

# Dean's Newsletter

## December 18, 2006

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### **2006: A Year to Remember**

Of course every year is memorable - but some are simply more so, and 2006 has to be considered among the best of those. For Stanford Medical School this past year has been one of affirmation of our legacy and missions, evidence of institutional excellence and leadership, and continued evolution and development toward a more successful future. Our Office of Communications and Public Affairs has summarized some of the most noteworthy stories of the year (see: <http://mednews.stanford.edu/releases/2006/december/year-review.html>) but I would like to highlight some themes that I think are particularly important.

It is easy to forget how young a school of medicine we are – especially if we use 1959 as the benchmark for our true beginning as a research-intensive medical school. Our short history underscores how far we have come – but also makes clear the distance yet to travel. 2006 was my fifth year anniversary as dean, and from this vantage point I can see how much more defined we are in our mission and resolve (compared, of course, to the days of uncertainty surrounding the failed merger with UCSF, which antedated my arrival), but also how difficult change can be for institutions and individuals when it challenges conventional organizational constructs. And yet, without change we are vulnerable to losing our creative edge as well as the pioneering and entrepreneurial spirit that has played such an important role in our history.

### *An Affirmation of Our Legacy*

Certainly the numerous awards, honors and recognitions that our faculty and students have received are one of the most wonderful features of 2006. Among these of course, the two new Nobel Prizes awarded to School of Medicine faculty (Roger Kornberg in Chemistry and Andy Fire in Medicine/Physiology) stand at the acme of institutional excellence. While the scientific achievements of Andy Fire (which was largely done at the Carnegie Institution prior to his recruitment to Stanford three years ago) and Roger Kornberg (whose work was done virtually exclusively at Stanford) are

testimony to individual brilliance and creativity, we all share in the glory of their recognition. In fact, I had the privilege and pleasure of attending the Nobel Ceremonies honoring this year's Laureates and, in fact, write these comments from Stockholm. Interestingly, one of the frequent discussions I have had with colleagues from various Swedish Universities – and particularly Uppsala and Lund – has been about what contributes to America's and, in particular, Stanford's success in having a disproportionate share of Nobel Prize winners. While any response is best viewed as speculative, a couple of observations seem relevant.

One important factor has been the support for science by our nation – especially from the National Institutes of Health, National Science Foundation and other federal agencies, along with support from numerous private foundations and philanthropists. Much of this support has occurred during the past 4-5 decades and it has propelled science in the USA to the forefront of global excellence. Without this commitment it is impossible to imagine that we could have sustained such excellence, which is further evidenced by the fact that each of the Nobel Prizes in the sciences this year went to Americans. In addition to funding and the resources such funding purchases, a key factor resides in the individual and the setting. The ability for scientists to carry out bold and creative work requires a supportive and intellectually robust environment – something that I think is clearly part of the Stanford milieu. Additional factors include choosing the best faculty – something that Stanford does quite well – and then giving them the resources and time to be successful.

Time is among the most important of these factors and obviously must be balanced against the various competing demands that exist in universities and academic medical centers. I would also add that creative and innovative science is enhanced by research groups that are relatively small and highly interactive and that are part of a community of excellence (as compared to more applied research or “big science,” which is less likely to make seminal discoveries). Again, this mix of creative people, resources, and environmental factors along with a culture that values intellectual achievement is well established at Stanford, and I anticipate that in the years ahead, this will be evidenced by additional Nobelists and other major award winners. Perhaps most importantly, it is our commitment to basic discovery, science, innovation and inquiry that fosters a setting that we deeply value and so want to see sustained and enhanced.

It is hard to describe the Nobel Ceremonies without referring to “Pomp and Circumstance.” But here I think the two terms are appropriately connected, in contrast, say, to one of my former institutions where there often seemed to be “pomp” without circumstance or, to be honest, at Stanford where there is not infrequently “circumstance” without the pomp! But the Swedish Academy and the Nobel Committee had the linkages perfected.

What is perhaps most memorable about the Nobel ceremonies is that they celebrate the accomplishment of the intellect and creativity – and thus affirm what is most significant about humanity. Moreover, the ceremonies take place over days, with rising and ebbing waves of emotion and fanfare. The agenda for each of the Nobelists

appeared daunting and unique (see: <http://mednews.stanford.edu/nobel-ceremony/>) although some common touch points occurred for common celebration. Among these were the Nobel Lectures given on Friday, December 8<sup>th</sup> where Roger and Andy each delivered 45- minute reviews of their work, which were highly informative and inspirational. The Nobel Prize Award Ceremony occurred on Sunday, December 10<sup>th</sup> in the Concert Hall in the presence of an invitation- only audience, most of whom were dressed in white tie formal tuxedos or long gowns. The Royal Stockholm Orchestra played pieces by Mozart, Hayden, Shostakovich, Faure and Kraus to punctuate the presentation of each Laureates work and to provide the introduction of King Carl XVI Gustaf, who presented the award. It was an ebullient and emotional experience and I was certainly proud to witness the acclamation of our colleagues and of Stanford. The Nobel Banquet, which was held in the “Blue Hall” of the City Hall, followed this event – a remarkably festive setting that accommodated over 1300 invited guests. It began at about 7 PM with dinner; entertainment and speeches ended around 11 PM and were followed by dancing in the Gold Hall. I must confess that I escaped the dancing, along with President Hennessy and Mrs. Helen Bing, who were also in attendance.

Perhaps most importantly, these events were a time for true celebration by the family members and colleagues who accompanied Roger and Andy to Stockholm to share in the ceremonies and festivities.

I also want to personally thank Professor Emeritus Stig Hagstrom, who worked with the Nobel Committee to arrange my visit to Stockholm for the ceremonies. He promised it would be a unique experience and he was certainly correct. Truly “Pomp and Circumstance” – and most appropriately so!

### ***The Stanford Challenge***

I have written previously about the launch of the Stanford Challenge and the important role that School of Medicine will play in it along with our colleagues across the university (see <http://med.stanford.edu/development/challenge/>). There is little question that our success in achieving the goals of the Stanford Challenge in its key areas of Human Health, the Energy and the Environment, and the International Initiative, will shape our university for many years to come. The fact that a major focus of our effort is to ask how Stanford can more positively impact the world we live in has captured attention from colleagues around the world, as I learned in meeting with faculty and university leaders in Uppsala and Lund during my visit to Sweden.

### ***Translating Discoveries: Five Years Later***

Just as our commitment to basic science has and will hopefully continue to support innovation and discovery, our commitment to improving the outcome of patients facing the challenge of serious disease is addressed by our mission in ***Translating Discoveries***. These two primary goals – basic discovery and translating discoveries – are linked by opportunity and while each exists separately, it is the touch points that will help to make us unique. Building on the work of the past several years, we have now established an alignment of our missions in education, research and patient care that will continue to define an important aspect of our future. Bringing School of Medicine basic

and clinical scientists together for discovery, sharing and collaboration is further enhanced when they are joined by faculty and students from across the university – a goal that is fostered by the continued development of our Stanford Institutes of Medicine. We have spent considerable effort addressing the very practical issues of how the Stanford Institutes of Medicine will positively relate to our Departments so as to enhance the missions of both. This has been codified into a working set of Institute Guidelines that we will surely refine with future experience but which are now available for review on our website: <http://med.stanford.edu/institutes/guidelines.pdf>

Importantly, this past year has also been associated with success in our application to the National Cancer Center to receive NCI designation (details forthcoming) as well as in our recognition as a Ludwig Cancer Center. We have achieved substantial philanthropic and foundation support to help support these efforts and can now also look forward to support from the California Institute for Regenerative Medicine to support our Stem Cell Institute investigators during the next year. Strides are also being made in the Immunology/Transplant/Infection Institute in setting up a unique Immune Monitoring Center and in better defining the roles for the Neuroscience and Cardiovascular Institutes. That said, considerable work remains, but I am highly encouraged by the commitment of our leaders and faculty to moving our agenda forward. Surely these efforts will be further enhanced by the infrastructure support for translational research now coming through SPCTRM and that will hopefully emanate from our application to the NIH for a CTSA (Clinical and Translational Science Award) that will be submitted in mid-January.

Of course the ability to carry out truly exciting work in discovery and translation requires programmatic resources as well as physical facilities. The latter are essential since the lack of space for our missions in education, research and patient care is one of our most significant challenges. We have laid out a bold plan for addressing this in both the near and the long-term future that I discussed in my last Newsletter but it will take considerable investment, support and time to bring this to fruition. I am committed to continue to do all that I can to help facilitate this – but I will also be counting on your support and efforts as well.

### ***Federal Support for Biomedical Research***

Over the last two years I have written several updates on proposed legislation to reauthorize the National Institutes of Health (NIH). Last week, after two years of discussion and negotiation, Congress passed compromise legislation entitled the National Institutes of Health Reform Act of 2006.

As many of you know, reauthorization legislation consists of a broad-based policy review that often mandates significant changes for a federal agency or program. Most federal agencies and programs are reauthorized every three to five years and in some cases on an annual basis. Partly due to NIH's historic congressional support and partly due to concerns that any NIH bill could raise a host of controversial issues, Congress had not reauthorized the agency in over 13 years.

However, responding to federal budgetary constraints, and in follow-up to the 2003 Institute of Medicine report entitled, *“Enhancing the Vitality of the National Institutes of Health—Organizational Change to Meet New Challenges,”* the House Committee on Energy and Commerce set NIH reauthorization as one of its highest priorities. As I have described in previous Newsletters, the committee’s stated goals were to enhance the NIH’s ability to develop and encourage research planning across the NIH, to strengthen the NIH Director’s ability to coordinate the agency’s research portfolio, and to direct the development of standardized reporting and data collection to promote greater accountability to Congress and the public.

From the outset I felt it was extremely important for the academic community to actively engage with Congress to ensure that any proposed organizational and funding changes would strengthen, rather than impede, the NIH’s ability to carry out its mission. Accordingly I co-chaired the Association of American Medical Colleges’ (AAMC) NIH Reauthorization Task Force with Bob Kelch from the University of Michigan. This task force played an active role in improving this legislation over time.

The following is a brief summary of the key points of the National Institutes of Health Reform Act of 2006. The legislation:

- \* Authorizes a 7% overall NIH funding increase for fiscal year 2007, 8% funding increase for fiscal year 2008 and “funding levels as deemed necessary” in fiscal year 2009.

It is important to understand that the authorization of funding is looked upon in Congress as a recommendation. While these levels constitute a more favorable outcome than the Committee’s original proposal of 5% per year over three years, many budget analysts believe that actual funding will be at a level below the rate of inflation—approximately 4%. Nonetheless this approved authorization level will strengthen the negotiating stance of those who are advocating for increased funding.

- Establishes an "NIH Common Fund." The committee's intent is that this new funding mechanism will spur more "trans-NIH" research that will involve extensive collaboration between individual Institutes and Centers. Support from this fund would be awarded on a peer-reviewed basis.

The committee’s most recent proposal to finance the fund through a contribution of 50% of NIH's incremental funding increases over the next three fiscal years was deleted from the legislation. After extensive negotiation, the bill requires no mandated level of yearly funding increases to build the common fund. Such decisions will be handled in the annual budget process.

In addition, during this process I along with others raised strong concerns about the impact on R01s and young scientists. After considerable advocacy, provisions

were included to preserve an emphasis on investigator-initiated grants and to give consideration to first time investigators.

- \* Creates the Division for Strategic Planning and Portfolio Management within the Office of the Director that would be tasked with developing broad based, trans-NIH planning for the agency.
- \* Establishes a "Scientific Management Review Group" tasked with reviewing and making recommendations regarding the organization structure at the NIH. The group would include Institute and Center Directors and outside scientific experts. A mandated review will take place once every seven years. Any significant reorganization recommendations would still require congressional approval.
- \* Puts in place uniform reporting requirements and improved data collection across the NIH to improve transparency.
- \* Limits the overall size of NIH to the existing 27 Institutes and Centers.

Although I have previously expressed my concerns about the impact that some of these structural changes may have during a period of flat budgets, I should note that this compromise is a far cry from the House Committee's original draft. Given how much the bill has improved, I believe that the final legislation is a reasonable compromise that moves forward in the spirit of the consensus recommendations of the IOM report while guarding against drastic change during a tough budget period. I also believe that at a time of political change in Washington it is beneficial to put the reauthorization process behind us and focus on the need to bolster long term research funding. If you have any questions regarding this issue, please don't hesitate to contact Ryan Adesnik, our Director of Federal Relations at [radesnik@stanford.edu](mailto:radesnik@stanford.edu)

Even though the NIH reauthorization now seems less damaging than it did just a few months ago, this remains a very challenging funding climate, and we have considerable work to do to help improve the future funding by the NIH and to also find alternate funding sources for biomedical research. This will require considerable advocacy by all of us in the years ahead.

### ***Building the Future***

More important than bricks and mortar are finding, recruiting and supporting the individuals who will make Stanford great during the years to come. These are the students, trainees, faculty and staff who bring excellence to our community and who strive to do the very best they possibly can to enhance our missions in education, research and patient care. During the past year we again admitted an outstanding class of MD and PhD students and are already in the midst of selecting students for the 2007 incoming class. We also recruited 67 new faculty members, the majority in clinical departments although all with strong academic and research backgrounds. Of these 72% are Assistant Professors, which is terrific news for renewing our future faculty workforce. Among this group were also six outstanding Professors and three Department Chairs. Without

question, our future truly depends on our ability to recruit and retain future investigators, educators, and clinicians.

### **Diversity Faculty Fellowship Program 2007**

One of our major ongoing goals is to improve the diversity and leadership among our faculty. With that in mind the Office of Diversity and Leadership is announcing the 2007 Diversity Faculty Fellowship Program. This program, modeled after the Center of Excellence Faculty Fellowship Program, is directed at enhancing the diversity (broadly defined) of the faculty of the School of Medicine by supporting the development of assistant professors who contribute to such diversity. The Diversity Faculty Fellowship Program will provide faculty fellows with salary support for six months (up to a maximum of \$25,000), \$1,000 travel funds, faculty development workshops, and career mentoring. The intent of the fellowship is to enhance the research productivity of junior faculty in order to advance their progress towards promotion.

Five fellowships will be offered for this academic year. Interested faculty should contact their Department Chairs to be nominated. Potential nominees must submit to their chairs a six- month research plan that defines their research activity for the fellowship period. Department chairs should send their nominations along with their nominees' research plans, approved by their division chiefs, if applicable, and by the chairs, to Dr. Hannah Valentine by January 31, 2007. Fellows will be announced February 18, 2007, and funding will be available March 1, 2007.

### **Learning from Each Other**

Our education about the impact of disease comes in many forms. One of the most powerful of these is from the experience of a family member or friend who has encountered a serious health problem. It takes courage to discuss the impact of illness more publicly and especially in a written format. Accordingly, I want to thank Ms. Suzanne Bethard from our Office of Student Affairs for her thoughtful and compelling article entitled "Taking My Poison" that appeared in the December 13<sup>th</sup> issue of JAMA (2006; 296: 2657-2657) and which can be accessed at <http://jama.ama-assn.org/cgi/reprint/296/22/2657>. I strongly recommend that you read this article and I thank Ms. Bethard for sharing her very personal experience with us.

### **Wishing You Well for the Holidays**

This is the last Newsletter for 2006, and it joins the 136 previous Dean's Newsletters that I have published since my arrival in April 2001. During that time I have had the opportunity to interact with many of you, and my admiration for all that you continue to do – on behalf of science and medicine – continues to soar. I hope that you and your families have a wonderful holiday season and that you celebrate your own accomplishments and how they contribute to improving the community we each live and work in. I look forward to seeing you in 2007 – and yes, the 138<sup>th</sup> Newsletter will come out on January 15<sup>th</sup>!

## **Awards and Honors**

**Dr. David Relman, Associate Professor of Medicine (Infectious Diseases and Geographic Medicine) and of Microbiology and Immunology** has been selected as one of the recipients of Distinguished Clinical Scientist Award for Excellence in "Bench to Bedside" Research. Dr. Relman will receive \$1.5 million over 5 years. Congratulations Dr. Relman!

## **Appointments and Promotions**

*Euan A. Ashley* has been appointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 12/1/2006.

*Tandy Aye* has been appointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 12/1/2006.

*Nikolas Blevins* has been promoted to Associate Professor of Otolaryngology (Head and Neck Surgery), effective 12/1/06.

*Helen Bronte-Stewart* has been promoted to Associate Professor of Neurology and Neurological Sciences and, by courtesy, of Neurosurgery, effective 12/1/06.

*Thomas A. Burdon* has been promoted to Professor of Cardiothoracic Surgery at the Veterans Affairs Palo Alto Health Care System, effective 12/1/06.

*Bertha H. Chen* has been promoted to Associate Professor of Obstetrics and Gynecology, effective 12/1/06.

*Markus W. Convert* has been appointed to Assistant Professor of Bioengineering, effective 1/1/2007.

*Anthony G. Doufas* has been appointed to Associate Professor of Anesthesia, effective 12/1/2006.

*Lorry R. Frankel* has been promoted to Professor of Pediatrics (Critical Care) at the Lucile Salter Packard Children's Hospital, effective 12/1/06.

*William T. Kuo* has been appointed to Assistant Professor of Radiology, effective 12/1/2006.

*Deirdre J. Lyell* has been reappointed to Assistant Professor of Obstetrics and Gynecology, effective 1/1/2007.

*Lawrence H. Mathers* has been appointed to Professor (Teaching) of Pediatrics and of Surgery, effective 12/1/06.

*Marilyn A. Winkleby* has been promoted to Professor (Research) of Medicine, effective 12/1/06.