Newsmakers In Medicine
Inside the Stanford DOM

Regional Center Treats Patients with Advanced Lung Disease

Pulmonologists Mark Nicolls and David Weill are the motivating force behind The Stanford Center for Advanced Lung Disease, an organizational initiative focused on lung transplantation and treating patients with cystic fibrosis and interstitial lung disease. The program fosters the advancement of research, the development of novel therapies, and offers referring physicians a central location to send patients in need of expert clinical care.

Eight physicians, seven nurse practitioners, two social workers, four to five administrators, an ethicist, and four surgeons comprise the staff at the Center. “We offer innovative therapy for nonsurgical candidates in all of the clinical entities we treat and are currently involved in more than 20 clinical trials,” said David Weill, MD, director of the Stanford Center for Advanced Lung Disease and professor of medicine in the division of pulmonary and critical care medicine. “All of which, offer a unique therapeutic perspective and additional treatment options for patients.”

Few places in the country have the expertise to do the innovative surgical therapy, lung transplantation, and lung volume reduction surgery done at the Center. In terms of volume, it is in the top 10 percent in the country; performs 50-60 lung transplants per year, and for the past few years has had a 90 percent one-year survival rate. To continue to improve outcomes for lung transplant patients, new surgical techniques and therapeutics to promote healthy blood vessels in the lungs are being developed, which is a completely new idea, said Mark Nicolls, division chief and associate professor of medicine.

The Center follows 350 post-transplant patients, 200 adult cystic fibrosis, and 600 interstitial lung disease patients. The patient population comes from all over the western United States. In the near future, the team plans to expand its referral base, diagnose people in the earlier stages of a disease, and involve them in the most up-to-date clinical trials. An outreach clinic in Fresno is currently in development along with ideas to join forces with other institutions in the Bay Area.

An additional aspect of the program includes an active collaboration with UCSF. Together they have formed a northern California Scleroderma Consortium. Faculty in pulmonary clinical care meet with those in rheumatology and cardiology from both Stanford and UCSF, combining a shared interest in transforming the peninsula and the Bay Area into one of the most powerful scleroderma research areas in the world.

New and Improved Division
As division chief, Nicolls considers the Stanford Center for Advanced Lung Disease to be a highly important initiative to support the burgeoning growth of the division of pulmonary and critical care medicine. The division is growing at an accelerated rate, has added five new highly-talented faculty members in the last year, and anticipates significant growth in its clinical volume.

“We’ve always been a strong clinical division,” said Nicolls. “Our other major initiative is to strengthen the basic and translational science with faculty in the division through ongoing new recruitments and to develop junior faculty to be tomorrow’s leaders at a national and international level in pulmonary medicine.”
Chair's Corner

Spring brings excitement with the results of the internship match. From the graduating class of 75 Stanford medical students, 23 (31%) matched in internal medicine programs. Thanks to all of the faculty and residents in the Department who worked so tirelessly to show our medical students the incredible benefits of a career in internal medicine and the medical specialties. In June, the Department will welcome an amazingly accomplished group of interns. We are very pleased that nine Stanford students matched with our program.

We will mark the end of the successful first year of the Translational Research and Applied Medicine (TRAM) Program with a retreat on May 16. The TRAM leadership group has put together an outstanding program with several keynote speakers, scientific talks by some of the TRAM seed funding recipients, and posters by investigators. We anticipate another competition for seed funding in the near future.

There are a number of upcoming transitions in leadership. Bob Harrington will start as chair on July 1. He and I are working on a plan for a smooth transition in leadership of the Department. Bob will also have a lead role in the Population Health Sciences Initiative. The search for a new chief of the division of oncology is nearing completion. Searches for a new chief of the division of gastroenterology and hepatology and a chief of the division of immunology and rheumatology are both underway. More information will be forthcoming on all of these in the near future.

Linda Boxer, MD, PhD

Lifetime of Achievement Honored

Sharon Hunt is the newest member of a distinguished group of cardiology pioneers. As the latest recipient of a Lifetime Achievement Award from The International Society for Heart and Lung Transplantation (ISHLT), she joins mentors and fellow awardees Norm Shumway and Margaret Billingham. It’s an honor the Society has given only four times since 1980 and will be awarded to her at the ISHLT annual meeting in Prague, Czech Republic, this April.

In 1968, when Shumway did the first heart transplant in the U.S., Sharon Hunt was one of seven women attending Stanford Medical School and was working in a cardiology lab. Almost 10 years later, when she finished her specialty training, “They were starting to welcome cardiologists, so I got involved right at the ground floor. In the past, transplantation had always been a purely surgical field,” recalled Hunt, professor of medicine in the division of cardiovascular medicine.

Over the past 20 years, she has cared for more than 1,500 heart transplant patients and still defines patient care as one of the most rewarding aspects of her job. “Someone who undergoes a heart transplant quickly realizes that he or she has been virtually snatched from the jaws of death. They truly value those extra years and, no matter where they live, come in for an annual checkup,” said Hunt, medical director of Stanford's post-transplant program.

As a mentor, she has trained more than 40 fellows, worked extensively with the American College of Cardiology and was the chair of the ACC/AHA guidelines for the management of chronic heart failure, one of the most cited publications in the field. Last year, when the American Board of Internal Medicine recognized Advanced Heart Failure and Transplantation as a subspecialty, Hunt was asked to chair the board that writes the exam to certify physicians to work in the specialty. “Creating that certification was a big recognition for the field, and I am proud to be a part of it.”

Mentor of Mentors

Hunt has been an active member of the ISHLT for many years. She was president in 1995 to 1996 and has served on the board of directors. As a charter member, she continues to play an instrumental role in the growth of the society, which has been in existence since 1980.

“Sharon Hunt embodies the essence of a lifetime achievement award by her tireless past and ongoing service to the inception and growth of the field of heart transplantation,” said Mandeep Mehra, MD, FACC FACP, professor of medicine, Harvard Medical School; executive director, Center for Advanced Heart Disease, Brigham and Women’s Hospital; and editor in chief, The Journal of Lung Transplantation. “She is a unique individual, who was there when it all began, developed a legacy of training leaders in our field, and continues to inspire by exemplifying the trait of being a ‘mentor of mentors.’”
An innovative system designed to work in tandem with the recent Accreditation Council for Graduate Medical Education (ACGME) 16-work-hour restrictions has changed how faculty, interns, and residents care for people on inpatient wards. The new ward structure was developed by residents and program directors and tested as a pilot program at the Veterans Administration before going into full operation last June. Ronald Witteles, MD, internal residency program director and assistant professor of medicine in the division of cardiovascular medicine, oversees the training of 109 residents. He reflects on the success of the new system, its impact on training, and the ongoing expansion of Stanford’s internal medicine residency program.

Newsmakers in Medicine: What has improved under the new system?
Ronald Witteles: Patient flow has been far better, and trainees are better able to do proper rounds, get to the bedside with faculty, and attend conferences. The new system — in which residents have fewer admissions per day but admit patients on more days — is far more sensible.
On the ground level, residents more than anyone understand what works and what doesn’t, and we wanted this new system to be driven solely by educational concerns. At monthly meetings with the residents (called Committee on Residency Reform), program directors, chief residents, and residents discuss any and all aspects of the program. It’s a perfect ongoing mechanism to get feedback and enables us to make changes in real time.

NIM: Do work hour restrictions help prevent medical errors?
RW: I think the only honest way to answer that is, “We don’t know.” It is still not clear whether the 2003 change lowered medical errors. The fundamental trade is having more awake physicians on one hand but more handoffs on the other. Because the same doctor is no longer with patient the whole way through, there needs to be formal training and a skill set for how to do an effective transition of care, which has increasingly become a focus of our educational efforts. No matter how well that transition of care is done, there is always going to be some extra chance of error. Obviously the more tired somebody is, there is also the extra chance of error, so it is a balance of those two factors.

In addition, what is the long-term impact of having less training? If you decrease the total number of hours that an individual is trained in internal medicine or surgery, what is the effect, not just for errors as they go through training but for when they go out and practice independently? Are physicians being as well trained now as before? It’s an ongoing debate with no definitive evidence one way or the other.

At the end of the day, however, the question of whether the new work-hour rules are good is the wrong question to ask. We don’t get to decide if we want to comply with them — they are mandated by ACGME, and we are bound to follow them. The question we are therefore left with is how we can best build an educational system within the rules, and we believe that the new system has been extremely successful in achieving that aim.
Added Layer of Support for Oncology Patients

Outpatients at Stanford Women’s Cancer Center are reaping the benefits of a supportive oncology program that specifically addresses the needs of cancer patients and their families. The pilot program is funded by Stanford Corporate Partners and uses two different models to provide patients with palliative care.

During designated clinic hours, one half day per week, up to five to ten patients see a specialized multidisciplinary palliative team at the Stanford Women’s Cancer Center in the referral clinic model. The virtual model, which operates during the week, is available to all cancer patients. In the second model, supportive oncology team members may accompany patients to their primary oncologist visit, offer phone consultations to providers, or see patients on an ad hoc basis. Both models are successful; however, currently, more patients are using the virtual model.

“Assessing a patient’s needs and establishing a relationship in the early stages of treatment is one of the goals in supportive palliative care.”

Kavitha Ramchandran, MD

“Large national organizations, such as the American Society for Clinical Oncology, recognize that patients with advanced cancer benefit from the integration of palliative care into their oncologic care,” said Kavitha Ramchandran, MD, oncologist and palliative care specialist who leads the program.

Although, Stanford does an excellent job with clinical care, said Ramchandran, palliative care adds an additional component: using a multidisciplinary team to address patient and family needs that extend beyond physical symptoms (e.g. pain, nausea) to the psycho-social, emotional, and spiritual impact of the disease on the entire family unit. “Some patients,” she added, “are now asking for palliative care involvement, in order to have a more well-rounded approach to their medical care.”

Of note, primary palliative care is the provision of palliative care by the treating team (i.e., the primary oncologist). When situations become more complex, a specialist team can be called in (i.e., a referral to the supportive oncology team). This is often called secondary palliative care.

At Stanford Women’s Cancer Center, she and Stephanie Harman, MD, medical director of Stanford Hospital’s palliative care services, make a major effort to get patients access to palliative care. Primary palliative care can be done well if the primary teams receive education in the basic tenets of palliative care. Both Harman and Ramchandran are involved in active educational efforts to this end. In addition their team believes that diffusion of palliative care can be done via incorporating it into the multidisciplinary model of tertiary cancer care. For example, a member of their team acts a resource during the Stanford Women’s Cancer Center tumor board meeting discussions, and eventually, the program hopes to have a member present at all oncology tumor board forums.

“The supportive oncology team has been helpful to our patients and also works with physicians, trainees, fellows and residents to optimize patient care. It’s an important aspect of clinical care that I expect will become more important over time,” said Jonathan S. Berek, MD, professor and chair, obstetrics and gynecology.

Plans to Expand

Assessing a patient’s needs and establishing a relationship during the early stages of treatment is one of the goals in supportive palliative care. “I’m hoping we can focus on improving the quality of life for all patients rather than improving end-of-life care for some patients,” said Ramchandran, clinical assistant professor in the divisions of oncology and general medical disciplines.

The program is still a work in progress. Moving forward, she hopes to expand supportive oncology at the Stanford Cancer Institute to improve availability for both patients and care-providers. Another area of growth will be in education and training around primary palliative care and creating technology-based tools to assess and track patient’s physical and psychosocial needs over time to more easily provide palliative care to every patient who needs it.
Kristina Krohn, MD, a second-year internal medicine and pediatrics resident at the University of Minnesota Medical School has been chosen as the next Stanford-NBC News Fellow in Media and Global Health. She will take a year off to participate in the 2012-2013 fellowship.

In 2011, Stanford University’s Center for Innovation in Global Health (CIGH) launched the first U.S. Fellowship in Media and Global Health to demonstrate how multiple media platforms can have significant impact on work in global health. The program is designed to provide medical students, residents, fellows, and/or faculty with 12 months of practical training in global health reporting using a variety of media platforms including: print, television, social networking, and fundamentals in journalism and communications.

As a medical student, Krohn worked in Uganda at Mulago Hospital, where she researched Cryptococcus, a fungus that kills many people with HIV in Sub-Saharan Africa. She also studied at Hospital Nossa Senhor das Graças, in Curitiba, Brazil. A piece she wrote while in Brazil was featured in the collection, “Becoming a Doctor: Reflections by Minnesota Medical Students.” As an intern, Krohn earned her Certification in Tropical Medicine (CTropMed) from the American Society of Tropical Medicine and Hygiene. She put this knowledge to good use by creating a question database that is currently being adapted for use in an online course in tropical medicine for medical providers and continues to work in global health by treating refugees from all over the world at Saint Paul, Minnesota’s Center for International Health.

During the fellowship, Krohn hopes to improve her journalism skills and ability to be an advocate for global health issues. She is passionate about promoting malaria eradication, furthering the understanding of the ethics involved in global health training, and investigating the relationship between drug companies, drug shortages, locally made generic medications, and drug safety. Her career goals revolve around working in medical education internationally, specifically supporting the establishment of infrastructure and local knowledge bases to improve people’s ability to maintain their own health and access appropriate care when needed.

Staff Recognition

The Department of Medicine honors the following individuals for their many years of service to Stanford. Their support and dedication to the day-to-day operations of the Department contribute to the scientific advances of faculty and the success of everyone they work with.

In recognition of 30 years of service:
- Marita Grudzen, Academic Research and Program Officer, General Medical Disciplines
- Nancy Lennartsson, Student Services Specialist, Stanford Center for Biomedical Informatics Research
- Georgette Stratos, Senior Research Scholar, Division of General Medical Disciplines

In recognition of 25 years of service:
- Phyllis Bussey, Division Manager, Division of Oncology
- Debra Czerwinski, Life Science Research Assistant, Division of Oncology
- Diana Laurent, Social Science Research Assistant, Division of Immunology and Rheumatology
- Christine Scholberg, Division Manager, Stanford Prevention Research Center, Biomedical Informatics Research
- Margaret Wootton, Faculty Affairs Administrator, Division of Oncology

Visit the employee recognition website.
Noteworthy Mentions

New Tropical Medicine and Travelers’ Health Clinic
The clinic, staffed by Michele Barry, MD, FACP, CTrOpMed; Brian Blackburn, MD, CTrOpMed; and Nanette Malgesini, NP, welcomes the referral of adult patients with an illness related to an international destination. They also specialize in the prevention of illness in adult and pediatric patients planning international travel.

Visit website.

Faculty Member to Lead Center for Cardiovascular Stem Cell Therapies
John Cooke, MD, PhD, will lead one of the seven new centers in the Cardiovascular Cell Therapy Research Network of the NIH. The center will be funded by a $63 million seven-year grant from the National Heart, Lung and Blood Institute to develop cardiovascular stem cell therapies and will focus on separate trials of stem cell therapies for patients with coronary and peripheral artery disease.

Read more....

Global Health Participates in Fogarty Fellowship
The Stanford Center for Innovation in Global Health will participate in a fellowship program awarded by the Fogarty International Center at the National Institutes of Health to train approximately 40 fellows over the next five years to conduct global health research. Postdoctoral fellows, PhD graduate students, and medical students will be eligible to apply.

For more information visit the website.

Spring Appointments, Promotions, Awards, and Honors

- Neila Arora, MD, promoted to clinical assistant professor of medicine, nephrology
- Steven Artandi, MD, PhD, promoted to professor of medicine, hematology
- David I Bellovin, PhD, appointed instructor of medicine, oncology
- Anne-Sophie Beraud, MD, appointed clinical instructor of medicine, cardiovascular medicine
- Catherine Blish, MD, PhD, appointed assistant professor of medicine, infectious diseases
- Todd Brinton, MD, promoted to clinical associate professor, cardiovascular medicine
- Sumbul Desai, MD, promoted to clinical assistant professor of medicine, general medical disciplines
- Michael Gelman, MD, PhD, appointed instructor of medicine, infectious diseases
- Shanthi Kappagoda, MD, appointed clinical instructor of medicine, infectious diseases
- Kathleen Kenny, MD, promoted to clinical associate professor of medicine, general medical disciplines
- Holbrook E.K. Kohrt, MD, appointed instructor of medicine, oncology
- Poonam Hosamani, MD, appointed clinical instructor of medicine, general medical disciplines
- Tyler Johnson, MD, appointed clinical instructor of medicine, general medical disciplines
- James Kahn, MD, appointed acting professor of medicine, general medical disciplines
- Kiran Kush, MD, appointed assistant professor of medicine, cardiovascular medicine
- Sandy S. Lai, MD, appointed clinical instructor of medicine, Vaden
- Charles Liao, MD, appointed clinical instructor of medicine, general medical disciplines
- Ann Lindsay, MD, appointed clinical professor of medicine, general medical disciplines
- Grant Miller, PhD, promoted to associate professor of medicine (UTL), Center for Primary Care and Outcomes Research
- Margaret Neff, MD, appointed clinical associate professor of medicine, pulmonary and critical care medicine
- Neda Pakdaman, MD, appointed clinical instructor of medicine, general medical disciplines
- Mark Pegram, MD, appointed acting professor of medicine, oncology
- Peter Pompei, MD, appointed clinical professor of medicine, general medical disciplines
- Azad Raisdana, MD, appointed instructor of medicine, cardiovascular medicine
- Kenneth Sakamoto, MD, appointed clinical associate professor of medicine (primary appointment, general medical disciplines; secondary appointment, cardiovascular medicine)
- Robert Shafer, MD, promoted to professor (research) of medicine and by courtesy of pathology
- Joshua Spin, MD, PhD, appointed clinical instructor of medicine, cardiovascular medicine
- David Svec, MD, appointed clinical instructor of medicine, general medical disciplines
- Seema S. Sinha, MD, appointed clinical instructor of medicine, cardiovascular medicine
- Jennifer Tremmel, MD, appointed assistant professor of medicine, cardiovascular medicine
- Philip Tsao, MD, promoted to professor (research) of medicine, cardiovascular medicine
- Brandon Varr, MD, appointed clinical instructor of medicine, general medical disciplines
- Shaveta Vinayak, MD, appointed instructor of medicine, oncology
- Paul Wang, MD, appointed professor, by courtesy of bioengineering, cardiovascular medicine
- Vasyl Warvariv, MD, appointed clinical instructor of medicine, nephrology
- Richard Wittman, MD, promoted to clinical assistant professor of medicine, general medical disciplines
- Shirin Zarafshar, MD, appointed clinical instructor of medicine, general medical disciplines

Awards and Honors

- Arash Alizadeh, MD, PhD, is principal investigator for a grant from the Gabrielle’s Angel Foundation for Cancer Research.
- Christopher Gardner, PhD, awarded a grant for a weight loss study supported by the Hass Avocado Board.
- Rishi Medriattra, a first-year medical student, was chosen as the first fellow in the Gantenbein Medical Fund Fellowship program, designed to assist one American medical student interested global health.
- P.J. Utz, MD, received a 2011 Clinical Research Experiences for High School Students grant from the Doris Duke Charitable Foundation.
- Doug Owens, MD, was appointed to the U.S. Preventive Services Task Force, an independent panel of non-Federal experts in prevention and evidence-based medicine.
- Wolfgang Winkelmayer, MD, ScD, will serve as corresponding editor for the Journal of the American Medical Association.
- Joseph Wu, MD, PhD, was elected to the American Society for Clinical Investigation.