Through its combined expertise in the biomedical, behavioral and social sciences, UCSF’s Department of Medicine continues to be a global leader in preventing and treating HIV/AIDS, and working towards a cure. The Department is home to a number of programs of the AIDS Research Institute, an umbrella organization made up of more than 50 independent programs and laboratories throughout UCSF.

Since 1981, when the first case of what later became known as HIV and AIDS was reported, UCSF’s clinicians and researchers have been at the forefront of investigating these diseases. San Francisco General Hospital is home to the world’s first HIV clinic, Ward 86, which opened in 1983, as well as the first inpatient HIV/AIDS unit.

Center for AIDS Prevention Studies
In addition to its groundbreaking clinical care and medical research, UCSF is a pioneer in HIV/AIDS prevention and policy development. The Center for AIDS Prevention Studies (CAPS) is the largest and oldest university-based HIV prevention science center in the world. Founded in 1986, CAPS has 23 full-time faculty, including experts in anthropology, biostatistics, epidemiology, political science, psychology and sociology, as well as medical doctors. Its primary goals are reducing the number of new infections, testing and treating patients for HIV more effectively, and reducing disparities in health outcomes.

continued on page 4
The Department of Medicine is the largest of the 27 academic departments of the UCSF School of Medicine and is comprised of the following Divisions:

- AIDS/Positive Health
- Allergy and Immunology
- Cardiology
- Clinical Pharmacology
- Endocrinology/Metabolism
- Experimental Medicine
- Gastroenterology
- General Internal Medicine
- Geriatrics
- Hematology/Oncology
- Hospital Medicine
- Infectious Diseases
- Medical Genetics
- Nephrology
- Occupational and Environmental Medicine
- Prevention Science
- Pulmonary and Critical Care Medicine
- Rheumatology/Arthritis

For the past year, the Department of Medicine has been engaged in a strategic planning process. This comes at a pivotal moment: we are living in a time of unprecedented challenges, including cuts in state funding, declining endowments and increased competition for research funds. At the same time, we are engaged in some of the most exciting discoveries in the history of medicine.

As Chair of the Department of Medicine, I am honored to work with an outstanding group of faculty and staff. The breadth of our Department has few peers in the nation: we have campus sites at UCSF Medical Center at Parnassus and Mount Zion, San Francisco General Hospital, the San Francisco Veterans Affairs Medical Center and UCSF Fresno; 39 divisions; and close association with a number of interdisciplinary centers, programs and organized research units.

Our ambitious goal is to make the UCSF Department of Medicine the best in the country. We want to be recognized as leaders in each area of our mission: patient-centered care, scientific discovery, medical education and public policy. Our culture of openness and collaboration has enabled us to combine our talents and pioneer many innovations. Yet as a Department, we still have untapped potential. Like a large extended family, we are challenged by our geography, our varying job roles, and our different hospital environments.

An initial core group of faculty and staff, representing a broad cross-section of sites, constituencies and disciplines, met several times to articulate our shared mission, vision and values as a Department, and to map out our journey ahead. We engaged in a series of lively, in-depth discussions about the guiding principles of our Department, and the best ways to realize our ideal vision. Through deliberations and eventual consensus, our strategic plan emerged. I believe it serves as an effective and important guide in our efforts to work more effectively as a Department.

Of course, the challenge will be living our core values and implementing this shared vision. This spring, we invited a wider circle of faculty and staff to craft specific strategies for accomplishing seven strategic priorities. These include:

- Ensuring economic sustainability of our programs,
- Recruiting and retaining the best and brightest faculty and staff,
- Developing a plan to support research,
- Improving communication and collaboration,
- Improving the quality, safety and efficiency of clinical care,
- Creating the best training programs, and
- Developing a plan to advance public policy.

We want to be the ideal place to give and receive care, to discover, to learn and to shape public policy. We have an incredible opportunity to unite the vast talents within the UCSF Department of Medicine. Inspired by our shared mission, vision and values, we will work together to achieve our vision.

I look forward to informing you of our progress toward these goals. Thank you for your support as we work to make the UCSF Department of Medicine truly the best in the country.

Sincerely,

Talmadge E. King, Jr., MD
Chair, Department of Medicine
Dr. Eric Whitaker: Promoting Health from the Barber Shop to Around the World

"The residency program was just a fabulous place to learn," recalls Eric Whitaker, MD, MPH, who trained at San Francisco General Hospital (SFGH) in the mid-1990s. "It was a great joy to have really smart people who were uninhibited about sharing whatever knowledge they had." Among the many mentors he found were Rick Haber, MD, then the residency program director, and Merle Sande, MD, then the chief of medical services at SFGH.

"My teachers taught me that you sometimes have to dig beneath the surface and be open-minded, or you might miss the true diagnosis," says Whitaker, recalling a patient who came in with multiple unexplained injuries. Whitaker learned to always ask such patients about the possibility of domestic violence. "I’m from the South Side of Chicago," says Whitaker. "The patient was a pretty hard-core guy who looked familiar from my neighborhood. On a whim, I asked if someone had been hurting him, not expecting to get a positive answer."

It turns out that the man was in an abusive relationship with another man, and Whitaker was able to refer him to a domestic violence organization in the community—one of many resources that UCSF and SFGH taught him about.

When he returned to Chicago to work at Cook County Hospital, he was struck by the lack of similar support systems in the local community. "The nurses would often lament, ‘Dr. Whitaker, you’re not in San Francisco anymore,’" Whitaker recalls. "Part of what I’ve been doing is trying to re-create some of what I had in my experience in San Francisco over 10 years ago."

In 1998, Whitaker helped found Project Brotherhood: A Black Men’s Clinic, a weekly clinic for African American men that provides free haircuts to encourage men to visit. The clinic’s physicians and social workers provide HIV screenings, prostate exams, and a range of employment and counseling services. In 2000, the project received an award from the National Association of Public Hospital and Health Systems.

A Return to UCSF

In 2002, Whitaker returned to UCSF as a visiting professor through the Center on AIDS Prevention Studies’s Collaborative HIV Prevention Research in Minority Communities program (see story on page 4), which helped him develop his research into the role of African American churches in HIV prevention.

In his current position as executive vice president of strategic affiliations and associate dean of community-based research at the University of Chicago Medical Center, he is responsible for leading the center’s Urban Health Initiative to improve the health of South Side residents. "I’m at an academic health center, not unlike the UCSF Medical Center, and I’m trying to forge connections with our public and community hospitals to create an affiliated system," says Whitaker. "I’m not afraid of that system, because I’ve seen it work," he says, describing the Department of Medicine’s presence at SFGH, UCSF Medical Center and the San Francisco Veterans Affairs Medical Center.

Some of his goals are hiring staff that can help patients navigate the often confusing medical system, and partnering with local community clinics to help patients receive primary care rather than ending up in the emergency department with preventable conditions.

Prior to his current job, Whitaker served as director of the Illinois Department of Public Health, helping to enact a statewide smoking ban in public places. During that time, he also led a delegation to the western African nation of Liberia. Although they were there to conduct maternal-child health workshops, his team stepped in to help the Liberian government successfully write a $44 million grant, more than quadrupling the country’s national health budget. "We helped a country rebuild their health infrastructure," says Whitaker. "How many people get that opportunity?"

While in medical school at the University of Chicago, Whitaker also earned a master’s degree in public health from Harvard. He met future President Barack Obama on the basketball courts, becoming one of Obama’s closest friends. He now serves as an informal advisor to the president. "I believe the work I’m doing right now will inform part of the national debate," says Whitaker. "We have an opportunity to...get organizations to make the right decisions about how to be patient-centered."

Whitaker lives in Chicago with his wife, Cheryl, who is also a physician and UCSF SFGH Primary Care Internal Medicine graduate, and their children Caleb, 8, and Caitlin, 5.
continued from front page

“Over the years, we’ve developed many successful prevention interventions that have been documented in clinical trials,” says Professor Steve Morin, PhD, director of CAPS and chief of the Division of Prevention Science. “Many of them have been adopted by the Centers for Disease Control (CDC) in their evidence-based programs.” CAPS now has more than 60 research projects in 45 countries – ranging from an investigation of HIV risk among male parolees and their female partners in the U.S. to a study of medication adherence in Bangalore, India.

Morin, who holds a doctorate in psychology, is currently researching HIV prevention strategies in Zimbabwe and publicly funded clinics in the United States. In addition to his wide-ranging research background, Morin brings extraordinary policy experience to CAPS. From 1987 to 1997, he worked on Capitol Hill as a principal legislative assistant to Representative Nancy Pelosi and then for the Labor-Health and Human Services-Education Appropriations Subcommittee, which funds most of the federal response to AIDS. He still contributes to policy briefings with Speaker Pelosi’s office, and frequently helps shape legislation.

“We actually have the ability here, with everything in our database on HIV disease progression and costs, to run analyses that the Congressional Budget Office can’t do,” Morin says. “Over the years, we’ve built a capacity for policy research unlike any other place in the country. As an HIV think tank, it’s something that a university is better equipped to do than a government agency, which is often diverted to respond to whatever is in the morning paper.”

Cultivating Research in Minority Communities

Communities of color experience a disproportionately high level of many health problems, including HIV. Conducting research in these communities is more challenging because the particular needs and cultures of communities of color need to be addressed. Minority researchers’ first-hand cultural and linguistic knowledge often engenders more trust and gives them greater access within their own communities; however, they are greatly underrepresented in the scientific community.

To help address this need, CAPS established the Collaborative HIV Prevention Research in Minority Communities Program in 1996.

“My grant is a direct product of the visiting professors program. It is not only impacting my career – it’s also impacting the level and quality of HIV research in Puerto Rico.”

– Nelson Varas-Díaz, PhD

Each year, three to five early career scientists who are conducting HIV-prevention research within ethnic minority communities are chosen to participate in this three-year visiting professor program. They spend six weeks each summer at UCSF learning how to shape and fund their research questions, receiving intensive feedback from UCSF faculty and their peers. They also receive seed money to conduct pilot studies to gather preliminary data, as well as stipends to cover their summer living expenses.

“The program is designed to help people who have promising career paths in social and behavioral HIV/AIDS prevention research take their research to the next level as independent investigators,” says Associate Professor Tor Neilands, PhD, who directs the program along with Associate Professor Diane Binion, PhD. “At their home institutions, these early career faculty may be the only minority researchers in their departments, and the only social scientists studying HIV prevention issues in minority communities.”

So far, 40 visiting professors have participated in the program. These scholars have published more than 430 articles and received more than $50 million in grant funds from competitive agencies, including the National Institutes of Health (NIH) and the CDC.

“This is a life-changing program,” says Nelson Varas-Díaz, PhD, an associate professor in the social work department at the University of Puerto Rico, who recently completed the program. His home university is mainly a teaching institution, and is just beginning to incorporate research. He wanted to learn how to conduct large-scale research projects, and needed the expertise of mentors to guide him.

Varas-Díaz was interested in developing interventions to reduce HIV stigma among health professionals in Puerto Rico. His preliminary research demonstrated that many in the medical profession blamed people with HIV for their infection, believing patients deserved the consequences. “As you can imagine, that can do horrible things to doctor-patient relationships,” says Varas-Díaz. “I understood the problem, but how do you go about contributing to solving it? I had never done an intervention in my life, so my first and second summers here were a crash course into what intervention research entails, and how you put that into a fundable grant.”

With this support, Varas-Díaz applied for and received a prestigious R01 grant from the NIH to develop and test a 10½ hour curriculum for medical students. It educates them about the disease, teaching them specific skills for interacting with HIV patients and handling their own emotions. “When you talk to medical students, they...
are really scared about how to talk to patients in a way that is not insulting, and how to address certain issues around sexuality,” he says.

Varas-Díaz, who is one of only four R01 investigators in Puerto Rico, hopes this intervention will help the next generation of the island’s doctors provide better care for persons with HIV. “My grant is a direct product of the visiting professors program,” he says. “It is not only impacting my career – it’s also impacting the level and quality of HIV research in Puerto Rico.”

New Challenges, New Tools

As the HIV epidemic evolves, CAPS is evolving as well, says Associate Professor Marguerita Lightfoot, PhD, who, along with Professor Susan Kegeles, PhD, co-directs CAPS. “Early on, much of the focus in prevention was with gay white men,” says Lightfoot. “Now we recognize the growing HIV prevalence in other populations. Whether it’s gay men of color, transgender women, homeless youth or couples in South Africa, we have a cadre of investigators who are out in the field, doing applied research in partnership with communities. You really have to figure out the culture of the population you are working with so you are able to target your messages appropriately, in a way that is acceptable, engaging and relevant.”

Lightfoot serves as director of the Technology and Information Exchange Core at CAPS, and much of her own work focuses on using technology to reach homeless or incarcerated youth. “If you ask most adolescents, ‘Why didn’t you use a condom?’ you’re likely to hear, ‘I don’t know – it just happened,’” says Lightfoot. “We’re trying to teach them that nothing ‘just happens’ – there are triggers that lead to risky behavior.”

In collaboration with a computer programmer and young people who provided voiceovers, Lightfoot developed a computerized intervention. One game in the intervention shows a party filled with young people drinking and dancing, and asks participants to pick out triggers that could contribute to the characters having unprotected sex, such as substance use, people or feelings.

In a pilot study, Lightfoot found that adolescents who participated in this computerized intervention were significantly less likely to engage in sexual activity and reported significantly fewer sexual partners. The intervention was so successful that some youth viewed the videos multiple times on their own, and urged their friends to watch them as well.

“How do you get people to make the right decisions about their health, whether that’s using a condom or taking your medication?” asks Lightfoot. “You need to have some understanding of how people operate within their social networks and families, what it means in terms of their culture and beliefs, and what would motivate them to change their behavior. Understanding the world in which people live, and how we can influence their behavior, is really important.”

– Marguerita Lightfoot, PhD

“Understanding the world in which people live, and how we can influence their behavior, is really important.”

Examples of a computerized intervention that Marguerita Lightfoot, PhD, and her colleagues developed to teach youth about triggers such as substance use, people or feelings that can lead to risky behavior.
Paul Gilbert, now 73, would not be alive today without having been treated with a bone marrow transplant. In 1998, the Lake Tahoe resident was diagnosed with primary amyloidosis, a rare disease that caused his plasma cells to produce damaging proteins which built up in his kidneys and heart. Most available treatments would have been expected to extend his life by only a few months. Gilbert decided that a bone marrow transplant, although risky, was his best option.

Gilbert donated his own bone marrow stem cells, which can develop into all the different types of blood cells. He then spent six weeks in the hospital, first undergoing chemotherapy to wipe out his defective blood production system, and then received the stem cell transplant in a procedure similar to a blood transfusion. It takes about two weeks for stem cells to migrate to the bone marrow and begin producing new blood cells, a process called engraftment. During this critical time, patients have no white blood cells and are highly vulnerable to infection, requiring antibiotics and transfusions of red blood cells and platelets. Gilbert, a former mountain climber, likened the transplant to ascending a peak, with engraftment as the dangerous descent. “Coming off the mountain is usually when you get killed,” he says.

During engraftment, Gilbert developed pneumonia and kidney failure. He credits his team of doctors, including Professor Lloyd Damon, MD, a hematologist and oncologist, Professor Teresa De Marco, MD, a cardiologist, and former UCSF urologist Joseph Presti, MD, for his survival. “Those three doctors’ efforts were heroic,” says Gilbert. “They saved my life. I am absolutely, totally impressed with UCSF.”

**Integrated Care**

Gilbert is one of more than 2,250 adult patients who have received a bone marrow transplant from UCSF since 1986. (Children receive care through the UCSF Pediatric Bone Marrow Transplant Program.) Bone marrow transplant is most commonly used for patients with blood cancers such as leukemia, lymphoma and multiple myeloma.

At many medical centers, bone marrow transplant programs are a stand alone service, but at UCSF, the program is integrated within the Division of Hematology and Oncology. “The faculty members take care of the patient all the way through the process, and a lot of trust is built in that relationship,” says Damon, director of the Bone Marrow Transplant Program. “We’ll diagnose a patient, get them into remission, and if they need a transplant, we’ll do that later. We have a good feel for when a transplant is likely to help, and when it’s not.”

There are two types of bone marrow transplants: patients like Gilbert who are their own donors receive autologous transplants, whereas allogeneic transplants use stem cells from a genetically compatible donor.

Bone marrow transplant is a dangerous procedure. In addition to the possibility of infection, allogeneic transplants carry the risk that the transplanted immune system will reject its new host, causing organ damage and sometimes death. In the year following allogeneic transplant, 20% to 40% of patients die. “It’s a big undertaking,” says Damon. “But these are people with a 100% death rate if you don’t cure their malignancy. To them, that’s a risk-benefit that is worth taking.”

**New Treatments Provide Hope**

Because UCSF physicians specializing in blood malignancies care for patients all the way through their treatments, they are experts in tailoring the timing and type of transplant to an individual patient’s needs. Half of the Bone Marrow Transplant Program’s patients requiring treatment are enrolled in research studies, giving them access to the latest innovations.

For example, one of the most exciting developments in the field involves the way stem cells are collected. Physicians used to...
surgically extract stem cells from a donor’s pelvis, but in the early 1990s, a new drug called G-CSF allowed physicians to collect stem cells from a donor’s bloodstream. In addition to reducing risk and pain for the donor, the new process speeds engraftment for the recipient, and has lowered the mortality rate for autologous transplants from 15% to 2%.

For patients without an appropriate donor, UCSF works with the National Marrow Donor Program to find a matching donor. Also, since 2004, patients can receive a transplant from umbilical cord stem cells.

Another novel therapy is reduced-intensity allogeneic transplants. Scientists discovered that a transplanted immune system could destroy residual cancer cells left after chemotherapy, allowing physicians to administer a gentler form of chemotherapy. While transplants were previously deemed too risky for patients older than 50, now patients up to age 75 and those with pre-existing conditions such as heart disease and diabetes can receive transplants.

UCSF has been a world leader in autologous transplant for several types of leukemia and lymphoma. In contrast to reduced-intensity transplants, patients receive the highest tolerable doses of chemotherapy and radiation to eliminate as much of the cancer as possible prior to transplant. This approach has been highly successful for many patients who otherwise would die of their disease.

In addition to these innovations, the Multiple Myeloma Program recently received an enormous boost with the creation of the Stephen and Nancy Grand Multiple Myeloma Translational Initiative (see story at right).

One tangible sign of the Bone Marrow Transplant Program’s success is the annual reunion party, whose guest list includes a growing number of former transplant patients. “It’s quite remarkable to see the survivors,” says Gilbert, who is a consultant and part owner of a commercial real estate company. He lives an active life, hiking and serving on the boards of environmental organizations. “Thanks to UCSF’s expertise, I’m still working and contributing to things I think are important,” he says.

Multiple Myeloma Initiative Established

Together with the Multiple Myeloma Research Foundation (MMRF), UCSF has established the Stephen and Nancy Grand Multiple Myeloma Translational Initiative (MMTI), a research collaboration dedicated to translating basic science discoveries into new drugs for testing in clinical trials.

The initiative was launched with a $2 million gift from Stephen and Nancy Grand of San Francisco. Stephen Grand, 65, is a multiple myeloma patient at the UCSF Helen Diller Family Comprehensive Cancer Center.

The MMTI will be led by Professor Jeffrey Wolf, MD, director of the UCSF Multiple Myeloma Program. The MMTI’s basic science research arm will be led by UCSF’s Peter Walter, PhD, an investigator supported by a $4 million Collaborative Innovation Award from the Howard Hughes Medical Institute (HHMI) that will help drive the initiative.

Multiple myeloma is an incurable cancer of the plasma cell. In 2008, nearly 20,000 new cases of multiple myeloma were diagnosed nationwide, and more than 10,000 people died from the disease, according to the American Cancer Society.

“Although we have made much progress in delivering new treatment options to patients, multiple myeloma remains very difficult to treat, and effective treatment options are limited,” says Wolf. “This gift will allow us to fund three endeavors: basic science to develop new therapeutic targets; translational science to test the novel targets in animal models; and clinical research to test their efficacy in patients.” The Grands’ philanthropy will also fund the creation of a tissue bank, helping scientists better understand the genetic profile of the disease and develop improved therapies.

“Currently, there are few translational research initiatives focused solely on multiple myeloma, so we are especially proud to support UCSF and the MMRF, and we are grateful to HHMI for its help in supporting such exciting, important science,” says Grand, an MMRF board member. “The MMTI provides new hope for patients whose treatment options are limited, by enabling the swifter development of new drug candidates and increasing access to promising therapies under investigation.”
Françoise Perdreau-Remington, PhD, received the medal of the French Legion of Honor at a ceremony in February for her discoveries about USA300, a deadly bacteria.

Professor Emerita Françoise Perdreau-Remington, PhD, has been appointed to the French Legion of Honor, France’s highest civilian award. Her pioneering work into the genetic and molecular basis of Staphylococcus aureus infections, commonly known as staph infections, has made San Francisco General Hospital (SFGH) a world leader in the field.

“I opened this letter from the French Embassy, and it said that President Sarkozy had chosen me,” says Perdreau-Remington with a laugh. “I never thought of myself as a celebrity.” At a ceremony last February in San Francisco, Pierre Vimon, France’s ambassador to the United States, presented the medal of Chevalier de la Légion d’honneur to Perdreau-Remington.

Perdreau-Remington was born in France, initially trained as a linguist – she speaks four languages – and then moved to Germany, where she became a microbiologist. In 1995, she was recruited by Merle Sande, MD and Julie Gerberding, MD, MPH – who later went on to head the Centers for Disease Control – to establish the Molecular Epidemiology Research Laboratory (MERL) at SFGH. Among many other accomplishments, this state-of-the-art lab became a critical source for detecting and studying infectious diseases caused by bacteria and fungi.

One of the most deadly bacteria is methicillin-resistant Staphylococcus aureus, or MRSA. This drug-resistant bacteria kills about 18,000 Americans each year, more than AIDS and tuberculosis combined.

Until the mid-1990s, MRSA mainly affected patients in hospitals and other healthcare settings. Since that time, a new strain called community-associated MRSA has emerged. It is usually spread by skin-to-skin contact, and has rapidly become one of the most common causes of skin and soft tissue infections among otherwise healthy people in the community.

**Ominous New Threat**

Perdreau-Remington’s lab was the first to describe the appearance of a particularly potent strain of community-associated MRSA, called USA300. Since Perdreau-Remington’s arrival, MERL has collected thousands of germ samples from patients from SFGH, Laguna Honda Hospital, community clinics and the San Francisco County Jail, including 11,500 MRSA samples. Initially, there were many different genetic “signatures,” indicating a diversity of MRSA strains.

But beginning in 2002, an increasing number of the signatures turned out to be USA300, and by 2007, more than 60% of MRSA infections in San Francisco were due to USA300. It was analogous to market dominance in the bacterial world. “It took over,” says Perdreau-Remington. “That’s an epidemic, by definition.”

“Dr. Perdreau-Remington was among the first to recognize and to characterize USA300, the predominant clone of community MRSA that is epidemic in the U.S.,” says Professor Henry Chambers, MD, chief of the Division of Infectious Diseases at SFGH. “No single individual has contributed more to our understanding of the molecular epidemiology of the most important drug-resistant S. aureus strain to emerge in the last two to three decades.”

USA300 is especially worrying because it has a talent for spreading easily. That makes hand-washing essential for helping to limit transmission. Although most USA300 infections are treatable, some can develop into pneumonia or may even require amputation. In the worst cases, it can cause death within three days – too fast for antibiotics to help.

Although she is officially retired, Perdreau-Remington lectures extensively in Europe and continues her research at SFGH. One of her recent projects investigated USA300’s potential to develop resistance to vancomycin, one of only a handful of antibiotics that can treat the cunning bacteria. She believes it is crucial to understand what causes some infections to become severe, while others are relatively benign in previously healthy individuals. With the recent outbreak of the H1N1 flu, she is concerned that community-associated MRSA could cause secondary, fatal infections, similar to the staph infections that killed many in the 1918-19 influenza epidemic.

In addition to her passion for bacterial sleuthing, Perdreau-Remington’s other interests include art, European history, politics and golf. ■
Congratulations to the faculty in the Department of Medicine for their achievements and contributions during 2008–09*. They include the following awards and honors:

**Teaching and Mentoring Awards**

- **Peter Chin-Hong, MD**
  Essential Core Teaching Award, Inspirational Teacher, Class of 2011
  Kaiser Award for Excellence in Teaching in the Classroom Setting

- **Calvin Chou, MD, PhD**
  2008 Kaiser Teaching Award
  Excellence in Teaching in the Inpatient Care Setting

- **Norman Cohen, MD**
  Kaiser Award for Excellence in Teaching

- **Kenneth Covinsky, MD, MPH**
  K24 Midcareer Mentorship Award, National Institute on Aging

- **Ivy Darden, MD**
  2008 Kaiser Teaching Award
  Excellence in Teaching in the UCSF Fresno Medical Program

- **Steven Deeks, MD**
  Sarlo Award for Teaching Excellence

- **Husam Farah, MD, MRCP, FACC**
  2008 Cardiology Fellow Teaching Award, UCSF

- **Elyse Foster, MD**
  2008 American Heart Association Women in Cardiology Mentoring Award

- **Jennifer Ho, MD**
  PISCES School Teaching Award

- **Priscilla Hsue, MD**
  UCSF Distinction in Faculty Mentoring Award

- **James S. Kahn, MD**
  ARI Award for Outstanding Mentoring

- **Ivan Lieberburg, MD, PhD**
  2008 Kaiser Teaching Award
  Excellence in Teaching by Volunteer Clinical Faculty

**External Awards, Honorary Degrees**

- **Jennifer Barton, MD**
  2008 Distinguished Fellow Award, American College of Rheumatology

- **Esteban Burchard, MD, MPH**
  American Society of Clinical Investigation

- **Ephraim P. Engleman, MD**
  Gold Medal Award for Excellence in Clinical Medicine from College of Physicians and Surgeons, Columbia University

- **Kenneth H. Fye, MD, FACP, FACR**
  Master of the American College of Rheumatology
  Special Recognition Award of the Association of Clinical Faculty

- **Peter Ganz, MD**
  Elected to the Association of University Cardiologists

- **Gerbert (Gene) Hern, MD**
  Alpha Omega Alpha Honor Medical Society

- **Alison Huang, MD, MAS**
  T. Franklin Williams Award for Geriatrics, Society of General Internal Medicine

- **David M. Irby, PhD**
  Fellow of the American Educational Research Association

- **Rachel Kaiser, MD, MPH**
  2008 Distinguished Fellow Award, American College of Rheumatology

- **Helen Kao, MD**
  2009 Ida Cannon Award, Alta Bates Hospital
  2008 Award for Excellence in Teaching, UCSF Academy of Medical Educators

- **Jane E. Koehler, MD**
  2008 Smadel Lecture, Infectious Diseases Society of America

- **Seth Landefeld, MD**
  Fellow, Center for Advanced Study in the Behavioral Sciences

- **Sei J. Lee, MD MAS**
  Hartford Geriatrics Health Outcomes Research Scholars Award, 2008-10

- **Averil Ma**
  Member, Association of American Physicians

- **Michael A. Matthay, MD**
  New York Thoracic Society Trudeau Award, 2009
  Award from the Society of Critical Care Medicine for Family-Centered Care in the UCSF Intensive Care Units
  Julius Comroe Jr Distinguished Award Lecture for the American Physiological Society at the Experimental Biology Meeting

- **Jay A. Nadel, MD, DSc (Hon), DLaw (Hon)**
  President’s Medal, European Respiratory Society (ERS), by Dr. Leo Fabbri, President of the ERS

- **Robert Nussbaum, MD**
  2008 “Legacy Award” from the Lowe’s Syndrome Association of the United States

- **Gabriel Ortiz, MD, PhD (clinical fellow)**
  Alpha Omega Alpha Honor Medical Society

- **Francoise Perdreau-Remington, PhD**
  Chevalier de la Legion d’Honneur by decree of President Sarkosy of France

- **Matija Peterlin, MD**
  Finnish Distinguished Professorship at the University of Helsinki, Finland
  Ambassador of Science for the Republic of Slovenia

- **Read Pierce, MD (housestaff)**
  Alpha Omega Alpha Honor Medical Society

- **Elliot Rapaport, MD**
  2009 Distinguished Fellow Award of the American College of Cardiology

- **Rita F. Redberg, MD, MSc, FACC, FAHA**
  2009 Go Red for Women Honoree

- **James Rubenstein, MD, PhD**
  Scholar in Clinical Research Award, Leukemia & Lymphoma Society

*updated to May 31, 2009*
Niraj Sehgal, MD, MPH, has been appointed as the Department of Medicine’s first Associate Chair for Quality Improvement and Patient Safety.

“At academic departments of medicine across the country, leadership positions in quality and safety did not exist a couple of years ago,” says Sehgal. This new position was created through a partnership between the Department of Medicine and UCSF Medical Center, and Sehgal is especially interested in serving as a liaison between the two entities. He hopes to improve transparency and performance measures, further engage trainees in improving quality and safety, and foster additional scholarly work related to these efforts. He also wants to strengthen how best practices are developed and shared throughout the department. “In my mind, this position is about creating lots of partnerships so that we’re all doing this together, rather than creating silos,” he says.

Sehgal’s own research has focused on improving the quality and safety of care in the hospital setting, particularly by studying how a hospital’s culture, systems and organizational design can work together to prevent communication errors.

Sehgal joined UCSF in 2004 as an assistant professor in the Division of Hospital Medicine at UCSF Medical Center. He received his medical degree from Rush Medical College in Chicago and completed a residency and chief residency in internal medicine.
Peter Ganz, MD, has been appointed the chief of the Division of Cardiology at San Francisco General Hospital (SFGH) and the Maurice Eliazer Jr. Distinguished Professor of Medicine.

Ganz earned his medical degree from Harvard Medical School, did his residency at Massachusetts General Hospital, and completed cardiology fellowships at Brigham and Women's Hospital and Harvard. He served on the Harvard Medical School faculty for 25 years before his recruitment to UCSF.

Ganz has made pioneering contributions in human vascular biology, particularly studies of the endothelium, which is the inner lining of the arteries. His research has examined the relationship between cardiovascular risk factors, endothelial dysfunction and inflammation, processes which lead to atherosclerosis and its complications, as well as mechanisms by which certain medications such as statins can restore endothelial health.

At SFGH, he is working to improve patient care. SFGH recently established round-the-clock heart attack care, in which an on-call team of cardiologists and nurses can be mobilized within minutes to open a blocked artery, day or night. Ganz is particularly proud of his cardiology colleagues at SFGH, whom he considers the best clinician-teachers in the country.

Ganz also helped to establish the Center of Excellence in Vascular Research at SFGH, which studies the interface between cardiovascular disease and other diseases such as HIV and rheumatoid arthritis, as well as risk factors such as obesity and smoking. “Coming to SFGH and UCSF was an opportunity to take on new challenges,” says Ganz. “I’ve really been grateful for the warm reception I have received from all my colleagues.”

Chi-yuan Hsu, MD, MSc, has been appointed as chief of the Division of Nephrology at UCSF Medical Center.

Hsu earned his master’s in biophysics and biochemistry from Yale University, an MSc in clinical epidemiology from the Harvard School of Public Health, and his medical degree from Harvard University. He completed his residency in internal medicine at Beth Israel Hospital in Boston, and completed a nephrology fellowship at Massachusetts General Hospital.

Much of his research focuses on patients with chronic kidney disease, which is estimated to affect 10 million people in the United States. It usually produces no major symptoms until patients lose 90% of their kidney function, when the only options might be dialysis or transplant. Thanks in part to the work of Hsu and his colleagues, the National Kidney Foundation issued formal guidelines in 2002 which defined different stages of chronic kidney disease – similar to how ranges of high blood pressure or high cholesterol are defined.

In addition to maintaining the division’s outstanding clinical research program, Hsu is working to recruit lab-based physician-scientists. He also aims to build closer relationships with the Kidney Transplant Unit, as well as the nephrology divisions at San Francisco General Hospital and the San Francisco Veterans Affairs Medical Center. “UCSF is a wonderful place,” says Hsu. “I want to foster an environment that maximizes each faculty’s and trainee’s chances of success.”
The Department of Medicine will host reception for alumni of the Medicine Residency Program on Saturday, May 8, 2010. If you would like more information or would like to be added to the Medicine Residents’ Alumni Network mailing list, please contact Olivia Herbert at 415/476-9878 or oherbert@support.ucsf.edu.

SAVE THE DATE: Medicine Residents’ Alumni Network Reception May 8, 2010
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Talmadge E. King, Jr., MD (left) and Harry Hollander, MD welcome new Chancellor Susan Desmond-Hellman, MD, MPH, a graduate of the Medicine Residency Training program.