Infectious Diseases: Doctors Play Sleuth to Discover Their Causes

“Bugs are smarter than we are, and there are more of them,” says Dr. Joanne Engel, associate professor, Infectious Disease and Microbiology & Immunology at UCSF. “There will always be diseases; as we cure one, another one pops up.”

Even in the United States, infectious diseases (ID) are the third most common cause of death, despite the widespread availability of antibiotics, vaccines and advanced hygienic standards. Worldwide, infectious diseases are the leading cause of death, with simple diarrheal illness, malaria and TB leading the pack. In fact, one-third of the world’s population is infected with tuberculosis, and 32,000 children die each day from infectious water-borne diseases. As illustrated by the recent anthrax, SARS and monkeypox outbreaks, new as well as old pathogens can rapidly move great distances and establish footholds in new niches.

Dr. Engel is helping to establish UCSF’s new Microbial Pathogenesis and Host Defense (MPHD) Training program, which will train the next generation of ID investigators. Her research focuses on the pathogens Pseudomonas.

New Research Space Helps Attract Talented Young Investigators

On Tuesday, Oct. 28, 2003, UCSF proudly dedicated its new campus at Mission Bay. This campus is exciting for the Department of Medicine, not only because it will provide research space for our investigators as well as free up space in other previously overcrowded campuses, especially Parnassus. This new space will allow us to attract promising young faculty members as well as established, internationally renowned researchers to the Department and to programs in which we participate. Our research priorities will include but not be limited to genetics, stem cell biology, microbial pathogenesis, structural biology and bioinformatics.

Fundraising Initiatives

Over the next few years, our fundraising focus will include the retention and development of young scientists, infectious diseases, teaching support, and our continued commitment to vulnerable populations regardless of their ability to pay.

The National Institutes of Health K Awards are granted to the most promising young investigators in basic laboratory and clinical research. Currently, more than 45 Department of Medicine young scientists are recipients of the K Award, which provides 60 to 75 percent of an entry-level researcher’s salary for five years. The K Awards go hand in hand with our new research space, both of which will attract and keep talented young investigators. But we will need to supplement this type of award with other funding to retain these faculty, who are often sought by other medical schools in the equivalent of a “free agent market.” Philanthropy, therefore, is crucial to our continued success.

From the Chairman

Dr. Lee Goldman
Chairman, UCSF Department of Medicine

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Infectious Diseases. Many grateful patients recognize the contributions of their specialty physician who cared for them, but they rarely remember the infectious disease consultant who may have saved their life. As new infectious diseases emerge and resistance to antibiotics grows, research has never been more critical. At both the Parnassus and Mission Bay campuses, the Department has made a major commitment to research in infectious diseases.

Patient Care. Our faculty care for a wide spectrum of patients, many of whom are uninsured or underinsured. In a bygone era, insured patients paid sufficiently to offset the care of the less insured. Now, however, even the best insurance barely covers the cost of treating a single patient. Furthermore, although we are a public institution with a responsibility to care for all patients, we receive insufficient support from the city and state to fund our mission. To continue caring for all patients, regardless of their ability to pay, we hope that some of our more fortunate patients will share our commitment to care for less fortunate, more vulnerable populations.

Teaching Support. UCSF faculty spend much of their time teaching medical students, interns, residents and fellows. However, funding from the state does not even come close to supporting this teaching mission; teachers, whether in the classroom or in the patient care setting, receive no other compensation for their teaching time, especially as reimbursements for clinical care remain so low. To maintain our world-class teaching programs, which are second to none, we will need to find ways to support the outstanding teachers who are the cornerstone of our educational programs.
MEDICAL EDUCATION & TRAINING
UCSF Leads Hospitalist Movement in U.S.

Hos-pi-tal-ist, n. a physician who spends more than 25 percent of his/her time based in a hospital setting, where she or he serves as the physician-of-record after accepting ‘hand-offs’ of hospitalized patients from primary care physicians (PCPs), returning these patients to the care of the PCPs at the time of hospital discharge.

Hospitalists are rapidly becoming a larger and more significant portion of the physician population. Whereas in the early 1990s, there were only a few hundred hospitalists in the United States, the number is now close to 10,000, making the new specialty the fastest growing field in American medicine. Recent studies attribute decreased costs and lengths of stays to hospitalist programs, which are now in such prestigious institutions as Brigham and Women’s Hospital; the Mayo and Cleveland Clinics; the Universities of Pennsylvania, Michigan, and Chicago; and, of course, the place where it all started... UCSF.

What exactly is the hospitalist movement and why is it so important? To answer these questions, we consulted Dr. Robert Wachter, the man behind the hospitalist program at UCSF, which has become the gold standard for such programs across the country.

Associate chairman of the Department of Medicine and chief of the medical service at UCSF Medical Center, Dr. Wachter has championed the hospitalist movement for nearly 10 years and is the unquestioned academic leader of the new field.

“This is an idea that has many mothers,” explains Wachter, who initially generated interest in the program through an article in the UCSF resident newsletter in 1995, a scholarly version of which (co-authored by Department of Medicine Chairman Dr. Lee Goldman) appeared in the New England Journal of Medicine the following year. The NEJM article coined the term “hospitalist” and is now considered the launching point for the movement. “After that story appeared,” recalls Wachter, “I started getting calls from all over the world.”

Now seven years later, most of the ward attending physicians at UCSF Medical Center are hospitalists. “We now have 17 hospitalist faculty at UCSF. The few hospitalists in our program who have moved on have done so to start their own programs elsewhere.”

Dr. Welby Doesn’t Exist Anymore

In the past, primary care physicians managed all aspects of their patients’ hospital care with the help of specialists. “The PCP was like an orchestra conductor, but for several reasons, that model doesn’t work very well anymore,” explains Wachter. “Because the threshold for hospital admission is so much higher than it once was, primary care physicians are spending more time in their offices treating patients and less time in the hospital.”

In fact, whereas the average primary physician might have only one hospitalized patient at a time in 2003, he or she might have had a dozen 20 years ago. The reasons for the change are varied. Medical technology has created an entire outpatient industry of diagnostics and treatment, including MRIs and CT scans, which used to require a hospital stay. Furthermore, cost pressures on hospitals, physician groups and managed care organizations — and an increasingly astute inpatient population that wants more access to information and doctors — have spawned a new type of physician care in the hospital.

A New Kind of Specialty

Historically doctors chose specialties that were organized around different organs or particular diseases (cardiology and oncology, for example). About 40 years ago, a new genre of specialty evolved that was site defined: Emergency medicine and critical care required generalists who could be specialists in a particular setting. Hospitalists grew out of the notion that a single dedicated onsite physician should manage all aspects of a patient’s hospital care.

“No one in academia had done this before,” recalls Wachter. “For many physicians, it violated the laws of nature. As with most major changes, all of the stakeholders raised concerns. Residents worried about being closely supervised by hospitalists and losing their autonomy. Patients worried about being cared for by strangers, and community physicians and traditional ward attendings worried about losing their inpatient skills.”

Today, every major academic institution is copying UCSF’s model. Wachter routinely receives visitors from places like the Mayo Clinic and Johns Hopkins, seeking to learn how to develop successful academic hospitalist programs. The Society of Hospital Medicine, the professional society representing hospitalists (Wachter was its first elected president), has 5,000 members and counting. Furthermore, Wachter, along with Goldman and UCSF Residency Director Dr. Harry Hollander, edit the major textbook in the field, Hospital Medicine.

Proof Positive

The proof that it’s working is in the numbers. A recent study published in the Journal of the American Medical Association by Drs. Wachter and Goldman revealed that hospital costs decreased an average of 13.4 percent and the average patient length of stay decreased by 16.6 percent - with no loss in patient satisfaction - when hospitalists were employed.

But reduced costs are only part of the picture. Wachter is just as motivated to leverage the hospitalist model to improve the quality of patient care.

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PHILANTHROPY MILESTONES

Update From Advisory Council Co-Chairs

The Department of Medicine Advisory Council was formed a year ago to help the department fulfill its mission to produce superior clinicians and researchers and seek new knowledge for the advancement of patient care, research and teaching. We are honored to be co-chairing this endeavor.

Our five-year goal is to raise $100 million for the Department of Medicine, especially faculty and programs. We are happy to announce that during our first year, the advisory council raised more than $13 million toward this goal.

The Department of Medicine is the largest single department at UCSF, comprising 40 divisions and research institutes, 450 faculty and a third of all School of Medicine programs. At any given time, the department is training 170 residents across four teaching campuses and 200 postdoctoral scholars in what is considered to be one of the nation’s top three programs.

More than 80 of the department’s faculty are members of the prestigious American Society for Clinical Investigation, and more than 50 belong to the Association of American Physicians. The Department of Medicine is the largest recipient of National Institutes of Health funding of all departments at UCSF. For all its research distinctions and accolades, however, the primary mission of the department remains the treatment and care of our patients and the education and research of our faculty.

The Department of Medicine is uniquely positioned to take a leading role in clinical methodologies that will improve patients’ quality of life. But the costs of medicine are high, and the current resources of the department are limited. Recent changes in medical reimbursements have reduced clinical revenues, which can no longer fund much needed research and teaching. To continue to make progress in treatment and care as well as research and education, we must turn to private donors to safeguard the future of our groundbreaking work.

Only through philanthropic support can our world-class programs continue to attract and retain the best minds in medicine and equip them with every possible resource to pursue the pioneering research for which the department is known.

We invite you to join us in lending your support to the UCSF Department of Medicine.

David and Emily Pottruck Co-Chairs, Department of Medicine Advisory Council

Stem Cells Pump New Life Into Heart Tissue

Researchers may not have discovered the Fountain of Youth yet, but doctors at UCSF think they’ve found a way to mend a broken heart.

Stem cells are special regenerative cells that help the body replace and repair its own tissues. According to Dr. Bill Grossman, chief of cardiology, research in animals indicates that stem cells exist in the bone marrow and can travel through the bloodstream to injured organs, where they take up residence and become transformed into replacement cells. This process has been documented in the brains and hearts of mice.

Thanks to the generosity of three donors — Art Kern, Ernest Groggio and Larry Stupski — UCSF is one quarter of the way toward its goal of raising $10 million for a new Cardiac Stem Cell Translational Development Program, which will focus on the application of stem cell research to heart disease in humans.

“We are excited about the potential for significant healing of the heart with stem cells,” says Grossman. “This new program will allow us to extract stem cells from a patient’s bone marrow, grow them in a tissue culture and then inject the patient’s own stem cells back into the heart tissue.” This procedure has been done in Germany and elsewhere around the world, and preliminary results show that damaged hearts are able to pump more effectively after the stem cell injections.

Feedback from donors and patients revealed that people are anxious to see this research applied to human patients. To that end, Dr. Yerem Yeghiazarians has been recruited from Harvard to head up this new program of translational research.

Yeghiazarians immigrated with his family to American when he was 15. Although he didn’t know a word of English when he arrived, he became a state soccer all-star and most valuable player, as well as high school class valedictorian. He graduated Phi Beta Kappa from Brandeis University and received his M.D. from Johns Hopkins Medical School. He completed his internship and residency at Harvard’s Brigham and Women’s Hospital, serving as chief resident in 2000.

“In my role as director of the UCSF Cardiac Stem Cell Program, I will be working with and coordinating a team of physicians and scientists to take to the next level what we know about the potential of adult cardiac stem cells to regenerate the ailing heart,” Yeghiazarians says.

Indeed, UCSF is in a unique position to undertake such research. UCSF Researcher Gail Martin co-discovered embryonic stem cells more than two decades ago, and UCSF is one of just two academic institutions in the United States that has contributed to the National Institutes of Health Stem Cell Registry.

With Dr. Yeghiazarians on board, Chief Grossman hopes to have stem cell therapy available to heart patients in five years and notes that heart attack patients and those with advanced heart failure awaiting heart transplant will be the populations likely to benefit the most.

“Evidence suggests that the body’s regenerative capacity is more robust in younger people, and the vigor with which the body heals itself diminishes with age,” says Grossman. “We plan to give nature a helping hand.”
While therapeutic options have increased as the understanding of the pathophysiology of IBD has advanced, there is no cure for the disease. "These diseases are classified as auto-immune disorders, in which both genetic and environmental factors play a role," states Dr. Monty Bissell, professor of medicine and director of the UCSF Division of Gastroenterology. "Current research suggests that IBD patients react inappropriately to the normal bacterial flora of the bowel, creating an inflammatory response that causes varying disruption of the bowel surface with loss of lining cells."

**Relief on Its Way**

But sufferers of ulcerative colitis and Crohn’s disease may find relief in the near future, thanks to a generous gift from Kenneth Rainin, CEO of Rainin Instruments, LLC, who recently pledged $5 million to fund UCSF’s new Center for Colitis and Crohn’s Disease. The gift has created the Rainin Distinguished Professorship in Inflammatory Bowel Disease, which will be filled by Dr. Averil Ma, recruited from the University of Chicago. Ma, who arrives in January, has served on the Steering Committee on the Future of IBD Research for the Crohn’s and Colitis Foundation of America. He is also a grantee of the National Institutes of Health.

"Dr. Ma will be the director of the new center and faculty member of both the Division of Gastroenterology and the UCSF Immunology Program," explains Bissell. "He will pursue his very successful research on the mechanisms of intestinal inflammation and oversee translation of basic discovery to patient-oriented research." The latter is already proceeding in the center’s clinical arm, under the leadership of Drs. Jonathan Terdiman and Uma Mahadevan.

**Regional Center Created**

With the Rainin gift, UCSF is creating a regional center for cutting edge research and patient care.

According to Bissell, a major focus of current pharmaceutical research into ulcerative colitis and Crohn’s disease is anti-cytokine therapies. Cytokines are protein mediators of inflammation with multiple effects on bowel structure and function as well as on the immune response. "Medical science is making major strides in auto-immune disorders, which involve almost every organ," says Bissell. "Advances in cytokine biology are an important reason for excitement in this area. Our patients are already benefiting from new and more effective therapies for IBD."

The Rainin gift includes a fund for core technologies to accelerate the pace of research within the center. Mouse models have led to conceptual advances in intestinal immunology, which now are being applied to humans with IBD. This success exemplifies the importance of inter-disciplinary research. Explains Mr. Rainin, creator of the world’s most popular pipettes: "I have a decent understanding of what’s involved in laboratory research, so when I support a program at UCSF, there’s a really good tie-in between basic and clinical research and useful applications in humans." Rainin previously gave $2 million to create several fellowships in immunology and neurology.

**It’s a Family Affair**

The Rainin gift was a family affair. Mr. Rainin’s daughter, Jennifer Patterson, had been looking into IBD research and felt it was “scattered and unfocused,” she explains. "So I showed my dad what I’d found and suggested we do something about it.” Mr. Rainin subsequently presented his idea to Dr. James Ostroff, professor of clinical medicine and director of the UCSF Gastroenterology Consult Service, who cares for many patients with IBD and immediately recognized the importance of the gift and facilitated the process of making it a reality.
Winter 2003

Two Heads Are Better Than One

“"It was clear to me that UCSF had the infrastructure in the Division of Gastroenterology with doctors who were treating patients and the clinical researchers, but they didn’t have the money to do the kinds of research they wanted to,” states Ms. Patterson.

Acknowledging the commitment of Kenneth Rainin and Jennifer Patterson, Dr. Bissell notes that “their gift has not been simply monetary. They are also contributing their time and energy. Jennifer has been terrific with fund-raising ideas, and I look forward to a long-term collaboration with them on behalf of our patients with IBD.”

Kenneth Rainin and Jennifer Patterson

explains. “Because I have been successful, I feel a responsibility to be generous.”

Indeed, his company, Rainin Instruments based in Oakland, is the leading developer and manufacturer of handheld pipettes. His products are used in every kind of laboratory in the world and dominate the U.S. market. The Rainin pipettes have garnered market share because they are accurate, robust and ergonomically designed.

“I wanted to address the issue of repetitive motion injuries inherent in the act of pipetting,” explains Mr. Rainin, “so we set to work designing an ergonomic pipette that would mitigate the strain on the hand and wrist caused by routine pipetting activities.” The Rainin pipettes have significantly reduced or eliminated pipetting injuries, which in turn has reduced workers’ compensation claims and improved productivity.

Mr. Rainin’s enlightened business style is also reflected in his attitude about the 400 people he employs. “Our philosophy is: We don’t have bosses; we all work for our customers,” he says.

Patients with IBD have new champions in the Rainins, who have turned their sympathy and compassion for IBD sufferers into action. With their help there is hope for new treatments for this disease.

Ways of Giving

Many people who have been cared for by a UCSF Department of Medicine physician choose to express their gratitude by supporting our life-enhancing work. Thousands of other individuals also make tax-deductible gifts to help sustain medical advances at UCSF.

You can support the UCSF Department of Medicine with gifts of cash, appreciated securities, real estate, life insurance, or other valuable assets. You may enjoy important financial benefits during your lifetime by establishing a life income trust, naming the Department of Medicine (or one of its divisions) as the ultimate beneficiary. Also, bequests are a critical source of funds to help meet the department’s future needs.

For further information about giving, please contact Ms. Janice Eisele, Director of Development, at (415) 502-6436.
Infectious Diseases
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aeruginosa, a highly resistant hospital-acquired infection that affects the immuno-compromised and patients with cystic fibrosis, and Chlamydia trachomatis, a common cause of sexually transmitted diseases in the Western world, and trachoma, a blinding disease, in the developing world.

“Each of these microorganisms has developed a unique strategy for successful survival that involves subverting and exploiting the functions of normal human cells,” explains Dr. Engel. “By better understanding these processes, we can begin to develop new diagnostics, therapeutics and vaccines.”

Research Priorities
Other research priorities for the Division of Infectious Diseases include the human papilloma virus (the cause of warts and the most common sexually transmitted viral disease in the United States, as well cervical cancer), human immunodeficiency virus (HIV), hepatitis, human herpes virus 8 (the cause of Kaposi sarcoma), parasitic diseases and the newly discovered Bartonella bacteria.

Many talented investigators are doing research with direct applications to human health. Other ongoing projects in the ID division and their champions include:

- Dr. Joel Palefsky has made it possible to diagnose anal cancer more quickly;
- Dr. Philip Rosenthal’s work on malaria is likely to lead to new drug treatments;
- Dr. Don Ganem (Departments of Medicine and of Microbiology and Immunology) is developing better diagnostics for human herpes virus 8 (HHV-8) and, in conjunction with Dr. Joseph DiRisi in the Department of Biochemistry, has developed a microarray chip to identify novel viruses; and
- Dr. Ruth Greenblatt is researching HIV in women and children.

What Lies Ahead
As the new MPHD program attracts top-notch researchers, it is moving into more than 7,500 square feet of dedicated space in the UCSF Parnassus facility. “Our goals for the next five to 10 years,” states Dr. Engel, “are to recruit new faculty, carry out groundbreaking research in molecular pathogenesis and epidemiology, and continue to provide outstanding care for our patients.”

Researchers will continue to ask the basic questions about how a particular microorganism invades a human cell and why some host cells are more susceptible than others, then work on developing ways to block the infecting agent and make the host immune.

“But prevention is more important than treatment,” notes Engel. “You can get a flu vaccine for $10, rather than spend $50,000 to treat flu complications in the hospital.”

When it comes to investing in ID research, Engel says the big pharmaceutical companies aren’t interested in diseases in developing countries, “because there’s no money in it.” So it’s up to the universities to tackle the problem, with the help of private donors.

Hospitalist
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care. UCSF hospitalist researcher Dr. Andrew Auerbach studied the hospitalist program at UCSF/Mount Zion Hospital and found that the efficiency gains were accompanied by a striking decline in hospital mortality rates (Annals of Internal Medicine, Dec. 2002). And hospitalist Dr. Karen Hauer analyzed teaching evaluations of hospitalists and traditional attendings and found that housestaff education and satisfaction rose when they worked with hospitalist faculty (Archives of Internal Medicine, in press).

Moreover, Wachter has positioned the UCSF hospitalist group and the field more generally to focus not only on improving the care of individual patients but on the overall system of hospital care as well. He cites as a case in point the work of Dr. Steve Pantilat, hospitalist and ethicist, who has developed a national model of inpatient palliative care at UCSF to address the needs of patients at the end of life as well as the concerns of their families.

And Wachter and Dr. Kaveh Shojania, another UCSF hospitalist, have become national leaders in patient safety, editing two major academic series on medical errors and authoring an upcoming lay-oriented book, Internal Bleeding: The Truth Behind America’s Terrifying Epidemic of Medical Mistakes (Rugged Land, January 2004).

This model is not without its challenges, though. “Continuity of care is the Achilles heel of this system, because the hospitalist model introduces a purposeful discontinuity between the outpatient and inpatient settings,” explains Wachter. “But the virtues of hospitalists—expertise, accessibility, focus, teaching and systems improvement—far outweigh these challenges.” Moreover, good hospitalist programs implement specific approaches to discontinuity. For example, UCSF hospitalists ensure that they or their teams consult and work with the PCP upon admission, discharge or when any significant change in the patient’s status occurs. Their goal is the patient’s safe return to their PCP.

Financing This New System
According to Wachter, financial support for hospitalist programs is the biggest challenge. Hospitalists spend much more time with their patients than professional fees and traditional revenue streams can compensate for. UCSF Medical Center has provided institutional support for the program, because administrators have seen a return on investment with tangible improvements in quality of care and efficiency. And many of the faculty in the UCSF hospitalist group receive other intra- or extramural funding for research or educational efforts.

“We’ve created a robust, full-service academic enterprise,” says Wachter. “But there needs to be long-term financial support for the clinical portion of the program to thrive.”

On the flip side, however, the hospitalist program offers the healthcare industry huge cost savings accompanied by improved quality. Hospital costs constitute about 35 percent of healthcare expenses.

“That’s nearly $500 billion a year in the United States.” states Wachter. “Cut that by 14 percent and we’re talking some real money.” Like UCSF, institutions around the country have found that supporting high quality, responsive hospitalist programs is a sound investment.

Perhaps the most profound aspect of the hospitalist program, though, is that it has put UCSF at the forefront of a national issue: how to transform hospital care to meet the needs of patients, providers and institutions in the modern era.

“Being in California forces us to deal with trends that are borne of diversity, size, economics, and the like, often before the rest of the country even recognizes that these new issues exist,” reflects Wachter. “Being forced to be innovative is challenging, but also very exciting, especially when your model becomes adopted by institutions nationwide. We’ve led a sea change in improving hospital care. The key, as we’ve demonstrated, is finding terrific people and giving them the support they need to do great things.”
Appointments and Distinguished Professorships

- Paul Blank, Endowed Chair in Occupational Medicine
- Margaret Chesney, appointed as the first Deputy Director of the National Center for Complementary and Alternative Medicine (NCCAM), 2003
- William Grossman, President-Elect of the American Heart Association, San Francisco Affiliate
- Frederick Hecht, The Osher Foundation Endowed Chair in Research in Integrative Medicine
- Brad Jacobs, The Osher Foundation Endowed Chair in Clinical Programs in Integrative Medicine
- Richard Locksley, Sandler Distinguished Professorship in Asthma Research
- Melvin Scheinman, Walter H. Shorenstein Endowed Chair in Cardiology
- Steven Schroeder, Robert Wood Johnson Distinguished Professorship Appointment as Chairman of the American Legacy Foundation, 2003
- Anthony Sebastian, School of Medicine Alumnus of the Year, 2002
- David Woofy, President-Elect of the American College of Rheumatology

New Appointments

- Instructors
- Kerry Cho, Nephrology
- Nenndil Kamalu, AIDS/Positive Health Program
- Raphael Merrin, Gastroenterology
- Karen Power, Occupational Medicine
- Sumant Ranji, Hospitalist Division of Internal Medicine
- Josh Caskey, Division of General Internal Medicine
- Brie Williams, Division of General Internal Medicine

Assistant Professors

- Hector Camilla, Center for AIDS Prevention Studies
- Michael Casner, Emergency Medicne
- Peter Chin-Hong, Infectious Diseases
- Evi Chettipandian, Hospitalist Division of General Internal Medicine
- Susan Coffey, AIDS/Positive Health Program
- Gurpreet Dhaliwal, Division of General Internal Medicine
- M. Grant Dorsey, Infectious Diseases

- Neal Fischbach, Hematology/Oncology
- Lawrence Fong, Hematology/Oncology
- James Frank, Pulmonary Medicine
- Katherine Fritz, Center for AIDS Prevention Studies
- C. Bradley Hare, AIDS/Positive Health Program
- Elizabeth Harlamean, Division of General Internal Medicine
- Priscilla House, Cardiology
- Sangeeta Kopardekar, Geriatrics
- Byron Lee, Cardiology
- Pamela Ling, Division of General Internal Medicine
- Jessica Ouygi, Division of General Internal Medicine
- Renae Pasnik, Cancer Center Whittomeer Tingley, Cardiology

Full Professors

- Diane Havir, AIDS/Positive Health Program
- Steven Schroeder, Division of General Internal Medicine

Promotion to Associate Professors

- Catherine Johnston
- Steven Pantilat
- Rudolph Rodriguez
- Dean Schillinger
- Neil Stollman
- Jonathan Terdiman

Promotion to Full Professors

- Daniel Adelman, Marsha Isaac
- James Kahn
- Rita Redberg
- David Rempel
- Philip Rosenthal

Awards & Honorary Degrees

- Joshua Adler
- Member, California Health Care Foundation Leadership Fellow
- Neal Benowitz
- UCSF Distinguished Faculty Clinical Researcher Award, 2003
- Karu Chatterjee
- Elected as Fellow in the International Academy of Cardiovascular Sciences, 2002
- Selected as the 2002 AHA Laureate Society Lecturer
- Recipient of the Robert Beamish Leadership Award, 2003
- Shawn Coughlin
- 2008 Par二代son Foundation Medical Research Award for Cardiovascular Disease
- Molly Cooke
- Gold Headed Cane Award
- Gurpreet Dhaliwal
- 8th Annual Floyd Rector Housestaff Teaching Award, 2003
- Ephraim Engleman
- Presidential Gold Medal Award of the American College of Rheumatology, 2002

- Jane Koehler
- Burrroughs Wellcome Fund Clinical Scientist Award in Translational Research
- Richard Locksley
- American Association of Immunologists Distinguished Service Award, 2003
- Michael Mathay
- Scientific Achievement Award from the American Thoracic Society, 2003
- Stephen McPhee
- UCSF Chancellor’s Award for Public Service, 2003
- Curtis Morris & Anthony Sebastian
- Scribner Medal from the American Society of Nephrology
- Drs. Morris and Sebastian also received commends from Governor Gray Davis for receiving such an award
- Maxine Papadakis
- Gold Headed Cane Award

- Rita Redberg
- 2003 Robert Wood Johnson Health Policy Fellow by the Board of the Robert Wood Johnson Fellowships Programs
- Dean Schillinger
- 2003 institute for Health Care Advancement Research Award for Research on...  
- Steven Schroeder
- Academy Award for Excellence in State Health Policy and Practice, National Academy of State Health Policy, 2002

- Alvin P. Shapiro Award, American Psychosomatic Society Annual Scientific Meeting, 2003
- Champion Award, Youth Advocates of the Year Awards, Campaigns for Tobacco-Free Kids, 2003
- Honorary Degree, Doctor of Science, University of Medicine and Dentistry of New Jersey, 2003
- Second Century Award for Excellence in Health Care, Columbia University School of Nursing, 2002
- Special Recognition Award, Association of American Medical Colleges, 2002
- Kaveh Shojaian
- Hellman Family Award for Early Career Faculty, 2002
- Holly Smith
- 2003 UC San Diego-Nature Medicine Mentorship Award
- Paul Volberding
- San Francisco AIDS Foundation’s Leadership Foundation Award

- Rajeev Venkayya
- Elected as Fellow for the 2000-2002 White House Fellowship Program
- John Ziegler
- Inaugural Recipient of the Paul P. Carbone Award in International Oncology


- Allergy & Immunology
- Daniel Adelman
- Edward Goedl
- Cardiovascular Disease
- Elizabeth Botvinick
- Karu Chatterjee
- Melvin Chetlin
- Michael Dae
- Maria Wamsley
- Nola Goldschläger
- Gabriel Gregoratos
- Barry Massie
- William Parmley
- Melvin Scheinman
- Nenndil Kamalu
- Endocrinology & Metabolism
- Paul Fitzgerald
- Steven Harris
- Blake Tyrell
- Kenneth Woebner
- Gender Research
- John Cello
- Kenneth McQuaid
- James Ostroff
- Mary Peters
- Jonathan Terdiman
- Teresa Wright
- Infectious Disease
- Henry Chambers
- Steven Deeks
- Richard Jacobs
- Mark Jacobson
- John Stansell
- Internal Medicine
- Robert Baran
- Anne Chang
- Mary Cooke
- Ralph Gonzales
- Richard Haber
- Stephen McPhee
- Daniel Nuñez
- Eliseo Pérez-Stable
- Medical Oncology & Hematology
- Donald Abrams
- Alan Glassberg
- Thierry Jahan
- Lawrence Kaplan
- Charles Linier
- Marc Shuman
- Eric Small
- Margaret Tempero
- Aaron Venook
- Paul Volberding
- Nephrology
- William Amend
- Glenn Cherntov
- David Lovett
- Pulmonary & Critical Care
- John Balmes
- Homer Boushey
- Charles Daley
- Jeffrey Golden
- Philip Hopewell
- Talmadge King
- Steven Lazarus
- John Luce
- Michael Mathay
- Michael Stulberg
- Rheumatology
- Kenneth Fye
- Nancy Lane
- Kenneth Sack

Society Leadership

- Preetha Basaviah
- President-Elect of the California SGIM Region, 2003-04
- John Baxter
- President-Elect of the Endocrine Society, 2002

Homer Boushey
President of the American Thoracic Society, 2003
Dan Bilek
President, UCSF Academic Senate
Mark Eisner
Appointed to the Committee on the Journal of Health, Institute of Medicine
Jon Showstack
Elected to the National Academy of Social Insurance

Board of Directors, Advisory Boards and Editorial Boards

Mark Eisner
Appointed to the Editorial Board of the journal, 2003
Jeffrey Lawrence
Appointed as Chairman of the Board of the Northern California Institute for Research & Education, 2003
Harold Luft
Co-Editor of Health Services Research
Re-elected to the Board of Health Academy as Secretary

Barry Massie
Appointed Editor-In-Chief of the Journal of Cardiovascular Failure

American Society for Clinical Investigation

Joel Patefsky
Bruce Conkinson
Douglas Nixon
Robert Grant
Institute of Medicine
Steven Cummings
Bernie Lo
Eliseo Pérez-Stable
National Academy of Sciences

American Academy of Arts & Sciences

Dr. Melvin Scheinman was announced as the winner of the 2003 Academic Senate Distinction in Teaching Award at the Annual Holly Smith Dinner & Floyd Rector Research Symposium on [date].
These days it’s hard to find someone who’s devoted 30 years to a single institution. But Dr. Kenneth Woeber is, in fact, one himself.

Since 1972, he has served the students and patients at UCSF — first as an endocrinologist, then as chief of medical services at Mount Zion (1975-99) and now (along with Dr. David Gardner) as co-chief of the Division of Endocrinology.

The endocrine system is composed of the glands that secrete hormones into the blood. Endocrinology encompasses the study and treatment of diabetes; lipid, pituitary, thyroid, parathyroid, adrenal and gonadal disorders; and osteoporosis. Dr. Woeber’s role is to manage the clinical operation of the division at the Mount Zion and Parnassus facilities.

“My job is to make sure we teach our students in a compassionate, high quality manner, while simultaneously providing an environment that educates and ___,” states Woeber, who oversees approximately a dozen clinically active faculty members, three to six fellows, and about 30 rotating residents per year. The division is responsible for the care of about 20,000 patients per year.

The Significance of Healthy Endocrine Glands

Dr. Woeber’s research involves the potential role of redifferentiating agents (agents that slow cancer growth) in patients with aggressive thyroid cancer. “Thyroid cancer is by far the most common type of endocrine cancer, and it’s a very important part of our clinical practice,” he explains. He is also looking at the natural history and adverse consequences of subtle thyroid overactivity (subclinical hyperthyroidism) and the optimal pharmacologic treatment of thyroid underactivity (hypothyroidism).

“Thyroid conditions in a pregnant woman can have profound consequences on the developing fetus,” states Dr. Woeber. And hyperthyroidism can lead to loss of bone calcium and cardiac disorders.

Many health problems are related to other endocrine disorders. For instance, when the adrenal glands malfunction, basic life functions are critically affected. “Output of adrenal steroids is essential to survival,” says Woeber. Disorders of the pituitary gland can lead to problems with the glands it controls, such as the ovaries and testes. Lipid disorders contribute to coronary artery disease, and diabetes can cause blindness and renal failure.

Osteoporosis is very common in post-menopausal women as the female body slows its production of estrogen. Dr. Woeber notes, however, that about 20 percent of the patients in the osteoporosis center are men in their 40s and 50s. He attributes this largely to poor diet, bowel disease or “cortisone” treatment.

“Bone health is dependent on calcium and vitamin D intake,” he says. “And the trend in our collective diet has been toward lower consumption of these healthy nutrients and higher levels of animal protein.” Woeber also credits cigarette smoking and drinking alcohol with increasing the risk for osteoporosis. “But overtreatment of the thyroid can also cause a loss of bone density,” he notes.

Interdisciplinary Nature

The interdisciplinary relationships of the Division of Endocrinology are crucial to the understanding and treatment of these disorders. Woeber explains that units like endocrine surgery, nuclear medicine, radiology and radiation oncology all play critical roles in either diagnosing and/or treating diseases of the endocrine system.

“Endocrine surgery, for example, has cured many disorders,” Woeber acknowledges. “Nuclear medicine and radiology provide the imaging technology for visualizing endocrine glands. And nuclear medicine and radiation oncology are essential to the treatment of endocrine cancers.”

UCSF and its patients are fortunate indeed to have such a dedicated and valuable physician directing endocrinology research and patient care.

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