr. Pfeffer played a key role in recruiting and retaining outstanding faculty and, equally importantly, in mentoring and guiding the career development of graduate students and postdocs. Not only did Professor Pfeffer provide leadership in this area at Stanford, she concomitantly provided national leadership in mentoring, especially for women in science, during her service as President of the American Society for Cell Biology. I am especially grateful to Professor Pfeffer for her commitment and leadership to the School's strategic plan and to her role as an institutional leader. Her passion for education has been notable and included her willingness to serve on our Medical Student Admissions Committee – where she also played a key role in better defining our commitment to the education of physician-scientists and physician-scholars. Importantly, despite her many administrative and leadership roles, Suzanne continued to be a very successful investigator and role model for our community at Stanford and beyond.

### **A Faculty Development Opportunity**

The Office of Diversity and Leadership is sponsoring a Negotiation Skills workshop led by Dr. Margaret Neale, Stanford University Graduate School of Business.

Date: December 5, 2006

Time: 4 p.m. to 8 p.m. with dinner served

Place: The Schwab Center

Register by contacting Barb Miller at [bemiller@stanford.edu](mailto:bemiller@stanford.edu)

The workshop objectives are: to gain both an intellectual and experiential understanding of the process of negotiation, including the different types of negotiation, as well as strategies for maximizing individual and joint outcomes in various situations; to improve the participants' strategic and analytical abilities to assess and develop negotiating plans, including incorporating the likely behavior of a negotiating opponent; and to develop confidence and provide experience in the negotiation process, including learning to analyze and evaluate the costs and benefits of alternative actions.

I encourage interested faculty to take advantage of this opportunity, which promises to be an excellent experience. I understand that space is limited, so you are urged to register early

### **A California Initiative to Decrease Smoking – Especially for Teens**

I want to call your attention to Proposition 86, slated for the November 7, 2006 ballot, which increases the state's tobacco tax by 13¢ per cigarette (\$2.60 per pack) in order to reduce smoking in California. Hopefully this would impact on teens by discouraging them from smoking. In fact the data show that nearly 4000 children less than 18 years of age in California become daily smokers each month. Increasing the tobacco tax will hopefully further limit the initiation of smoking by teens. The tobacco tax would in turn be used for various health treatment and services as well as research in the control of tobacco and tobacco-related diseases. I would encourage you to learn more about Proposition 86 prior the November elections.

### **Upcoming Events**

#### **16th Annual Jonathan J. King Lecture**

On Wednesday October 18<sup>th</sup>, Harold Freeman, MD, President and Medical Director of the Ralph Lauren Center, will give the 16th Annual Jonathan J. King Lecture for Cancer Care and Prevention. He will address Poverty, Culture and Social Injustice: Determinants of Health Disparities. The lecture will be held at 5 pm in the Fairchild Auditorium. For additional information, call the Center for Biomedical Ethics at 650-723-5760.

#### **Dr. Vivian Pinn to Speak at the School of Medicine**

Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, has let me know that Dr. Vivian Pinn, Director of the Office of Research on Women's Health at the National Institutes of Health, will speak on October 17, 2006 from 12-1 in the Clark Center Auditorium. The title of her lecture is "Women and Minorities in Biomedical Careers." She will share new research as well as respond to questions.

Dr. Pinn served on the faculties of Howard University, Harvard University and Tufts University prior to joining the NIH. She graduated from the University of Virginia, School of Medicine, as the only African American and the only woman in her class. I

want to encourage all faculty and students to attend Dr. Pinn's presentation, and I also want to thank Dr. Valentine and her Office for arranging for Dr. Pinn's visit to Stanford.

### **5<sup>th</sup> Annual Fall Forum on Community Health and Public Service**

Save the Date: Tuesday, October 17 from 5:30-7:30 pm in the Frances C. Arrillaga Alumni Center. The keynote speaker will be Barbara Staggars, M.D. MPH, Division Chief of Adolescent Medicine at Children's Hospital & Research Center at Oakland. For more information visit <http://och.stanford.edu>.

### **Awards and Honors**

We are proud to announce that **Geoff Krampitz**, a Graduate Student in Medicine, is a winner of the Paul and Daisy Soros Scholarship. The Paul and Daisy Soros program was established in 1997 and recognizes the extraordinary academic achievements of immigrants or children of immigrants. Congratulations, Geoff!

**Dr. Mark Davis, Burt and Marion Avery Professor in Immunology** has been selected as an Ellison Medical Foundation Senior Scholar in Aging for 2006. The program is designed to support established investigators, working at institutions in the U.S., to conduct research in the basic biological sciences relevant to understanding aging processes and age-related diseases and disabilities. Congratulations, Dr. Davis.

### **Appointments and Promotions**

**Steven D. Chang** has been promoted to Associate Professor of Neurosurgery, effective 9/1/06.

**Athena Cherry** has been reappointed to Associate Professor of Pathology and Pediatrics, effective 9/1/06.

**Bruno DeMediros** has been appointed to Assistant Professor of Medicine (Hematology), effective 9/1/06.

**Raymond Gaeta** has been reappointed to Associate Professor of Anesthesia, effective 9/1/06.

**Kristin Jensen** has been appointed to Assistant Professor of Pathology at the Veterans Affairs Palo Alto Health Care System, effective 8/1/06.

**Nishita Kothary** has been appointed to Assistant Professor of Radiology, effective 9/1/06.

**David Liang** has been promoted to Associate Professor of Medicine (Cardiovascular Medicine), effective 9/1/06.

*Sandhya Srinivas* has been promoted to Associate Professor of Medicine (Oncology), effective 9/1/06.