

Dean's Newsletter

November 6, 2006

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Stem Cell Research Two Years Following Proposition 71

Election Day 2004 brought the exciting news that a majority of Californians had voted in favor of Proposition 71. This meant that approximately \$300 million dollars per year for 10 years would be used to fund stem cell research through a new entity, the California Institute for Regenerative Medicine (CIRM). Two days after the election I was appointed by Steve Westly, the State Controller, to serve on the Independent Citizens Oversight Committee (ICOC), the 29 member board that would oversee this exciting new initiative. The passage of Proposition 71 was especially welcome news since NIH funding for embryonic stem cell research had been severely limited and was restricted to the handful of cell lines that were on the list approved by President Bush in August 2001. Two years later, while much has changed in the world, support and funding for stem cell research in the United States remains severely constrained, and stem cell politics are again featuring prominently in the elections that will be held tomorrow, November 7th.

While virtually every poll of the public throughout the USA (including Texas) has demonstrated that the majority of American citizens support embryonic stem cell research, the ethical, moral and religious debate surrounding this issue continues unabated. Unfortunately the debate is often distorted by hyperbole and emotion rather than being based on facts and rational thinking. Indeed, a pivotal election in Missouri rests to a significant degree on stem cell politics (see Susan Okie, *Stem Cell Politics*, *NEJM*, 2006; 335: 1633-1642). Moreover, litigation in California brought by a minority of individuals challenging the constitutionality of Prop 71 has effectively blocked the state from issuing the voter approved bonds that would have funded stem cell research. It is widely anticipated that the lawsuits will be overturned in the Appellate Court and State Supreme Court by next summer. However, this delay still means that California, and as a consequence, the nation, will have lost three years of opportunity to train a cadre of future stem cell investigators and to develop the critical insights and discoveries necessary to move this exciting field forward. Moreover, it is clear that we are currently losing our global leadership role in stem cell research.

Despite these challenges I am quite optimistic for the future. During the past two years the ICOC and the CIRM have developed guidelines and infrastructure to critically review the best proposals for embryonic stem cell research and to assure that research in California is done with the highest integrity. Equally importantly, the CIRM has collaborated with leading scientists from around the world to develop an important strategic plan and agenda for stem cell research. And perhaps most importantly, thanks to private contributions to “bond advancement notes” and, more recently, the promise of advance funding of \$150 million of bonds by Governor Arnold Schwarzenegger, we can now truly jump start the now all-too-delayed research programs. Indeed these funds might just bridge the gap until the lawsuits are fully dismissed and full funding of Prop 71 finally begins.

I am also highly encouraged by the number of Stanford faculty and students who have sustained or, more recently, defined their interests in stem cell research – and especially by those who have developed exciting “seed funding” grant proposals that were recently submitted to the CIRM for projects to commence, if funded, in 2007. While I fully recognize that this is still a nascent field, there is every reason to believe, based on work done to date and on the excellence of our faculty and Stanford’s Institute for Stem Cell Biology and Regenerative Medicine, that fundamental new knowledge in stem cell and developmental biology will ensue once the funding is available. I also believe that the insights that emerge will help spawn novel approaches to cell-based therapies that could significantly impact a number of chronic and debilitating diseases.

And finally I am also encouraged because tomorrow is Election Day – offering an opportunity for enlightened thinking about stem cell research as well as the many critical issues facing our nation and world to be turned into concrete actions and choices.

The Learning and Knowledge Center Prepares for 2009

In 1959 the Stanford University School of Medicine moved from San Francisco (where it had been since its founding in 1908) to the Stanford campus. This bold move catapulted Stanford into prominence as a leading research-intensive school of medicine. The vision for this move originated with President Wallace Sterling, Provost Fred Terman and Dean Robert Alway. It resulted not only in the recruitment of remarkable faculty but also in the laying of the foundations for the interdisciplinary research and education that we now celebrate and foster at Stanford. The original medical school facilities designed by architect ED Stone were built for \$21 million and were viewed as bold and novel by many of its first occupants. Over the ensuing years, the Stone buildings (comprised of the Gale, Alway, Lane and Edwards Buildings) became surrounded by new research facilities, including the Fairchild Science Building and Auditorium, the Beckman Center, Lucas Center, MSLS the Center for Clinical Research and the Clark Center. A number of smaller facilities such as the Redwood Building and the Pediatric Surgical Research Laboratory were also built. While these buildings provided much needed space, none renewed or expanded the education or library facilities, nor did they follow any unifying design or integrated campus plan – unlike that established elsewhere in the university. In addition to the lack of a medical school aesthetic theme, the failure to

focus on renewed education and library facilities threatened the accreditation of the School of Medicine by the Liaison Committee on Medical Education (LCME) – a topic I have reflected on in past newsletters.

As we look forward to celebrating the centennial of the School of Medicine in 2008 and the half-century anniversary of the medical school's presence on the Stanford campus in 2009, we have an opportunity to correct some of these past errors and to establish a new physical presence for the future. Accordingly, we have been deeply engaged in developing a new master facilities plan for the School of Medicine that will unfold over the next 15-20 years. This plan will be integrated into both the hospitals' plans for renewal and expansion and major new programs in the university. The scope of our planning is bold, exciting and transformative, and I will share the details with you later this year and then in regular updates thereafter. A central and integrating focus for the future of Stanford will be the Learning and Knowledge Center (LKC), which will be housed on the footprint of the current Fairchild Auditorium and which is planned for completion by 2009.

As our new medical school and center campus are developed and evolve it is my hope that the LKC will become the literal "front door" to the school (something that does not exist today) and that it will be a magnet for our students, faculty and staff. On Monday, October 30th the Executive Committee overseeing the LKC met with the NBBJ architects who have been developing this project. They presented the schematic drawings, which are now at the 30% completion level, and I was very pleased by the progress to date. They anticipate finalizing this phase of the project by the end of the calendar year, and I will be eager to share the results with you at that time. The LKC has four floors and will offer a compelling presence to our campus, although its full impact will only be appreciated when a number of integrating projects are completed during the next several years.

Among the exciting features of the LKC are its flexibility and the multi-use opportunities it offers. Because classrooms and seminar rooms are found on each floor of the building it will be alive with activity nearly all the time. It will also contain both traditional and leading edge state-of-the-art facilities for learning and teaching. These will include a Center for Immersive and Simulation Learning, large and small classrooms and highly flexible seminar and study rooms, a state-of-the-art approximately 360 seat conference center that can be divided into three separate rooms for smaller or more intimate functions, a large executive board room, and space for the office of the dean as well as a café, bookstore, exercise room and quiet space for students. Because a number of faculty, students and other important stakeholders are actively engaged with the design of the LKC, I believe that it will truly meet the programmatic needs that have been established and that it will be a role-model for schools across the nation.

While I have no doubt that students and faculty at Stanford were excited by the facilities when they arrived in 1959, there is simply no doubt that many of these buildings have become outdated. And although the renovations we recently made in the Alway educational facilities have helped to improve our current learning environment, they are

not even close to what will be available when the LKC finally opens. We eagerly anticipate that day – but we still have much work to do, not only in completing the design of the building and its connecting elements but also in continuing to raise the philanthropic support necessary to bring this project to fruition. This of course is among my highest priorities – but we certainly can use your help as well.

Freeing Up Additional Space for Teaching and Research

As we plan for facilities for the future school of medicine, it is important to recognize that we can only sustain our educational, research and patient care missions if we find additional space in what is currently a very limited footprint. Accordingly, after much thought and deliberation, I have concluded that we must move the majority of the School's administration to an off-site location in the near future. Ultimately it is our plan to locate these important administrative units in the new North Campus facility that the University is developing in Redwood City. However, since it will be 5 years before the new North Campus is available, an interim off-site move will be necessary.

Marcia Cohen, Senior Associate Dean for Finance and Administration, and I have convened a School of Medicine Steering Committee to lead the planning for the move off-campus. The Steering Committee will address how we will move our staff, technology, and processes off-site while still maintaining our culture and effectiveness. The Steering Committee is comprised of Directors from the Dean's Office administrative areas, as well as DFAs and other staff, and is being led by Julia Tussing of Finance and Administration with assistance from Rebecca Trumbull of Institutional Planning and Lora Pertle of IRT.

The challenges we face, while perhaps appearing daunting, have been met successfully for years in the corporate world -- and from much greater distances than we are anticipating. I fully believe that with appropriate preparation this move can be a positive one. New technologies will assist in managing from the new sites and in addressing how we get work done on campus while working at a distance. New modes of communication and meeting models will benefit faculty as well as staff and allow for new types of meaningful interaction.

We will welcome your input to the Steering Committee and will be forming several subcommittees for which we will be seeking volunteers. We will also be holding town halls meetings to provide a forum for your opinions and suggestions. I will continue to report on this process as it unfolds over the next several months.

Finally, as we move forward on these relocation and redevelopment challenges we should also consider the larger questions about the changing nature of the workplace. Communication and information technology breakthroughs will enable work to be separated from traditional schedules and settings. In the coming years this transformation will reshape the workplace in currently unknown ways. Therefore it would be wise for us to consider the long-range changes that will impact the traditional workplace and consider how we reshape the way we work. Once the administrative units get settled in

their new interim surroundings, I hope we will begin a deeper dialogue about the future workplace and how we can take the lead in the transformation of our current way of doing work to make that future work well for us at Stanford.

Planning for Pandemics and Other Disasters

As winter approaches concerns about the flu season rise appropriately. Last winter was filled with news of a possible influenza pandemic – and that concern remains. In the interim there has been considerable planning within the University and Medical Center to address our state of preparedness for a possible pandemic (or other disaster, such as an earthquake). While considerable progress has been made there is also still much to do.

By way of context, there have been three pandemics in the last century. The most notable of course was the 1918 H1N1 influenza pandemic, which resulted in 50-100 million deaths. The 1918 influenza virus arose from an avian strain that underwent mutations adapting it to human transmission. Unlike the usual seasonal influenza, which results in approximately 36,000 deaths, mostly in individuals >65 years of age, the H1N1 pandemic influenza had its greatest impact on otherwise healthy young adults. It is projected that if a new influenza strain arose that is as lethal as the 1918 one, as many as 150-300 million individuals around the world could die – obviously an event of devastating global proportions. In addition to the 1918 pandemic, there were also two lesser ones: the 1957 H2N2 and the 1968 H3N2 outbreaks. While these were less virulent, they still caused considerable morbidity and mortality.

While attention has focused on the H5N1 avian subtype, other strains (H9N2, H7N3 and H7N7) also can cross the barrier from poultry or wild migratory birds to humans. Whether or when a pandemic (in contrast to the regular seasonal outbreak) of influenza will occur is not known, but, based on past history, such an event seems likely. Accordingly, it is important to have an emergency plan in hand. In addition to planning for the future I would encourage each of you to consult with your healthcare provider about receiving the influenza vaccine this fall and winter.

The University has established an Infection Control Planning Group led by Dr. Ira Friedman and Larry Gibbs that has been developing policies for dealing with a possible pandemic. This group is also coordinating its planning with our medical center group led by David Silberman (SoM) and Dr. Eric Weiss and Vicki Running from the clinical programs and hospitals. In the event of emergency, it is essential that support for each of our key missions – education, research and patient care – be fully addressed. This is essential not only for the university and medical center but also for broader communities that we serve.

In the advent of a pandemic, the Infection Control Planning Group has determined that the best way to control the spread of influenza will be to create social distancing by ceasing academic teaching programs and having undergraduate students leave the campus and, ideally, return home. A similar approach will be taken for graduate students, although it is recognized that approximately half of these students will have their permanent residences locally and would not return to their parents' homes as would the

undergraduate students. Certainly determining the triggers that would lead to this social distancing program are critical and the criteria for these triggers are being finalized. At the same time, plans are being developed for how we would sustain vital research programs in the advent of a loss of supplies, which, unlike a natural disaster, could, in the case of a pandemic, last for months. Mr. Silberman will be working with departments and investigators to effect as much advanced planning as possible. Plans are also being developed to make clear to our clinical faculty their individual responsibilities during a pandemic, in light of the fact that many of them have responsibilities in education and research in addition to patient care.

It is anticipated that many of the remaining issues will be addressed and defined by the end of this calendar year. Additional communications will be forthcoming.

Diversity at Stanford University and the School of Medicine

On Tuesday morning, October 24th, Provost John Etchemendy hosted “Building on Excellence” in collaboration with the Center of Comparative Studies in Race and Ethnicity, the Institute for Diversity in the Arts at Stanford, and the Office of Diversity and Leadership in the School of Medicine. This event offered an opportunity to meet new faculty and visiting scholars of color but also to affirm Stanford’s commitment to enhance the diversity of our faculty and community. A new Diversity Cabinet has been established by the Provost’s Office, and efforts are underway to recruit and retain outstanding faculty, students and staff throughout Stanford. This is very much a goal we have set for the School of Medicine, where our long record of recruiting a diversified class of medical students has not been met by comparable success at the faculty level.

To help address goal this we are in the process of revamping the faculty search process based recommendations from a Faculty Searches Task Force, a group I charged last summer to address this important issue. At the Executive Committee meeting of November 3rd, Dr. David Stevenson, Vice Dean and Senior Associate Dean for Academic Affairs, and Dr. Hannah Valentine, Senior Associate Dean for Diversity and Leadership, led a lively discussion on the work of the Task Force, which had focused on such aspects of faculty searches as the challenge of assembling a diverse candidate pool and the phenomenon of unconscious bias.

Unconscious bias occurs in faculty searches when committee members take cognitive shortcuts that inadvertently and prematurely narrow the applicant pool. For instance, Steinpreis, Anders, & Ritzke found that, when evaluating identical application packages, male and female university psychology professors preferred 2:1 to hire “Brian” over “Karen” (*Sex Roles*, 41, 509,1999). In another evaluative setting, Goldin & Rouse, in *The American Economic Review*, 90, 4, 715-741 (2000), found that when individuals auditioned for symphony orchestras behind a screen, the percentage of female new hires increased 25 – 46% in the orchestras using this screening method. The good news is that individuals, once they are conscious of this type of bias, exhibit less of it, at least for a short time. So it becomes important to inform members of search committees of unconscious bias and reinforce that knowledge over the course of the search.

The Task Force also discussed the importance of providing search committees with the information they need in order to be effective, the importance of School leadership in promulgating and supporting changes to improve our processes and outcomes, and critical issues related to retention of the faculty we work so hard to appoint.

From these considerations the Task Force has developed a set of recommendations that include the following:

- The development of comprehensive Search Tool Kit that would include
 - A Search Procedures Manual (School and University protocols, best practices, criteria for appointment, etc.)
 - Background information about the dynamics of searches, including research findings about unconscious bias
 - Current faculty demographics and faculty gains and losses data
- The establishment of a new role for a designated search committee member. This individual, who would normally not be the chair of the committee, would assure that all reasonable steps have been taken to obtain a diverse pool of candidates and would bring issues of unconscious bias to the attention of the committee.
- Broader promulgation and discussion of faculty demographic and gains and losses data at all levels of the School, under the leadership of the Dean's Office.
- Further discussion of critical retention issues, including flexible work arrangements and childcare issues.

Over the next months, these recommendations will be further developed and implemented by the Office of Academic Affairs and the Office of Diversity and Leadership. The Task Force consisted of Dr. David Stevenson, Chair, Dr. Ben Barres, Dr. Louanne Hudgins, Dr. Abby King, Dr. Stephen Smith, Dr. Hannah Valantine, Judith Cain, Barb Miller, Rebecca Trumbull, and Kathryn Gillam. Thanks to all for their thoughtful deliberations and excellent recommendations.

Faculty Fellows – A Leadership Development Opportunity

I have been delighted to hear about the success of our first Faculty Fellows program this year. Dr. Hannah Valantine, Senior Associate Dean for Diversity and Leadership, has informed me that her Office is now soliciting nominations for the second class of Fellows. If you are interested in participating in this key leadership development program, please discuss the opportunity with your Department Chair or with Dr. Valantine. Fellows must be nominated by one of these individuals. The details of the program's goals and the criteria for selection are below. You can obtain a nomination form from Barb Miller at bemiller@stanford.edu.

Stanford University School of Medicine Faculty Fellows Program: Diversity and Leadership

Dr. Hannah Valentine, Senior Associate Dean of the Office of Diversity and Leadership announces the launch of the second class of ***Faculty Fellows at the School of Medicine***. A select group of Assistant and Associate Professors will be chosen as Faculty Fellows for the 2006-07 academic year. The purpose of the Faculty Fellows program is to identify and develop a diverse group of junior faculty who have the potential to become our future leaders.

During the year, Fellows will attend a monthly dinner with key University leaders such as President John Hennessey and Dean Philip Pizzo. During these sessions, Fellows will learn more about leadership philosophy, strategy and style—“Personal Leadership Lessons”. Fellows will dialogue with colleagues and explore their own ideas on how to address leadership challenges as their careers develop. On a monthly basis they will also meet in small groups with a senior professor who will be their mentor.

If you are interested in being nominated for this opportunity, ask your Department Chair or Chief or Dr. Hannah Valentine to nominate you. Nominees should be assistant or associate professors who have demonstrated interest in and potential for leadership roles in the School of Medicine. They need to be respected by their colleagues and have demonstrated an ability to influence others. In addition, they should be advocates for change and for increasing the diversity of the School of Medicine. They should have demonstrated the ability to think strategically and systemically and lastly, they should be interested in taking on leadership roles in the future. Fellows are expected to attend all dinner meetings and mentoring group meetings.

You can obtain a nomination form by contacting Barb Miller at bemiller@stanford.edu or at 58402.

Nominations are due by **November 22, 2006**. The new Fellows class will be announced in January and will begin meeting in February 2007.

Medicine on a Global Stage

Concerns about health care in the United States are again moving to center stage, and the problems and potential solutions are daunting. Health care costs continue to rise (now over 16% of the GDP); the number of Americans who are uninsured or under-insured tops 40 million and is climbing as businesses seek to alter or cut benefits; access to medical care is fractured and for many the only entry point is through hospital emergency facilities (which are severely overburdened); the geographic distribution of physicians or their specialties is not consonant with the needs of communities or populations; the availability of primary care physicians is limited (and is not attracting sufficient new entrants); and the aging population further stresses the care delivery

system – an issue that will be further exacerbated when Medicare reaches a seemingly inevitable financial crisis during the next decade or so. Coupled with these serious problems are the risk for a global pandemic (see above) and the already extant and growing problem of obesity in children and adults - with all of its related co-morbidities. These and related issues have been discussed in recent medical journal and lay press articles and books, and was the topic of 8th Annual Thomas Fogarty Lecture given by Andy Grove, Senior Advisor and Former Chairman of Intel to a standing room crowd in the Arrillaga Alumni Center on Thursday November 2nd. A similar set of issues was discussed at the California Healthcare Institute Board meeting by a representative of the Governor's office in anticipation of a health care plan for 2007.

Numerous solutions have been posited to address the lack of an organized and comprehensive health care system in the United States, although most advertently or inadvertently simply shift costs without really addressing the fundamental underlying problems and inequities. While a number of current political and other leaders continue to insist that only market forces will correct the cost escalations in healthcare, virtually every experience to date suggests otherwise. The most recent trend is the shift of responsibility and cost from employer to consumer (see Bloche G. *Consumer-Directed Health Care* *NEJM* 2006;355:1756-1759). This approach has the merit of increasing personal responsibility but it also simply shifts cost, and it still treats medicine and healthcare as a commodity – which in my opinion remains a fundamentally flawed assumption. But increasingly both physicians and hospitals are being compared and paid based on quality of their performance— a good thing, so long as the metrics are reliable and appropriate.

I have previously shared my belief that a radical approach is needed to address the fundamental problems of American health care, but I do not think this will be achieved – or likely even begun – on a national basis unless there is a major national crisis. And while I have felt that some variant of a single payer model has merit, I readily acknowledge that this seems unlikely given the culture and health care expectations of Americans, certainly for the foreseeable future. Even though a proposal for a single payer system made it through the California legislature, its veto by the Governor makes it most unlikely to succeed at least for the next gubernatorial term. At the same time, I am increasingly persuaded that a system embracing the principles outlined by Professor Victor Fuchs and EJ Emmanuel entitled “Health Care Vouchers – A Proposal for Universal Coverage” (*NEJM* 2005; 352:1255-1260) may be more acceptable to the current constituencies. But even this proposal may be seen as too radical – which is unfortunate indeed. Moreover, the changing landscape in U.S. health care is increasingly global in scope. . Whereas not too long ago a number of leading U.S. medical centers set up international programs to attract foreign patients to come to their centers in the U.S., the movement of patients to seek lower cost care outside of the U.S. is also a rising tide (see: A Milstein and M. Smith, *America's New Refugees – Seeking Affordable Surgery Offshore.* *NEJM* 2006; 355:1637-1640).

Even as we focus on health care costs, it is important to also focus on health and wellness – something that Andy Grove echoed and that the Governor seems ready to

advance. Personal responsibility can make a significant difference in addressing serious health care risks and can offset such rising problems as obesity. But I fully recognize that changes in human behavior are also hard to accomplish. AIDS is a good example; changes in risky behavior and the use of condoms could stem transmission – yet the global prevalence of AIDS continues to rise. The level of obesity across the nation and around the world is another good example. Nonetheless, attention to health and wellness and aligning incentives to achieve and sustain them are as important as addressing our approach to treatment of human disease. I write these words on the eve of the NYC Marathon, where over 37,000 individuals from around the world will join me in a statement for health – including Stanford Emeritus Professor Peter Wood, who at 77 years of age, is an admirable role model for wellness that we might all emulate!

Awards and Honors

- ***Spirit Award Winners:*** For the sixth consecutive year, two School of Medicine staff members have been named as the Employee of the Year and both will be honored at the annual Staff Recognition Banquet on Thursday November 9th. This year's Spirit Award winners are:
 - ***Nancy Winningham***, Faculty Compensation Manager
 - ***Homer Abaya***, Administrative Associate to the Chair of the department of Otolaryngology/Head and Neck Surgery.

Please join me in congratulating both Ms. Winningham and Mr. Abaya.

- ***Dr. Sarah Donaldson***, Catharine and Howard Avery Professor, has been selected to receive the 2007 Gold Medal from the American College of Radiology. She will receive the award in May 2007. Congratulations Dr. Donaldson!
- ***Dr. Martin Brown***, Professor of Radiation Oncology, has been selected to receive the Henry S Kaplan Distinguished Science Award from the International Association for Radiation Society. Congratulations Dr. Brown!
- ***Alfred T. Lane, M.D.***, Professor of Dermatology and of Pediatrics, has just been elected President of the Association of Professors of Dermatology. Congratulations Dr. Lane!
- ***Marti Trujillo***, Student Service Officer in Student Affairs, has been nominated to serve a three-year term as the financial aid liaison for the western region to the AAMC/Group on Student Affairs. This Committee works through both the Minority Affairs Committee and the Community on Student Financial Aid (COSFA). Congratulations, Marti!
- ***Irving L. Weissman, M.D.***, Virginia & D.K. Ludwig Professor for Clinical Investigation in Cancer Research, Professor of Dev Bio & by courtesy of Neurosurgery & Biological Sciences, will receive the John Scott Award and the American Italian Cancer Foundation Award. Congratulations, Dr. Weissman!

- **Dr. Paul Yock**, the Martha Meier Weiland Professor of Medicine and Professor of Mechanical Engineering has been named the recipient of the TCT Career Achievement Award for his invention of some of the most important devices in interventional cardiology – along with his accomplishments as a teacher, clinician, and mentor. Congratulations Dr. Yock!

Upcoming Events

Brainstorms: New Frontiers in Science and Technology

Tuesday, November 7

7:30 – 9:00 pm

William R. Hewlett Teaching Center

Speaker:

Sanjiv "Sam" Gambhir, MD, PhD, Director, Molecular Imaging Program at Stanford (MIPS); Head of Nuclear Medicine; Professor of Radiology & Bioengineering

For more information: <http://events.stanford.edu/events/92/9248/>

This event is open to the public

TechNet Innovation Summit 2006 at Stanford

Wednesday, November 15, 2006

8:30 am – 1:00 pm

Memorial Auditorium

America's top leaders in technology will discuss emerging industry trends as well as the public policies that will shape the future of our nation. Moderated by award-winning journalist **Charlie Rose**, this event will be taped for broadcast and will feature:

Welcoming Remarks: President John Hennessy

Panel I: What is the Future of the Internet?

Featuring: **Brian Halla**, CEO, National Semiconductor; **Reed Hastings**, Founder and CEO, Netflix; **Jerry Yang**, Founder, Yahoo!

Panel II: Green Tech: Solutions for America's Future

Featuring: **John Doerr**, Partner, Kleiner Perkins Caufield & Byers; **Scott McNealy**, Chairman, Sun Microsystems

Panel III: *The Global Knowledge Economy - Keeping our Competitive Edge*

Featuring: **Bill Gates**, Chairman, Microsoft

Ticket Information:

- The event is open to Stanford faculty, students and staff.
- One (1) free ticket available per Stanford ID.
- Tickets must be picked up in person with Stanford ID at the Stanford Ticket Office beginning Wednesday, November 8.
- Special ticket distribution in White Plaza on November 13 & 14 from 11:30 a.m. to 1:30 p.m.
- Limited tickets may be available at the door on the day of the event at Memorial Auditorium.
- **Stanford Ticket Office location/hours:**
1st Floor, Tresidder Memorial Union
10:00 a.m. - 5:00 p.m., Monday-Friday
12:00 noon - 4:00 p.m., Saturday.
- For further event information phone: 725-2787.

Appointments and Promotions

Matthew Bogyo has been reappointed to Assistant Professor of Pathology and Microbiology & Immunology, effective 11/1/06.

Gregory Enns has been promoted to Associate Professor of Pediatrics (Medical Genetics) at the Lucile Salter Packard Children's Hospital, effective 11/1/06.

James Faix has been reappointed to Associate Professor of Pathology effective 11/1/06.

Robert S. Fisher has been reappointed to Professor of Neurology and Neurological Sciences, effective 11/1/06.

Michael K. Gould has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine) at the Veterans Affairs Palo Alto Health Care System, effective 11/1/06.

Sherril Green has been reappointed to Associate Professor of Comparative Medicine, effective 12/1/06.

Basit Javaid has been appointed to Assistant Professor of Medicine (Nephrology), effective 11/1/06.

Christopher R. King has been promoted to Associate Professor of Radiation Oncology, effective 11/1/06.

Cheryl Koopman has been reappointed to Associate Professor (Research) of Psychiatry and Behavioral Sciences, effective 12/1/06.

Gordon K. Lee has been appointed to Assistant Professor of Surgery (Plastic and Reconstructive Surgery), effective 11/1/06.

Shoshana Levy has been reappointed to Professor (Research) of Medicine (Oncology), effective 11/1/06.

William Robinson has been reappointed to Assistant Professor of Medicine (Immunology & Rheumatology), effective 11/1/06.

Jessica Rose has been reappointed to Assistant Professor of Orthopaedic Surgery at the Lucile Salter Packard Children's Hospital and the Stanford University Medical Center, effective 11/1/06.

Stephen J. Ruoss, has been reappointed to Associate Professor of Medicine (Pulmonary and Critical Care Medicine), effective 10/1/06.

Jane Tan has been reappointed to Assistant Professor of Medicine (Nephrology) effective 10/1/06.

Ann Weinacker has been promoted to Associate Professor of Medicine (Pulmonary and Critical Care Medicine), effective 11/1/06.