

# Stanford ACCESS



Geoff Gurtner, MD; Kathy Kamperman, RN; Jim Chang, MD; Gordon Lee, MD. Not pictured: Vincent R. Hentz, MD.

## Plastic Surgery Reconstruction Service Now in Place

The physicians and other caregivers in Stanford's Division of Plastic and Reconstructive Surgery seem to be everywhere – from the Emergency Department in the middle of the night to the Cancer Center, research labs, lecture halls or, of course, a clinic or operating room.

James Chang, MD, Chief of the division and Associate Professor of Surgery, says a service which provides care “from the scalp to the toe” gives his colleagues a lot more to talk about than an exemplary cosmetic program. Chang's team includes Gordon K. Lee, MD, Chief of Micro-

surgery and Director of the recently established Complex Reconstruction Center, Vincent R. Hentz, MD, Professor of Surgery (Hand Surgery) and Geoffrey C. Gurtner, MD, Associate Professor of Surgery who is double-boarded in plastic and general surgery.

“We are heavily involved in the complex area of reconstruction, the tough cases, because, quite simply, that's what we're interested in,” says Chang of the new team. “More importantly, we're ready to take care of those tough cases because we have the systems set up to care for patients, and that augments the skills that we bring to the table.”

Since its establishment in August, when Lee arrived at Stanford from Texas A & M Health Science

Center, the Complex Reconstruction Center at Stanford has become an integral part of the Cancer Center's programs.

“Among other things, we are seeing our patients in the Cancer Center along with a comprehensive team – the surgeon, the medical oncologist, the radiation therapist, the social worker, and the plastic surgeon. We attend the site specific tumor

*“We are heavily involved in the complex area of reconstruction, the tough cases, because, quite simply, that's what we're interested in.”*

boards and meet individually with patients, who can talk in real time about their mastectomy surgery and putting their lives and bodies back together, all on the same day. That's new,” explains Chang, “and we are pleased to be one of the few centers in the country that combines state-of-the-art, full service reconstruction with an ‘in-house’ oncology program.”

“Using microsurgical techniques, including 25x microscopes to enlarge

*(continued on page 2)*

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**James Chang, MD** is Chief of the Division of Plastic and Reconstructive Surgery at Stanford University and serves as Program Director of the Stanford Plastic Surgery Residency Program.

Dr. Chang graduated from Stanford University with a Bachelor of Arts and Sciences with joint degrees in biology and economics. He spent a year as a lecturer in English at the Beijing University of Science and Technology in Beijing, People's Republic of China. Following this, he graduated from Yale Medical School, and then completed a residency in plastic and reconstructive surgery at Stanford University Medical Center. He is currently Associate Professor of Plastic Surgery in the Division of Plastic and Reconstructive Surgery at Stanford University Medical Center and an Attending Surgeon at Lucile Salter Packard Children's Hospital and the VA Palo Alto Health Care System, where he serves as Director of the Plastic and Hand Surgery Laboratory.

Dr. Chang's main surgical interests are in reconstructive surgery of the hand and extremities including microsurgical reconstruction. He also has interest in pediatric hand and microsurgery, post-oncologic head and neck reconstruction, and lower extremity reconstruction.

**Geoffrey C. Gurtner, MD** is Associate Professor of Surgery at Stanford within the Division of Plastic Surgery. He was formerly the Program Director of Plastic Surgery at the NYU School of Medicine.

Dr. Gurtner is a graduate of Dartmouth College and the University of California at San Francisco School of Medicine. He completed a general surgery residency at the Massachusetts General Hospital/Harvard Medical School program, a plastic surgery residency at the NYU School of Medicine, and received advanced training in microsurgery at the University of Texas M. D. Anderson Cancer Center.

Dr. Gurtner is double boarded in general surgery and plastic surgery. He is the author of over 80 peer-reviewed publications and is on the Editorial Board for the *Annals of Plastic Surgery*. He is also an Associate Editor for the upcoming edition of *Grabb & Smith's Plastic Surgery*.

**Gordon Lee, MD** is Assistant Professor of Surgery, Director of Microsurgery, and Associate Residency Program Director in the Division of Plastic and Reconstructive Surgery at Stanford. He is also an Attending Surgeon at Lucile Packard Children's Hospital.

Gordon Lee is a native Californian who received a Bachelor of Science in biology at the University of California Los Angeles. He then attended Stanford School of Medicine, completing a combined general surgery and plastic surgery residency at the UCLA Plastic Surgery Program.

A clinical specialist at the University of Texas M. D. Anderson Cancer Center in Houston, Dr. Lee completed an advanced fellowship in microvascular surgery and developed further expertise in complex cancer reconstruction, including the breast, head and neck, thorax, abdomen, pelvis, and extremities.

Dr. Lee is an expert in the field of aesthetic surgery. His expertise includes cosmetic procedures of the face, eyes, ears, nose, breast, and body contouring procedures.

the surgical field, we can go far beyond implants, not to mention external prostheses, to carefully disconnect blood vessels, remove fat tissue from the abdomen, and then transplant and reconnect the blood vessels to the breast, usually in a single session at the time of cancer surgery," says Lee.

"Although the team is certainly available to provide post surgical reconstruction, our first choice often is to coordinate the reconstruction with the cancer surgery," Lee explains. "We come in at the end of the cancer operation and immediately do the reconstruction."

Chang explains that the single session approach, while challenging to coordinate and schedule, offers both patient convenience and medical benefits. He notes the patient hasn't received radiation or chemotherapy yet, the blood vessels are readily available, and in complex reconstructions, such as for cancer of the jaw, "we can cut down operating time significantly by harvesting the fibula at the same time. We follow the cancer surgeons right into the operating room and the reconstruction is completed before radiation and chemotherapy begin. Patients who come from out of town benefit logistically from the closely scheduled approach, because they can receive a full spectrum of treatment in a relatively short period of time and then return home for follow-up care," Chang says.

"Many people don't realize the enormous strides that microsurgery and related research and experience have made possible for patients facing surgery and reconstruction," says Gurtner.

"For breast cancer patients, too many women may have heard stories from friends or family or patients about early attempts at autologous breasts which produced disappointing cosmetic results and sometimes injuries because of the extensive

## 2005 Reconstructive Plastic Surgery Trends

Top five procedures in bold.

	1992	2004	2005	% CHANGE 2005 vs. 1992	% CHANGE 2005 vs. 2004
<b>RECONSTRUCTIVE PROCEDURES</b>					
Animal bite repair <sup>^</sup>	10,376	26,042	16,983	64%	-35%
Birth defect reconstruction	33,501	31,552	24,809	-26%	-21%
Breast implant removals (Reconstructive patients only)	7,379	16,424	14,347	94%	-13%
Breast reconstruction	29,607	62,930	57,778	95%	-8%
<b>Breast reduction</b>	<b>39,639</b>	<b>105,122</b>	<b>113,741</b>	<b>187%</b>	<b>8%</b>
Burn care	17,552	22,478	21,290	21%	-5%
<b>Hand surgery</b>	<b>138,233</b>	<b>171,171</b>	<b>164,408</b>	<b>19%</b>	<b>-4%</b>
<b>Laceration repair</b>	<b>135,494</b>	<b>127,234</b>	<b>139,110</b>	<b>3%</b>	<b>9%</b>
Maxillofacial surgery	22,095	20,793	20,350	-8%	-2%
Microsurgery	19,405	26,273	25,000	29%	-5%
<b>Scar revision</b>	<b>52,647</b>	<b>67,900</b>	<b>65,590</b>	<b>25%</b>	<b>-3%</b>
<b>Tumor removal</b>	<b>502,567</b>	<b>715,421</b>	<b>689,456</b>	<b>37%</b>	<b>-4%</b>
Other reconstructive procedures	116,737	183,636	174,919	50%	-5%
<b>TOTAL RECONSTRUCTIVE PROCEDURES</b>	<b>1,125,232</b>	<b>1,576,976</b>	<b>1,527,781</b>	<b>36%</b>	<b>-3%</b>

All figures are projected.

<sup>^</sup>Dog bite repair only

Asps Member Only Procedural Statistics represent procedures performed by ASPS Member Surgeons certified by the The American Board of Plastic Surgery

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muscle tissue harvested for the reconstruction.”

In fact, Gurtner notes that about half of his patients are mastectomy patients who were never reconstructed, and other patients come for revisions of earlier procedures.

### Reconstructive Plastic Surgery – Quick Facts

- 1.5 million reconstructive procedures performed in 2005. 36% increase since 1992
- 28,000 more breast reconstructions in 2005 versus 1992
- 187% increase in breast reductions from 1992 to 2005
- 37% increase in tumor removals from 1992 to 2005

(ASPS member surgeon data only)

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Because the public and some physicians aren't aware of new techniques, Lee commonly talks to small groups of women whose first thought may just be surviving their cancer but who have come to realize that they deserve and can expect much more.

“When it comes to individual patients, lifestyle can be a crucial factor,” says Lee, “and we help patients understand that they really do have options. The tremendous benefit of offering a full palette of options is that we are able to customize our approach to each patient.” Even before cancer fighting meets plastic surgery in the operating room, Chang, Gurtner, and Lee have no qualms that the services they provide – while not directly lifesaving – are crucial for patients.

“So much of what we do affects a person's quality of life,” explains Lee.

“I have had people come to me prior to reconstructive surgery and say, ‘I'd rather die than live with this deformity; no jaw, no breast, no esophagus.’”

The team hopes they can offer benefits to their colleagues beyond the clinic and operating suite.

“We are available for consultations with our colleagues who prefer to perform their own reconstruction, and we are happy to schedule consultations with their patients and send them back home for surgery if they prefer,” says Lee. “The flexibility and ability to consult and discuss is what an academic medical center is all about... and why we are here,” Chang added quickly.

“Since we really do offer the full spectrum of possibilities, we don't have to limit our recommendations to patients or referring physicians

based on a limited number of techniques offered,” adds Gurtner.

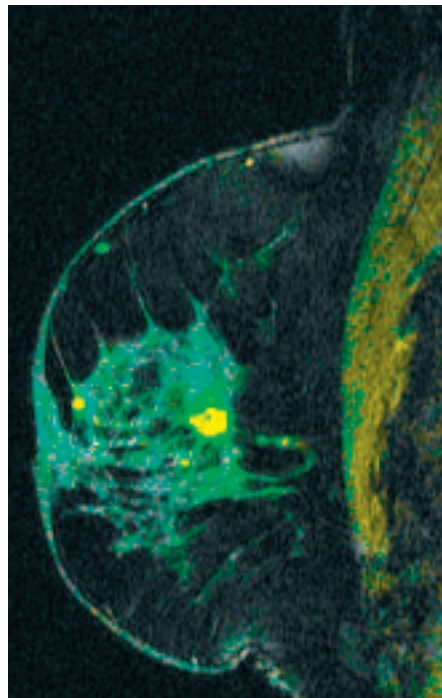
For further information, to schedule a referral, or to consult with a Division of Plastic and Reconstructive Surgery faculty member, physicians may contact the reconstruction team’s Nurse Coordinator, Kathy Kamperman, RN, NP, at (650) 736-0098, or call the Stanford Cancer Referral Center at (877) 668-7535. Visit us on the web at [www.cancer.stanfordhospital.com](http://www.cancer.stanfordhospital.com).

## Comprehensive Focus on Breast Cancer at the Freidenrich Breast Center

With the opening of the Stanford Cancer Center in 2004, the physicians and surgeons of the Stanford Breast Oncology team came together under one roof and into one clinic, the Freidenrich Breast Center.

The group is a multidisciplinary clinical team led by nationally recognized individuals in radiology, surgery, medical oncology, radiation therapy, and pathology. Core areas of expertise include but are not limited to:

- Genetic counseling and screening programs for patients with a family history of breast cancer;



- Screening and comprehensive diagnostic breast imaging studies, including digital mammography and breast MRI;
  - Percutaneous needle core biopsy diagnosis;
  - Complex breast conservation techniques for early stage breast cancer;
  - Comprehensive options for breast reconstruction including DIEP flaps and other microvascular procedures;
  - Extensive experience with sentinel node biopsy;
  - Post-lumpectomy and post-mastectomy radiotherapy;
  - Neoadjuvant and adjuvant chemotherapy, and hormonal therapy;
  - A consultation service for review of outside breast pathology.
- A Breast Cancer Tumor Board meets weekly for comprehensive physical exam, review and discussion of treatment options for selected patients with newly diagnosed, non-metastatic breast cancer.
- In addition to these core services, members of the Breast Oncology team are supported by highly trained clinicians and investigators in diverse areas including reproductive endocrinology and infertility, gynecology and gynecologic oncology, cardiology, nuclear medicine (PET/CT imaging), orthopedic surgery, pain management, psychiatry, neuro-oncology, CyberKnife® stereo-

*“...members of the Breast Oncology team are supported by highly trained clinicians and investigators in diverse areas...”*

tactic radiosurgery, and neurosurgery.

The Stanford faculty’s dedicated focus on breast cancer includes numerous clinical trials and studies.

A partial list includes research on:

- New biological agents with greater effectiveness and less toxicity than

### 2005 Reconstructive Breast Surgery – Age Distribution

Reconstructive Procedures	Total Patients	18 or less	19-34	35-50	51-64	65 and over
Breast Reconstruction	57,778	393	4,444	27,017	21,095	4,829
Implant alone	11,631					
Tissue expander and implant	34,660					
TRAM flap	9,578					
DIEP flap	1,909					
Breast reduction	114,250	5,312	36,094	45,816	22,523	4,505
Breast implant removals (Reconstructive patients only)	14,347	173	2,618	6,289	4,232	1,034

standard chemotherapy in the systemic treatment of breast cancer;

- Single-dose radiation delivered intraoperatively at the time of lumpectomy (five day radiotherapy courses are also offered in lieu of the standard six week treatment);
- Translational studies on breast cancer stem cells, gene signature patterns of breast tumors, and immune cell populations within lymph nodes as mechanisms to better characterize and identify more effective methods of breast cancer treatment.

For a full list of breast trials please visit the Stanford Cancer Center website at [www.cancer.stanford.edu](http://www.cancer.stanford.edu).

Please call the Referring Physician Resource Center at (866) 742-4811 to learn more about the programs offered at the Freidenrich Breast Center.



## Goodman Simulation Center Opening to Define, Expand Surgical Training

The techniques, feedback and team building will be real, but the patients won't be alive or even organic – construction of the Goodman Simulation Center (GSC) is well under way and on schedule for opening soon,

announced Thomas Krummel, Emile Holman Professor and Chair, Department of Surgery.

The GSC is located on Stanford Hospital & Clinics' third floor, adjacent to the operating room suites and close to the ICUs. The surgical resident curriculum has already begun to use the immersive and simulation-based tools, which will soon be available in the new Center to a wide variety of clinicians, including attending

### EXCEPTIONAL CME PROGRAMMING OFFERED BY STANFORD HOSPITAL & CLINICS' DEPARTMENT OF CONTINUING MEDICAL EDUCATION

#### *Hand Surgery at Squaw, a Symposium for Surgeons & Therapists*

January 19-21, 2007

Resort at Squaw Creek, Lake Tahoe

Promoting continued advancement in the quality of patient care in the hand surgery and hand therapy community.

#### *Adult Dermatology: Clinical Update*

March 24, 2007

Frances C. Arrillaga Alumni Center, Stanford

Half day program focused on dermatological conditions encountered by the the adult internist.

#### *Pre-Conference On Women's Health*

April 5, 2007

Frances C. Arrillaga Alumni Center, Stanford

Full day program featuring the latest in women's health issues. Offered as an optional pre-conference to the *4th Annual Clinical Update in Adult Medicine*.

#### *4th Annual Clinical Update in Adult Medicine*

April 6-7, 2007

Frances C. Arrillaga Alumni Center, Stanford

Two day program highlighting the latest practical clinical information on the diagnosis and management of various problems encountered in the adult office practice.

#### *2nd Annual Complex Cardiovascular Patient Management*

May 21-23, 2007

Ritz-Carlton Kapalua, Maui

Surgical and medical updates on the management of complex cardiovascular cases.

#### *EP in the West Summit*

October 12-14, 2007

Premier West Coast cardiac electrophysiology meeting.

#### *GI Cancers*

October 18-20, 2007

Mauna Lani Resort, Kohala Coast, Big Island of Hawaii

physicians, nurses, allied health professionals and others at SUMC and Lucile Packard Children's Hospital (LPCH), Krummel said.

The Goodman Simulation Center is part of the Stanford University School of Medicine's overall simulation strategy under the aegis of the Center for Immersive and Simulation-based Learning (CISL), headed by Associate Dean David Gaba, Professor of Anesthesia, whose team has led development of a Stanford-affiliated multispecialty simulation center at the VA Palo Alto Health Care System since 1986.

The new Center, operated by the Department of Surgery, "expands our hands-on training capabilities significantly and provides a fully equipped center available to a wider group of Stanford participants at SHC," Krummel said.

The Goodman Simulation Center curriculum is led by Krummel; Ralph Greco, Johnson and Johnson Professor of Surgery; Myriam Curet, Associate Professor of General Surgery; Jason Lee, Assistant Professor of Surgery (Vascular); and Sanjeev Dutta, Assistant Professor of Surgery (Pediatric).

Sandi Feaster, RN, MBA, is Program Director of the Center.

"We've never had this type of training before, but even the most experienced surgeon, anesthesiolo-

***"Augmenting surgical training with simulation allows the maneuvers to be practiced over and over until mastered."***

gist, and nurse can benefit from practice on those rare but potentially high risk surgeries that we don't practice continually," Gaba explained. "In addition, simulators allow everyone to practice new procedures and to fine-tune our teamwork skills."



## Stanford Hospital and Clinics' Referring Physician Resource Center – Did You Know?

- The Referring Physician Resource Center can access patient medical records and fax them to your office.
- The RPRC can assist you in navigating your patient referrals to the appropriate clinic.
- The RPRC can facilitate communications with Stanford Hospital and Clinics physicians for questions or consultation.

Call the RPRC toll-free at (866) 742-4811.

*Referring Physician Resource Center RNs (from left to right): Farzana Yaqubi; Carol Walovich, Manager; Maxine Wiley; and Dorothy Guaraglia (not pictured) have a total of 90 years of nursing experience.*

Immersive and simulation-based tools that will be used in the Goodman Simulation Center include:

- *The Standardized Patient.* Actors play patients to improve history taking and physical examination.
- *Part-task and Procedural Simulation.* Three dimensional anatomical models simulate the feel (haptics) of tissue being pulled, cut, and manipulated. Additionally, these trainers can assist in skills training for manipulating laparoscopic and endovascular instrumentation.
- *Patient Simulation for Individuals and Teams.* These provide mannequin-based simulation drills to assess decision-making, team collaboration skills, and to enhance

training, teamwork, and skills involving complex ICU patient care and trauma resuscitation.

Gaba explained that the Center will be a place for residents to practice core surgical skills such as suturing, knot tying, and incision biopsies. Trainees can also practice placing central and arterial lines, perform laparoscopic cholecystectomies – all before performing these procedures on patients. "Augmenting surgical training with simulation allows the maneuvers to be practiced over and over until mastered," he said.

The Center is expected soon to incorporate simulation-based techniques to select, train, credential and

retrain physicians and other health-care professionals. Krummel hopes that as the Goodman Simulation Center expands operations, Stanford Hospital-sponsored continuing medical education events will become part of the regular curriculum.

Surgical teams will have the ability to rehearse an operation on a patient-specific palpable hologram, and later, deliver the data set of that operation with robotic assistance.

"Simulation is about *techniques*, not *technologies*, but many of the technologies have advanced to the point that many things can be learned using simulation that are hard to learn otherwise," Gaba said.

"For example, in the past vascular surgery was largely practiced as open surgery. Now, however, up to 50 percent of a vascular surgeon's practice may be in percutaneous endovascular techniques.

"Even highly experienced surgeons are having to learn such techniques

## Need an Educational Speaker?

The Continuing Medical Education Department at Stanford Hospital and Clinics accepts educational requests! Through an extensive speakers bureau, we can match your staff's educational need to a Stanford speaker who will present at **your** hospital or clinic, at **your** convenience. We have placed speakers at hospitals all over Northern California and would be happy to discuss outreach opportunities for your facility.

Whether you already have topics in mind or would prefer to see a list of available speakers and talk titles, please contact Barbara Pannoni in the CME office at 650-724-7166, or [bpannoni@stanfordmed.org](mailto:bpannoni@stanfordmed.org).

## *"No longer will medical and surgical education be by random opportunity."*

from the ground up, and Dr. Lee, recently recruited to the faculty, will inaugurate an endovascular simulation program," Gaba added.

"No longer will medical and surgical education be by random opportunity," Krummel said. "The Goodman Simulation Center will lead the way towards improved patient safety and quality of care by providing the best and most comprehensive learning available."

For more information, please contact Dr. Krummel at phone: 650-498-4292; email: [tkrummel@stanford.edu](mailto:tkrummel@stanford.edu); website: <http://surgery.stanford.edu>.

— Mike Goodkind

## New Faculty Appointments

### Tami Daugherty, M.D.

*Clinical Assistant Professor of Medicine  
Division of Gastroenterology/Hepatology  
Liver Transplant Program*



Tami Daugherty recently joined the Liver Transplant Program as a Clinical Assistant Professor of Medicine in the Division of Gastroenterology. As a hepatologist, she specializes in the care of liver diseases including the treatment of Hepatitis C, Hepatitis B, and Autoimmune Hepatitis, and in the management of chronic and end stage liver disease. As a member of the liver transplant team, she also evaluates patients for liver transplant, and cares for patients after they have had a transplant.

Dr. Daugherty received her medical degree from Columbia University College of Physicians and Surgeons. She completed her residency training

in internal medicine and fellowship in gastroenterology/hepatology at California Pacific Medical Center in San Francisco. She comes to Stanford University Medical Center from the Departments of Complex GI/Hepatology and Liver Transplant at California Pacific Medical Center, where she was in practice upon completion of her training.

Dr. Daugherty can be reached at (650) 498-5691 or [tdaugherty@stanford.edu](mailto:tdaugherty@stanford.edu).

### Kai Ihnken, MD

*Clinical Assistant Professor,  
Cardiothoracic Surgery  
Director of Stanford Cardiothoracic  
Surgery Program,  
Regional Medical Center, San Jose  
Chief of Cardiothoracic Surgery,  
Stanford CT-Surgery Program,  
Santa Clara Valley Medical Center*



Kai Ihnken joined Stanford's cardiovascular surgery team in 2005, having completed his professional education at Justus

Liebig-University, Germany; his internship at Stanford University School of Medicine; residencies at Frankfurt University, Freiburg University, and Stanford University School of Medicine; and his fellowship at the UCLA School of Medicine. He is certified by the American Board of Surgery and the American Board of Thoracic Surgery.

Dr. Ihnken's specialties include off-pump CABG, minimally invasive robotic surgery, and myocardial and skeletal muscle protection. Together with interventional radiology, he performed the first placement of an aortic stent graft in the ascending aorta and the first clinical application of controlled limb reperfusion in North America.

Dr. Ihnken can be reached at (408) 259-0200, (650) 208-7222 (cell), or [kihnken@stanford.edu](mailto:kihnken@stanford.edu).

**Bruno Medeiros, MD***Assistant Professor of Medicine*

Dr. Medeiros received his medical degree from the Universidade Federal do Parana (Curitiba-Pr-Brazil), his internship training in

internal medicine at the University of Connecticut, and completed his medicine residency, hematology, and oncology training at the University of Colorado, Denver, Health Sciences Center. Bruno then completed a clinical fellowship at the Leukemia Service at the University of Toronto, Canada.

Dr. Medeiros is Assistant Professor of Medicine in the Division of Hematology at Stanford University School of Medicine. At the Stanford Cancer Center, Dr. Medeiros is part of hematological malignancies section of the Division of Hematology.

Dr. Medeiros' work emphasizes patient care, clinical trials and translational research in hematologic malignancies, with special focus on acute and chronic leukemias, myelodysplastic syndromes and myeloproliferative disorders. Current clinical

protocols being developed offer treatment options for elderly patients with do novo or relapsed acute leukemias, high-risk myelodysplastic syndromes and myelofibrosis.

Dr. Medeiros is certified in internal medicine and medical oncology by the American Board of Internal Medicine, where he is also board eligible for certification in hematology. For new patient referrals, please contact Tracy Allison, Hematology New Patient Coordinator, at (650) 498-4059. Dr. Medeiros can also be reached at (650) 725-3973.

**Marc Lee Melcher, MD, PhD***Acting Assistant Professor**Associate Director of Stanford General Surgery Residency Program*

Marc Melcher joined the Multi-Organ Transplant Program in the Stanford Department of Surgery on August 1, 2006.

Dr. Melcher earned his PhD from Berkeley in molecular and cell biology and his MD from the Columbia University College of Physicians and Surgeons. He performed his general surgery

training at Stanford University Medical Center, and his multi-organ, surgery transplant fellowship at the University of California, San Francisco. He is board certified in general surgery.

Dr. Melcher will be actively performing both kidney and liver transplants and will join Dr. Stephan Busque in performing laparoscopic living donor nephrectomies. One of Dr. Melcher's research projects will be to determine whether the benefits of kidney transplant can be extended to obese patients through a coordinated protocol in collaboration with the gastric bypass surgeons.

Dr. Melcher can be reached at (650) 498-5688, (650) 384-5316 (cell) or by e-mail at [mmelcher@stanfordmed.org](mailto:mmelcher@stanfordmed.org).

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