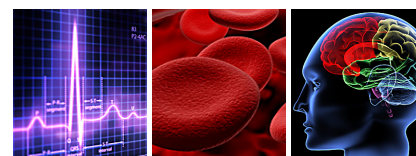




Newsmakers In Medicine

Inside the Stanford DOM



Combined Service Strengthens Continuity of Care

As an advanced practice provider (APP), Laura Zitella, NP, is taking teamwork to a new level. With Med9, a new collaborative care model created to meet the demands of an increasing number of patients with hematologic and oncologic malignancies, she oversees a team of eight nurse practitioners to foster communication and coordination of care with one of three supervising attendings assigned to the service.

The combined hematology/oncology service builds on twenty years of experience using advanced practice providers (nurse practitioners and physician assistants) to care for patients with cancer. Zitella was an important part of the working group that designed Med9. “One advantage of a collaborative model is having trained nurse practitioners who can provide a majority of care and physicians who are available to consult and direct complex issues,” said Zitella. “The patients receive expert medical care and every provider practices at the highest level of their training.”

Graduating fellows, Lauren Maeda, MD, Michael (Zach) Koontz, MD, and Rondeep Brar, MD, came on board as clinical assistant professors to staff Med9. Each attending spends a total of four months out of the year on the inpatient service and the rest of the time in clinic. After giving it some thought, the idea of a small team of dedicated physicians and nurse practitioners appealed to all three.

“The advanced practice providers have specialized knowledge about chemotherapy and treatment-related side effects,” said Maeda, who plans to work in hematology and lymphoma clinics. “Med9 combines inpatient and outpatient care, which is ideal for developing my career.”

Brar also appreciates the familiar and supportive environment of Med9. He added, “I like providing nurse practitioners with didactics. The APPs are intellectual, curious, and have diverse backgrounds and extensive experience. I’m constantly learning from them and the patients.”



The Med9 team from left to right: Carl Kulpa, NP; Mary Petrofsky, NP; Chris Szura Shen, NP; Lindsay Stringer, NP; Laura Zitella, NP; Lauren Maeda, MD; Megan Harrington, NP; Rondeep Brar, MD; Zach Koontz, MD, Not pictured: Quan Thai, NP, and Denise Ricigliano, NP

Care Teams of the Future

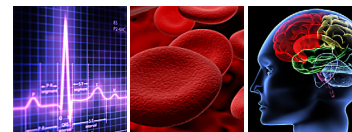
Another difference, added Linda Boxer, MD, PhD, Department of Medicine Senior Vice Chair, Chief of Hematology, and Interim Chief of Oncology, is that while an attending is on Med9, he or she does not go to clinic. “The faculty, APPs, nurses, and other members of the health care team are enthusiastic to always have an attending on the ward for teaching and patient care. The service is helpful for clinical trials and research; it’s easier for small teams to assist patients enrolling in clinical trials, and they are familiar with the details of the different clinical studies.”

With Med9, Stanford joins other academic institutions with similar combined services, which use APPs to supplement housestaff at a time of shorter work hours for

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Chair's Corner



As the end of the calendar year approaches, it is a good time to reflect on the activities and progress of the

Department these past five months. Rarely does a day pass that sometime in the midst of things, I pause and ask myself, "Are we really doing that? That's incredible!" This applies to discoveries, education, and clinical care. I'm honored and proud to be here working with a uniquely talented and creative group of colleagues.

One of the main activities of the Department during the next few months will be to host and interview medical students for internships. Our absolutely outstanding housestaff training program is led by a talented and passionately dedicated group of directors, Ronald Witteles, Neera Ahuja, Cybele Renault, and Stephanie Harman, and is supported by an equally enthusiastic staff. For anyone concerned about the future of American medicine, let me assure you that if the medical students we see for interviews are an indicator, then the future of medicine is indeed in good hands. These are extremely bright, highly motivated, and talented future physicians, scientists, and educators. I'm impressed and excited to think about these students as tomorrow's trainees, faculty, and colleagues.

As we move toward the holidays, please enjoy your time with family, friends, and colleagues. Think about the many advances and contributions made by all of you during 2012 and come energized for 2013 as many opportunities beckon!

Robert Harrington, MD

For Children with Cancer, Cure Is Not Enough

Radiation Oncologist to Receive 2012 Hewlett Award

Sarah S. Donaldson, MD, loves coming to work in the morning. It's one thing that hasn't changed throughout her forty-plus years at Stanford. As Professor of Radiation Oncology, Donaldson has significantly improved life for children with cancer. When she was a resident, pediatric oncology was not a defined discipline, and most children with cancer died. With a combination of chemotherapy, radiotherapy, and oftentimes surgery, five-year survival rates for children with malignant disease have risen to 80 percent. Quality of life is also better, thanks to Donaldson, the recipient of this year's Hewlett Award, an annual tribute to Walter Albion Hewlett, MD, who led the Department of Medicine from 1916-1925. Hewlett was an extraordinary and compassionate physician, much like Sarah Donaldson.

A member of the faculty since 1973, Donaldson became chief of the radiation oncology service at Lucile Packard Children's Hospital in 1991. Over the past forty years, she has pioneered treatments for children with malignant disease, including developing innovative therapies for pediatric Hodgkin's disease and other childhood cancers. She is an international leader in pediatric radiation oncology and is recognized for her work evaluating the quality of treatment and quality of life related to the side effects of radiotherapy.

"Today, cure is not enough, we want cure with a wonderful quality of life," said Donaldson. "It's taken awhile and we've learned a great deal along

the way, but children are now being cured without the same side effects we saw thirty years ago."



Sarah Donaldson, MD

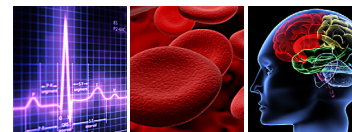
"Managing children with cancer is one of the most difficult areas of clinical medicine, and she does this for patients and their families with sensitivity, expertise, calmness, and authority," said Ross McDougall, MD, MB, PhD, and Professor Emeritus of Radiology and Medicine, who has worked with Donaldson for thirty years.

Mentorship Matters

Born and raised in Portland, Oregon, Donaldson began her medical career as a nurse, working alongside her mentor, surgical oncologist William Fletcher, MD, at the University of Oregon. It was Fletcher who convinced her she could go to medical school, despite Donaldson's apprehension. She attended Dartmouth Medical School as one of only six women in a class of forty-eight students and graduated from Harvard in 1968. When it came time to choose a specialty, she once again turned to Fletcher for guidance.

"I didn't know much about radiation therapy and there was no specialty for medical or pediatric oncology at the time, but I did want to be involved with cancer patients," recalled Donaldson. Dr. Fletcher advised her that radiation therapy needed surgically oriented clinicians, and being in

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Advances in Blood and Marrow Transplantation Save Lives

Twenty-five years after being diagnosed with acute lymphatic leukemia, David Occhipinti is grateful to be alive. On a sunny fall day, at his home in San Jose, he remembered the experience as if happened yesterday. Back in the summer of 1987, Occhipinti wasn't feeling well and went to visit his doctor. An examination and subsequent blood test revealed leukemia so aggressive that without immediate treatment, he could be dead within two weeks.



David Occhipinti

Occhipinti was referred to Stanford Hospital and underwent a protocol of chemotherapy that drove the leukemia into remission. He also met Karl Blume, MD, a leader in the field of bone marrow transplantation, recently recruited from the City of Hope to establish Stanford's Blood and Marrow Transplant Program.

As new technology develops, transplantation will be applicable to many other fields of medicine.

— Karl Blume, MD, Professor Emeritus of Medicine

"He told me there was a good chance that the leukemia would come back," said Occhipinti. "There was no guarantee, but a bone marrow transplant might prevent the disease from recurring."

Fortunately, Occhipinti's brother was an ideal match. With the odds stacked in his favor, he decided to go ahead with

the transplant. First, however, there was chemotherapy and radiation so intense, "I was close to death more than once," he said grimly. "They have to kill the leukemia without killing the patient and sometimes it's a very fine line."

With his body ready, David Occhipinti was infused with his brother's lifesaving stem cells on November 2, 1987, just months after he was first diagnosed. He spent fifty-nine days in the hospital, much of it in isolation. When the ordeal was over, Occhipinti was "Numero Uno," as he is fondly called at the BMT program, because he was the first adult to undergo a bone marrow transplant at Stanford.

Looking back, 58-year-old Occhipinti recalled the determination, positive attitude, and support from his doctors and nurses that got him through such a difficult time. "I might have died if I had waited; there was no way I was going to let the leukemia beat me."

Therapeutic Breakthroughs

Over the years innovative treatments have brightened the horizon for patients with life-threatening blood and immune disorders. During a recent symposium, *25 Years of Progress in Blood and Marrow Transplantation*, speakers from leading centers throughout the country and Stanford gave attendees an historical overview of the tremendous advances made in the field. Breakthroughs such as total lymphoid irradiation (TLI) developed in transplant medicine by Samuel Strober, MD, Professor of Medicine, Division of Immunology and Rheumatology, fundamentally alter the immune system to decrease graft vs. host disease (GVHD) and limit the need for toxic and expensive anti-rejection drugs. The use of mobilized peripheral blood has shortened transplant recovery times from one month to ten to twelve days and reduced the risk of infection. If infection occurs, better drugs are available to fight it.

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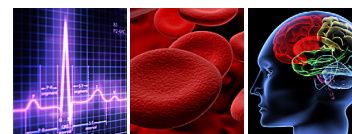
Combined Service Strengthens Continuity of Care — *cont'd. from page 1*

residents and fellows. The Med9 working group meets on a regular basis and is ready to open discussions with the hospital to increase the number of nurse practitioners if the program expands. "As outpatient services grow, so must resources to care for inpatients," said Boxer.

The service, which opened its doors in early September, has the capacity to treat up to fifteen patients. Three nurse practitioners work twelve-hour shifts during the week, and

two nurse practitioners handle the weekends. A nocturnist covers overnight shifts.

"Universally, patients appreciate the level of personalized care, communication, and education they receive from the nurse practitioners trained in oncology-specific care," said Zitella. "Patients feel positive about the service. I think it's an exciting advance for Stanford and an excellent model for the future of care teams."



Nephrologist Balances Growing Career and Family

Faculty Spotlight: Wolfgang Winkelmayer, MD, ScD

Wolfgang Winkelmayer, MD, ScD, works out of a cozy office off campus. The light from a large window highlights his children's artwork hung on the wall above his desk. In the corner sits the espresso maker he brought from Europe, ready to brew afternoon coffee. Winkelmayer was born and raised in Vienna, Austria, and worked as a clinical nephrologist before coming to study in the United States. As Associate Professor of Medicine and Head of Clinical Research in the Division of Nephrology, he collaborates with colleagues at Stanford and other leading institutions around the world to develop evidence-based and effective care for patients with kidney disease.



Wolfgang Winkelmayer, MD

In a recent interview, he talked about his research, the rewards of mentoring, and how to maintain work/life balance.

Newsmakers in Medicine: *What led you to practice in the United States?*

Wolfgang Winkelmayer: I was working at a hospital in Vienna, when, due to special circumstances, I became head of the nephrology service while I was still a fellow. It was a great opportunity and challenge; however, I realized that without research, my career options were limited. I was also interested in health care management at the time and was accepted into a program at the Harvard School of Public Health. The program and the people I met at Harvard opened my eyes to the many opportunities available in the U.S. I furthered my training, finished my doctoral studies in health policy at the Division of Pharmacoepidemiology and Pharmacoeconomics at Brigham and Women's Hospital, and was invited to stay on as faculty.

Several years later, I did a second nephrology fellowship at a joint program at the Brigham and Massachusetts General Hospital. As I began to treat patients again, I also considered whether to stay in Boston or explore moving somewhere out west.

NIM: *How did you end up at Stanford?*

WW: It was World Kidney Day in March 2009 and Glenn Chertow, MD, Chief of Nephrology—a friend and col-

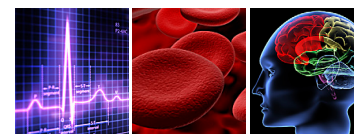
league—was giving Medicine Grand Rounds at Mass General. Over coffee, I told him I was considering a position in the Northwest and he invited me to consider Stanford instead. After visiting, Stanford appealed to me because it is a boutique institution, and I felt colleagues might be more open to collaboration here than in a larger institution. To some extent that is true, and I hope to expand opportunities for collaboration even more.

NIM: *What makes comparative effectiveness research important?*

WW: A major problem in nephrology is the lack of specific data to inform treatment decisions for our patients. Comparative effectiveness research works to inform clinical practice using data from typical patients in typical practice settings and applies innovative analytical methods to existing data to develop evidence about the effectiveness and safety of various interventions. Those interventions may be devices, or drugs, or care pathways. I saw a clear opportunity to combine Medicare claims data already available to me with data from electronic health records of large dialysis providers. Studies using such a unique database would be particularly suitable to generate new evidence and to inform our clinical practice. I am currently leveraging the data and in the process of building a young research group that will focus on comparative effectiveness research.

NIM: *Who has inspired you along the way?*

WW: It is not just one person but an important trait in many successful people. A number of colleagues who I respect as leaders in the field live a normal life. There is adequate work/life balance. They know when to say no and when the work day starts and ends. This inspires me and is something I emphasize to every applicant. Stanford has one of the top three clinical research programs in nephrology and also provides the best work/life balance. I would rather see fellows go for a run at 6:00 pm than work until 11:00 pm because if they have a balanced life, they will be more productive in the hours they do work. Our fellows' accomplishments speak for themselves.



Advancements in Blood and Marrow Transplantation Save Lives — *cont'd. from page 3*

“Modern treatments make the process much safer,” said Robert Negrin, MD, Professor of Medicine, Chief of the Division of Blood and Marrow Transplantation, and BMT Program Director. “Patients spend less time in the hospital, undergo more outpatient care, and can be treated in the early stages of their disease, which is very important.”



Robert Negrin, MD

Developing safer and lower risk strategies to treat older adults is another advance. Until recently, bone marrow transplantation was not an option for people over fifty. We can now match treatments with the demographics of the disease to benefit more patients, said Negrin. Annually, the adult and pediatric BMT programs at Stanford provide transplants to more than 300 patients and have performed more than 5,000 transplants since 1987.

The program, however, would not be where it is today without the dedicated staff and nurses, some of whom have been there since the beginning. “Twenty-five years ago, bringing in feedback from the whole staff was not a commonplace practice,” said Negrin. Today, it’s in the patient’s best interest to have input from nurses, social workers, dietitians, physical therapists, and all members of the transplant team. Everyone from the technician that prepares the transplant to the people who work in the office have a role in the success of the program.

One Step Further

Being firmly established as a core treatment for high-risk hematological diseases has also opened a path into the field of cellular therapy. With research underway to reduce the risk of GVHD, investigators Judith Shizuru, PhD, MD, Associate Professor of Medicine, Division of BMT; John Scandling, MD, Professor of Medicine, Division of Nephrology; Samuel Strober, MD; and others are exploring tolerance induction and creating strategies to make organ transplants safer by transferring blood-forming cells along with organ grafts to eventually eliminate the need for lifelong immune suppressants.

Another corollary, said Negrin, is the opportunity to treat autoimmune disorders such as rheumatoid arthritis, multiple sclerosis, or scleroderma by using cells in clinical medicine instead of drugs as cutting-edge cellular therapy. “Scientific evidence shows it’s effective, and yet, there’s a huge space between the laboratory and the clinic. This program is headed in a direction to bridge that gap.”

In the meantime, “Numero Uno” is busy inspiring others who’ve followed in his footsteps. Every year David Occhipinti attends the annual summer BMT reunion with staff and former patients who are one year after transplant. Together they celebrate life, amazed by a procedure that has come so far and saved so many lives.

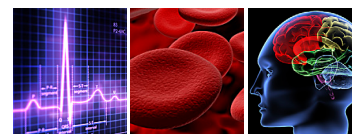
For Children with Cancer, Cure Is Not Enough — *cont'd. from page 2*

the field meant she could take care of cancer patients and be on the ground floor of an emerging and expanding discipline. The perfect opportunity arose when he sent her to Stanford to meet Malcolm Bagshaw, MD, who succeeded Henry Kaplan as chairman of the Department of Radiology and Head of the Division of Radiation Therapy; Bagshaw welcomed her into the department.

“I was lucky because Dr. Fletcher opened a door for me. When I couldn’t figure out where to go and what to do, he guided me,” said Donaldson, who loves being surrounded by medical students, residents, and fellows. “They are so bright and ask questions that stimulate you to go home and read to find the answers.”

Throughout her years at Stanford, Donaldson has published more than 200 peer-reviewed articles in leading journals. She was a recipient of Gold Medals from the American Society of Therapeutic Radiology and Oncology in 2000 and the American College of Radiology in 2007 and was recently awarded the Dean’s Medal from the School of Medicine in 2012.

Her most significant gratification, however, comes from seeing her patients grow to be healthy and productive adults. “Taking care of a child through cancer diagnosis and treatment, and seeing this youngster graduate from high school, go to college, have children—and even grandchildren—is true continuity of care. It’s the big picture that is most important, and nothing is more gratifying than contributing to this journey through life.”



Noteworthy Mentions

Leading Experts Will Co-direct Cardiovascular Institute

Joseph Wu, MD, Associate Professor of Cardiovascular Medicine, and Department Chair Robert Harrington, MD, Professor of Medicine, will combine their unique experience and expertise to translate scientific knowledge into improved treatments for patients. [Read more.](#)

Cancer Center Sponsors Team in Training

Start the new year off right. Join friends and colleagues and get in shape for a great cause. The Stanford Cancer Institute is sponsoring Stanford Hospital's second annual corporate team with Team in Training and the Leukemia and Lymphoma Society. All Stanford employees are eligible, and friends and family may join as well. [Download flyer for more information.](#)

Positive Care Clinic Eases Concerns

The [Positive Care Clinic](#) provides patients with up-to-date information, education, consultation, and follow-up care regarding sexually transmitted infection, testing, and prevention. Early detection is the cornerstone for the prevention of chronic disease. The Positive Care Clinic is off campus and promotes confidentiality in a setting where patients feel at ease discussing issues of concern.

TRAM Enters Second Year

After a successful first year, the DOM's Translational and Applied Medicine Program awarded ten new grants to more than twenty faculty and fellows. Grants provide funding for new collaborations between investigators performing interdisciplinary translational research projects. [Read more.](#)

Fall/Winter Appointments, Promotions, Awards, and Honors

- **Justin Annes, MD, PhD**, appointed Assistant Professor (Endocrinology)
- **Nawal Atwan, MD**, promoted to Clinical Assistant Professor (General Medical Disciplines)
- **Dipanjan Banerjee, MD**, promoted to Clinical Assistant Professor (Cardiovascular Medicine)
- **Sanjay Basu, MD, PhD**, appointed Assistant Professor of Medicine (SPRC)
- **Luis Francisco Zirnberger Batista, PhD**, appointed Instructor (Hematology)
- **Rondeep Brar, MD**, appointed Clinical Assistant Professor of Medicine (Hematology)
- **Daniel Brenner, MD**, appointed Clinical Instructor (General Medical Disciplines)
- **Dean Felsher, MD, PhD**, promoted to Professor of Medicine (Oncology)
- **Jordon Firestone, MD**, promoted to Clinical Associate Professor of Medicine (General Medical Disciplines)
- **Kurt Hafer, MD**, appointed Clinical Instructor (General Medical Disciplines)
- **Michael Koontz, MD**, appointed Clinical Assistant Professor of Medicine (Hematology)
- **Shin Lin, MD, PhD**, appointed Clinical Instructor (Cardiovascular Medicine)
- **Stephen Luby, MD**, appointed Professor of Medicine (Infectious Diseases)
- **Lauren Maeda, MD**, appointed Clinical Assistant Professor of Medicine (Hematology)
- **Margaret McKinney, MD**, appointed Clinical Instructor (General Medical Disciplines)
- **Jose G. Montoya, MD**, promoted to Professor of Medicine (Infectious Diseases)
- **Viswam Siva Nair, MD**, appointed Instructor (Pulmonary and Critical Care)
- **Shirley Park, MD**, appointed Clinical Instructor (Cardiovascular Medicine)
- **Walter Park, MD**, appointed Assistant Professor of Medicine (Gastroenterology and Hepatology)
- **Aimee Shu, MD**, appointed Clinical Assistant Professor (Endocrinology)
- **Cyrena Torrey Simmons, MD**, appointed Instructor (General Medical Disciplines)
- **Mehdi Skhiri, MD**, appointed Clinical Instructor (General Medical Disciplines)
- **Laura Tarter, MD**, appointed Clinical Assistant Professor (Immunology and Rheumatology)
- **Paul Utz, MD**, promoted to Professor of Medicine (Immunology and Rheumatology)
- **Joy Yee-jia Wu, MD, PhD**, appointed Assistant Professor (Endocrinology)
- **Veronica A. Yank, MD**, appointed Instructor (General Medical Disciplines)
- **Jennifer Young, MD**, appointed Clinical Instructor (General Medical Disciplines)

Awards and Honors

- **Neera Ahuja, MD**, received the American College of Physicians Distinguished Teacher/Mentorship Award.
- **Robert Carlson, MD**, was appointed CEO of the National Comprehensive Cancer Network, effective January 2, 2013.
- **Susan Frayne, MD, MPH**, was honored with a 2012 Distinguished Alumni Award from the Boston School of Public Health.
- **Christopher Gardner, PhD**, received a five-year R01 from NIDDK to determine whether there is a genetic predisposition to successful weight loss on low-fat vs. low-carb diets.
- **V.J. Periyakoil, MD**, with support from the NIH produced a video series dealing with end-of-life issues that is garnering attention from national hospice and palliative care publications.
- **Rajat Rohatgi, MD, PhD**, received New Innovator funding of \$1.5 million to continue his studies of an antennae-like cellular protrusion called the primary cilium that detects and processes optical, chemical, and mechanical signals in a cell's environment.
- **Stanley Schrier, MD**, was featured in the September-October issue of *The Hematologist*, published by the American Society of Hematology, which included a side bar written by Jason Gotlib, MD.
- **Wolfgang Winkelmayer, MD, ScD**, was awarded an R01 grant from The National Institutes of Diabetes and Digestive and Kidney Diseases.