

Frontiers of Medicine

News from the UCSF Department of Medicine

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CONTENTS

Faculty Profile	1
Department Chair Named	2
Division Highlight: Nephrology	4
Donor Profile: WHH Foundation	6
Honor Roll of Donors	6
Researching the Effect of Smoke on Health	7
HONORS & AWARDS:	
Steven Schroeder, MD	8
Faculty Honors	8
In Memoriam	10
King Honored with Trudeau Medal	11
Palliative Care Program Wins Circle of Life Award	11
Investing in the Future	12



Jane Koehler: Zoonoses Sleuth

As a child, Jane Koehler, MD, first wanted to become a veterinarian. She loved animals, particularly the family cat, a Siamese named Winkie. But she developed such terrible allergies to anything with fur – cats, dogs, guinea pigs, rabbits – that she changed her aspirations to becoming a doctor.

“I got a microscope when I was 10, and I would sit there for hours, looking at amoebae and paramecia from the pond near our house,” says Koehler, now a professor of medicine in the Division of Infectious Diseases. “I always liked microbiology, and I

really liked animals. And now I work on zoonoses, which are diseases you get from animals.”

Familiar Symptoms, New Bug

One of her most recent discoveries is a new bacterium. An American returned from Peru, covered with insect bites and suffering from fever, anemia and an enlarged spleen – symptoms associated with *Bartonella bacilliformis*, which is common in the Peruvian Andes. However, the patient’s doctors at Massachusetts General Hospital were unable to culture the bacteria.

continued on page 3



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King Named Department Chair

Talmadge E. King, Jr., MD, an internationally respected expert in lung disorders, has been named chair of the UCSF School of Medicine's Department of Medicine, effective Sept. 19.

King, the Constance B. Wofsy Distinguished Professor, had been serving as interim chair of the Department of Medicine since 2006.

David Kessler, MD, dean of the UCSF School of Medicine and vice chancellor for medical affairs, announced the appointment, saying, "Dr. King is not only an esteemed physician-scientist, he is also a trusted colleague and a proven leader. He will be a great chair of this already outstanding department."

Since being recruited to UCSF from the University of Colorado in 1996, King has served as vice chair of the Department of Medicine and chief of medical services at the UCSF-affiliated San Francisco General Hospital (SFGH.) At SFGH, King improved the quality of clinical care and research and advocated for the public hospital, particularly its mission of community service.

As chair of medicine, King will be the department's academic leader and administrative head, guiding the research, education and patient care activities of more than 500 full-time faculty, 805 volunteer clinical faculty, 194 residents, 210 fellows and 1,500 staff.

The appointment of King as the new chair of the UCSF Department of Medicine culminates a search that began in April 2006, when then-Chair Lee Goldman, MD, announced his resignation from UCSF to become dean of the Faculties of Health Sciences and Medicine at Columbia University in New York.

At the outset of the search, Kessler asked a committee of 26 faculty members to identify candidates capable of "mobilizing the entire UCSF community to focus on understanding the mechanisms of disease."

The search committee was led by Sam Hawgood, MD, chair of the Department of Pediatrics. It included members from 14 departments and organized research units and representatives from the school's multiple campuses.

During the 15-month long search, the committee worked to identify potential candidates from around the nation, reviewed the qualifications of 30 potential candidates, including both internal and external ones, and conducted interviews with 11 before forwarding its recommendations to the dean. The search was publicized widely, with notices in the *New England Journal of Medicine*, *Science*, and the *Journal of the American Medical Association*.

Mark Laret, chief executive officer of UCSF Medical Center, commended the appointment of King. "I'm thrilled," he said. "I think he's very focused on doing the right thing and doing it well to meet the needs of our patients." – Lisa Cisneros

"My vision is for the UCSF Department of Medicine to be the best in the country. To realize this vision, we must provide the support and structure that will empower every individual member of the department to succeed, while contributing to the collective mission of the department, the School of Medicine and the medical centers."

—Talmadge E. King, Jr., MD

Jane Koehler

continued from front page

Hence the call to Koehler, a world expert on *Bartonella* and head of the only lab in the country to regularly grow it. *Bartonella* is a very fastidious bacterium, meaning that it grows slowly and is a picky eater. “*E. coli* could grow on just about anything,” says Koehler. “But with *Bartonella*, you have to give it something that has blood in it.” *Bartonella* also requires that its nutrients be fresh and poured thick, something impossible to achieve with standard lab materials. So like a celebrity chef, Koehler custom makes *Bartonella*’s special meals, perfected through trial and error.

With its elegant flagella, the bacterium looked like bacilliformis under the microscope. But when Koehler analyzed its DNA, she was shocked to find that it was not bacilliformis at all. The DNA resembled another species of *Bartonella*, but was genetically distinct. Koehler and her colleagues reported on the newly discovered *Bartonella rochalimae* (background image) in the June 7, 2007 issue of the *New England Journal of Medicine*. The discovery also made headlines in the *San Francisco Chronicle*.

With the help of antibiotics, the patient made a full recovery. And the discovery, while exciting, leads to further questions about how *Bartonella rochalimae* is transmitted and best cured. For example, it’s possible that some patients previously diagnosed with bacilliformis based on symptoms alone actually had *rochalimae*, which might account for different treatment outcomes.

“It’s really important not to just assume that because the patient went to Peru, that it’s bacilliformis,” says Koehler. “We are discovering new infectious diseases all the time. With SARS and avian flu, I think people are beginning to see that we actually only know the tip of the iceberg.”

Joanne Engel, MD, PhD, chief of the Division of Infectious Diseases, agrees. “Dr. Koehler’s discovery tells us that there’s still lots to learn about infectious disease, particularly with some of the new technologies,” Engel says.

“Microbes are actually a lot smarter than we are. Whatever we do to treat them, they will figure out ways to develop resistance, or avoidance. And there are at least 10 to 100 times more bacteria in a human than there are cells. We’re surrounded, outnumbered and outsmarted.”

Body Lice and Cat Scratches

Koehler has a long history with *Bartonella*. In 1987, on day seven of her infectious diseases fellowship at UCSF, she visited an AIDS patient at San Francisco General with terrible lesions. Doctors thought they might be Kaposi’s sarcoma, but biopsies showed they were not cancerous. Koehler prescribed erythromycin, and the patient improved quickly. Still, no one knew what caused the lesions, which were later named bacillary angiomatosis.

That question intrigued Koehler for the next four years of her postdoctoral fellowship, even though her primary focus was chlamydia research. “Chlamydia was my day job, and *Bartonella* was my night and weekend job,” she says with a laugh. “It was just so exciting to be a part of the discovery process. It was an extraordinary challenge to try to

grow this organism for the first time, especially when all others had failed.”

In collaboration with dermatology fellow Jordan Tappero, MD and others, Koehler discovered that the lesions were caused by two species of *Bartonella* – one transmitted by body lice to homeless AIDS patients, and the other from cat scratches – the cause of cat scratch fever. It was a remarkable arc: from 1987, when doctors weren’t even sure that bacillary angiomatosis was caused by bacteria, to 1997, when Koehler helped draft national guidelines on preventing cat scratch fever.

As whimsical tributes to her research, she has a framed copy of 1970s rocker Ted Nugent’s album, “Cat Scratch Fever” above her computer, as well as a collection of miniature wooden cats from Thailand, Mexico and Turkey, souvenir gifts from traveling colleagues.

“The reason all this happened is because UCSF has such a great environment where people come together from all sorts of different disciplines,” says Koehler. “I travel a fair amount to other institutions and do visiting professorships, and I don’t believe I’ve seen anything as vibrant and interactive as UCSF. It’s just tremendously exciting.” ■

“We are discovering new infectious diseases all the time. With SARS and avian flu, I think people are beginning to see that we actually only know the tip of the iceberg.”

— Jane Koehler, MD, pictured below with Joanne Engel, MD, PhD (right), chief of the Division of Infectious Diseases



Opening Doors to a New Life: UCSF Kidney Transplant

Flavio Vincenti, MD, recalls how his passion for transplantation began in 1967, when he met Christiaan Barnard, MD. Barnard had just performed the first heart transplant, and Vincenti was a young medical student. Vincenti, now the president of the American Transplantation Society, points with pride to a photo of the two of them together.

“I just liked the dynamic of the patients in transplantation,” says Vincenti. “They come sick, they get transplanted, and wow! The doors open to them for a whole new life.”

UCSF has performed more kidney transplants than anyplace in the world – more than 8,000 to date. After Kaiser Permanente suspended its kidney transplant program in 2006, UCSF accepted about 1,500 additional patients into its program. This year, it is likely to perform more than 400 kidney transplants.

The multidisciplinary program includes five transplant nephrologists, eight transplant surgeons, and a number of nurses, social workers and other team members. Vincenti’s longtime colleague, Stephen

Tomlanovich, MD, is medical director of the UCSF Renal Transplant Service. John Roberts, MD, a liver and kidney transplant surgeon, is chief of the UCSF Transplant Service.

For more than three decades, Vincenti has been at the forefront of this relatively young field. The world’s first transplant was performed in 1956. Vincenti joined UCSF in 1976, back in what he calls the “Dark Ages” of transplantation. “Results in those days were grim, and people were rejecting (organs) right and left,” he remembers. “But I sensed that there was a new frontier ahead.”

Then in 1983, a new drug called cyclosporine was introduced, which greatly reduced rejections. However, the drug was a blunt instrument. While preventing acute rejection, over time it also damaged the kidneys and heart and depressed the entire immune system, often causing infection, cancer, heart failure, kidney damage, and ultimately, premature death.

“Acute rejection used to be enemy number one for anybody in transplantation, but it’s receded as a threat,” says Vincenti. “What has

come to surface now is the long-term toxicities of the drugs. The average age of a transplanted kidney is 12 years from a deceased donor, and 20 years from a living donor. That sounds like a lot of years. But if you are 30 or 40 years old, before you know it, time runs out on your kidney.”

Pursuing the ‘Holy Grail’

The severe shortage of available organs – the average waiting time is six years – spurs Vincenti and others to continue seeing treatments that will minimize toxicity and allow kidneys to last the lifetime of the patient.

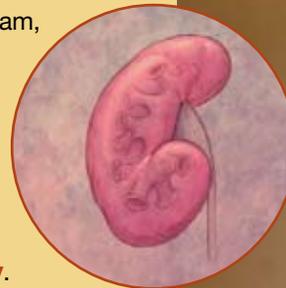
One regimen that Vincenti has pioneered is a drug called belatacept. Before the immune system can launch an all-out attack on a transplanted organ, it needs to receive two signals – one from the foreign organ and the second from the body’s immune system. This process is called costimulation. “Without the second signal, the white cells look at the foreign antigen and say, ‘So what?’” explains Vincenti. As a “costimulation blockade” drug, belatacept prevents that second signal from going off, allowing the body to live in peace

What is Kidney Disease?

KIDNEYS filter waste and excess fluid from the bloodstream, excreting these as urine. Kidney disease is most often caused by diabetes and high blood pressure. When patients develop kidney disease, toxins build up in their bloodstream, and other complications such as anemia may develop.

“Kidney disease is a very serious illness,” says Chi-yuan Hsu, MD, MS, interim chief of the **Division of Nephrology**. While dialysis can prolong life, it is not a cure. “The average death rate on dialysis is 23% annually,” Hsu says, though UCSF’s patients fared significantly better with an annual mortality rate of 14%.

Hsu cites national studies that demonstrate one in nine American adults have chronic kidney disease. Many people don’t even know they are sick. Yet early diagnosis and treatment can help slow progression of the disease. ■



Dr. Flavio Vincenti examines a patient



splant Program

with the transplanted kidney.

Vincenti hopes that belatacept and other experimental regimens will eventually lead to what is frequently referred to as the Holy Grail of transplantation tolerance: after an initial stabilization period, the ability for transplant patients to live without taking any drugs at all. "These are the very early steps," Vincenti says. "I think the next five years are going to be extremely exciting."

Fluent in Italian, Arabic and French, Vincenti is an energetic man who leaves his pager by the pool during his daily swims. After more than 30 years at UCSF, he has seen the whole range of life events made possible by successful kidney transplants.

"Some people will say, the day after a transplant, 'I can taste food,'" Vincenti says. "Frequently, within a week, people ask, 'Doc, when can I travel?' They get pregnant and have children, and bring them in to the clinic. It's just so beautiful to see that happen. As a caregiver, it gives all of us a tremendous sense of fulfillment, that we make a real difference in the lives of people." ■



Kidney transplant patient Diana Mansfield (right) with research nurse JoAnn Zlatunich. Mansfield receives an infusion of a new immunosuppressant drug at UCSF every two months.

Diana Mansfield's Story

Diana Mansfield was driving up I-5 from Los Angeles in 1990 when she first realized something was wrong. "I felt indescribably nauseous and disoriented," she recalls. "I actually thought I might die at some rest stop near Coalinga. It was very frightening." She made it home safely, but was soon diagnosed with kidney disease.

For a decade, she was able to manage her disease through diet. But by 2001, when Mansfield felt cold all the time, had no energy and was vomiting frequently, her nephrologist referred her to UCSF for a kidney transplant.

Humans can live normally with just one kidney; the remaining kidney increases its productivity to make up for its missing counterpart. Luckily, Mansfield's brother immediately volunteered to donate a kidney. However, she dreaded the harsh effects of anti-rejection drugs – including a weakened immune system – that she would have to take for the rest of her life.

"This tall doctor burst into the room and talked very excitedly about this clinical trial," says Mansfield. That was Flavio Vincenti, MD, who was leading research on belatacept, a new immunosuppressant drug with fewer side effects. Mansfield enthusiastically signed up, and has now been healthy for seven years. She continues to drive in to UCSF every two months for IV infusions of the drug.

Before the transplant, she feared that she might need to give up her job as the manager of the Bone Room, a natural history store in Berkeley. But thanks to UCSF's cutting edge research, she's able to live a normal life. "I'm exposed to little children with colds sneezing at me, but I don't catch the colds," she says. "I've been very, very healthy since the transplant."

Her brother, Bill, is also doing well. UCSF doctors were able to remove his donated kidney through minimally invasive laparoscopic surgery. "He was out of the hospital in three days, and back teaching in a week," she says.

Mansfield still visits her 90-year-old mother in Los Angeles frequently, but these days her journey on the interstate is much less eventful. "There's no existential agonizing at rest stops!" she says. ■

"This tall doctor burst into the room and talked very excitedly about this clinical trial."





Funding Brilliance, Energy and Commitment at San Francisco General Hospital

The WHH Foundation

“As a philanthropist, there are few things as satisfying as giving to a group of really brilliant individuals who are doing their job superbly but who need funding,” says Bernadette Glenn (pictured above). She is the executive director of the WHH Foundation, which recently gave a major gift to support the John F. Murray Distinguished Professorship in Pulmonary and Critical Care Medicine at San Francisco General Hospital (SFGH).

“It’s really clear that the need at San Francisco General is vast,” says Glenn. “This gift serves the education of a whole new generation of doctors, as well as research, medicine, and the people who society often manages to ignore.” Through its longstanding affiliation with UCSF, SFGH serves as a training ground for one of the top medical programs in the country.

The WHH Foundation’s gift will allow the Chief of Pulmonary and Critical Care Medicine to spend less time writing grants, and more time researching, teaching and caring for patients. But Glenn also sees this gift as a vote of confidence in the whole staff of SFGH – and as a way to make a contribution on behalf of people who cannot afford to make a “grateful patient” donation themselves.

The Distinguished Professorship is named after John F. Murray, MD, who helped create the field of modern pulmonary medicine.

“Because San Francisco General is a public hospital that serves many people who have few resources, those patients aren’t able to express their gratitude, at least financially,” says Glenn. “That was a great moment for the WHH Foundation to say, this is something we can do on their behalf.”

Many years ago, Glenn herself sought treatment for some minor ailments at SFGH when she was an uninsured student. “Having come from Ireland, you went to the doctor’s office, which was often in his living room, and the mother was in the kitchen making tea,” Glenn says. “It was a completely different experience, going to this huge place.”

Years later, coming for a site visit, she talked about getting beyond the chaos of the crowded reception area and into the wards. “When you get into the place, you see the magic of what these people are doing,” she says. “There was a sense of fabulous energy and great commitment. The ICU was impressive, especially knowing that John had helped set it up.”

Glenn is Murray’s daughter-in-law, and several board members are also Murray’s children. But this gift had to be approved by the WHH Foundation’s full board, many of whom are investment managers with their eyes on the bottom line. Murray’s children and Glenn made the case for how this gift would help SFGH’s excellent work continue for many decades. Their board colleagues were convinced, and voted to make this major gift – bringing the total raised for the Distinguished Professorship to more than \$525,000 so far.

“There’s a very important need for program and operational funding, but with an endowment, you feel like you’ve left behind something solid,” says Glenn. “This money will be well invested, and available for a long time. It will be even more satisfying when other philanthropists step up and fully fund this Distinguished Professorship.” ■

For more information about how you can contribute to the John F. Murray Distinguished Professorship or other positions, please contact Helen Dannelly, Director of Development, Department of Medicine, at 415/502-6293 or via email: hdannelly@support.ucsf.edu.

We are pleased to offer special recognition to individuals and groups who made leadership-level gifts and pledges to the UCSF Department of Medicine.

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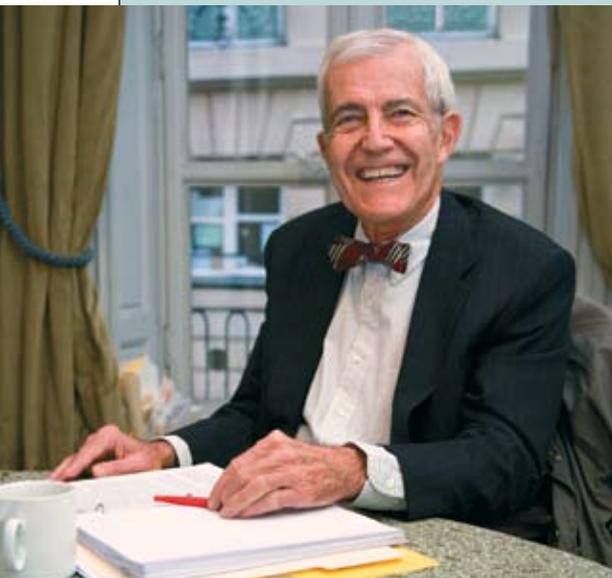
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Clearing the Air: Researching the Effect of Smoke on Health

In December 1997, Mark Eisner, MD, MPH and his colleagues went bar-hopping. This was no celebratory event, however. It was the month before San Francisco's restaurants and bars went smoke-free, and they wanted to measure the health effects of the smoking ban on bartenders, who made a living in some of the city's smokiest workplaces.

Eisner, an associate professor of Pulmonary and Critical Care and Occupational and Environmental Medicine, interviewed 53 bartenders and measured their lung function a month before the ban went took effect, then followed up two months later.

"Even a short period of time later, working in a smoke-free environment was related to lowering their respiratory symptoms," Eisner says. "They had less coughing, wheezing and shortness of breath, and their lung function improved." This proved true even for the 45% of bartenders who were smokers themselves.

The study was published in the *Journal of the American Medical Association*, received wide press coverage, including the *New York Times*, and was used as a model for similar studies worldwide, including before and after a recent smoking ban in Irish pubs.

"Dr. Eisner's work had a terrific policy impact," says Chief of the Division of Occupational and Environmental Medicine Paul Blanc, MD, MSPH. "It helped promote smoking bans in places across the United States and around the world... The unfortunate thing is that the marketplace is not a level playing field. The people that bear the costs of environmental and occupational disease are often not the same group that may have had economic gain from introducing the materials that cause the problems in the first place."

Eisner agrees. "Part of the reason for studying this is to create an overwhelming preponderance of evidence that people are being hurt by secondhand smoke," he says.

COPD and Disability

Smoking is also the number one risk factor for Chronic Obstructive Pulmonary Disease (COPD), another major area of Eisner's research. COPD refers to chronic bronchitis and emphysema, which often occur together and interfere with normal breathing. According to the Centers for Disease Control, COPD is the fourth leading cause of death in the United States.

"I think of people with COPD as having a lot of the things that happen with normal aging, but it happens faster and earlier," says Eisner. "People who smoke or were exposed to dusty workplaces lose lung function at a much more rapid rate. So instead of being 80 with a very low lung function, they're 50."

Many people with COPD also gradually lose the ability to walk, lift objects and perform other normal activities. Yet the relationship between COPD and becoming disabled is unclear. "Why would a disease that affects the lungs lead to weakness in the arms and legs?" he asks. "Also, you can have two people with the same lung function impairment: one person may be unable to stand up from a chair without assistance, and someone else may be working and walking two miles a day. Why is that?"

To help answer those questions, Eisner is currently studying more than 1,000 adults with COPD. Together with an interdisciplinary group of colleagues, he is investigating how socioeconomic status, exposure to secondhand smoke and air pollution, and psychological factors like depression and anxiety

might contribute to development of COPD-related disability. His ultimate goal is to learn how to prevent disability in people with COPD, because currently there is no cure.

Eisner says that if funding were available, he would want to study COPD in the general population, since so many people go undiagnosed. "There really haven't been studies to do that because it's enormously expensive and difficult, and you may need to screen 10,000 people," says Eisner. "But it would be worthwhile because we would learn a lot more about how the disease progresses in its earliest stages. So if we could figure out who these people are earlier, we might be more successful in preventing disability 10 or 20 years down the road." ■



To learn how you can support the work of Mark Eisner, MD, through contributing to an Endowed Chair in Occupational and Environmental Medicine, please contact Kathryn Cooper, Assistant Director of Development, Department of Medicine, at 415/476.3442, or via email: kcooper@support.ucsf.edu.

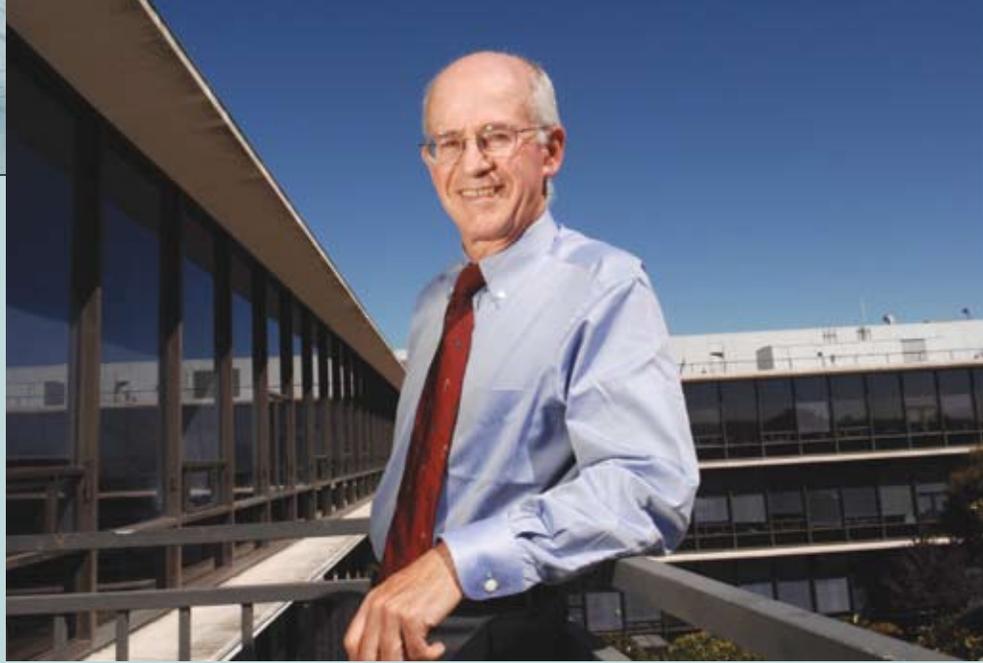
"People who smoke or were exposed to dusty workplaces lose lung function at a much more rapid rate. So instead of being 80 with a very low lung function, they're 50." – Mark Eisner, MD

Dr. Steven Schroeder

Distinguished Professor of Health and Health Care

The career of Steven Schroeder, MD, includes founding a division of UCSF's Department of Medicine, heading one of the country's largest foundations, and becoming a national tobacco control leader. But he maintains a wry humor about his accomplishments.

When he became President and CEO of the Robert Wood Johnson Foundation, he recalls, "It's almost as if I'd kissed the Blarney Stone. Because I metamorphosed into this brilliant orator, and everybody laughed at my jokes. I was told when I was there, when I shaved in the morning, I should say, 'It's not your money. It's not your money,'" he says with a laugh, pantomiming downward strokes of the razor with each word of the mantra.



Founding a Division

Schroeder began his relationship with UCSF in 1976, when longtime Department of Medicine Chair Lloyd Hollingsworth "Holly" Smith, Jr., MD, recruited him and eventually asked him to start the Division of General Internal Medicine. Schroeder recruited a stellar group of junior faculty. "They were fantastic teachers, wonderful clinicians, excellent researchers, and just a terrific group," says Schroeder. "It really got off to a great start, and is still extremely strong today."

Many of the people hired by Schroeder are still at UCSF today,

including Bobby Baron, MD, associate dean, School of Medicine; Steve Cummings, MD, professor emeritus, General Internal Medicine; Deborah Grady, MD, director, UCSF Women's Health Clinical Research Center; Bernard Lo, MD, director, Program in Medical Ethics; Stephen McPhee, MD, professor, General Internal Medicine; Eliseo Perez-Stable, MD, chief, Division of General Internal Medicine; and Jonathan Showstack, PhD, MPH, co-chief information officer, Office of Academic and Administrative Information Systems.

"People thought that generalism should be a real part of a state

faculty honors

Congratulations to the faculty in the Department of Medicine who were honored for their achievements and contributions during the fiscal year 2006–2007. They include the following awards and honors:

Teaching Awards

School of Medicine Class Awards

CLASS OF 2007

Cindy Lai
Excellence in Clinical Teaching Award

Lindsay Mazotti
Excellence in Clinical Teaching Award

Maria Wamsley
Excellence in Clinical Teaching Award

CLASS OF 2009

Sharad Jain
Most Inspirational Teacher Award

Donald Ganem
Outstanding Lecture Series Award

CLASS OF 2010

Leslie Zimmerman
Commitment to Teaching Award

Bradley Sharpe
An Outstanding Lecture Award

School of Medicine and Campus Teaching Awards

Ann Bolger
2007 Kaiser Award for Excellence in Teaching in the Inpatient Care Setting

Eva Chittenden
Cooke Award for Outstanding Curriculum Development, Academy of Medical Educators

Hal Collard
Michael S. Stulberg Outstanding Teaching Award

Gurpreet Dhaliwal
UCSF Faculty Distinction In Teaching Award

Jeff Klausner
Association of Clinical Faculty Special Recognition Award

Kerstin Morehead
Ira M. Goldstein Award for Outstanding Teaching in Rheumatology

Robert Naylor
Kaiser Award for Excellence by Volunteer Faculty

Michael Peterson
Kaiser Award for Excellence in Teaching, UCSF/Fresno Medical Education Program

- Richard and Barbara Hansen Leadership Award, University of Iowa School of Public Health
- American Legacy Foundation establishes Steven A. Schroeder National Institute for Tobacco Research and Policy Studies
- James Bruce Award for contributions to preventive medicine, American College of Physicians
- Inducted into UCSF's Gold Headed Cane Society
- Elected to American Academy of Arts and Sciences
- 2007 Shattuck Lecturer, *New England Journal of Medicine*
- Clinical Crossroads Lecturer, *Journal of the American Medical Association*

school – they liked that sense of mission,” says Schroeder.

Taking on Big Tobacco

Schroeder brought that sense of mission to the Robert Wood Johnson Foundation, which he led from 1990 to 2002. During his tenure, the foundation made more than \$4 billion in grants. Among other initiatives, Schroeder led the way in funding tobacco control.

“No foundation had taken on smoking, which is a real surprise, since smoking is such a major threat to health,” says Schroeder. He did a lot of persuading at his new job to get the foundation to take on the powerful

tobacco industry. During one particularly heated debate, Schroeder's predecessor slipped him a note that said, “Steve, withdraw it. It's too controversial.”

After an 8-8 tie, the board compromised by addressing underage smoking. Eventually it broadened its focus to helping smokers quit and publicizing tobacco's harmful effects. Those programs were recognized as one of the century's top 12 foundation programs in Duke professor Joel Fleishman's recent book, *The Foundation: A Great American Secret*.

Smoking rates have continued to decline nationally, even though tobacco companies spend \$15 billion annually on advertising and promotion. “The tobacco industry plays rough,” says Schroeder. “But the science was on our side. And some of that science comes from people right here at UCSF.”

Coming Full Circle

A desire to do something new, his affection for UCSF, and family ties drew him back to San Francisco. He currently heads the UCSF Smoking Cessation Leadership Center, which provides technical assistance and grants to dozens of partner

organizations. “I think this country may be close to a tipping point on smoking,” says Schroeder. “What we need is fewer people who start smoking, and more smokers quit. I think health professionals are going to realize that they can be more helpful in doing that.”

Schroeder currently serves on the board of The James Irvine Foundation and the editorial board of the *New England Journal of Medicine* and is president of the Harvard Medical Alumni Association. He is also past chairman of the American Legacy Foundation, which recently named its National Institute for Tobacco Research and Policy Studies in his honor. This year he also received the Hansen Leadership Award from the University of Iowa School of Public Health, which will include the chance to moderate an event at the Iowa presidential caucus focused on health care.

“I get a lot of young people coming to me, asking how they can make a difference,” says Schroeder. “Get the best possible training. Treat people well. Write. Follow your passion. If you do all those four things, you'll wind up doing something that you're going to feel pretty good about.” ■

Teaching Scholars

Louise Aronson
Anna Chang
Amy Dechet
Jenny Espinoza
Anne Kinderman
Sumant Ranji

Haile T. Debas Academy of Medical Educators Excellence in Direct Teaching Awards

Cindy Lai
Raphael Merriman
Tracy Minichiello

New Members of the Haile T. Debas Academy of Medical Educators at UCSF

2006-07
Robert Baron
Katherine Julian
Cindy Lai
Tracey Minichiello

2007-08

Lisa Winston
Michael Harper
David Daikh

Department of Medicine Awards (from Residents)

Elizabeth Harleman
12th Annual Floyd Rector Housestaff Teaching Award, 2007
Lisa Winston
Research Mentoring Award for 2006-07

Council of Master Clinicians

John Cello
Lloyd Damon
Nora Goldschlager
Stephen McPhee
Ken Sack
Lawrence Tierney

Division Awards

Division of General Internal Medicine Awards

Stephen McPhee
Robert H. Crede Award for Excellence in Clinical Care
Sunita Mutha
Robert H. Crede Award for Excellence in Teaching
Elizabeth Cobbs
Robert H. Crede Award

for Excellence in Community Service

Alka Kanaya
Robert H. Crede Award for Excellence in Research
Steven Schroeder
Distinguished Professor of Health and Health Care

HIV/AIDS

Jackie Tulsky
George S. Sarlo Award for Teaching and Mentoring Excellence in AIDS at UCSF

UCSF Awards

Campus Awards
Rene Salazar
Dr. Martin Luther King, Jr., Award

UCSF SOM Awards

Michael Matthay
Academic Senate's 6th Annual Distinguished Clinical Research Lecturer
Jeffrey Klausner
UCSF Association of Clinical Faculty Special Recognition Award

continued on next page

UCSF Awards (continued)**SFGH Awards****Rick Haber**

*John Murray Award
for Excellence in Internal Medicine*

Lisa Winston

*2007 SFGH Subspecialist
Consultant of the Year*

Rena Gupta

Julius Krevans Award

Rosa Valadao

Julius Krevans Award

John Luce

Elliot Rapaport Award

**Academic Affairs –
UCSF Faculty Mentoring Program****Stephen Hulley**

*2007 Lifetime Achievement
in Mentoring Award*

Stephen McPhee

*2007 Lifetime Achievement
in Mentoring Award*

**Chairs and Distinguished
Professorships****Kenneth E. Covinsky**

*Edmund G. Brown, Sr.,
Distinguished Professorship in Geriatrics*

David Gardner

*Mt. Zion Health Fund Distinguished
Professorship in Endocrinology*

Michael German

*Justine K. Schreyer Endowed Chair
in Diabetes Research*

Jeffrey Golden

*Nina Ireland Distinguished Professor
of Medicine*

Matthias Hebrok

*Hurlbut-Johnson Endowed Chair
in Diabetes Research*

Michael Matthay

*Mildred V. Strouss Endowed Chair
in Translational Research
in Pediatric Oncology*

Robert L. Nussbaum

*The Holly Smith Distinguished
Professorship in Science & Medicine*

James W. Ostroff

*Lynne and Marc Benioff
Endowed Chair in Gastroenterology*

Nelson B. Schiller

*The John J. Sampson-Lucie Stern
Endowed Chair in Cardiology*

Robert Wachter

*Lynne and Marc Benioff
Endowed Chair in Hospital Medicine*

**External Awards,
Honorary Degrees****Jonathan Alexander**

*Burroughs Wellcome Fund
Career Award for Medical Scientists*

Nathan Bass

*American Liver Foundation
Salute to Excellence Award*

John Baxter

*Fred Conrad Koch Award,
Endocrine Society*

Elise Carey

*Betty & James E. Birren
Emerging Scholar Award*

Glenn Chertow

*National Torchbearer Award,
American Kidney Fund*

Molly Cooke

*ADA Robert J. Glaser
Distinguished Teacher Award of the
Association of American Medical Colleges*

Ken Covinsky

*Election to the American Society
of Clinical Investigation (ASCI)
Society of General Internal Medicine
Mid-career Mentor of the Year*

Ephraim Engleman

*Columbia University College of Physicians
and Surgeons' Gold Medal for excellence
in clinical medicine*

Margaret Fang

*Paul B. Beeson Career Development Award
in Aging Related Research*

Gordon Fung

*Governor, Northern California,
American College of Cardiology
Advisory Member of the
Council of Multicultural Health,
CA State Department of Health Services*

Michael German

JDRF Scholars award

Jane Gitschier

Guggenheim Memorial Foundation Fellowship

Nora Goldschlager

*Master of the American College
of Physicians (ACP)*

Adrienne Green

*Award for Service in Hospital Medicine,
Society of Hospital Medicine*

Philip Hopewell

2007 World Lung Health Award

Yuet Wai Kan

Gold Medal, University of Hong Kong

Patricia Katz

*Clinical Research Award, Orthopaedic
Research and Education Foundation*

Talmadge E. King, Jr.

*Trudeau Medal, American Lung Association
& American Thoracic Society*

Chi-yuan Hsu

*Chinese American Society of Nephrology
– Young Investigator's Award*

David Irby

*Distinguished Service Award,
Graceland University*

John E. Chapman Medal Award,

Vanderbilt University School of Medicine

Jay Nadel

Rene Descartes Medal

Torsten Neilands

SAS Institute's User Feedback Award

Steven Pantilat

Fulbright Senior Scholar

Feroz Papa

*Charles E. Culpeper
Medical Scholar Award
Burroughs Wellcome Career Award
in Biomedical Sciences*

Steven Schroeder

*ACP James D. Bruce Memorial Award
Richard and Barbara Hansen Leadership
Award and Distinguished Lectureship
American Legacy Foundation/
Tobacco Research Institute*

Bradley Sharpe

*Clinical Vignette Best Presentation,
SGIM National Meeting*

Robin Shaw

*Young Investigator Award,
GlaxoSmithKline Research and Education
Foundation for Cardiovascular Disease*

David Rempel

*Liberty Mutual Prize for
Workplace Safety Research*

Niklas Krause**Robert Goldberg****Louise Walter**

*Outstanding Young Investigator of the Year,
Society of General Internal Medicine*

Ethan Weiss

*American Society of Hematology
Scholar Award*

In Memoriam: Richard J. Haber, MD

Richard "Rick" J. Haber, MD, a cherished faculty member of the Department of Medicine, died of multiple myeloma on June 11, 2007. He was 62.

Haber served as vice chief of the Medical Service at San Francisco General Hospital (SFGH), chief of the Division of General Internal Medicine, and founding director of the UCSF/SFGH Primary Care Program. He was a master clinician and teacher, and won more than a dozen teaching awards during his career. He was an inaugural member of the Haile T. Debas Academy of Medical Educators, a UCSF School of Medicine initiative created in 2000 to reward, promote and support excellence in medical education.

Haber also loved the outdoors, and was a talented piano and guitar player. He was deeply respected and well loved for his generosity of spirit, his integrity and his sense of humor. He is survived by his wife, Jacqueline, and his son, Lawrence, who is a resident in internal medicine at UCSF. ■

Douglas White

Lee Lusted Award for Outstanding Research, Society for Medical Decision-Making

John Inadomi

American Gastroenterological Association Fellow

Susan Folkman

G. Stanley Hall Lecturer of the American Psychological Association

Study Section / Research Committees / Boards of Directors / Advisory Boards / Editorial Boards / Society Leadership

Donald Abrams

Secretary/Treasurer, Society of Integrative Oncology

Daniel Bikle

President, Advances in Mineral Metabolism Society

Mark Eisner

Editorial Board, American Journal of Respiratory and Critical Care Medicine

Editorial Board, American Journal of Physiology – Lung

William Grossman

President, Professors of Cardiology

John Inadomi

American Board of Internal Medicine Sub-Specialty in Gastroenterology

Robert Owen

Fellow, American Gastroenterological Association

Eric Small

Director, American Board of Internal Medicine (Medical Oncology)

Arpana Vidyarthi

Selected for California Healthcare Foundation's Leadership program

Flavio Vincenti

President, American Society of Transplantation

Paul Volberding

NIH Office of AIDS Research Advisory Committee

Member, NIH Director's

New Innovator Award Program

Chair, NIAID DSMB for clinical trials in Asia

Gold Headed Cane Society**Steven Schroeder****American Society****for Clinical Investigation****Kenneth Covinsky****Association of American Physicians****Michael German****American Academy of Arts & Sciences****David Agard****Douglas Hanagan****Steven Schroeder**

Trudeau Medal: Talmadge E. King, Jr., MD, accepting the award at the American Thoracic Society's 2007 International Conference in San Francisco.

Circle of Life Award: Dr. Stephen McPhee (center) accepting the award, pictured with William D. Petasnick, American Hospital Association (AHA) chairman-elect (left) and Benjamin K. Chu, MD, member of the AHA executive committee.

King Honored with 2007 Trudeau Medal

Talmadge E. King, Jr., MD, chair of the Department of Medicine, received the 2007 Trudeau Medal on May 20.

The Trudeau Medal is the American Lung Association and the American Thoracic Society's highest honor. The medal recognizes lifelong major contributions to prevention, diagnosis and treatment of lung disease through leadership in research, education or clinical care. Established in 1926, the award is given in honor of Edward Livingston Trudeau, MD, a founder and the first president of the American Lung Association.

As a physician-scientist, Dr. King has contributed greatly to the fundamental understanding of interstitial lung diseases, processes that cause progressive scarring of the lung. His contributions have served to bridge the gap between basic investigations and clinical science and have guided both research and clinical care. He has been instrumental in developing and leading an Interstitial Lung Disease Center of Excellence at UCSF, one of 12 medical centers across the United States supported by the National Heart Lung and Blood Institute to develop and conduct clinical trials designed to identify better therapies for patients with lung fibrosis.

King also recently co-edited *Medical Management of Vulnerable and Underserved Patients*, the only reference currently available that focuses on the treatment of patients living with chronic diseases in poor and minority populations. ■

Palliative Care Program Wins Circle of Life Award

The UCSF Palliative Care Program has been named by the American Hospital Association (AHA) as one of the top three programs nationwide for its innovative efforts to provide palliative and end-of-life care.

The UCSF program was founded in 1999, and includes a team of doctors, nurses, social workers, chaplains, pharmacists and ethicists who help seriously ill patients deal with issues such as pain management, shortness of breath, nausea and fatigue.

The team also helps patients and their families address emotional, psychological and spiritual suffering and supports them in making decisions about their care, with the goal of relieving suffering and achieving the best possible quality of life. The Palliative Care Program trains medical students and providers throughout UCSF, as well as hospitals across the country.

In presenting its Circle of Life Award, the AHA cited the UCSF Palliative Care Program's dedication to patients, its collaborative team approach, its enormous impact on teaching the next generation of health care providers, and its leadership role in training other hospitals how to start their own palliative care programs.

"The AHA's Circle of Life Award is very prestigious, and recognizes exceptional, innovative programs," says Steven Pantilat, MD, founding director of the UCSF Palliative Care Program. "We are exceedingly proud of this achievement."

Although hospice is the form of palliative care that most people have heard of, it represents just one way of providing palliative care. Palliative care can help any patient who has a chronic or life-threatening disease – whether they are facing end-of-life issues, making a full recovery, or are somewhere in between.

"During the 1960s and 70s, medical knowledge began to explode," says Pantilat. "Treatments like antibiotics, chemotherapy and transplants help people live longer, but also mean that some people live with pain or shortness of breath, as well as psychological and spiritual distress. We must apply the same degree of expertise and care to relieving these symptoms as we do to treating the illness itself." ■



See story on page 6

Investing in the Future of Quality Medicine

Creating an endowed chair or distinguished professorship is perhaps the single most important step a donor can take to help ensure the future leadership and quality of the UCSF Department of Medicine.

Endowment of these historic honors – a 500-year-old academic tradition that began with the creation of the Lady Margaret chairs in divinity at Oxford and Cambridge – brings prestige not only to the Department of Medicine, but also to the faculty members upon

whom they are bestowed. Equally important, they provide the financial support to attract the best and brightest of medicine's future generation.

Endowed chairs and distinguished professorships are frequently named in honor of the donor's choosing or an esteemed member of the faculty. An endowed chair is funded by a gift of at least \$500,000 and a distinguished professorship is funded by a gift totaling a minimum of \$2.5 million. ■

“As a philanthropist, there are few things as satisfying as giving to a group of really brilliant individuals who are doing their job superbly but who need funding.”

– Bernadette Glenn, executive director of the WHH Foundation, which recently gave a major gift to support the John F. Murray Distinguished Professorship in Pulmonary and Critical Care Medicine at San Francisco General Hospital.

UCSF

Frontiers of Medicine

News from the UCSF Department of Medicine

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