

Dean's Newsletter

September 24, 2007

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Welcome to Our 2007 Graduate Students

This week we welcome our 2007 incoming class of graduate students. This outstanding group of 101 aspiring PhD students—who were selected from an applicant pool of 1365 applications - will be studying in our 12 departmental and interdisciplinary programs. In addition to the remarkable academic credentials and promise of each individual in this incoming cohort, I am pleased to note that 16 of the 101 are members of underrepresented minority groups. Our faculty and students are committed to enhancing the diversity of our community as the best way to achieve excellence in our individual and collective experiential knowledge and cultural enrichment. In addition to the incoming Biosciences students, we are also pleased to welcome the 17 students who are beginning in the PhD program in the Department of Bioengineering, our joint department of the Schools of Engineering and Medicine. Taken together the Biosciences and Bioengineering students represent the future lifeblood of Stanford's extraordinary research enterprise, and I am most pleased to welcome each and every one of them to our Stanford community.

Stanford is the University for Pioneers

Without question, what contributes to the uniqueness of Stanford University and serves as among the most distinguishing features of the Medical School is the excellence

and accomplishments of its discovery based basic scientists. This has been the case since the Medical School moved to the Stanford campus nearly 50 years ago - and it has continued to this moment. There are many ways of demonstrating the remarkable discoveries and innovations of our research faculty (e.g., high impact publications, patents, awards and honors). One emerging and highly visible measure is the number of NIH Pioneer Awardees at Stanford compared to peer institutions. Since NIH began issuing the Pioneer Awards four years ago to recognize true innovations in basic research, Stanford faculty have received nearly 20% of the awards – more than any other university. This figure is even more remarkable given the relatively small size of our faculty. The trend continues in 2007 as a result of the announcement by NIH Director Elias Zerhouni on September 18th of the 2007 Pioneer Award winners. Among the 12 awardees were Tom Clandenin, Assistant Professor of Neurobiology, and Mark Schnitzer, Assistant Professor of Biological Sciences and Applied Physics (see: http://med.stanford.edu/news_releases/2007/september/pioneer.html). With these awards, Stanford faculty now hold 9 of the 46 Pioneer Awards! This is truly a remarkable accomplishment, and it is clear evidence of the creativity and accomplishments of our faculty.

Importantly, the nine Stanford NIH Pioneers come from different disciplines and Schools (H&S, Bioengineering and Medicine) and thus further affirm the talents and strengths of our faculty across the biological, physical and engineering sciences. Drs. Clandenin and Schnitzer join previous Stanford Pioneer winners: Steve Quake (Bioengineering), Karl Deisseroth (Bioengineering and Psychiatry), Tom Rando (Neurology-VA), Pehr Harbury (Biochemistry), David Relman (Medicine/ID-VA), Kwabana Boahen (Bioengineering) and Karla Kirkegaard (Microbiology & Immunology) - truly a broad and deep spectrum of talent.

Given our prominence in the Pioneer competition it is not inappropriate to think of Stanford as the University for Pioneers!

Performance, Professionalism, Promotion

On September 19th the Medical School Faculty Senate approved the formation of a new Committee on Performance, Professionalism and Promotion (aka CP3). Led by Senate Chair Sherry Wren, Professor of Surgery, this committee will play an important role in providing oversight and guidance for all Stanford medical students. The stated purpose of the CP3 is “to provide all medical students with periodic and systematic review of their overall progress towards completion of the MD degree, as well as reviews on an as-needed basis. The committee will monitor student development and will provide guidance, recommendations and remediation as appropriate.”

Given the selectivity for admission to the School of Medicine there can be no question that our primary goal is to provide the very best education for all of our students and to work with them, individually and collectively, to be as successful as possible. While we are successful in nearly all situations, from time to time students encounter difficulties, and it is important to be clear and transparent about what our expectations are

from an institutional perspective. Accordingly, the CP3 policy notes “Stanford Medical School has an obligation to evaluate the performance of each student on an ongoing basis from matriculation until graduation with an MD degree, and to endorse each student as being suitable in terms of meeting the academic, professional, and technical standards for the practice of medicine.”

In practice the CP3 will be composed of 12 voting members who are broadly representative of the School’s expertise in basic and clinical sciences. All students will be reviewed on an ongoing basis to assure that they have fulfilled the stated academic, technical and professional standards such that plans for promotion or remediation are delineated. In the very rare circumstances where these standards are not met, the criteria for dismissal are also delineated.

The new policy was discussed and endorsed by the Stanford Medical Student Association prior to its presentation to the Faculty Senate. With the unanimous approval of the Senate, the policy will be broadly circulated to all students and will be available on the Faculty Senate website (<http://med.stanford.edu/senate/>). In my opinion, the new policy on Performance, Professionalism and Promotion is an important step in bringing clarity and transparency to the assessment of all students and serves both their best interests as well as the institutional responsibility of the School. I am very appreciative to Dr. Sherry Wren for her leadership and for the input that came from faculty and students to help shape and refine this important new policy and committee.

Good News on Quality Performance at SHC

The Leapfrog Hospital Quality and Safety Survey is one of the measures used to assess how well hospitals and physicians are doing in meeting quality standards and how they compare with each other in various standardized metrics. On September 18th the Leapfrog Group announced the 2007 “Top Hospital” list based on the 1285 hospitals that responded to the Quality and Safety Survey. The list included 33 adult facilities and 8 children’s hospital. Stanford Hospital and Clinics (SHC) is included in this “Top Hospital” list – which is great news and is a tribute to the partnership among the Hospital, Medical School and medical staff leadership. Coupled with this news is the publication of an improved ranking of SHC on quality metrics by the University HealthSystem Consortium.

The Leapfrog survey and the UHC quality assessment are among numerous rating systems being used to assess hospital and physician performance. Ranking in the Leapfrog system is based on achieving progress in four areas:

1. ***Computerized Physician Order Entry***: Do physicians enter patient prescriptions and other orders into computers linked to error prevention software?
2. ***ICU Physician Staffing***: Are intensive care units staffed by trained ICU specialists (intensivists)?
3. ***Evidence-Based Hospital Referral***: How well do hospitals perform seven high risk procedures and care for three high-risk neonatal conditions?

4. ***Leapfrog Safe Practices Core***: How well are hospitals progressing on the other 27 National Quality Forum-endorsed Safe Practices?

Without question a focus on high quality and patient service must go hand-in-hand with providing the best medical care. While this is the right thing to do for its own sake, it is also the case that measures of quality will be increasingly used to rank and assess hospitals and physician performance, and the results will more and more be made available to the public. Moreover, public and private payers are beginning to use these performance measures to determine pay for service. While this trend in assessment and payment is becoming a standard, it is also important to note that the measures used are not always precise or even as evidence based as one might hope or believe. But they are being employed, and it is essential that we pay attention to them. As you know from past communications the school has forged close relationships with both SHC and LPCH to “shine a bright light focus” on quality, as I delineated in my July 9th Dean’s Newsletter. To further our efforts, the Medical Staff, School and SHC will hold a Quality Summit on October 27th that will further shape our plans, goals and commitment to continue our trajectory of improvement in providing the highest quality care possible.

Handwashing – From Semmelweis to SHC

I recently learned that, despite our progress on a number of patient quality measures (see above), observations from a number of sources indicate that handwashing practices are deficient at SHC– by physicians, nurses, trainees, etc. I must admit I find this shocking. I am well aware that consistency of handwashing has been a longstanding problem in hospitals, ever since the seminal observations of Ignaz Semmelweis in the 19th century that handwashing and hygiene reduced the incidence of puerperal fever. In fact, the failure and unwillingness of the medical establishment to adopt his recommendations ultimately led Semmelweis to have a nervous breakdown (although this is debated). Nonetheless, the data that handwashing reduces the transmission of microorganisms are unassailable, and, given the rising incidence of antibiotic resistant staph and streptococci, it is essential that all providers wash their hands prior to direct contact with any patient. While there was a time when this was difficult because of the lack or location of sinks, it is now easy to accomplish with the ready availability of hand cleansers outside every patient room. In fact there can be no excuse for not doing hand cleansing prior to patient contact. It is incumbent on each of us to be vigilant and to remind individuals failing to cleanse their hands between patient contacts to do so. This is an essential practice and simply must be done.

Message from SHC Regarding Transcription

The Stanford Hospital & Clinics Health Information Management Service asked me to provide the following information to you regarding the dictation and transcription project.

“Stanford Hospital and Clinics is preparing to transition to Spheris to provide its dictation and transcription services. Originally, we said you would learn the new system and begin using its online editing and electronic signature functions this

summer. We will implement these features; however, we will wait to roll them out when we launch the Epic Clinical Information System (CIS) in February 2008.

You will dictate letters and other documents as you previously have. HIMS will provide you with paper documents for editing and your signature. Clinics will continue to mail final documents. Documents will be electronically sent to Carecast. Once Carecast is replaced by Epic, documents will be sent to Epic for electronic signature and viewing from the patient record.

For the Spheris rollout, clinics and specialty care areas will still be grouped by their existing transcription vendor. Spheris will go live as each vendor is retired. The revised rollout schedule is included with this memo. Training required for Spheris will be simplified to cover just those functions that will change in the short-term, including:

- New phone number: ext. 233 inside the hospital; 800-242-9770 from outside the hospital
- Use the patient's entire, 8-digit, medical record number
- One additional identifier, speak the "Visit" number or "Encounter" number

You will receive a brochure with instructions to aid in training.

Please watch other SHC communications for Spheris updates, including *Medical Staff Update*".

Bicycles and Pedestrians – Sharing the Road

A number of facilities projects are underway, with more to come in the next several months. As you know, the plans to build the Learning and Knowledge Center (LKC) and the Stanford Institutes of Medicine 1 (SIM1) have resulted in the closure of a large number of parking spaces – with further loss of parking imminent in the weeks ahead. This loss of parking has facilitated the ongoing "Connectivity Project," which is re-routing utilities and creating tunnels and related infrastructure to support the School's Master Facility Plan that will unfold in the next 10-15 years. The end result will be an exciting and transformed medical school campus. But getting there is filled with challenges. One of these is the need to use more remote parking (at Stockfarm or Roth) and is coupled with our efforts to reduce car trips overall on campus. The good news is that many more faculty, students and staff are now using bicycles instead of cars to get to work. This is something we want to encourage and to see increase over time. But there is a bad news part as well.

With increased numbers of cyclists and the construction projects underway, both bikers and pedestrians are competing for the same lanes and paths. While this is

inevitable, an observation and concern registered by many is that bikers are moving all too quickly on congested road and are being less attentive to pedestrians. This has led to some near accidents and angry encounters. Because the numbers of bikers are likely to increase, I want to call on them – and others – to be as careful and thoughtful about safety as can be. Even though lanes are marked and caution signs in place, pedestrian anxiety and complaints are increasing. We have engaged the University bicycle coordinator to provide advice on how to mitigate the current problem. For now we are calling on voluntary behavior to pay increased attention to safety. Should that not resolve the problem the only recourse will be to have bikers walk their bicycles while on shared pedestrian lanes. To avoid this I would like to alert you to the problem and ask for your help and assistance in assuring the safety of pedestrians and cyclists. Thank you.

Medical Development Results Even Better Than Reported

In the September 10th Deans Newsletter I happily reported that we had achieved record results in medical development (philanthropy) for the 2006-07 academic year. While the results reported were outstanding, it turns out that they did not include several important gifts that arrived between August 28th - August 31st. Indeed, during that period the Office of Medical Development recorded an additional \$15.9 million in cash for the School, of which \$13.7 million was new gifts and pledges. That makes the School of Medicine and SHC combined new gifts and pledges for FY07 \$284.6M (compared to \$156M in FY06), and the combined cash for FY07 \$204.4M (compared with \$115.3M for FY06). For the School of Medicine alone, the new gifts and pledges for FY07 is \$246.4 million (compared to \$145.7 million for last year) and the cash received is \$198.1 million (compared to \$107 million for FY06). Truly these are remarkable results – making our challenge for FY08 all the greater – but worth striving for!

In my September 10th report I also did not give the breakdown for medical development dollars received in partnership with the Lucile Packard Children's Hospital and the Lucile Packard Foundation for Child Health. According to Chris Dawes, President and CEO of LPCH, the new gifts and pledges for both the School and LPCH totaled \$74,503,103 for FY07 and grants from the Children's Health Initiative to the School and LPCH for FY07 totaled \$31,913,805 – also a remarkable set of results totaling \$106,416,909.

Again I want to thank the Office of Medical Development and the LPFCH staff as well as our faculty and hospital partners for an incredible effort and remarkable results. Now on to FY08!

Healthcare for Children

A recent Gallup Poll of the images of 25 business and industry sectors shows that the healthcare industry is among the lowest rated with a 28% positive rating – which places only slightly above the federal government (21%) and the oil and gas industry (19%). Moreover, were it not for the Iraq War, it is likely that healthcare would be among the most important, if not *the* most important, current issue to Americans. As we all know

from the presidential debates and commentaries, healthcare reform features prominently in both the issues raised by voters and the plans proposed by candidates. While most of the proposals strive to increase health insurance coverage, none of them are bold – likely fearing the catastrophic events that surrounded the 1994 efforts at healthcare reform. Among the issues at the heart of the debate is the balance between the private and public sector in providing healthcare coverage. These issues are playing out on a state level as well as in the federal government and, so far, regardless of the sentiments, motivations or perspectives, no real plan seems likely to move forward, at least until there is a change in leadership in 2008.

But there is a debate that will take place in the next week that focuses on the provision of healthcare to poor children through the program called SCHIP (State Children's Health Insurance Program), which was launched in 1997 and which has won broad bipartisan support in the states as well as the Congress. But SCHIP is destined to expire at the end of the month unless it is reauthorized. Currently it seems likely that the House and Senate could reach a reconciliation on proposals that have achieved broad support (more so in the Senate than the House) but the White House has made it clear that it intends to veto the bills that seem likely to come forward. Several issues obtain, but among them is the Administration's insistence that health care is better provided by the private sector than the government. At risk is that poor children will be left without healthcare if the President is successful with a veto. While I am sensitive to the multiple views about healthcare, I strongly believe that the attempts to derail SCHIP are truly irresponsible since they have an impact on a population that has no voice and that cannot speak out except through advocates. If you are interested, a balanced perspective on this issue was recently published in the September 6th issue *New England Journal of Medicine* by John K Iglehart entitled "The Battle over SCHIP" (see: <http://content.nejm.org/cgi/reprint/357/10/957.pdf>). At this point we can only hope that the Congress will garner enough votes to override a presidential veto. For the sake of poor children, one can hope that this is achieved.

Tobacco and UC

You may recall my report in the April 9th Dean's Newsletter on Tobacco, Human Health and Academic Freedom and my commentary on Promoting Health that led us to ban smoking on the medical school campus. Central to the initial debate was whether the university should ban the acceptance of research support from the tobacco industry. This question resulted in a rigorous discussion and debate in the University Senate, where concerns about infringement on academic freedom and the potential for creating a precedent for a "slippery slope" that could impact other academic policies and freedoms led the Senate to vote against a proposition restricting acceptance of research funding from the tobacco industry. A not dissimilar debate has also been taking place throughout the University of California system with seemingly similar polar views being expressed about whether to accept or deny funding from the tobacco industry. While most consider the tobacco industry particularly egregious in its longstanding practices, the UC Regents, like the Stanford Senate, recently voted to reject a ban on receiving tobacco funding. But the UC policy includes the provision that research proposals involving tobacco-industry

funding will have to be evaluated by a special scientific review committee prior to accepting the funding. This committee will verify that the study “uses sound methodology and appears designed to allow the researcher to reach objective and scientifically valid conclusions,” among several other provisions.

While the debate about tobacco industry funding seems destined to continue and to garner both proponents and opponents, it seems more important to focus our energies on doing all we can to encourage smoking cessation and the promotion of health. This is the direction we have decided to pursue at the Stanford University School of Medicine.

Update on the Stanford Institute for Immunity-Transplantation-Infection (ITI)

On Friday, September 21st Dr. Mark Davis, Burt and Marion Avery Professor and Director of the ITI, gave an update to the Executive Committee on the progress being made by the ITI. Following is a summary of the presentation that has been prepared by Dr. Davis.

“The ITI is led by Mark Davis (Director), Carlos Esquivel (Associate Director) and Paul J. Utz (Associate Director for Education). Its mission is to promote interactions and develop programs that take advantage of the explosive growth in knowledge about the immune system, infectious diseases and transplantation in order to realize the inherent synergies between these areas and quicken the pace towards curing some of the most serious diseases of our time. Over 300 Stanford faculty have expressed an interest in these efforts and seventy are currently registered as members. The Institute has pursued a multi-pronged strategy towards fulfillment of its mission: Aiding and enabling existing multidisciplinary centers within these areas and creating new ones, forming “working groups” that will be the incubators of new strategies in the approach to key problems, innovative educational programs and creating reduce new facilities that empower Stanford researchers to make quantum leaps in patient care and in our understanding of diseases.

Centers

Two very innovative and successful centers at Stanford predated, set the stage for ITI and now constitute vital parts of it. These are the Center for Clinical Immunology at Stanford (CCIS) started by Garry Fathman in 1994 and the Stanford-LPCH Vaccine Program, started by Ann Arvin and Harry Greenberg in 1997. CCIS has been instrumental in bringing together and supporting clinical immunologists and others across many specialties and in developing new educational programs. It has also had a national impact in that it spurred the creation (also led by Garry) of the Federation of Clinical Immunology Societies (FOCIS) which pools the knowledge of 22 separate clinical organizations. The Vaccine Program has been a vital resource in the infectious disease/ vaccine area, bringing together many Stanford researchers in those areas and particularly spearheading a major NIAID-funded effort to discover the immunological basis of

protective influenza vaccines, so that we can replicate the successes in this area to the many other urgent needs we have for other vaccines. A vital component of this center is the excellent clinical expertise of its Medical Director, Corry Dekker and her staff, without whom many important studies would not be possible. In addition to these important enterprises, last year the ITI approved the establishment of a new entity, the Center for Hepatitis and Liver Regeneration, headed by Jeffery Glenn. Hepatitis is an important, world-wide cause of both acute and chronic liver disease, liver cancer, and Hepatitis C in particular is the single major cause of liver failure necessitating transplantation in the US. Since the need for transplanted livers is much greater than the supply, the center is actively engaged in both finding a cure for Hepatitis C and in developing ways to regenerate failing livers or “grow” new ones. Recently Dr. Glenn has obtained permission to initiate a clinical trial of a promising new drug for Hepatitis C, and this, if successful, would be a major breakthrough in this area.

Working groups

Working groups are an important way in which Stanford faculty and their students can meet and focus their efforts on devising new approaches to a particular disease or opportunity to advance the science behind one or more diseases. We see them as key “incubators” in which knowledge across the whole spectrum of biomedical science, from basic science to clinical care, can be pooled and collaborations established to tackle the biggest problems. ITI has started a number of working groups, specifically in Transplantation Tolerance (led by Sam Strober), Hepatitis C (led by Jeffrey Glenn), Inflammation after Surgery (Martin Angst), Rheumatoid Arthritis (Bill Robinson) and the Infection and Immunity Database Project (Amar Das). Many more are in the works and suggestions from the community are welcome. Some support for these groups will be available this year as will be “seed” grant funding for the most promising projects.

Human Immune Monitoring Center and Core Facility

One of the most important endeavors of ITI, in close collaboration with Garry Fathman and the CCIS, has been the planning, fundraising and now the opening of the Human Immune Monitoring Center (HIMC) under the leadership of David Hirschberg. This facility has been operational in temporary quarters since the beginning of the year and is just now moving into its newly renovated quarters in the CCSR building, just in time for its official opening next week. This unique facility is laying the groundwork for a revolution in medicine and human immunology and infectious disease. It takes clinical samples (mostly blood) and analyzes them with state-of-the-art instrumentation that can measure thousands of markers simultaneously to obtain a real time “picture” of that individual’s immune system and any infectious diseases that might be present. This data, together with the expertise that the center offers, will enable clinical investigators across many disciplines to obtain detailed information on each patient enrolled in a particular trial, and help them to identify new markers that will aid in understanding that particular disease and devising better treatments. An important innovation of this facility is that the data on all the analyses performed will be

pooled into a broader database that will enable researchers to look across many diseases, as well as data from normal volunteers, in ways that will greatly accelerate the search for common mechanisms and treatments. This facility has been made possible by a generous donation from the HEDCO Foundation as well as grants from the Russell Foundation, the Sidney Frank Foundation and from the Becton-Dickenson Corporation. We are also very grateful for the support we have received from the Dean's office.

Education

Eight years ago, Paul (PJ) Utz started what is now an extremely successful summer program of instruction and immunology laboratory experience for talented high school students under the sponsorship of CCIS. ITI has now joined with CCIS in expanding this effort to encompass infectious diseases as well and this will also be the template for similar efforts in the other Stanford Institutes of Medicine that PJ is coordinating. This year ITI was also pleased that PJ accepted our offer of a position as Associate Director for Education at ITI and we look forward to both his continuing efforts with the expanded summer program as well as other initiatives that will benefit the many other kinds of students within ITI.

Development

Philanthropic support has already proven to be crucial to ITI's progress, particularly in the creation of the HIMC. With the heroic efforts of June Lang and Michael Welch in the Office of Medical Development we have formed Campaign Council to intensify our fundraising efforts so that we can do even more to support the important work here.

Future

ITI is still in its relative infancy and thus we are particularly looking forward to ways in which we can facilitate translational science at Stanford. We especially look forward to these developments in future years:

Seed Funding for working groups and innovative projects: This year for the first time we will be able to provide seed funding for innovative proposals in ITI's core areas. We expect that this will provide further impetus for collaborations and working groups in that it will allow them to try out new strategies and obtain the preliminary data needed for larger scale funding from the NIH. ITI will also be able to provide scientific support for grant writing through our program officer and logistical support through our program manager.

Further development of the HIMC: This coming year will see the continuing evolution of the HIMC, with the implementation of our database strategy and the development of new assays to assess immune function. Eventually we expect that the Stanford HIMC will be a model for similar facilities across the country and the nucleus of a “genome project” scale international effort to use immunological and infectious disease markers to better define human health and ameliorate or cure at least some of the many diseases with an immunological component.

Symposia: In the coming year ITI will sponsor two important symposia, one on “Immune Monitoring” in the fall (Dec. 13-14) and another on “Basic Mechanisms of Infection and Immunity” in April of next year (April 24-25, 2008). Both of these events will highlight the contribution of Stanford faculty in these areas as well as bring in outstanding investigators from other institutions.

I want to thank Dr. Davis for his report and also the members of the ITI for their contributions.

Events

- **Former President of India APJ Abdul Kalam** (2002-2007) visited Stanford on September 18th to both celebrate and give an update on the Stanford-EMRI (Emergency Management Research Institute), which was launched at an official signing on May 9th. Dr. Kalam described his commitment to this impressive education and emergency rescue project, which emanated from the dedicated efforts of Drs. SV Mahadevan, Assistant Professor of Surgery (Emergency Medicine), and his colleagues in Emergency Medicine, including Drs. Matthew Strehlow, Gregory Gilbert, Peter D’Souza and Alice Chao in collaboration with Venkat Changavalli, CEO of EMRI. This project began in Hyderabad, India and is planned for implementation throughout the country. It could very well be a prototype for providing emergency services to many developing nations. The goal of EMRI is to save a million lives a year – a target they seem destined to meet. In addition to hearing the progress reports on EMRI, it was a privilege for all who attended a special reception to hear the words of former President Kalam – an inspirational and much admired visionary leader.
- **Dorothy and Thye King Chan Professorship for Dr. John Adler**, Professor of Neurosurgery: On Friday September 14th we celebrated the appointment of Dr. John Adler, distinguished neurosurgeon and inventor of the CyberKnife, among other innovations, as the first incumbent of the Dorothy and Thye King Chan chair, which was made possible thanks to the generosity of the Chan family as well as support from Gary and Victoria Reed. Please join me in congratulating Dr. Adler for this honor.
- **Dr. Joe St. Geme, III delivered the 2007 Dr. Norman Kretchmer Lectureship** on Friday, September 21st. He was the 11th Kretchmer Lecturer, which is named in honor of a remarkable leader in American Pediatrics, who also served as the chair of pediatrics at Stanford from 1959-1969. Dr. St. Geme, III is Professor and Chair

of Pediatrics and of Molecular Genetics and Microbiology at Duke University. He is also a Stanford University alum with a distinguished academic career as well as an Academic All American football player.

- ***The First Comprehensive Cancer Research Training Program (CCRTP) at Stanford*** was held from September 16-21st at the Quadrus Conference Center. Over 170 postdoctoral fellows, clinical fellows, residents and graduates students attended a highly successful program that was made possible through the efforts of Drs. Karl Blume and Amato Giaccia (see http://cancer.stanford.edu/features/research_news/documents/CCRTP2007Syllabus.pdf). For those unable to attend, the entire program will be on-line in the next weeks.

Awards and Honors

Dr. David Hogness, Rudy J. and Daphne Donohue Munzer Professor in the School of Medicine, Emeritus, was selected by the Japan Society for the Promotion of Sciences as the recipient of the 2007 International Prize for Biology in recognition of the significant contributions he has made to the field of genetics. Dr. Hogness will travel to Japan where on November 19th he will receive the award in the presence of the Emperor of Japan. Congratulations to Dr. Hogness!

Upcoming Event: Fall Forum

Fall Forum on Community Health and Public Service

Tuesday, October 9th

5:00 – 7:30 pm

McCaw Hall, Arrillaga Alumni Center

Fall Forum was created by medical students to highlight and disseminate student work in the community. Since the forum's inaugural year in 2002, it has expanded to showcase a wide range of service and partnership research projects undertaken by Stanford medical students, undergraduates and physician assistant students in underserved communities here and around the world. The event is coordinated by medical students and sponsored by the Office of Community Health (OCH). The Fall Forum is free and open to the community. We generally have a large and diverse audience including alumni, community members and partner organizations, faculty and staff. Students present their work via posters and/or oral presentations, community partners are recognized for their contributions, and the event concludes with our keynote speaker address.

The keynote speaker for this year's forum will be Dr. Mimi Doohan, Stanford Medical School alumna. Dr. Doohan practices full-spectrum family medicine in Santa Barbara, both in her own private practice and in association with the practice of Dr. Ayesha Shaikh, OB-Gyn. Dr. Doohan is Co-Founder of [Doctors Without Walls](#) (DWW),

a Santa Barbara non-profit, and serves as the organization's Vice President and Director of Unsheltered Services. DWW's mission is to provide volunteer medical care to the homeless and most vulnerable, where and when they are in need.

Appointments and Promotions

Seth Ammerman has been reappointed to Clinical Associate Professor (Pediatrics), effective 9/01/07.

Bernetta Avery has been appointed to Clinical Assistant Professor (Affiliated) (Pediatrics), effective 8/01/07.

Richard Bales has been appointed to Clinical Associate Professor Emeritus (Affiliated) (Psychiatry and Behavioral Sciences), effective 7/01/07.

Patrick Barnes has been promoted to Professor of Radiology, effective 9/01/07.

Maria Pilar Bernal has been promoted to Adjunct Clinical Associate Professor of Psychiatry effective 7/01/07.

Laura Brodzinsky has been reappointed to Clinical Assistant Professor (Obstetrics and Gynecology), effective 9/01/07.

Zhen Cheng has been appointed to Assistant Professor (Research) of Radiology, effective 9/01/07.

Kenneth Christensen has been appointed to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Tara Cornaby has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07

Ramesh Daggubati has been appointed to Clinical Assistant Professor (Affiliated)(Medicine), effective 8/01/07.

Cynthia L. DeTata has been promoted to Clinical Assistant Professor (Obstetrics and Gynecology), effective 9/01/07.

William F. Fearon has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 10/01/07.

Robert Filer has been promoted to Adjunct Clinical Assistant Professor of Ophthalmology effective 7/01/07.

Neil Friedman has been promoted to Adjunct Clinical Associate Professor of Ophthalmology effective 1/01/08.

Natasha Funck has been promoted to Clinical Assistant Professor (Affiliated) (Anesthesia), effective 7/01/07.

Louise Furukawa has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Alan Green has been promoted to Clinical Professor (Pediatrics), effective 9/01/07.

Paul Helgerson has been promoted to Clinical Assistant Professor (Medicine), effective 9/01/07.

Paul Hwang has been promoted to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Samina Iqbal has been reappointed to Clinical Assistant Professor (Medicine), effective 9/01/07.

Ethan Jackson has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Komal Kamra has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Jean Kohn has been reappointed to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Calvin Kuan has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Michaela Liedtke has been appointed to Assistant Professor of Medicine (Hematology) effective 9/01/07.

Ludwig Lin has been appointed to Clinical Associate Professor (Anesthesia), effective 8/01/07.

Steve Lindley has been reappointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Veterans Affairs Palo Alto Health Care System, effective 9/01/07.

Yiming Lit has been promoted to Clinical Assistant Professor (Medicine), effective 7/01/07.

Paul K. Mahabir has been reappointed to Clinical Assistant Professor (Medicine), effective 8/01/07.

Kevin Malott has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Gail A. Prichard has been reappointed to Clinical Assistant Professor (Psychiatry and Behavioral Sciences), effective 9/01/07.

Nilima Ragavan has been reappointed to Clinical Assistant Professor (Pediatrics), effective 9/01/07.

Wendye Robbins has been reappointed to Clinical Assistant Professor (Anesthesia), effective 9/01/07.

Lisa Schmelzel has been promoted to Clinical Assistant Professor (Radiology), effective 8/01/07.

John B. Shinn has been reappointed to Clinical Professor (Otolaryngology - Head and Neck Surgery), effective 9/01/07.

Bindya Singh has been appointed to Clinical Assistant Professor (Affiliated) (Pediatrics), effective 9/01/07.

Anne Elizabeth Stuart has been promoted to Clinical Associate Professor (Pediatrics), effective 9/01/07.

Michael Taymor has been promoted to Adjunct Clinical Associate Professor of Pediatrics effective 5/01/07.

Shreyas Vasanawala has been appointed to Assistant Professor of Radiology, effective 9/01/07.

Eric A. Weiss has been promoted to Associate Professor of Surgery (Emergency Medicine), effective 9/01/07.

Mark L. Welton has been promoted to Professor of Surgery (General Surgery), effective 9/01/07.

Gail Wright has been reappointed to Clinical Assistant Professor (Pediatrics), effective 7/01/07.

Paul Zei has been appointed to Clinical Assistant Professor (Medicine), effective 8/01/07.