

Dean's Newsletter

March 10, 2008

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Potential Changes in the NIH Peer Review System

In the November 5, 2007 issue of Dean's Newsletter I described some of the changes being discussed to "improve" the current NIH Peer Review system. The NIH now has a draft summary of potential recommendations and is seeking comments from grantees, academic medical centers and the community. We have been asked to submit responses by March 17th. You can offer your comments independently, although I think that a Stanford institutional response that encompasses our broad constituency would be more powerful. You can review the [recommendations from the NIH](#), and I am taking the liberty of including the Executive Summary below to enable you to become familiar with the positions the NIH might take. Given the current funding climate, these recommendations take on even greater importance. Please feel free to offer your comments and reactions to [me directly](#) or to [Dr. Ann Arvin](#), Vice Provost and Dean for Research by March 14th.

In conducting this self-study and related recommendations, the NIH recognizes that "it is critical that the NIH maintain the core values of peer review: scientific competence, fairness, timeliness, and integrity." In this process some seven "challenges" were identified and developed, with input from investigators around the country, and each now has goals and recommendations associated with them. They include the following:

Challenge 1: Reducing Administrative Burden on Applicants, Reviewers, and NIH Staff. For many investigators, staying funded is a time- and labor-intensive exercise that can compromise the practice of research.

Goal: To reduce the number of applications that need to be submitted by

helping applicants make faster, more informed decisions to either refine an existing application or develop a new idea.

Recommended Action (as of February 29, 2008): Provide unambiguous feedback to all applicants by establishing a “Not Recommended for Resubmission” (NRR) category and by providing scores for all applications.

Goal: To focus on the merit of the science presented in the application and not the potential improvements that may be realized following additional rounds of review.

Recommended Actions:

- *Eliminate the “special status” of amended applications by considering all applications as being new.*
- *Shorten summary statements by focusing solely on the merit of the science as presented.*

Goal: To reduce application length to focus on impact and uniqueness/originality, placing less emphasis on standard methodological details.

Recommended Action: Shorten the length of the application and align it to specific review elements.

Challenge 2: Enhancing the Rating System. The rating system that informs NIH peer review is central to every activity, and thus it is critical that the NIH carefully consider ways to ensure that rating is both as accurate and as informational as possible for both applicants and the NIH.

Goals: To focus and elevate the level of discourse of the study section, provide unambiguous feedback to applicants and enhance the consistency of rating, and to engage all charter review members in the review of each application.

Recommended Actions:

- *Modify the rating system to include scores and ranking.*
- *Rate multiple, explicit criteria individually, but provide an independent overall score and ranking.*
- *Provide unambiguous feedback to all applicants by establishing a “Not Recommended for Resubmission” category and by providing scores for all applications.*
- *Restructure the application to reflect the rating criteria.*

Challenge 3: Enhancing Review and Reviewer Quality. The cornerstone to review quality is recruiting and retaining excellent reviewers. Thus, improving review quality means addressing the larger problem of changing the culture of review.

Goal: To enhance review quantity.

Recommended Actions (as of February 29, 2008):

- *Engage more reviewers per application.*
- *Pilot the use of “prebuttals” for applicants and/or reviewers to correct factual errors in review.*
- *Pilot anonymous review in the context of a two-level review system.*
- *Enhance reviewer, study section, and scientific review officer training.*

Goal: To enhance reviewer quality.

Recommended Actions:

- *Create incentives for reviewers, including more flexible service and flexible deadlines for reviewer grant submissions.*
- *Link potential review service to the most prestigious NIH awards.*
- *Analyze patterns of participation by clinician scientists in peer review and provide more flexibility to ensure their continued involvement in review.*
- *Continue piloting the use of patients and/or their advocates in clinical research review.*

Goal: To ensure the best use of charter review member time and expertise.

Recommended Actions:

- *Shorten application and summary statement length.*
- *Have charter review members explicitly rank applications.*

Challenge 4: Optimizing Support for Different Career Stages and Types. As previously noted, supporting early-career investigators emerged as a top challenge during the diagnostic phase of the 2007-2008 peer review self-study, and it has been the top priority of the NIH leadership for many years. However, there is also a need to enable greater productivity of highly accomplished NIH investigators, with less administrative burden to applicants and reviewers.

Goal: Early-career investigators should at a minimum be on par with established principal investigators in application success rates.

Recommended Actions:

- *Continue to fund more R01s for early-career investigators.*

- *Pilot the ranking of early-career investigators against each other.*
- *Pilot the review of early-career investigators separately by generalists, to enhance risk-taking and innovation or uniqueness by applicants.*
- *Take into account investigator/institutional commitment criteria for early-career investigator review.*

Goal: To enable greater productivity of highly accomplished NIH investigators, with less administrative burden to applicants and reviewers.

Recommended Action (as of February 29, 2008): *Refine the NIH MERIT/Javits/NIH Director's Pioneer Awards and, perhaps, other mechanisms to enhance productivity of the most accomplished investigators and to add to the pool of accomplished investigators available as potential reviewers.*

Challenge 5: Optimizing Support for Different Types and Approaches of Science. Diverse types of science are needed to fulfill the NIH's mission to improve the nation's health, and peer review must accommodate the NIH's need to strike an appropriate balance among these.

Goal: To provide clear opportunities for applications proposing transformative research.

Recommended Action: *Use the NIH Director's Pioneer, NIH Director's New Innovator, and the Exceptional, Unconventional Research Enabling Knowledge Acceleration (EUREKA) Award programs as starting points to develop a path to invite, identify, and support transformative research, expanding the number of awards to a minimum of 1 percent of all R01-like awards.*

Goal: To ensure optimal review of clinical research.

Recommended Action: *Determine the underlying causes of clinical research application submission patterns and results in the Center for Scientific Review (CSR) and NIH Institute and Center (IC) panels and consider corrective actions if needed. Ensure participation of adequate numbers of clinician scientists by providing more flexible options for review service.*

Goal: To ensure optimal review and support for interdisciplinary research.

Recommended Actions:

- *Analyze applications that are interdisciplinary in nature with respect to referral patterns for review, assignment for secondary review and funding consideration, and success*

rate.

- *Employ an editorial board model for the review of interdisciplinary research.*

Challenge 6: Reducing the Stress on the Support System of Science.

Regardless of the numerous and complex issues that stress the system used to support U.S. biomedical and behavioral research, resources will always be finite in nature. The NIH must continue to guide the distribution of these resources through careful and transparent prioritization in concert with the NIH's stakeholders.

Goal: To ensure the optimal use of NIH resources.

Recommended Actions:

- *Require, in general, a minimum percent effort for investigators on research project grants.*
- *Analyze the incentives inherent in the NIH system of funding that have been driving the rapid expansion of the U.S. biomedical research system in recent years and explore with stakeholders whether these incentives should be reduced or eliminated.*
- *Analyze the NIH contribution to the optimal biomedical workforce needs.*

Challenge 7: Meeting the Need for Continuous Review of Peer Review. The NIH needs to establish data-driven mechanisms to evaluate review outcomes and to assess the success of pilot programs. This effort must be highly dynamic, to match concurrent changing landscape of biomedicine.

Goal: To assure the core values of peer review

Recommended Actions:

- *Mandate a periodic, data-driven, NIH-wide assessment of the peer review process.*
- *Capture appropriate current baseline data and develop new metrics to track key elements of the peer review system.*

While some of these recommendations are overlapping, and while a number represent enhancements to the current review process, others are potentially problematic – depending on the details behind them. Again, we are interested in your input on the current goals and recommended actions. Please let us know your thoughts or reactions.

Remember to Vote

First the disclaimer: the Dean's Newsletter will not be endorsing any specific candidate! Second, this is not about the Presidential Primaries or the pending national election – although as you might imagine, I have some strong views about the process underway and the consequences for our nation based on who is elected as our next President. Rather, this message is more local and is focused on the Stanford Medical Center, albeit with serious consequences for both Stanford Hospital & Clinics and the School of Medicine.

Beginning today, March 10th, all members of the SHC Medical Staff (which includes faculty and community physicians) will receive instructions by email on how to vote for the Chief of Staff of the SHC Medical Staff. This is a serious and important election since the authority and role of the Chief of Staff position has been significantly changed by the recently passed Medical Staff By-Laws. Indeed the Chief of Staff will become a member of the SHC Board of Directors and will have significant power and authority over issues affecting not only physicians who admit patients to SHC, but also hospital functions and clinical departments.

The election process that begins today will select both the next Chief of Staff and the Vice Chief of Staff. Each will serve sequential two-year terms (the Vice Chief of Staff will also become the Chief of Staff in two years). Thus the leadership of the SHC Medical Staff for the next 4 years will be determined through this election. This is a period of tremendous change at SHC, and it is critical that the Medical Staff leadership be equipped to deal with the challenges that will impact the future of the medical center, the faculty and the community.

In the past, voting for the Medical Staff leadership has been lax and inattentive – in fact only about 10% of the medical staff voted in the past election. But that pattern should not be sustained. ***I strongly encourage each member of the SHC medical staff to review the candidate roster carefully and to vote. It is extremely important that you take this seriously.***

Leading Matters and the Stanford Challenge

On Saturday, March 7th I had the opportunity to participate in the second national appearance of “*Leading Matters*,” which was held at the San Diego Convention Center. The inaugural event had taken place in Seattle, Washington in February. This is all part of a national and international agenda led by President John Hennessy to reconnect Stanford to alumni, parents and communities across the nation and around the world. It was a fantastic event and I felt very proud to be part of the Stanford community.

Leading Matters included presentations, discussions, and networking along with some incredible audiovisual documentaries that review Stanford history, some of its current activities and, most importantly, its future leadership and direction among universities. These were highlighted in discussions led by students from across the university. The medical school was well represented by Tress Goodwin, SMS 4, who participated in a panel discussion with President Hennessy in San Diego, and Cheri

Blauwet, SMS 5, who was featured in the documentary extravaganza that closed the dinner event of the San Diego *Leading Matters*.

Three exciting panels and faculty seminars comprised the heart of *Leading Matters*. The topics were diverse and important and featured the three major themes of the Stanford Challenge: the Initiatives on Human Health and on Energy and the Environment and the International Initiative. I had the opportunity to moderate a panel entitled *Frontiers of the Future: Our Brain and Behavior*, which drew hundreds of people to a discussion that reviewed some of the exciting insights emerging from Stanford's Neuroscience Institute and related initiatives. The Neuroscience Institute at Stanford embraces the entire university and was well reflected in the panel members, which included: Carla Shatz, Director of Bio-X and Professor of Biological Sciences and of Neurobiology; Brain Wandell, Isaac and Madeline Stein Family Professor and Chair of Psychology and, by courtesy, of Electrical Engineering and Radiology; and Hank Greely, Deane and Kate Edelman Johnson Professor of Law and, by courtesy, Professor of Genetics.

The panel focused on the dipole of “nature vs. nurture” from the molecular, systems, imaging and ethical, legal and societal perspectives. It was an engaging dialogue and seemed to be quite well received. Importantly, it conveyed what makes Stanford so distinctive: a commitment to discover, innovate and engage in “out of the box” thinking that draws on the expertise and knowledge of different disciplines, seeks to find solutions to complex problems and, in doing so, helps improve the world we live in.

I also joined Dr. Lucy Tompkins, the Lucy Becker Professor of Medicine and Professor of Microbiology and Immunology, in a faculty seminar on *Global Health: Infection, Disease and Society*. This panel, which also drew hundreds of participants, conveyed the foundations and relevance of infectious diseases in the USA and on the world stage. We reviewed the advances that have occurred in preventing and treating infectious diseases along with the challenges now appearing with resistance to immunization and the emergence of antibiotic resistant microorganisms. Importantly, we also put the challenge of infectious diseases in a global context – which has become ever more important in the modern world of globalization and travel.

We certainly recognize the enormous challenges we face today as our national and global economy deteriorates as well as the many looming issues affecting academic medical centers now and into the future. But stepping back and viewing the incredible contributions Stanford has made over the decades and is poised to continue to make in the 21st Century should make us all proud to be members of the Stanford community.

Update on the Department of Structural Biology

On Friday, March 6th, Dr. Jodi Puglisi, Professor and Chair of the Department of Structural Biology, gave a thoughtful and informative update to the Executive Committee on the past, present and future accomplishments and opportunities he envisioned. A brief

summary of his presentation is captured in the following update he provided for inclusion in the Dean's Newsletter.

The Department of Structural Biology was founded in the 1970s by Roger Kornberg and Lubert Stryer. It was the first Department of Structural Biology in the world, and merged a desire to modernize anatomy with nascent need to bring molecular structural studies to Stanford. Despite Stanford's obvious strengths in biochemistry and physical sciences, structural biology was virtually nonexistent at Stanford through the 1960s and 1970s (Oleg Jardetzky's pioneering NMR work was an exception). With the founding of the Department, the germline of the current department was set. Roger Kornberg was able to raise money from the Beckman foundation, and recruited the first structural biologists in the early 1990s. Since then, the department has grown to 7.5 UTL faculty, and 4 Courtesy Faculty. The Department includes 3 members of the National Academy of Sciences, 2 members of the Royal Society and the 2006 Nobel Laureate in Chemistry, Roger Kornberg. The collection of structural biologists at Stanford is arguably the best in the world.

Structural biology uses the principles of chemistry and physics to understand how the three-dimensional structures of biological molecules determine their function. The field has an illustrious history that includes many of the giants of 20th century science, including Pauling, Perutz, Bernal, Watson, Crick, Wilkens and others. These pioneers combined a deep understanding of physics and chemistry, an appreciation for careful experimentation, with an understanding of biology and the long-term dedication to solve groundbreaking problems. The echo of the approach resonates through the current Department of Structural Biology. Our department is driven by a desire to solve deep biological mysteries such as immune recognition, transcription, translation, protein folding, transport and viral infections using the techniques of structural biology: x-ray crystallography, nuclear magnetic resonance spectroscopy, cryoelectron microscopy, computational approaches and single molecule methods. The instrumentation infrastructure at Stanford is unsurpassed, and available to the general research community. The Stanford Synchrotron Radiation Laboratory (SSRL) provides onsite x-ray radiation for crystallographic studies, the Stanford Magnetic Resonance Laboratory (SMRL) provides high-field solution and solid-state NMR needs for both the School of Medicine and beyond, and finally the cryoelectron microscopy core allows cellular and molecular imaging. The Clark center houses an extremely powerful cluster for high-speed computation. These facilities are jewels that power the structural biology research endeavor.

The department faculty research engages a variety of approaches and biological systems. X-ray crystallography is the workhorse for atomic-level structure determination. The Kornberg laboratory has used the deep mixture of biology and chemistry to unravel how the process of transcription in eukaryotic cells is performed by RNA polymerase machinery. His laboratory is pushing the envelope of complex structural biology, employing x-ray crystallography as well

as new imaging approaches using cryoelectron microscopy. The Weis group uses x-ray structural studies coupled with highly collaborative biochemical investigations to probe how cell-cell contacts are formed, how vesicles fuse and how developmental signals are communicated. Recently his group worked with that of Brian Kobilka to solve the first structure of a G-protein coupled receptor (GPCR) bound to a drug. GPCRs represent 40% of targets of current therapeutics, so this structure is a landmark. The McKay group studies a variety of proteins that manipulate the structures of other proteins or nucleic acids. The function of these chaperones is key to many cellular processes. The Garcia group studies protein complexes involving cell surface receptors in immunology and signaling. These landmark studies have provided the structural basis for T-cell-MHC recognition as well as cytokine signaling. The Jardetzky group studies how viruses cross cellular membranes and uncoat. Large-scale conformational changes of the proteins drive these remarkable processes. The Brunger group uses structural and single molecule approaches to investigate synaptic vesicle fusion. Stanford has assembled a truly unique group of x-ray crystallographers.

The Department applies methods beyond x-ray crystallography to understand function. Computation is essential to understand the behavior of complex systems. The Levitt group pioneered computational applications to biology, and investigates fundamental aspects of molecular interactions that drive bimolecular structure formation. He is also developing new methods to understand dynamics of biological systems both small and large. The Pande group has developed novel computational approaches to investigate dynamics in biological systems, and he is applying them to a wide range of problems including protein folding and misfolding as well as drug design. The Parham group studies the immunology of natural killer cells and their underlying genetic diversity. The Puglisi group uses NMR, single molecule spectroscopy and crystallography to understand the correlation of structure, dynamics and mechanism in RNA-protein assemblies such as the ribosome. The McMahon group uses cryoelectron microscopy to study synapse formation. The Bryant group manipulates molecular motors using single-molecule methods. Structural biologists are moving to animate molecular movies and investigate larger systems using new approaches.

Built on this spectacular scientific foundation, the department faces challenges and opportunities for the future. Space and aging instrumentation are limitations to our current work and future growth. We must hire more junior faculty, as all but one faculty is a full Professor. We must increase the diversity of our faculty as well. Despite these challenges, structural biology will continue to be the cornerstone of molecular biology, and the crossroads where chemistry, physics, biology and medicine converge. The construction of the x-ray laser at SLAC promises to revolutionize structural studies. New approaches will probe the dynamics of molecular systems, and allow investigation of larger biological assemblies. As our knowledge base grows and computer power increases, computation will become even more central to our activities. Our faculty will continue to mix novel technical approaches with deep appreciation for biological

function. Education of our next generation of biophysicists and structural biologists, currently through our own graduate program and the Biophysics program, will continue to emphasize rigor and theoretical understanding. The future of structural biology at Stanford is bright indeed.

Launch of the Helen and Peter Bing Core Competency Lecture Series

On Wednesday evening, February 27th, the Helen and Peter Bing Core Competency Lecture series was launched “to introduce professional, ethical, and practice-based issues facing future medical practitioners, and offer viable alternatives for their resolutions and models for discussion.” I had the opportunity to participate in this first event, which focused on “*Conflict of Interest (COI) in Professional Practice.*” I was joined by David Magnus, Professor of Pediatrics and Director of the Center for Biomedical Ethics, and John Adler, Dorothy and TK Chan Professor of Neurosurgery. The goal of this session was to help residents and trainees understand the broader issues impacting conflict of interest as well as to become more familiar with Stanford’s COI policies for research, education and patient care.

I have written frequently about this topic in the Dean’s Newsletter because of its overall importance and also because of the rapidly escalating scrutiny being focused on it at this time. To that regard it is noteworthy that the President of the Senate in the Commonwealth of Massachusetts introduced legislation this past week banning all gifts and perks to doctors from drug companies. In fact, the proposed legislation would invoke a \$5000 fine and/or two years of imprisonment for anyone who violated the ban. Independent of this, it is also important to note that we have received a query from the Inspector General’s Office of the Department of Health and Human Services (along with more than 40 other academic medical centers) about how our COI policies are monitored at Stanford, especially in reference to faculty receiving grant support from the National Institutes of Health. The bottom line is that the issue of COI is achieving local as well as national attention, and it seems quite probable that the guidelines applicable to physicians and to academic medical centers and universities are likely to become more stringent and legislated in the not too distant future. All the more reason for our community to become more aware and educated about COI, making the relevance of this new Core Competence program all the more important.

I also want to remind faculty that it is time to submit your annual COI disclosures, which can be done on-line. [Stanford’s COI policies](#) are available to review online.

Donor Appreciation

Each year we have the opportunity to thank the wonderful individuals, families and foundations that have contributed to medical education. At the Annual Donor Appreciation dinner we also have the opportunity to pair those who have contributed to education with the students who have been the beneficiaries of this generosity. This invariably makes for a wonderful and festive evening – especially because of the renewed bonding that emerges between those who have given and those who have received this

incredible support. Sadly, the level of indebtedness of students graduating from medical school continues to rise (72 students of the 2008 graduating class carry an average debt burden of \$85,879.00). Unfortunately, such debt not infrequently impacts the career plans and directions of medical school graduates – something that is thankfully more limited at Stanford than at other medical schools where the debt burden on graduates is greater.

One of the highlights of this annual event is hearing from students who reflect on their personal journey and how financial aid has impacted their lives and career choices. I feel confident that the stories of any one of our students would be compelling, but time permits us to only feature three students at the Donor Appreciation Dinner. And, as expected, each presented a moving and thoughtful account of the challenges she faced in pursuing a career in medicine and science – and how financial support from our donors and Stanford helped them achieve success. This year's student speakers included Adeoti Oshinowo, SMS 4, Dora Castaneda, SMS 5 and Charay Jennings, PhD, SMS 9. I want to thank each for the efforts they put into making the event so meaningful.

Stanford Menlo Park Open House

Late last year a number of important administrative units moved to our off-site facility at SRI in Menlo Park. These included Fiscal Affairs, Facilities Planning and Management, Institutional Planning, Human Resources, Information Resources, SPCTRM, and Communications and Public Affairs. An open house was held on Friday, March 7th to show off their new facilities – and the wonderful artwork and photography contributed by staff working at [SMP site](#). I recognize that this has been a big transition for the 200 staff and that many still feel somewhat dislocated from the University campus. But most everyone I spoke with at the Open House was happy with their new space and readily acknowledged that their transition was made smooth and comfortable thanks to the leadership and committed efforts of Julia Tussing and Linda Gibson. I want to thank them in particular for making the move so successful and for enabling our colleagues at SMP to remain very much part of our Stanford Medicine community.

Centennial Update

In previous Dean's Newsletters I have let you know about the activities we are engaged in to celebrate the Centennial of the Stanford School of Medicine. By now I hope you have seen the banners that have appeared around our campus, which provide a visual reminder of our hundred-year history. The new highlight on the [Centennial website](#) is [women in medicine](#), and I encourage you to take a few moments to read about this vital aspect of our past as well as to learn about the current status, activities and opportunities for women in science and medicine. On Wednesday, March 12 at 2:00 p.m., Drew Bourn, Historical Curator at the Lane Library, will lead a School of Medicine Architectural Walking Tour. This is an excellent opportunity to learn about the history of our campus and to look ahead at the physical transformations that are underway for the future. For more information, contact Drew at dbourn@stanford.edu or 725-8045.

Finally, mark your calendars for two upcoming events. On April 3rd, at 5:00 p.m. in the Clark Center Auditorium, the Arts, Humanities and Medicine Program and the

Center for Biomedical Ethics will be sponsoring a [Writer's Forum](#). This is one of the events that has been designated a Centennial event, and all are invited. And on April 23rd, 11:30-1:30 on the Dean's Lawn, we will have our All-School Centennial Lunch Celebration. Everyone – faculty, staff, and students – is invited to share in this coming together of our entire community, and I hope you will be able to attend.

Awards and Honors

Dr. Robert Carlson, Professor of Medicine has been selected to receive one of the National Physician of the Year Awards 2008 by Castle Connolly and is being honored with a dinner in New York City on March 18, 2008. Congratulations to Dr. Carlson.

2008 Paul & Daisy Soros Fellows. We have just learned that Stanford is again the recipient of five new Soros Fellowship awards “designed to assist immigrants and their children prepare for opportunities for leadership in their various fields in the United States.” Thirty new awards were announced, and five currently enrolled or soon to be enrolled Stanford medical students are the recipients of a 2008 Fellowship Award. Each awardee receives two years of one-half of the tuition support of their graduate study (up to \$16,000) as well as a maintenance grant of \$20,000 per year. This year's recipients include:

- ***Agnieszka Czechowicz*** - born in Gdansk, Poland and currently an SMS 2
- ***Sudeb Dalai*** - born in Marshall, MO (his parents came to the USA from a small village in India) and an MD/PhD student and Howard Hughes Fellow at Stanford.
- ***Elsie Gyang*** - born in Ibadan, Nigeria and currently an SMS 2
- ***Paul Nuyujukian*** - born in Houston TX (his parents are of Armenian heritage and were born and raised in Syria) and currently an MD/PhD student at Stanford University
- ***Krishnan Subrahmanian*** - born in St. Paul, MN (his parents came to the USA from Kerala, India) and will matriculate at Stanford in 2008.

Please join me in congratulating these 2008 Soros Fellows. This year's Fellows were selected from 700 applicants from 257 undergraduate and 123 graduate institutions. Since 1997 some 293 Fellowships have been awarded – 25 of who have been or are Stanford Medical Students.

Cecil Benitez, graduate student in Developmental Biology, has been selected as the 2008 Baxter Fellow in the Biosciences. She was selected following a call for nominations from each Home PhD Program in the School of Medicine and review by a committee of faculty members from Structural Biology, Immunology, Biochemistry, Neurosciences and Developmental Biology. Congratulations to Ms. Benitez.

Dr. Clarence Braddock, Associate Professor of Medicine has just been elected to the American Board of Internal Medicine (ABIM) Board of Directors; he has also received the “Outstanding Clinician Educator” award from the Society of General Internal Medicine California Region. Congratulations Dr. Braddock.

Appointments and Promotions

- *Anne Brunet* has been reappointed to Assistant Professor of Genetics, effective 4/01/08.
- *Marion S. Buckwalter* has been appointed to Assistant Professor of Neurology and Neurological Sciences, and, by courtesy, of Neurosurgery, at the Stanford University Medical Center, effective 2/01/08.
- *Ching-Pin Chang* has been reappointed to Assistant Professor of Medicine (Cardiovascular Medicine), effective 3/01/08.
- *Hanlee Ji* has been appointed to Assistant Professor of Medicine (Oncology), effective 3/01/08.
- *Allison W. Kurian* has been appointed to Assistant Professor of Medicine (Oncology) and of Health Research and Policy at the Stanford University Medical Center, effective 2/01/08.
- *Lewis M. Shin* has been appointed to Assistant Professor of Radiology at the Veterans Affairs Palo Alto Health Care System, effective 2/01/08.
- *Thomas C. Südhof* has been appointed to Professor of Molecular and Cellular Physiology and in the Neuroscience Institute, effective 3/01/08.