Dean's Newsletter
November 15, 2011

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Value of Biomedical Research – and Challenges to its Future

The support for biomedical research from the National Institutes of Health (NIH) over the past several decades has made the US the world leader in the life sciences. The NIH budget is approximately $30 billion, just over half of which funds fundamental basic science research. It is the investment in basic science that has led to every major innovation and discovery in this country since the establishment of the NIH. This is important in its own right. But this new knowledge has also paved the way for new treatments and cures, many of which could not have been envisioned when scientists began their fundamental inquiries. I have frequently written about this topic, which needs no justification at Stanford, where advancing science and innovation are among the highest priorities. When we attempt to evaluate the impact of basic research we appropriately cite examples of how discoveries have changed the way we think about human biology or how knowledge has been translated into new tools and devices to diagnose, treat or prevent human disease. Often we find ourselves looking back to the roots of discovery that extend years or even decades into the past. Investments in science must be viewed over the long term.

It is particularly exciting to observe the ongoing evolution of scientific discovery and ponder where it will go into the future. I had the opportunity to glimpse one such area

at the Council of Dean's Symposium on Interdisciplinary Discovery at the recent meeting of the AAMC (Association of American Medical Colleges), where two of our Stanford faculty members led a "thought leader" session on *"Cracking the Neural Code."* I had invited ***Dr. Karl Deisseroth***, Associate Professor of Bioengineering and of Psychiatry and Behavioral Science and HHMI Investigator, and ***Dr. Mark Schnitzer***, Associate Professor of Biology and Applied Physics and HHMI Investigator, to share some of their incredibly exciting research findings in the newly created fields of optogenetics and optic imaging. Their fundamental research dissects and sheds light (literally!) on neural networks and elucidates brain function and behavior in experimental models. Their innovative research (each are recipients of an NIH Director's Pioneer Awards) will unquestionably impact how we think about the nervous system and potentially how neurological and psychiatric diseases are treated in the future. But those advances are likely to occur many years into the future – making continued investment in this basic research essential. Of course this applies to countless other examples – at Stanford and at other institutions receiving support from the NIH for other investigators around the US.

Closely juxtaposed with the exciting presentations of Drs. Deisseroth and Schnitzer was a "thought leader" presentation by Dr. Francis Collins, Director of the NIH. He began his presentation by underscoring the importance of basic science research and gave examples of how fundamental discoveries have helped spawn unexpected new medical treatments. He also addressed his plans to enhance and accelerate the translation pipeline and overcome some of its well known impediments. He underscored the importance of supporting new young investigators and of placing special emphasis on overcoming the seeming unintended bias that negatively affects research support for underrepresented minority scientists (see: http://www.sciencemag.org/site/feature/data/hottopics/race-nihfunding/)

Of course the elephant in the room during Dr. Collins' presentation was the uncertainty of the federal budget in FY12 and beyond and how it will impact NIH funding (along with other federal programs like Medicare and Medicaid), potentially in ways that could have major consequences for medical schools and teaching hospitals. In that regard, the so-called 12 member "Super-Committee" will soon make its recommendations to the Congress on the $1.2 trillion debt reduction. These could result in a relatively flat budget for the NIH – or more significant reductions. In either scenario the purchasing power of NIH dollars today is getting close to 2001 number or worse, an issue we are all understandably concerned about.

While Dr. Collins emphasized his commitment to do everything possible to support innovative biomedical research, he acknowledged that senior leadership at NIH is considering various options that could be pursued. These include limiting the total amount of funding per investigator, limiting the total number of grants per investigator, limiting the size of direct costs of grants and reducing the cap on the amount of faculty compensation that can be charged to an NIH grant(s). While the purported goal of these deliberations is to allow a more limited NIH budget to go further, the reality is that any or all of these options would have a significant impact on investigators and institutions. The

net result is cost shifting and potentially a reduction of support to the most successful and competitive investigators.

Dr. Collins was quick to comment that he personally supports NIH funding as a meritocracy, but the fact that these options are being considered – and even posted on NIH websites for discussion – conveys the sense that they and other options are likely being seriously entertained. Without question a reduction in overall NIH funding, especially if coupled with an ever more competitive environment of funding success and lower amounts of funding to investigators and institutions, would have a chilling impact on research intensive institutions – including Stanford. The fact that our faculty has been enormously successful in competing for NIH grants in the past does not ensure that such changes would provide sufficient resources to continue ongoing and productive research programs. Obviously these are issues of profound importance to the future of academic medicine and bioscience in the US.

While we see the economic forces impacting the NIH as having a major impact on the future of innovation and discovery, there is also a significant impact of publicly funded research on jobs and the economic security of cities and states in the US. This is clearly illustrated by a report issued by the AAMC on November 7th in which the consulting group of Tripp Mach measured the economic impact of medical schools and teaching hospitals on regional and national economic viability. For example in 2008, Tripp Mach reported that the impact of AAMC member organizations was $512 billion and that these institutions accounted for more than 3.3 million full-time jobs or one in every 43 wage earners. Their more recent analysis shows that federal and state-funded research received by medical schools and teaching hospitals in 2009 added approximately $45 billion to the economy. (The full report, *The Economic Impact of Publicly Funded Research Conducted by AAMC-Member Medical Schools and Teaching Hospitals*, is available online at www.aamc.org.) Put another way, the analysis shows that for every dollar invested in research at medical schools and teaching hospitals, $2.60 of economic activity occurs. This is an important multiplier effect – especially during an economic downturn such as the one we are now experiencing.

The downstream effect of biomedical research creates jobs directly related to the sponsored investigation but also helps create jobs in industry and communities. California leads the nation with a total economic impact of $5,360,125,905 from federal and state research funding and a total direct employment impact of 35,734 jobs. Across the nation, a total of 299,649 jobs in the US in 2009 were directly or indirectly attributable to AAMC-member research from state or federal funding. When informed of these results, Dr. Collins noted that these findings "demonstrate that NIH's investment in biomedical research continues to have a positive effect on the health and economy of the nation."

Advocating for the benefits of federal and state support for research is a responsibility we all share. Of course we are all cognizant of the many challenge facing higher education and the viability of our very communities at this time of distress. But research has the potential to improve the delivery of healthcare in the future and lower its

costs to society. And it also has the real benefit of improving our economy and job growth right now.

An Invitation to Virtual Town Hall Discussions on CAP Network

We recently announced the launch of CAP Network – what we believe to be the first and only social network in a medical school in the US (see: http://med.stanford.edu/ism/2011/october/cap-1024.html). Over the 2-3 weeks since the launch a number of groups have been formed that bring research faculty, clinical faculty, students and staff into closer alignment and connection. This new offering is best viewed as an experiment, and I am looking at ways to utilize this new tool to promote discussion and dialogue within our Stanford Medicine community. It remains to be seen how this will unfold, but here is one idea. In the near future I will offer a comment about an issue affecting our community on CAP Network that will be either informational or designed to provoke some discussion and debate. The goal will be to create the equivalent of a virtual town hall meeting in which issues can be aired and discussed. While I always hope to get comments to this Newsletter, the reality is that it is not a public forum for discussion (although it is publicly available). CAP Network is private to our Stanford community and lends itself to more "controlled reflections and discussions."

If you are interested in participating in this dialogue, you simply need to login to the CAP Network and "Follow" my profile. You can do this by clicking on the Follow link on my profile: https://med.stanford.edu/profiles/stanford/Philip_Pizzo/ (note, only individuals with activated CAP Network accounts can participate). We'll see if this new way of connecting helps stimulate discussion that is productive to our Stanford community – in information or in action!

Appointment of New Cross-Institutional Privacy Task Force

The following update comes from Marcia Cohen, Senior Associate Dean for Finance and Administration, who was recently appointed to co-lead a cross-institutional task force on Privacy at the Stanford University Medical Center. Given the importance of HIPAA and the impact of violations on individuals and our institution(s) it seemed timely and prudent to appoint this task force. The new task force has been appointed by Christopher Dawes, President and CEO of the Lucile Packard Children's Hospital, Amir Rubin, President and CEO of Stanford Hospital and Clinics, and myself. I asked Ms. Cohen to prepare an update on this new task force, and her report follows:

> Although our three organizations already place the highest priority on data privacy, we know there is more that we can do to be exemplary leaders in this area. Each of our organizations has safeguards in place, but steadily increasing risks from heightened enforcement activities and public scrutiny of institutional practices require a more formal and shared engagement of senior management. Further, our patients depend on all of us to protect their private health information. All physicians, physicians-in-training, health care professionals, and administrators need to maintain the confidentiality of these very personal data. This will require all of us to be acutely aware of risky areas

with regards to transmitting confidential patient data and to re-double our commitment to following policies and procedures for safeguarding data.

To further our efforts in this important area, Mr. Amir Rubin, Chief Executive Officer of Stanford Hospital & Clinics (SHC), Mr. Christopher Dawes, Chief Executive Officer of Lucile Packard Children's Hospital (LPCH), and Philip Pizzo, Dean of the School of Medicine (SOM), have jointly appointed a new cross-institutional Task Force to address important enhancements to protect patient and research participant information.

The co-chairs are: Marcia Cohen, Senior Associate Dean, Finance and Administration, Daniel Morissette, Chief Financial Officer, Stanford Hospital and Clinics, and Timothy Carmack, Chief Financial Officer, Lucile Packard Children's Hospital. The following senior leaders appointed to the Task Force will support them in this effort:

- Jill Buathier, Vice President, Revenue Operations, SHC
- Clarence Braddock, Professor of Medicine, (General Internal, Medicine), SOM
- Jeff Driver, Chief Risk Officer & Director of Risk Management, SHC/LPCH
- Todd Ferris, Director of Informatics Services for the Stanford Center for Clinical Informatics (SCCI) and Director of Privacy and Security in the Office of Information Resources & Technology (IRT), SOM
- Nick Gaich, Executive Director, Chief Operating Officer, Spectrum, SOM
- Gary Hartman, Clinical Professor, Surgery (Pediatric Surgery), LPCH
- Ann James, Senior University Counsel, Stanford University (SU) Office of General Counsel
- Diane Meyer, Chief Compliance and Privacy Officer, SHC/LPCH
- Mike Mucha, IT Security Officer, LPCH
- Tanya Okon, Director Privacy & Compliance Assurance, SHC/LPCH
- Norman Rizk, Senior Associate Dean, Clinical Affairs in the School of Medicine and the Berthold and Belle N. Guggenhime Professor in Medicine, and Interim Chief Medical Officer, SHC; SHC/SOM
- Connie Sadler, IT Security Officer, LPCH
- Topher Sharp Clinical Associate Professor of Medicine, SHC
- Greg Souza, VP, Human Resources, LPCH
- Susan Stayn, Senior University Counsel, SU OGC
- Susan Weinstein, Assistant Vice President for Business Development and University Privacy Officer, SU

The charge to the Task Force is to enhance protection of patient and research participant information and to establish strong communication lines organization wide. The Task Force will develop joint recommendations for improved short-term and long-term controls in the following key areas:

- Cross-institutional security controls for computers, portable devices, and other technologies that contain protected health information and enhanced controls on removal of protected health information from the workplace.
- Enhanced vendor controls, including for business associates, subcontractors, and agents, and third-party access to electronic medical records and paper records.
- Review of our training programs, including frequency, content, and timing
- Safeguards on data access for research purposes
- Proactive management roles and procedures in the event of a breach or similar incident
- Consequences to employees (faculty and non-faculty), students and trainees in the event of failure to comply with privacy policies and procedures

In each of these areas, the joint Task Force will appoint sub groups incorporating additional individuals who will make recommendations that the Task Force will review. The Task Force will be submitting the first of the recommendations in early January to the hospital CEOs and the Dean.

A Reminder to Residents and Clinical Fellows on Patient Privacy That is Broadly Relevant

Because of some recent problems and confusion, I asked Dr. Clarence Braddock, Professor of Medicine and Associate Dean for Undergraduate and Graduate Education, and Dr. Todd Ferris, Director of Privacy and Security in the Office of Information Resources & Technology (IRT), to prepare a communication highlighting some of the key and essential "do's" and "don'ts" regarding protected health information (PHI). In reviewing the communication they sent to all of our Residents and Clinical Fellows I felt that it had relevance to our entire community, and I thought it would be helpful to share its content with you as well. It also serves as a reminder of the issues and realities we should all be cognizant of in order to protect our patients, each other, and our institution. Here is the message:

"We in the Stanford University Medical community are working together to re-double our efforts to protect patient health information (PHI). Our patients expect and deserve our compliance with the requirements for protection of PHI, and part of that effort is making sure we are all being careful in the many ways that we communicate with one another in the care of patients. We have prepared a list to "to dos" and "don'ts" as a quick reminder of steps you should take and steps that should be avoided at all costs. When considering access, use, or transmittal of PHI, always:

- **DO** treat all personal information from a patient as always having the potential to harm; protect the information wherever it appears, including but not limited to: email, spreadsheets, sign-outs, electronic records, and paper files

- **DO** use the minimum necessary identifiable patient information when you use or share information.

- **DO** ask questions of the Privacy Office if you are not sure if a use or release of patient information is allowed.

- **DO** make sure that any device you use – computer, laptop, tablet, smartphone – is password protected, encrypted and enabled for remote wipe.

- **DO** verify security yourself and never assume any system is private and secure.

As the media continually reports, there are too many examples of failure to protect PHI to list each one, but here is a reminder of the **most common lapses in information privacy that have been reported.** Also, it can be helpful to have a "rule of thumb" for any particular action you're considering - take a brief moment and first ask yourself whether you should have the information and is access or your planned use necessary? Then, ask yourself to consider what if a "never" privacy breach happens and **DO NOT** do the following:

- **Do NOT** take paper records from the hospital or clinic and leave them unattended.
  The risk: The records are stolen, and now you are responsible for unauthorized release of personal health information

- **Do NOT** send information about patients on email that is not secure.
  The risk: The email is intercepted or accidentally sent to the wrong recipient, and now you are responsible for unauthorized release of personal health information

- **Do NOT** use social network venues, such as Facebook or Twitter, to communicate about patients.
  The risk: The patient or patient's family, or other members of their social network, sees it, and now you are not only responsible for unauthorized release of personal health information but you have also failed in your responsibility for that patient's privacy.

- **Do NOT** receive email or text message on an unsecure smartphone.
  The risk: Your phone is lost or stolen, you have no way to lock or wipe the device, and now you are responsible for unauthorized release of personal health information

- **Do NOT** take pictures of patients on your personal camera or smartphone, or any device that is not encrypted and/or password protected.

The risk: Your phone is lost or stolen, and now you are responsible for unauthorized release of personal health information

Always remember that patient care includes protection of patient privacy. Violation of your patient's privacy is a failure of your responsibilities as a physician—and a violation of state and federal regulations, with serious consequences to your career and your profession."

I hope this communication is helpful to you – it is not all we need to do (or not do) but it contains some of the most important reminders.

Tenth Anniversary of Community Health Symposium

On Thursday, October 27th the 10th Annual Community Health Symposium was held in Berg Hall in the Li Ka Shing Center for Learning and Knowledge. The Office of Community Health and the Stanford Center for Clinical and Translational Education and Research supported this important event. Special thanks for this year's event goes to Leanne Almario, SMS II, and Rachel Talley, SMS II, along with faculty and staff of the Office of Community Heath, particularly Ann Banchoff, Courtney Burks, Jill Evans, Evelyn Ho, Caroline Morugan, Rhonda McClinton-Brown, Scott Schafer and Marilyn Winkleby. Equally importantly, the 10th Annual Symposium featured oral and poster presentations from undergraduates, medical students, physician assistant students, residents, fellows, staff and faculty – who presented work on communities local and global. This important symposium not only brought together our own Stanford community, it also recognized and celebrated our "Community Partners" and gave voice to the vital importance of "community" in Stanford Medicine. The work we do in research, education and patient care ultimately benefits our communities, but our communities and their leaders also enrich the lives of our students, faculty and staff. This year's keynote speaker, Phuoc Van Le, a graduate of Stanford Medical School, bore witness to this from his own life experiences in global and community health.

Appointment of Dr. Will Talbot as the Next Chair of Developmental Biology

Beginning January 1, 2012, Dr. Will Talbot, Professor of Developmental Biology, will become the next chair of the Department of Developmental Biology, succeeding Dr. Roel Nusse, who has served admirably in this role since 2007. From its founding in 1989 by Dr. Lucy Shapiro, The Ludwig Professor of Cancer Research, Department of Developmental Biology and Director of the Beckman Center for Molecular and Genetic Medicine, and Senior Fellow, by courtesy, at the Freeman Spogli Institute for International Studies, the Department of Developmental Biology at Stanford has had a remarkably stellar reputation thanks to its outstanding faculty and students. I want to thank Dr. Nusse for his outstanding leadership over the past five years – both for the department and the broader Stanford community. I also want to welcome Dr. Talbot to this new and important role. He has served as Associate Chair and has proven himself a thoughtful and highly competent leader. He was the unanimous choice of the

Developmental Biology faculty to serve as the next chair of the department, and I am thrilled that he will do so.

Behavioral and Social Science Foundations for Future Physicians

Over the past several years attention has once again focused on seeking ways to enhance, develop – and even select for – humanism and professionalism in students and practitioners of medicine. At medical schools across the country, the behavioral qualities of physicians have assumed increased recognition and importance. At Stanford, ways to value and enhance the compassion and caring by physicians have been incorporated into the curriculum and have been used to assess and evaluate clinical performance. They are among the skills being assessed in the recently introduced MMI (Multi-Mini Interview) methodology used to determine an applicant's suitability for admission to Stanford Medical School (see: http://med.stanford.edu/ism/2011/november/5q-prober-1107.html)

For too many of the past several decades admission to medical school has been largely based on performance in the biological and physical sciences. Major determinants for admission in many medical schools have focused on MCAT scores and GPA results. While these metrics have been used at Stanford, the criteria and basis for admission have employed much deeper evidence of life accomplishments and "journey traveled." Even so, a decided shift to broaden the metrics to guide medical school admission is underway nationally. This trend was **not** enhanced by the 2009 publication from the AAMC and Howard Hughes Medical Institute entitled *"Report of Scientific Foundations for Future Physicians Committee"* (http://www.hhmi.org/grants/pdf/08-209_AAMC+HHMI_report.pdf), which , in my opinion (and that of others) focused too narrowly on proficiency in the physical and computational sciences as the basis for medical study. While these skills are important, they are not exclusively so, and a much broader array of knowledge is needed to educate tomorrow's physicians. With that goal in mind, the AAMC released on November 8, 2011 its report on Behavioral and Social Science Foundations for Future Physicians (see: www.aamc.org/socialsciencesfoundation). The driving theme is that "A complete medical education must include, alongside physical and biological science, the perspectives and findings that flow from the behavioral and social sciences."

The report delineates the foundations for medical study from the behavioral and social sciences (which parenthetically will be included in the major revision of the MCAT exam that goes live around 2014) and gives evidence of various competencies that should be aspired to or acquired. To give you a flavor of these I copy below the "Performance Expectations for Professional Activities" that are featured on page 27 of the report. I recognize they lack a context but hope they provide some examples.

> "Grounded in 'entrustable professional activities' concepts and modes of assessment, the descriptive profiles below illustrate performance capacities that, with proper behavioral and social science training, students should display in their intellectual and clinical work. These profiles transcend competency and knowledge domains by arraying the levels of responsibility, micro to macro, actually being entrusted to students by a performance inventory expected of an

effective medical student. Behavioral manifestations will vary by setting, but the range in the array signals multiple evaluation sources appropriate for educator assessment.

Offered as aspirational in nature, not all students will be able to attain expertise in all of the activities delineated. Since these performance capacities are integrations of multiple lessons on multiple axes—cognitive, emotional, relational, values based—direct cause- effect is not straightforward. However, faculty can assess performance with emerging metrics and assessment approaches from simulation, reflection, 360-degree assessments, ethnographic field methods, and the students' actual performance.

Patient: (communication, trustworthiness, Supportiveness) Patients cared for by this student report comfort, respect, and trust in their interaction. They understand information communicated by the student, including behavioral counseling. They report that their personal, cultural, and social contexts were taken into account in their care and that their questions fully answered.

Community: (language Proficiency, Strength and needs assessment, culturally Sensitive care) The student can communicate, through interpreters when necessary, with patients in their native language, and is capable of delivering culturally appropriate care. Curious about the cultures served by the institution, the student displays willingness to act on behalf of patients and community members, who in turn find the student to be responsible, humble, and helpful.

Public/global Health: (Health Policy, Health care Justice, advocacy) The student considers health policy and economics forces when making decisions about patients or resource allocation, recognizing the potential conflicts of interest for the individual clinician. The student understands the cultural influences on health, and contributes to efforts toward health care justice at local, community, or global levels.

Self: (knowledge growth, Self-awareness, Professional development) The student applies knowledge of population sciences, psychological dimensions of patient care, epidemiological disease patterns, and evidence-based practice guidelines. Mindful to maintain systems of self-care, the student reports an increase in self-awareness and intentional reflection, while conscious of developing professional identity.

Peers: (teamwork, collaboration in teaching and learning) The student is recognized by fellow students for peer teaching and evaluation engagement, and is found by peers to be available for peer consultation, shared learning projects, and a willingness to share expertise.

Institution: (Effective teamwork, contributions to institutional climate) Team members note respectful collaboration. The student asks for advice and

guidance from non-physician colleagues, and is similarly approachable. The student shows fiscal prudence, is alert to minimize medical errors, ensure patient safety, and improve quality.

Profession: (medical Standards, integrity, altruism) The student is aware of personal boundaries in clinical work, performs clinical duties with honesty, reports clinical data truthfully, and admits personal errors. The student observes professional standards of conduct and does not violate standards such as dress, demeanor, conduct, civility, and punctuality. The student understands the need to put patients' interests ahead of personal interests and the interests of the medical profession.

Changing Face of Medicine and Science

On Saturday, October 29th the SUMC Alumni Association hosted the Changing Face of Medicine & Science. This important event featured an inspiring keynote address by Dr. Susan Blumenthal, Director, Health and Medicine Program, Center for the Study of the Presidency and Congress, and Former Assistant Surgeon General and Deputy Assistant Secretary for Women's Health in the Department of Health and Human Services. Dr. Blumenthal reviewed what has been learned from studying (or not studying) the differences between health issues in women versus men and, sadly, the fact that women's health has been so overlooked as an investment for research, education and care. She also reviewed the workforce issues in women's health and the opportunities to make the future different from the past.

In addition to the keynote presentation and the opportunity to build community among women faculty and trainees at Stanford and as well as alumnae, four breakout sessions were featured to promote discussion and future actions. These included:

- ***Changing Face of Women in Medicine***, led by Dr. Hannah Valantine
- ***Career Life Cycles, Going Beyond Balance***, led by Drs. Linda Hawes Clever and Dana Weintraub
- ***Trends in Biotechnology***, led by Drs. Lila Hope, Sandra Horning and Gail Maderis and Susan Siegel
- ***Exploring Career Options and Marketing Yourself*** led by the School of Medicine Career Center

This is the second annual event on women in medicine and science sponsored by the SUMC Alumni Association. It is great way to bring our diverse community together and to foster dialogue and opportunity. I hope this becomes a constant source for change in the future.

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

On Friday, October 21st, Dr. Mark Davis, Burt and Marion Avery Family Professor of Immunology and Director of the Stanford Institute for Immunity-Transplantation-Infection (ITI), led a discussion at the School of Medicine's Executive Committee on the progress that has been made on ITI, which he has so ably led since its inception. Mark provided the following summary of his presentation that I am pleased to share with you.

Established in 2005 as part of the SoM, the Institute for Immunity, Transplantation and Infection (ITI) took on the mission to promote interdisciplinary work between these largely separate disciplines that would be transformative for patient diagnosis and treatment. Since its inception the ITI has experienced significant growth, with over 100 Stanford faculty involved and is now recognized internationally as being at the forefront of translational work in these areas and a model for other institutions.

Under the direction of Dr. Mark Davis, and Associate Director Dr. Carlos Esquivel, and a very active steering committee, the ITI has as its backbone the overriding tenet that the immune system has significant impact on both morbidity and health, and therefore should be monitored and ultimately harnessed to improve the diagnosis, treatment and prevention of disease. One of ITI's principal innovations was the establishment of the Human Immune Monitoring Center (HIMC) which leverages Stanford's longstanding strength in immunology and immune assay technology to provide a way in which the entire Stanford research community can obtain critical data about the immune status of their patients in order to understand and treat the many diseases that have an immune component.

Led by Dr. Holden Maecker, the HIMC has developed a systems immunology approach that is designed for the purpose of more broadly interrogating the immunological mechanisms involved in health and disease. The HIMC consists of a core group of scientists that provide full-service immune monitoring for clinical trials and studies both within and outside the Stanford community, currently with more than 173 active projects, 15 divisions or departments in the medical school and 90 participating investigators. In addition, the HIMC has been integral in the creation and implementation of a novel database for the warehousing, integration and exploration of translational data. This database aims to allow end-user access to large pools of datasets that can be mined for insightful information.

The ITI is also part of two major U19 efforts led by the NIH and which bring together two groups of academic institutions. The first, known as Cooperative Centers for Translational Research on Human Immunology, is focused on characterizing the interaction between pandemic viral pathogens such as Influenza and their human host. The second program group, called the Human Immunology Project Consortium is charged with profiling the human immune response to a variety of currently used vaccines in different populations.

In addition to government funding, the ITI also generates support from non-federal sources, such as the Gates Foundation, private contracts, as well as generous philanthropic donations to support faculty in its core areas. The ITI has also been working to promote translational research and training through 19 seed grants that have been awarded since 2009 across a variety of disciplines, including infectious disease, autoimmunity, allergy, transplantation, primary immunodeficiency, neurology and inflammatory pain. As a direct result of these funding endeavors, aspects of patient care have already benefited, for example in the ability to maintain tolerance in transplant patients without the use of immunosuppressive drugs, and in the validation and implementation of novel approaches for achieving oral tolerance in individuals with severe food allergies.

Through a special seed grant program for younger investigators, ITI also has been able to recognize 7 later stage research and clinical fellows, providing support and encouragement to the next generation of leaders. ITI member-PIs have formed 12 working groups representing a wide range of medical and research expertise in order to facilitate cross-fertilization of ideas and techniques. Additionally, ITI sponsors a number of symposiums offered at the SoM, which this year included the 45th annual US-Japan meetings on Virology and Immunology, Nanotechnology in Medicine and the 3rd Human Immunology Project Consortium meeting.

A Summit on Bicycle Safety

On Wednesday, November 9th the First Stanford Trauma Bike Safety Summit was held in the Li Ka Shing Center for Learning and Knowledge. The Summit brought together Stanford faculty leaders with representatives from law enforcement and the fire department, the transit commission and the motor vehicle department along with leaders and advocates from the biking community for an engaging discussion. The goal was to improve bike safety in the broader community – focusing especially on off campus areas, where the cycling community not infrequently encounters serious accidents, injuries and even fatalities. As stated, the goal of the Summit was to *"identify and address the causes of preventable bicycle crashes and plan for solutions to reduce them through focused efforts in education, enforcement, engineering and evaluation."* In doing so the participants hoped that *"we can take steps needed to change local road culture and improve safety for all."* I had the opportunity to attend nearly the entire Summit, and I was pleased by the candor and commitment of those in attendance to achieve greater safety for the biking community.

The Summit was really focused outward on the surrounding communities and not on the culture of bicycle safety on the Stanford campus. I called attention to this problem as well – which despite the considerable efforts of many committed individuals still remains a serious problem. As I have noted on numerous occasions, my own (nearly daily) survey still shows less than one in ten bikers wearing helmets, relatively few with

visible lights during night driving and many still ignoring road or traffic signs. Every day is another opportunity for a serious – and in most cases – preventable accident.

I have recounted efforts by our students to elevate the culture of bike safety at the medical school – but I am still shocked and appalled by the number of individuals I observe every day who still ignore bike safety themselves – or for others. While I certainly agree that we can never offer enough education about bike safety, it seems clear that more is necessary to ensure a cultural transformation. While I don't know where it will go, I was pleased that the attendees of the University Cabinet listed bike safety as a topic needing broader discussion at the university level. I am very eager to participate in that discussion since the current situation on campus remains woefully unsafe.

President Hennessy Honors Dr. Paul Berg

On Thursday, November 3rd President John Hennessy and Andrea Hennessy hosted a small dinner event to thank ***Dr. Paul Berg***, Vivian K. and Robert W. Cahill Professor in Cancer Research, Emeritus, for his extraordinary contributions to Stanford and our communities locally and globally. Dr. Berg's contributions to science, medicine and education remain nonpareil. But what makes Paul Berg truly unique is his humanism, compassion and commitment to others and to our community. For all of his many accomplishments, Paul Berg remains one of the most humble and accessible leaders of our community. His lack of arrogance is inversely related to his extraordinary intellect and scientific achievements. His generosity to the medical school includes his and his wife Millie's philanthropic contributions along with the enduring support he has provided through his teaching, mentoring, advocacy and support. On a personal note I am deeply grateful to Paul Berg for all the incredible support and thoughtful counsel he has provided to me since I joined Stanford over a decade ago. I was deeply honored to share in the wonderful celebration and recognition that President Hennessy offered to Paul Berg – clearly so well deserved in every way.

The Department of Pathology Celebrates the David Korn Professorship

On Wednesday evening, November 2nd we had the pleasure of celebrating the David Korn Professorship in Pathology and its first incumbent, Dr. Gerry Crabtree. This new professorship was made possible through the Department of Pathology and honors Dr. Korn, who joined Stanford as the Chair of Pathology in 1969, a position he held until 1984, when he became dean of the School of Medicine. **Dr. Korn** is credited for building *"a premier department, notable for its outstanding training programs in anatomic pathology and its focus on cutting-edge experimental pathology research. In addition to his substantial administrative duties, he also directed a productive research lab."* Following his years of distinguished leadership in pathology, Dr. Korn served as the Dean of the School of Medicine and then Vice President for Medical Affairs. He has left an enduring mark on Stanford that stands to this day – and will continue well into the future.

It is also wonderful to celebrate **Dr. Gerry Crabtree** as the first incumbent of the David Korn chair. Dr. Crabtree, an Investigator in the Howard Hughes Medical Institute

and a leading investigator on the origin of biologically specific patterns of transcription and information transfer from the cell membrane to the nucleus, epitomizes the excellence and esteem that is consonant with the David Korn professorship.

Please join me in congratulating both Drs. Korn and Crabtree.

Honoring Drs. Laura Roberts and Ronald Dalman with Endowed Professorships

On Tuesday, November 1st we celebrated the investiture of ***Dr. Laura Roberts*** to the Katherine Dexter McCormick and Stanley McCormick Memorial Professorship and ***Dr. Ron Dalman*** to the Walter Clifford Chidester and Elsa Rooney Chidester Professorship.

The Katherine Dexter McCormick and Stanley McCormick Memorial Professorship was established by a bequest made to Stanford in 1969 by Mrs. Katherine Dexter McCormick. The gift was made in memory of her husband, Stanley McCormick, whose father's company later became the International Harvester Company. Ms. McCormick was a lifelong champion of women's suffrage and women's reproductive rights and welfare, and a co-founder of the League of Women voters. In bequeathing the funds to Stanford, she expressed the hope that they could be used "for the encouragement and assistance of women in pursuing the study of medicine, and in engaging in medical research." **Dr. Laura Roberts** became the Chair of the Department of Psychiatry and Behavioral Medicine in 2010. She is an internationally recognized scholar in bioethics, medicine, and medical education and one of the foremost psychiatric ethicists in the field. Her work has led to advances in understanding the ethical aspects of physical and medical illness research, societal implications for genetic innovation the role of stigma in health disparities, the impact of medical student and physician health issues, and optimal approaches to fostering professionalism in medicine.

The Dr. Walter C. Chidester Professorship was established by a bequest from the estate of Elsa R. Chidester in honor of her deceased husband. Walter Chidester, MD supervised the construction and activation of Mills Memorial Hospital in San Mateo and, until the time of his death in 1968, was chief of staff. **Dr. Ron Dalman** joined the Stanford faculty in 1989 and became Chief of Vascular Surgery in 2005. His research has focused on the influence of variable aortic hemodynamic conditions on abdominal aortic aneurysm pathophysiology. He is an expert in this field as a clinician, investigator and mentor.

Please join me in congratulating Drs. Laura Roberts and Ron Dalman.

Upcoming Event: A Memorial Service for Dr. Gary Glazer Will be Held On December 3rd at 4 pm.

On Saturday, December 3rd a Memorial Service will be held to commemorate the life of Dr. Gary Glazer who served as Professor and Chair of the Department of Radiology from 1989 until his death on October 16, 2011. A summary of Dr. Glazer's

remarkable career was recently summarized at http://med.stanford.edu/ism/2011/october/obit-glazer.htmlhttp://med.stanford.edu/ism/2011/october/obit-glazer.html. The service will be held at the Knight Management Center, 655 Knight Way, in the ***Cemex Auditorium***. A reception will immediately follow at Oberndorf Event Center, 3rd floor located above the Cemex Auditorium. Underground parking is available. Enter from Campus Drive East, across from the parking lot adjacent to Maples Pavillion.

If you are planning to attend please RSVP to Michelle Christierson at m.christierson@stanford.edu or at (650) 723-7863.

Holiday Food and Toy Drives

The Dean's Office is once again having a food drive to benefit Second Harvest Food Bank of Santa Clara and San Mateo Counties. By participating we have the opportunity to assist those in our community who are struggling to make ends meet and ensure that no child, family or senior goes hungry.

Please join us in this effort to feed our neighbors who, each month, have to decide between paying for rent, utilities, or medicine and providing food for their loved ones. Through your generosity we can help feed the nearly one quarter of a million people that Second Harvest Food Bank of Santa Clara and San Mateo Counties assists each month.

Drop off food donations in the barrels located at LKSC, 1st floor and the Dean's Office, LKSC, 3rd floor.

Please note the most needed food items:

- Meals in a can (stew, chili, and soup)
- Peanut butter
- Cans with pop top lids
- 100% fruit juices
- Canned fruit
- Canned vegetables
- Tuna/canned meat
- Low-sugar cereal

The Dean's Office will also be collecting donations for children who will be inpatients at the Lucile Packard Children's Hospital during the holidays. We are sensitive to the many celebrations at this time of year, and will work with the Office of Child and Family Life Services and the various chaplains to ensure that all children are recognized. Your gift of a new toy, clothing item, or craft supplies will go a long way towards brightening a child's hospital stay.

The gifts have to be brand new and unwrapped. The greatest need is donations for preemies, infants, and adolescents. Donations will be collected in the Dean's Office

and the main lobby of the LKSC by the receptionist's desk from November 28th through December 9th. Donation "Wish List" will be available at the collection sites.

Thank you in advance for your participation!

Awards and Honors

- ***Dr. Anne Brunet***, Associate Professor of Genetics, has been selected as the 2012 recipient of he AFAR (American Federation for Aging Research) Cristofalo "Rising Star" Award. Dr. Brunet is an expert in the science of aging and her recent work (http://med.stanford.edu/ism/2011/october/brunet.html) has received considerable acclaim and attention.

- ***Dr. Lisa Pate, MD, JD***, of the Department of Pathology has been chosen as one of the KQED Local Heroes for 2011. According to the press release, "Lisa was chosen for her years of leadership and dedicated work on behalf of the Santa Clara Valley Indian community." Dr. Pate received her MD degree from Stanford School of Medicine in 2006. She will receive her award at a ceremony on November 17th.

- ***Dr. Julie Parsonnet*****,** George DeForest Barnett Professor in Medicine and Professor of Health Research and Policy (Epidemiology), was selected to give the Maxwell Finland Lecture at the 49th Annual Infectious Disease Society of America Meeting. Being invited to give this lecture is in recognition of Dr Parsonnet's seminal contributions to Infectious Diseases, epidemiology, and her work linking infections to chronic diseases.

- ***Dr. Michael F Marmor*****,** Professor of Ophthalmology, was awarded the 2011 Award of Merit in Retina Research, in conjunction with the Charles L. Schepens lecture at the annual meeting of the Retina Society in September. This award was established to recognize outstanding vision scientists whose work contributes to knowledge about the retina and retinal diseases.

Appointments and Promotions

Ranjana H. Advani has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 11/1/2011

Manuel Amieva has been promoted to Associate Professor of Pediatrics and of Microbiology and Immunology, effective 11/1/2011

Matthew W. Anderson has been appointed to Assistant Professor of Pathology at the Stanford University Medical Center, effective 11/1/2011

Tandy Aye has been reappointed to Assistant Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 12/1/2011

Joanna C. Badger has been promoted to Clinical Associate Professor of Dermatology, effective 10/1/2011

Renna Bhargava has been reinstated and reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2010

Nidhi Bhutani has been appointed to Assistant Professor of Orthopaedic Surgery, effective 11/1/2011

Matias Bruzoni has been appointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 11/1/2011

Ching-Pin Chang has been promoted to Associate Professor of Medicine, effective 11/1/2011

Clara Y. Choi has been reappointed as Clinical Assistant Professor of Neurosurgery, effective 5/1/2011

Justin Choi has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Catherine M. Curtin has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center effective 1/01/2012

Vinicio de Jesus Perez has been appointed to Assistant Professor of Medicine, effective 11/1/2011

Sumbul Desai has been promoted to Clinical Assistant Professor of Medicine, effective 11/1/2011

Dan Eisenberg has been reappointed to Assistant Professor of Surgery at the Veterans Affairs Palo Alto Health Care System effective 12/1/2011

Gregory M. Enns has been reappointed to Associate Professor of Pediatrics at the Lucile Salter Packard Children's Hospital, effective 11/1/2011

Joseph Garner has been appointed to Associate Professor of Comparative Medicine at the Stanford University Medical Center, effective 10/1/2011

Pejman Ghanouni has been appointed to Assistant Professor of Radiology at the Stanford University Medical Center, effective 1/01/2012

Jason R. Gotlib has been promoted to Associate Professor of Medicine at the Stanford University Medical Center, effective 10/1/2011

William Greenleaf has been appointed to Assistant Professor of Genetics, effective 11/1/2011

Arun Gupta has been reappointed as Clinical Assistant Professor of Pediatrics, effective 9/1/2011

Ciara D. Harraher has been promoted to Clinical Assistant Professor of Neurosurgery, effective 10/1/2011

Kathleen Horst has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 12/01/2011

Dimitre H. Hristov has been reappointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 11/01/2011

Michele Hugin has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Jemmy Hwang has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Shelli Kesler has been reappointed to Assistant Professor (Research) of Psychiatry and Behavioral Sciences effective 12/1/2011

Elizabeth Kidd has been appointed to Assistant Professor of Radiation Oncology at the Stanford University Medical Center, effective 11/1/2011

Lucy Kim has been reappointed as Clinical Assistant Professor (Affiliated) of Surgery, effective 9/1/2011

Lisa Lee has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 7/1/2011

Yiming Lit has been reinstated and reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 7/1/2010

Paul M. Maggio has been reappointed to Assistant Professor of Surgery at the Stanford University Medical Center, effective 12/01/2011

Laura McClellan has been reappointed as Clinical Assistant Professor (Affiliated) of Obstetrics and Gynecology, effective 9/1/2011

Michelle Monje-Deisseroth has been appointed to Assistant Professor of Neurology, effective 11/1/2011

Yasodha Natkunam has been promoted to Professor of Pathology at the Stanford University Medical Center, effective 11/1/2011

Anthony E. Oro has been promoted to Professor of Dermatology, effective 10/1/2011

Oxana G. Palesh has been appointed to Assistant Professor of Psychiatry and Behavioral Sciences at the Stanford University Medical Center, effective 11/1/2011

Hemal Parekh has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Sonia Partap has been promoted to Clinical Assistant Professor of Neurology and Neurological Sciences, effective 1/1/2012

Nilima Ragavan has been reappointed as Clinical Assistant Professor of Pediatrics, effective 9/1/2011

Jeffery H. Reese has been reappointed as Clinical Professor (Affiliated) of Urology, effective 9/1/2011

David Rehkopf has been appointed to Assistant Professor of Medicine, effective 11/1/2011

Olaf Reinhartz has been promoted to Associate Professor of Cardiothoracic Surgery at the Stanford University Medical Center and at the Lucile Salter Packard Children's Hospital, effective 10/1/2011

Susan Schelley has been appointed to Clinical Assistant Professor (Affiliated) of Pediatrics, effective 8/1/2011

Weiva Y. Sieh has been reappointed to Assistant Professor of Health Research and Policy, effective 11/1/2011

Bindya S. Singh has been promoted to Clinical Associate Professor (Affiliated) of Pediatrics, effective 11/1/2011

D. Scott Smith has been promoted to Adjunct Clinical Associate Professor of Microbiology and Immunology, effective 01/01/2012.

Matthew W. Smuck has been promoted to Associate Professor of Orthopaedic Surgery at the Stanford University Medical Center, effective 10/1/2011

Randall Stafford has been promoted to Professor of Medicine effective 11/1/2011

Mary Teruel has been appointed to Assistant Professor of Chemical and Systems Biology, effective 11/1/2011

Monte Winslow has been appointed to Assistant Professor of Genetics, effective 11/1/2011

Dana M. Weisshaar has been reappointed as Clinical Assistant Professor (Affiliated) of Medicine, effective 9/1/2011

Carl F. Yaeger has been promoted to Clinical Assistant Professor of Pediatrics, effective 1/1/2012

Andrew R. Zolopa has been promoted to Professor of Medicine at the Stanford University Medical Center, effective 11/1/2011