

Introductory address for the John Howland Award recipient, Philip A. Pizzo, MD

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This award was presented at the 2012 Annual Meeting of the Pediatric Academic Societies, Boston, Massachusetts.

It is a distinct privilege and an honor to introduce Dr Philip A. Pizzo, the dean and Carl and Elizabeth Naumann Professor of Pediatrics, and of Microbiology and Immunology, at Stanford University School of Medicine as the 2012 John Howland awardee of the American Pediatric Society (Figure 1). During the four decades since he graduated from medical school, Phil's many contributions to society on behalf of pediatrics, only some of which I will describe, have been made through his various roles as a pediatrician, investigator, scholar, educator, advocate, and leader. In the tradition of other Howland awardees, his efforts have transformed individuals, institutions, and our broader society. Phil's focus on academic pediatrics and the close connection between research and the treatment of children has been intense and productive.

This reward is a reflection of John Howland, the leader of the first full-time academic Department of Pediatrics at the Johns Hopkins Hospital. Edwards A. Park of Baltimore, the first recipient of the Howland Award and Medal stated: "John Howland modernized pediatrics.... He caused it to become a dynamic, rapidly expanding subject. He accomplished this, not by scattering ideas which caused others to act, but by example.



Figure 1. Philip A Pizzo, MD, recipient of the 2012 John Howland Award.

The example lay in the development of a model clinic, modeled from the point of view of administration, medical care, teaching, research, [and] spirit (1)". Phil is a reflection of this iconic leader and joins the distinguished list of doctors whom we have recognized in this way.

Phil was born in New York City in 1944 into a first-generation Sicilian immigrant family. A Catholic education brought discipline to his life, but I do not consider Phil to be a particularly religious person. Nonetheless, his reverence is and has always been for other people. Phil's personal life has been centered on the importance and value of education. In fact, he was the first in his family to graduate from high school. Enabled by scholarships, education was his ticket all along the way. After attending college at Fordham University, the handsome young Sicilian was now ready for the next part of his life. In medical school at the University of Rochester, the focus on medical education was transformative to his own career. Bob Haggerty wrote in his supporting letter: "In my 60 years in academic medicine there have been few students who were so clearly outstanding as medical students that their brilliant career could be predicted at the earliest stage of their career. Philip Pizzo was one of those." Phil graduated from Rochester with election to Alpha Omega Alpha (AOA) and received his MD degree with Honors and Distinction in Research. But something even more transformative happened during those years. Phil and Peggy met. Phil proposed to Peggy in 1965 when she was still a teenager.

Peggy provides an important perspective on his coming of age and a much richer sense of the person we now have before us. For example, when Phil was still a teenager, he was already conducting scientific experiments in his aunt's garage down the street from where he lived, as his mother wouldn't let him do the experiments in the house because they were too messy. In college, although he was a biology major, he was also a philosophy major and spent most of his time reading Hegel, Heidegger, Kant, and other philosophers. On dates with Peggy, or at least before the dates, he would sit reading from philosophy books, highlighting line after line in yellow, until whole texts had changed their hue. His manner of preparing for dates was unique to say the least. It is also probably not widely known

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Figure 2. Dr. Pizzo at the National Institutes of Health with a patient.

that Phil had his own radio show. He was, in fact, a radio talk show host and interviewed people about their views on their anticipated careers. In fact, his interviewees included Peggy (I do not know on how many occasions); perhaps this was only a clever ploy for finding out more about Peggy's intentions. After Peggy and Phil were married while in medical school, he maintained three jobs. One of the jobs was doing research on stress, using mice. The research involved mice competing for a platform in a pool of water. Peggy believes that this experience prepared him well for his role as dean, giving him a deep understanding of stress and competition for resources.

For more than two decades, Phil's work at the National Institutes of Health (NIH) focused on childhood oncology, infectious diseases, and pediatric AIDS. During most of this time, he served as head of the Infectious Disease Section of the Pediatric Branch of the National Cancer Institute (NCI) and chief of Pediatrics at the NCI (Figure 2). He and his co-workers helped change the paradigm for the understanding and management of these disorders, and he reported his findings in over 500 scientific publications and 15 books and monographs. Examples of his seminal contributions include original research on cancer patients with fever and neutropenia (2–4), and zidovudine treatment of children with human immunodeficiency virus infection (5). Of equal importance, Phil became an avid communicator of broad scientific and medical issues, as well as more specific pediatric research, speaking before the US Congress, working with community groups, and serving as a resource to print and visual media. The partnerships he forged with Congressional leaders and private foundations helped raise public attention and foster medical knowledge about catastrophic diseases like pediatric cancer and AIDS. These relationships with foundations and Congress also resulted in increased funding for research and education of teachers about the rights of children with AIDS to attend school. Advocacy with regulatory agencies, including the Food and Drug Administration, accelerated the development of drugs for children with AIDS. Indeed, his efforts played a key role in the development of the Best Pharmaceuticals for Children Act, which promoted clinical trials in children. His leadership efforts were specifically highlighted and acknowledged in the *Congressional Record*, and a generation of children

has benefited from the pediatric-specific pharmacokinetic studies mandated by this legislation.

In 1996, he relocated to Boston to serve as physician-in-chief and chair of the Department of Pediatrics at Harvard Medical School, where he was the Thomas Morgan Rotch Professor of Pediatrics. His focus during those years was mainly on education, making many lasting local contributions and ultimately playing a lead role in the authorization of the Children's Hospital Graduate Medical Education (GME) Program, resulting in significant funding of children's hospitals to support pediatric GME. In 2000, Phil was recruited to Stanford as the dean of the School of Medicine; he began his tenure as dean in April of 2001.

Things have never been the same since, and my own life changed in unforeseen ways. My first instinct was to pull this NIH intramural scientist and ex-Harvard professor and chairman close, so that he could not impose too much of his Eastern heritage on our decidedly Western institution. Instead, Phil pulled me close and I have served as vice dean and senior associate dean for Academic Affairs at Stanford University School of Medicine for over a decade with him. In that role, I have seen first-hand Phil's dedication, drive, and effectiveness as an inspirational leader. During the last decade at Stanford, he has led a major transformation of Stanford Medicine in its key missions of education, research, and patient care under a comprehensive strategic plan entitled "Translating Discoveries." He reshaped the Medical School curriculum to focus on the education and training of physician-scientists, many of whom are choosing careers in pediatrics. His broad impact on academic medicine, and on Stanford specifically, has been remarkable and evidenced by the esteem with which he is held, both at the national level and at Stanford. Remarkably, in the midst of his myriad responsibilities, Phil has still made the time to conduct weekly educational dean's rounds for students and residents in pediatrics. He also has continued to serve as an attending physician in pediatric infectious diseases at the Lucile Salter Packard Children's Hospital, where he directly contributes to the education and training of students, residents, and fellows.

Phil has distinguished himself in many ways and has already been the recipient of a number of honors and awards throughout his distinguished career. These include election to honorary organizations and societies, including Phi Beta Kappa, AOA, the American Society for Clinical Investigation, the Association of American Physicians, the Society for Pediatric Research, the American Pediatric Society, and the Institute of Medicine of the National Academy of Sciences. He has received major awards from the US Public Health Service for his contributions to research and long leadership at the NIH (including the Commendation Medal, the Meritorious Service Award, and the Outstanding Service Medal). For his work in leading the development of the Children's Inn at the NIH, he was named Washingtonian-of-the-Year. Among his many other awards are the Barbara Bohen Pfeifer Award for Scientific Excellence, the Elizabeth Kubler-Ross Award, and the Ronald MacDonald Charities Award of Excellence.

In conclusion, during his distinguished career, which is still in full-swing, Phil has contributed to basic and clinical science, education, and knowledge generation as a physician, scientist, educator, leader, communicator, and advocate. His work has shaped a number of fields in medicine and science and his dedication to education has significantly influenced students and leaders from all walks of life. He has enriched medical education from the classroom to Congress, from the bench to the bedside, from undergraduates to senior faculty and other leaders. His dedication and commitment have impacted institutions, organizations, and our state and national governments and policies. He has been a role model for the community as an academic and personal leader, and as a scholar-athlete. He trains in the dark almost every morning at 4 AM. He now wears a head lamp and a bell, as we warned him that he could be the prey of a cougar or some other wild animal in the hills around Stanford—and I would not be there to advise or protect him! But most important of all, Phil and Peggy are the parents of two wonderful daughters, making the influence of women in the Pizzo family insurmountable. And now, Phil and Peggy are grandparents as well.

For his broad and deep contributions to children and pediatrics, it is my unequivocal belief that he is a most worthy recipient of the 2012 Howland Award. His selection is greatly deserved, and honors all of us and our profession as we honor him.

REFERENCES

1. Faber HK, McIntosh R (eds). *History of the American Pediatric Society*. McGraw-Hill: New York, 1966; p. 240.
2. Pizzo PA, Hathorn JW, Hiemenz J, et al. A randomized trial comparing ceftazidime alone with combination antibiotic therapy in cancer patients with fever and neutropenia. *N Engl J Med* 1986;315:552–8.
3. Pizzo PA, Robichaud KJ, Gill FA, Witebsky FG. Empiric antibiotic and antifungal therapy for cancer patients with prolonged fever and granulocytopenia. *Am J Med* 1982;72:101–11.
4. Freifeld A, Marchigiani D, Walsh T, et al. A double-blind comparison of empirical oral and intravenous antibiotic therapy for low-risk febrile patients with neutropenia during cancer chemotherapy. *N Engl J Med* 1999;341:305–11.
5. Pizzo PA, Eddy J, Falloon J, et al. Effect of continuous intravenous infusion of zidovudine (AZT) in children with symptomatic HIV infection. *N Engl J Med* 1988;319:889–96.