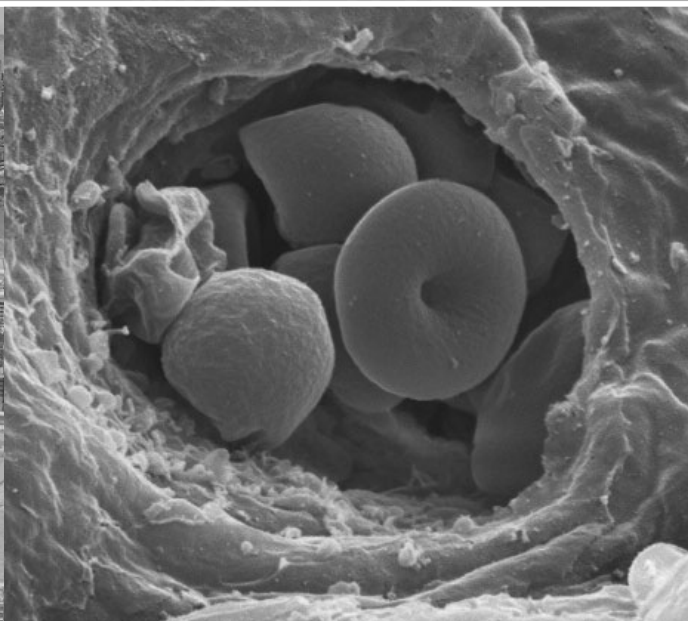
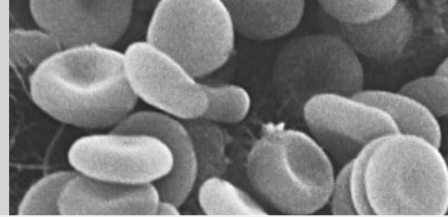


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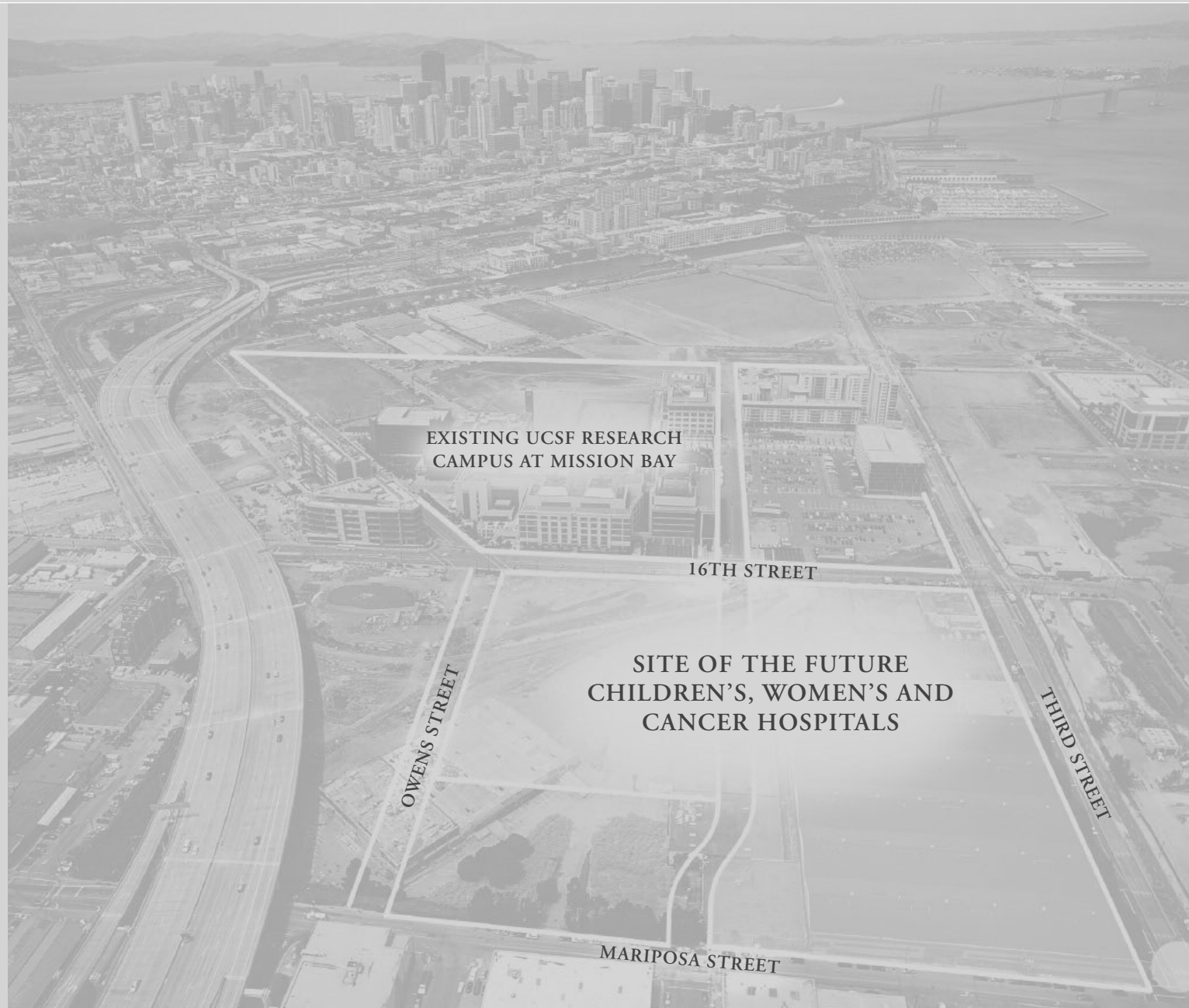






LIVES  FAMILIES  MEDICINE  CURES  CARE  RESEARCH  KNOWLEDGE  THE FUTURE

UCSF Medical Center is embarking on the greatest transformation in its 100-year history. By 2014, new children's, women's and cancer hospitals will rise at our Mission Bay campus – powerful physical evidence of the passion and commitment of people with a common goal.



A Time to Transform

Those of us who work at UCSF Medical Center and UCSF Children's Hospital see, perhaps more clearly than most, that transformation is an intrinsic part of life. We're reminded of this by what we witness here each day: teams of dedicated experts helping to renew the lives of those who come to us for care.

Transformation is also essential to the life of a great medical center. We, too, must renew ourselves as we seek better ways to help our patients and improve the health of people around the world.

UCSF Medical Center is embarking on the greatest transformation in its 100-year history. By 2014, new children's, women's and cancer hospitals will rise at our Mission Bay campus – powerful physical evidence of the passion and commitment of people with a common goal.

What will happen inside these spaces will be truly transformative: advancing new and innovative methods of delivering care, translating research into treatments and cures more quickly than ever before and applying our knowledge more effectively to better serve patients and their families. These goals are within our reach thanks to the kind of visionary thinking, dedication and benevolence illustrated within these pages. From our extraordinary medical staff to our generous benefactors, there is no institution better equipped to achieve these goals and thereby transform medicine.

The next few years will be remarkable ones for UCSF Medical Center. Working together, we will continue to build a future of innovation and discovery that will transform lives in the Bay Area and around the world.



Mark R. Laret
Chief Executive Officer
UCSF Medical Center
UCSF Children's Hospital



UCSF Medical Center continues to build on its success as one of the world's premier health care institutions.

2007 The Year in Review

Throughout the year, the medical center moved forward in its effort to become the West Coast hub for innovation in patient care and translational medicine. By bringing together the top experts in their fields, by expanding its clinical enterprise and by planning state-of-the-art facilities to meet the growing needs of patients, UCSF is defining the future of health in the Bay Area and beyond.

- 🍎 UCSF Medical Center rose to **No. 7 among "America's Best Hospitals"** and UCSF Children's Hospital was recognized as one of the top pediatric facilities in the West, according to *U.S. News & World Report*.
- 🍎 UCSF Medical Center received a full, three-year **accreditation by The Joint Commission**, representing the staunch commitment of the entire medical center organization to meeting the highest standards of medical quality, safety and patient-centered care.
- 🍎 UCSF Medical Center was one of eight California acute care hospitals **among the top 50 U.S. hospitals** named by the Washington, D.C.-based Leapfrog Group for Patient Safety, a coalition of large employers that works to leverage employer purchasing power to promote high-quality health care.
- 🍎 **ValleyCare Health System and UCSF** signed a letter of intent to enhance health care services for women and children in the Tri-Valley region of the East Bay. The goal of the collaboration is both to **expand regional access** to leading-edge perinatal and pediatric care and to broaden the availability of specialty services.
- 🍎 UCSF received **funding** from the National Institutes of Health (NIH) for a major new venture designed to accelerate the pace at which **scientific discovery is translated into patient care**. The UCSF Clinical and Translational Science Institute will be supported with more than **\$100 million** over a period of five years.



- 🍷 UCSF opened the **first headache clinic in the West** with an inpatient component for diagnosis and treatment. The team works in conjunction with patients' referring physicians to develop individualized medical strategies and to significantly improve the patients' quality of life.
- 🍷 In January, Thomas Parker Vail, MD, one of the nation's top orthopedic surgeons, became the chair of the UCSF Department of Orthopedic Surgery. Working with both School of Medicine and UCSF Medical Center leadership, he is developing a **new orthopedics institute** that will increase the department's clinical capacity while integrating related research and training activities.
- 🍷 UCSF Children's Hospital's pioneering fetal treatment center unveiled *Inside* – the first online consultation service in the country dedicated to offering second opinions on **fetal surgery cases**, and the first such service at the children's hospital. *Inside* is an **interactive Web portal** in which patients can upload diagnostic images and other test results.
- 🍷 The medical center's top-ranked neurology and neurosurgery program was among the first in the nation to acquire the Leksell Gamma Knife Perfexion™, **the latest generation Gamma Knife**. Perfexion joins brain mapping, CyberKnife® and the most advanced surgical navigation systems in the program's multi-faceted treatment arsenal.
- 🍷 The **UCSF Asian Heart and Vascular Center (AHVC)** celebrated its **first year** of providing Asian-focused care. The **first service of its kind nationwide**, AHVC was founded in an effort to bridge the cultural and language gaps that often prevent Asian patients from getting the best possible cardiovascular care.
- 🍷 The UC Board of Regents approved a proposed **fundraising campaign** to raise at least **\$500 million** toward the development of the first phase of **UCSF Medical Center at Mission Bay**, a 289-bed, integrated medical center to serve children, women and cancer patients.
- 🍷 **Diane B. "Dede" Wilsey** was named to lead the philanthropic effort in behalf of UCSF Medical Center's new hospital complex at Mission Bay. The cost to build the complex is estimated to be at least \$1.2 billion, with a minimum of **\$500 million needed from private philanthropy**.
- 🍷 UCSF received a **\$150 million pledge** to support clinical and research programs of the UCSF Helen Diller Family Comprehensive Cancer Center. The gift advances UCSF's efforts to become a world leader in **cancer care** and the West Coast hub for innovative therapies in treating cancer patients.





PEDIATRIC
BONE MARROW
TRANSPLANT

*Melissa & John-John
Macalisang*

she was once very sick

Today, a few scars on Melissa Macalisang's chest are the sole reminder that she was once very sick. The 9-year-old can't remember the ordeal that began six years ago when her parents, Maria and John-John Macalisang, took her to the emergency room after months of unexplained bruises, pallid skin and cold symptoms.

When doctors examined the toddler, they believed she had asthma, possibly an iron deficiency, and were ready to send her home, but Maria persisted for more tests. "I know Melissa, and I knew something more was wrong," Maria says. And her mother's intuition proved right: Melissa's blood counts were drastically low, and she was swiftly transferred to UCSF Children's Hospital to see its experts in pediatric bone marrow transplant and blood disease.

a rare disease

The next day, UCSF doctors did a biopsy on Melissa's bone marrow. She was diagnosed with severe aplastic anemia, a rare disease in which the bone marrow fails to produce enough red cells, white cells and platelets – all needed to keep a body healthy and alive.

"We didn't know what the disease was or what to do about it, but the UCSF group explained the sickness, gave us support and helped us find a doctor," Maria says.

Melissa was referred to UCSF's Pediatric Bone Marrow Transplant program. A transplant from a tissue-matched relative is the treatment of choice for severe aplastic anemia. Unfortunately, Melissa did not have a matched relative, so UCSF doctors and her parents began the search for a donor.

After checking with family and searching unrelated donors in the National Marrow Donor Program, no match turned up for Melissa.

a unique process

Fortunately, UCSF is an innovator in developing ways for patients to receive bone marrow or blood stem cells from a donor who may or may not be a relative. "A matched sibling is always the best. If we can't find a matched sibling, we look for a matched unrelated donor. If we can't find that, then we use a parent or a half-matched sibling or uncle, or cousin," Dr. Morton Cowan says. Ultimately, Melissa's father John-John was picked to be the donor.

half-matched donor

Because a parent is half-matched to his or her own child, UCSF uses a unique process to make the bone marrow safe to transplant, a process that included chemotherapy and radiation treatment for Melissa. John-John remembers the entire team, which included doctors, nurses, social workers, child life specialists, pharmacists and nutritionists, becoming like family. *(Continued)*

becoming like family



one day at a time

Then in March of 2002, Melissa had her transplant. Instead of undergoing an operation, the UCSF doctors extracted John-John's bone marrow stem cells using leukapheresis. During leukapheresis, blood is removed from the patient and passed through a special machine, which collects those white cells that contain the bone marrow stem cells that are present in the blood. John-John will never forget the support of Melissa's doctors. "What Drs. Cowan and Horn said really stuck in our minds: 'One day at a time.' Those words of wisdom really did help," he recalls. "You can really feel the love that they have for their patients. They are not just doing their jobs, but along the way you can feel the warmth of their care."

warmth of their care

And now, the playful 9-year-old looks as healthy as any child, without any mask of a life-threatening disease. She has a passion and talent for art and theater, has been cast as a princess in her school play and is active in her student council.

playful 9-year-old

"The tendency is to forget the nightmare that she has been through," says John-John. "But it didn't affect Melissa's emotional stability. In fact, it made her a stronger person – not to mention a good kid and a very loving daughter."

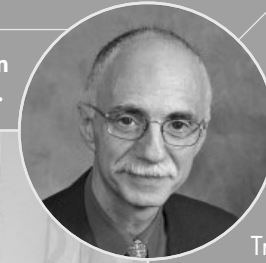
a stronger person



Pediatric Bone Marrow Transplant

More than 600 transplants have been performed for children at UCSF Children's Hospital since the Bone Marrow Transplant Program was established in 1982. The BMT team at UCSF Children's Hospital has pioneered the use of alternative donors when a sibling with the same tissue type is not available. Alternative donors include matched unrelated volunteers or "half-matched" relatives, such as parents.

The "half-matched" donor procedure performed on the Macalisangs required a comprehensive team, including (L to R) Morton Cowan, MD; James Huang, MD; Linda Abramovitz, RN, MS; Marissa Quinn, RN, BSN; Amanda Kice, MSW; Biljana Horn, MD.



Dr. Morton J. Cowan, director of the Pediatric Bone Marrow

Transplant Program,

is recognized throughout the world for his research in immunodeficiency diseases, the use of alternative donors and in utero stem cell transplantation. 🍀 He pioneered the practice of using alternative donors – like John-John Macalisang – when a sibling with the same tissue type is not available. 🍀 He performed the first bone marrow transplant at UCSF Medical Center for a child with severe combined immunodeficiency disease (SCID) in 1982, 🍀 the first T-cell depleted transplant on the West Coast for a child with leukemia in 1985 🍀 and more recently, the first pure blood stem cell transplant from a parent to a child with SCID in North America.





FETAL
TREATMENT

*Jennifer Canova
with twins
Julia & Samantha*

at risk for twin-twin transfusion syndrome

When Chris and Jennifer Canova received the news in early 2007 that they would become parents later that year, they were as thrilled – and stressed – as any young couple would be. Both these emotions were multiplied two-fold when they discovered at 19 weeks that they were expecting identical twin girls.

In addition to learning that the size of their family would soon double, the Walnut Creek, Calif., couple's emotional roller coaster continued when they learned that their girls were at risk for twin-to-twin transfusion syndrome (TTTS), a complication that affects up to 15 percent of identical twin pregnancies.

share blood circulation

Because they share a single placenta, the blood supplies of identical twin fetuses are connected so that they share blood circulation; although each fetus uses its side of the placenta, the blood vessels connecting the twins allow blood to pass from one twin to the other. With TTTS, blood can be transferred disproportionately, causing the “donor” twin to

have decreased blood volume, slowing development and growth, as well as decreased urinary output, leading to a lower than normal level of amniotic fluid.

Conversely, the blood volume of the “recipient” is increased, which

can strain the fetus's heart and eventually lead to heart failure, and also higher-than-normal urinary output, which can lead to excess amniotic fluid.

can strain the fetus's heart

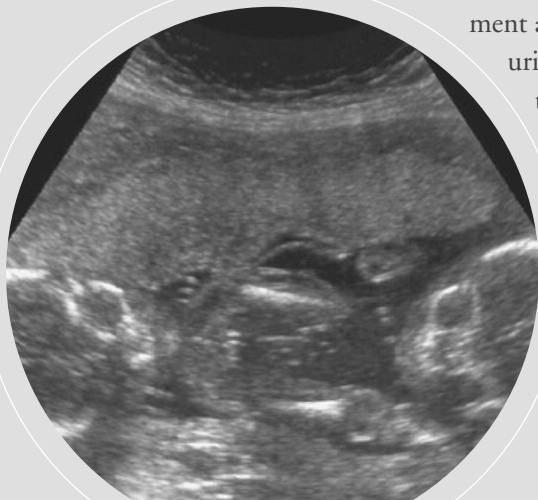


Although Jennifer and Chris had known a couple that had lost twins because of TTTS, Jennifer admits, “We really didn't think that much about it.” An exam three weeks later, however, would raise the specter of TTTS again. At this visit, Jennifer's East Bay obstetrician discovered that there was now a 20 percent difference in the size of the twins – a typical sign of TTTS. Jennifer was immediately referred to the UCSF Fetal Treatment Center and was seen less than 48 hours later.

ttts diagnosis

At UCSF, Jennifer received an ultrasound, confirming the TTTS diagnosis. Dr. Hanmin Lee, fetal surgeon and director of the UCSF Fetal Treatment Center, informed the Canovas of their options, which included fetoscopic laser ablation. The UCSF Fetal Treatment Center is the only facility in the Bay Area – and one of only a few nationwide – to perform this procedure. Through laser ablation, there is an 80 percent chance of saving one fetus and a 50 percent chance of saving both. Severe TTTS without treatment has a mortality rate of 60 to 100 percent. *(Continued)*

fetoscopic laser ablation





try and save both of their babies

Faced with all the statistics, risks and possible outcomes, Jennifer and Chris chose laser ablation as the best choice to try and save both of their babies and checked into the medical center on Mother's Day. During the following morning's surgery, Dr. Lee inspected the twins' placenta with a very thin telescope called a fetoscope. The minimally invasive tool was placed into Jennifer's uterus through a tiny hole in the skin and identified the twins' connecting blood vessels. Using laser light from a small fiber along the tip of the fetoscope, Dr. Lee closed the connecting blood vessels and stopped the abnormal blood flow between the two fetuses. The surgery took approximately 45 minutes.

According to Jennifer, results were almost immediate. "After the ablation, they took more than one liter of amniotic fluid from one of the girls, and the other's fluid began to rise right away. I couldn't believe how quickly everything began returning to normal."

returning to normal

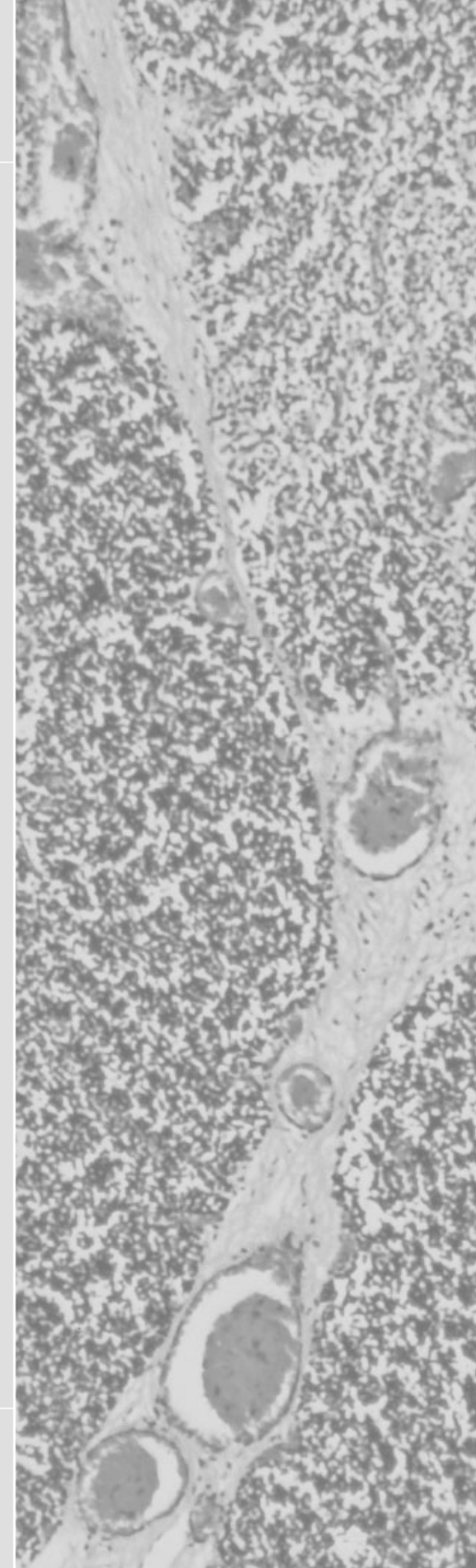
"Fetoscopic laser ablation illustrates one of the things that UCSF does best — developing and using new technology in a responsible way," says Dr. Lee. "We are at the forefront of using emerging technologies to offer hope where there once was none."

new technology

Less than three months after the procedure, hope became reality when Jennifer gave birth to Julia and Samantha, two perfectly healthy girls. In fact, Samantha, who was the smaller "donor" twin in utero, was born a full ounce heavier than her sister.

"We couldn't be happier with the level of care we received," says Jennifer. "Seeing Julia and Samantha today, you would never know that anything was ever wrong."

two perfectly healthy girls



Fetal Treatment Center

The UCSF Fetal Treatment Center, one of the central components of the UCSF Congenital Anomalies Center, was the first program to develop fetal surgery techniques, and its experts have more experience with fetal surgery and endoscopic fetal intervention than any other institution in the world. The Fetal Treatment Center combines the talents of specialists in pediatric surgery, genetics, obstetrics/perinatology, radiology, nursing and neonatal medicine. Its team of doctors, nurses and social workers work together to coordinate all aspects of care from diagnosis to postoperative recovery and long-term follow-up.

Julia and Samantha Canova were born perfectly healthy thanks to the expertise of a team that included (L to R) Vickie Feldstein, MD; Ruth Goldstein, MD; Hanmin Lee, MD; and Mark Rosen, MD.



In 1978, Dr. Michael Harrison

accepted a faculty position at UCSF because it offered what

he believed was the best environment to explore an idea he nurtured since internship — the possibility of fixing certain anatomic defects before birth to avoid the devastating consequences he encountered in newborns. During the 1980s and 1990s, he and his research colleagues developed and refined many of the techniques that have made fetal surgery the fast-evolving specialty it is today.

Widely regarded as “the father of fetal medicine,” he conducted the first-ever open fetal surgery in 1981, and his accomplishments remain the guiding force for the future of fetal medicine.





STROKE &
CARDIAC
TREATMENT

Julie Milanese Jensen

Julie was experiencing dissociation

As Julie Milanese Jensen was shooting off her last e-mail before going home from work at the end of the day, she looked down at her left arm and didn't recognize it as her own. "It was around Halloween," remembers Julie, "and I thought my co-workers were playing a trick on me and had put a fake rubber arm next to mine."

slurring her words

But it was no joke: Julie, then 26 years old, was experiencing dissociation – a rare symptom of stroke in which a person experiences a sudden mental detachment from him- or herself. Although unaware of it, she was also slurring her words. Her co-workers immediately called 911.

"At UCSF's Stroke Center we have 24-7 neurologist coverage, newer imaging technology and trained doctors who use leading-edge therapy for the treatment of stroke," says Dr. Vineeta Singh, a critical care neurologist at UCSF who treated Julie. "The key step in successfully treating acute stroke is rapid diagnosis. Not all hospitals have full-time staff who are trained in recognizing the various stroke signs and symptoms."

rapid diagnosis

Fortunately, Julie's paramedics determined that she was having a stroke, and took her to UCSF's Neurovascular Disease and Stroke Center. Within 15 minutes at UCSF,

Julie was diagnosed with a severe ischemic embolic stroke caused by a blood clot, or embolism, which was blocking the blood supply to her brain.

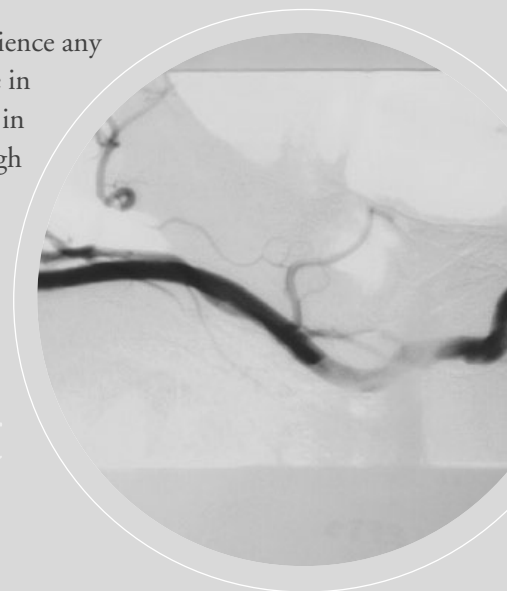
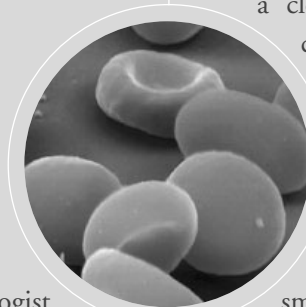
quick decisions

Julie had to make some quick decisions about her care. She signed a consent form to receive a thrombolytic drug – a "clot bluster" that would help dissolve the blood clot lodged in her brain.

The treatment saved Julie's life, but next her doctors had to determine what had caused a healthy, athletic 26-year-old to have a stroke. Doctors discovered that she had a condition called a patent foramen ovale (PFO), which is a small hole located between the upper two chambers of the heart.

dissolve the blood clot

Although most people with a PFO never experience any problems, it is the greatest risk factor for stroke in adults. If an adult with a PFO has a blood clot in the veins in their legs, the clot can travel through the PFO from the right to left side of the heart and into the brain, where it can become stuck, thus blocking normal blood flow to the brain and causing a stroke. *(Continued)*



the treatment saved Julie's life, but



I was shocked

“I was shocked and couldn’t believe I had a hole in my heart,” says Julie, who has completed a marathon and five triathlons.

hole in my heart

Her doctors told her that they would have to repair the PFO. Specialists at UCSF’s Cardiac Catheterization Laboratory successfully closed Julie’s PFO with a non-surgical procedure that involved cardiac catheterization and a special device that acts as a patch to cover the hole between the right and left atriums. Two days later, she was released from the hospital.

non-surgical procedure

“When you have a patient like Julie who comes into the hospital with a devastating stroke and in only a matter of days leaves the hospital walking, then you know that a system like ours is working and that stroke doesn’t have to be debilitating,” says Dr. Singh.

released from the hospital

Within three months after her stroke and PFO procedure, Julie was back at work and planning her wedding. Now 29 years old, Julie is married and expecting her first child. She says she’s back to being herself – though with a new outlook on life.

“Now I try to be more balanced and realize that life is very precious and something can happen in a blink of an eye. I spend a lot more time with family and friends, rather than in the office.”

new outlook on life



Stroke and Cardiac Catheterization

The Neurovascular Disease and Stroke Center provides services from diagnosis to determining damage caused by stroke to treatment, including surgery and follow-up care. The center's team quickly dissolved the blood clot lodged in Julie Milanese Jensen's brain and subsequently worked with the Heart and Vascular Center's Cardiac Catheterization Laboratory to repair her main risk factor for stroke. Within three months Julie was back at work and planning her wedding.

A multidisciplinary team that included (L to R) Sue Huang, MSN; Jim Madden, RN; Vineeta Singh, MD; William Grossman, MD; and Stacey E. Bednar, BSN, helped make Julie's rapid recovery possible.



When **Dr. Mitchell Berger's** mother-in-law, Yvonne, began experiencing symptoms of a stroke at her San

Mateo County home, Dr. Berger – who is also chief of Neurological Surgery at UCSF Medical Center – worked closely with the EMT supervisor to ensure that Yvonne was taken to the UCSF Neurovascular Disease and Stroke Center.

🍏 Diagnoses and treatment all took place within two hours of the onset of symptoms, thanks to the synergy of the multidisciplinary stroke team. “It played out like a symphony,” says Dr. Berger, “exactly the way it’s supposed to.” 🍏 Today Yvonne is on the mend and Dr. Berger credits the successful outcome to her being treated at UCSF. 🍏 “When the chips are down and you have to make a decision, you default to the best,” he says. “And for the very best in stroke care, this is where you want to be.”





LIVING
DONOR
LIVER
TRANSPLANT

*Patrick Caldie &
Stephen Fowler*

he saw how sick he appeared

Stephen Fowler and Patrick Caldie have more in common than teaching at-risk high school students at the El Dorado County (Calif.) Office of Education. On Feb. 1, 2007, Stephen donated part of his liver to Patrick at UCSF Medical Center's Liver Transplant Program, one of the nation's leading centers for adult and pediatric liver transplants.

Stephen underwent a new procedure called a living donor transplant, which allows a living person to donate a segment of his or her liver that then grows, or regenerates, to full size in the recipient. UCSF liver transplant surgeons are among the most experienced in the nation in performing this complex procedure.

"What I did really surprises people," says 37-year-old Stephen, a computer and digital media teacher. "Hopefully my actions will inspire other people to do something good for others that's outside their comfort zone."

living donor transplant

Eight years ago, Patrick, now 60 years old, was diagnosed with cirrhosis of the liver, which is considered "cryptogenic" because it does not have any identifiable cause. Eventually, with toxic substances accumulating in his blood, Patrick started experiencing

ammonia comas, in which he couldn't remember anything for days at a time. It was then that his doctors recommended a liver transplant.

regenerates to full size

Patrick and Stephen had only spoken a handful of times, but Stephen decided to undergo testing to determine if he was a good match when he saw how sick Patrick appeared at school. "When deciding whether to donate part of my liver to Patrick, everything just fell into place and I knew it was meant to be," says Stephen.

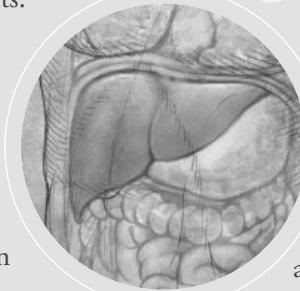
"I thought of the story of the Good Samaritan and believe it was God's will for me to donate my liver."

everything fell into place

Patrick shares Stephen's faith and believes it was part of "God's incredible plan" that brought the two men together, though he says Stephen's decision did raise some concern.

"I thought, 'Do I really want someone to risk their life for me?'" says Patrick, a social sciences teacher and former youth pastor, who describes himself as a "giver," not a "receiver." "But then Stephen told me his decision was not so much about me, but rather about his relationship with God." *(Continued)*

Patrick shares Stephen's faith





his left lobe was too small

Typically, living donors donate their right lobe to adult recipients – around 60 percent of the liver. However, when evaluating Stephen for surgery, doctors discovered that his right lobe made up 75 percent of his liver and his left lobe made up 25 percent. Transplanting Stephen's right lobe would have left him with an insufficient amount of liver and his left lobe was too small for Patrick. However, UCSF organ transplant surgeons Dr. Nancy Ascher and Dr. John Roberts determined a way to transplant Stephen's left lobe and make it work for Patrick.

“Stephen was the second adult to have a piece of liver that was originally too small transplanted at UCSF. We are one of the few medical centers in the world doing this leading-edge surgery,” says Dr. Roberts, chief of the UCSF Transplant Service, who performed the transplant.

leading-edge surgery

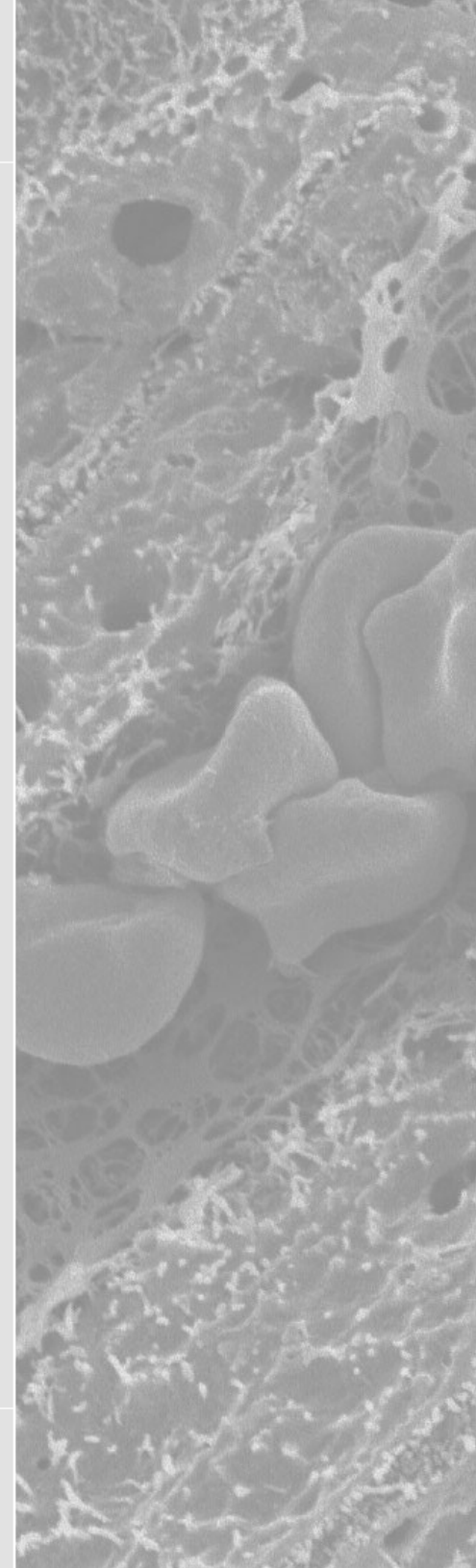
Dr. Ascher, who performed the donor operation, or hepatectomy, made another discovery during surgery – Stephen had a previously undetected tumor on his liver. Although the growth was benign, it could have become cancerous, so surgeons decided to remove it.

another discovery during surgery

“This reinforced my belief that the experience was meant to be,” says Stephen. “In a way, I should thank Patrick, rather than the other way around.”

So far, Patrick says he feels great and a liver biopsy recently showed that the liver is healthy and growing. “I have a brand-new appreciation for the details of life,” he says. “Now I pay attention to the specialness of the things and the people around me. My way of thanking Stephen is to use my new gift of life, rather than squander it.”

my new gift of life



Liver Transplant

The Liver Transplant Program has performed more than 1,800 liver transplants for adults and children since it began in 1988. The program, designated as a Center of Excellence by the U.S. Department of Health and Human Services, carries out more liver transplants than any other hospital in Northern California and is recognized as one of the nation's leading centers for pediatric and adult liver transplants. In addition, UCSF's transplant surgeons are among the most experienced in the nation in performing living donor liver transplants on patients like Patrick Caldie and Stephen Fowler.

Stephen Fowler was able to give the gift of life to his friend Patrick Caldie thanks to the unmatched skill of a team that included (L to R) Wendy Kahn, CSW; Cherie Bremer-Kamp, RN; Nancy Ascher, MD; John Roberts, MD; and Claudia Praglin, RN.



Husband-and-wife transplant team **Dr. Nancy Ascher and Dr. John**

Roberts were recruited

from the University of Minnesota in 1988 to start a liver transplant program at UCSF Medical Center, 🍏 now considered one of the nation's leading centers for pediatric and adult liver transplants.

🍏 The first live adult-to-child liver transplant was performed here in 1993 🍏 and the first live adult-to-adult transplant in 2000. 🍏 The number of patients who have received a new liver has jumped dramatically over the last few years at UCSF, thanks to the healthy people who have come forth to donate part of their livers to a family member or friend.

🍏 Drs. Ascher and Roberts performed nine of these procedures in 2007.





Building the Framework for the Future

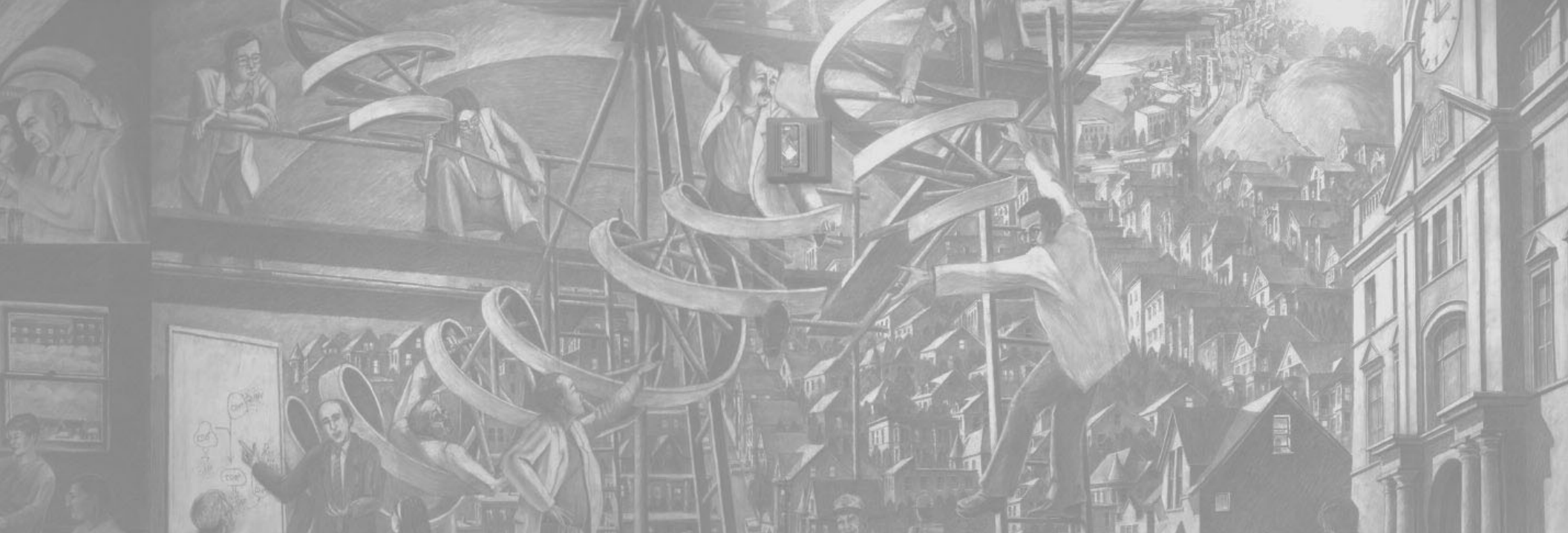
“This project will create a place where brilliant scientists and dedicated doctors can work together to improve health. It’s about leadership and vision, and about making a real difference.” – Diane B. “Dede” Wilsey

Diane B. “Dede” Wilsey has devoted much of her energy toward building a better San Francisco.

She has raised millions of dollars for the San Francisco Ballet, the San Francisco Opera and countless educational and cultural organizations. As capital campaign chair, she has enlarged a school in the Mission District, renovated Grace Cathedral and successfully rebuilt the de Young Museum, which was the largest private cultural gift ever given to the City of San Francisco.

Now, as chair of UCSF’s \$500 million campaign to construct a state-of-the-art hospital complex at Mission Bay, Wilsey hopes to enhance one of the city’s most meaningful resources for the benefit of the community and for those seeking medical care from afar.

UCSF consistently ranks in the top five nationally in research funding, and its discoveries and successes cover all aspects of medical science, from genetic engineering to the molecular mechanisms of cancer. It is consistently rated as one of the nation’s top hospitals and was the first in Northern California to be designated as a comprehensive cancer center.



A multi-disciplinary team from Carnegie Mellon University in Pittsburgh developed this panoramic black-and-white mural located on UCSF's Parnassus Heights campus. The mural provides a view over San Francisco extending from Golden Gate Park to Mission Bay, where UCSF's new children's, women's and cancer hospitals will rise in the years ahead.

“This is a framework for the future. All the pieces are already in place: a history of important breakthroughs, brilliant doctors and scientists, a reputation for excellence. Now it’s time to build on these strengths,” says Wilsey.

The new hospitals will meet the needs of patients, accommodate the new technologies and tools of today’s medicine and enable closer interactions among physicians and scientists to streamline how new insights are applied toward innovative therapies.

Space which becomes available in existing facilities will be renovated and used to expand programs in neurosurgery, heart and vascular care, organ transplantation and other specialties, providing greater access to care for more patients in need.

“This is a framework for the future. All the pieces are already in place: a history of important breakthroughs, brilliant doctors and scientists, a reputation for excellence. Now it’s time to build on these strengths,” says Wilsey.

“We are fortunate to have the excellent research buildings which were just completed at Mission Bay. With the addition of the children’s, women’s and cancer hospitals, as well as an ambulatory care center, we will be a truly great Western medical center,” she adds. “This will attract scientists, doctors and patients from the West Coast and the entire Pacific Rim. UCSF is recognized as an international institution that makes a significant difference to so many. With support from our donors, we can build a sophisticated, efficient and healing environment in our city.”

To learn how you can support UCSF Medical Center and UCSF Children's Hospital, contact Sterrin Bird, senior director of development, at (415) 353-3860.

Being rated among the Top 10 hospitals in America is not only a huge honor, it is also a great responsibility. Everyone who walks through the halls of UCSF Medical Center sees the faces of anxious patients and worried families, and are reminded that there is still much to do.

To meet this challenge, the medical center has embarked on its most ambitious fundraising effort ever: The Campaign for UCSF Medical Center, which seeks to raise \$500 million for the construction of children's, women's and cancer hospitals at Mission Bay. The campaign is also crucial to update existing facilities and to keep pace with growth and patient volumes at the Parnassus Heights and Mount Zion hospitals.

The five individuals profiled here have joined a growing community of donors who recognize and embrace this challenge.

The Campaign for UCSF Medical Center

KATHLEEN & PETER BALESTRERI

*"UCSF is one of
the great jewels of
San Francisco.*

*I share its commitment
to seeing a new hospital
to serve our community
and the world."*

- Kathy Balestreri

COMMITTED TO COMMUNITY SERVICE

Between them, Kathleen and Peter Balestreri have worked at UCSF for more than 50 years, but their connections with the medical center go much deeper than that. Her father was born here, his mother had her career here, his brother-in-law was a chief engineer here, he was treated here as a child, and their two children were born here and did volunteer work as teenagers, along with numerous nieces and nephews.

"The medical center has been a tremendous factor in our lives. Now we have an opportunity to give back in a tangible way," says Pete, a former San Francisco police officer who has been director of UCSF security services for the past 18 years.

The Balestreris, both third-generation San Franciscans, have made a five-year pledge to support the new medical center.

Kathy is a particularly strong advocate of the new facility. Over the past 32 years, she has worked her way from administrative assistant to director of Concierge Services. Just over five years ago she helped launch the service to improve patient access to clinical care.

"The people here have such passion for advancing research and for taking care of the San Francisco community," says Kathy. "Now I want to see the medical center grow and evolve for all involved."



ANNA & MIKE STRAIN



THE LITTLE THINGS THAT MEAN A LOT

Anna and Mike Strain lost count of how many hours they spent at UCSF Medical Center. They were in the hospital on and off for almost 17 months while their young daughter, Annika, struggled with cancer. Annika was not quite 4 years old when she died on Sept. 6, 2006.

“Despite all she had to go through, we were glad she could be treated here,” says Anna, a former grade school teacher who was seven months pregnant when Annika was diagnosed with bladder cancer. “But we were also blessed to have a place like UCSF so close to where we live. The nurses and staff were so accommodating and allowed us to do things as a family while Annika was there.”

As a tribute to their daughter – and to help other families dealing with life-threatening illnesses – the Strains established the Annika Kelly Strain Foundation shortly after their daughter passed away. Mike says that instead of raising funds to support cancer research, the family wanted to help children in a more tangible and personal way.

Working closely with the children’s hospital’s Child Life Department, the foundation is currently involved in providing toys for the weekly Bingo games, as well as supporting the department with other under-budgeted needs. In addition, the foundation hosts quarterly “Treat Days” for the Pediatric Hematology/Oncology and Bone Marrow Transplant unit.

“Our long-term goal is to provide an outdoor area at the new children’s hospital in Annika’s honor,” says Mike. “She loved to be outdoors, and we think it’s important for kids to have fresh air and space outside to run around.”

To learn more about the Annika Kelly Strain Foundation, visit www.annikastrain.com.

“The new children’s hospital will not just be hallways and rooms. It’s an opportunity for a fresh new start in meeting the needs of kids and families.”
- Anna Strain

DIANA FARMER, MD

A BETTER FUTURE FOR EVERYONE

As a pediatric surgeon, Diana Farmer, MD, knows the future can be changed. Her groundbreaking work has brought about brighter futures for hundreds of infants and children who might have otherwise faced a life coping with disability from spina bifida or other devastating disorders.

“I am completely dedicated to health care for kids,” says Dr. Farmer, chief of pediatric surgery at UCSF Children’s Hospital. “The impact is tremendous: You don’t just save a life, you save a lifetime.”

Dr. Farmer is equally committed to helping create the new children’s hospital at Mission Bay and has made a five-year pledge to the UCSF Medical Center campaign. She is fully involved in the planning of the new medical center and has taken part in more than 100 meetings to discuss the needs of its youngest patients.

“I’m so honored to be part of such an extraordinary undertaking,” she says. “I believe that UCSF is one of humanity’s great resources. The advances that happen here, such as fetal surgery, could only happen in a place like UCSF. It’s a unique combination of world-class science, an environment of innovation and people willing to push the envelope of care.”

“Surgery is the most frightening thing for a child. The new hospital will have operating rooms and recovery rooms dedicated specifically for children. It will be tailored to their unique physiological needs and designed so that it will not be a scary place to get well.” - Diana Farmer, MD



FINANCIALS

FISCAL YEARS ENDING JUNE 30, 2007 AND 2006 (DOLLARS IN THOUSANDS)

BALANCE SHEET

	2007	2006
Assets		
Total current assets	484,194	419,606
Capital assets, net	601,542	502,826
Other assets	12,404	11,235
Total assets	1,098,140	933,667
Liabilities and Net Assets		
Total current liabilities	173,669	146,778
Long-term debt and capital leases, net of current portion	219,935	167,317
Other liabilities	29,395	55,300
Total liabilities	422,999	369,395
Net assets	675,141	564,272
Total liabilities and net assets	1,098,140	933,667

ADDITIONAL INFORMATION

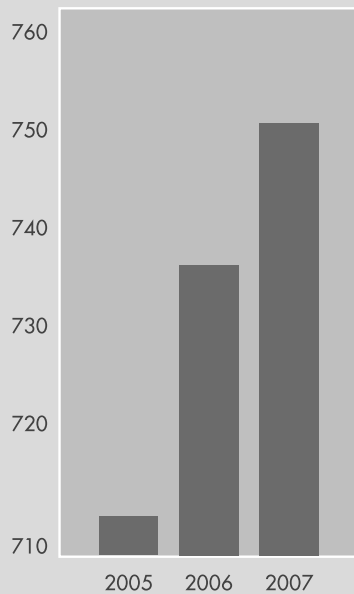
	2007	2006
Uncompensated care	168,764	143,432
Reinvestment in facilities and equipment	154,688	155,403

INCOME STATEMENT

	2007	2006
Operating Revenue		
Net patient service revenue	1,363,149	1,244,462
Other operating revenue	23,207	24,588
Total operating revenue	1,386,356	1,269,050
Operating Expenses		
Salaries and employee benefits	623,352	546,978
Supplies and purchased services	518,535	483,631
Depreciation and amortization	55,968	52,171
Other	75,989	72,528
Total operating expenses	1,273,844	1,155,308
Income from operations	112,512	113,742
Non-operating expenses, net	(1,670)	(18,099)
Net income	110,842	95,643

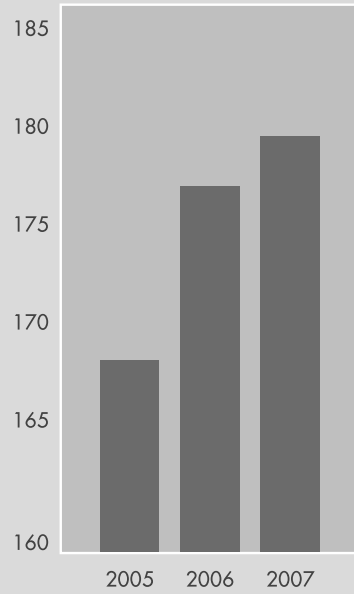
By funding charity care, subsidizing the Medi-Cal shortfall and shouldering the burden of bad debt, the medical center, at a cost of \$168.8 million in 2007, works to create a healthier community for all by caring for those who are uninsured or of limited means.

Advancing Health Worldwide Begins at Home. Providing care is more than meeting immediate medical needs; it's also about sharing our knowledge and resources to improve the lives of our neighbors throughout the Bay Area. From leading community education programs on diverse health issues to providing free vaccinations and health screenings for underserved communities, our dedicated nurses, physicians, technologists, therapists, volunteers and others from UCSF Medical Center and UCSF Children's Hospital consider it part of their mission to share their expertise.



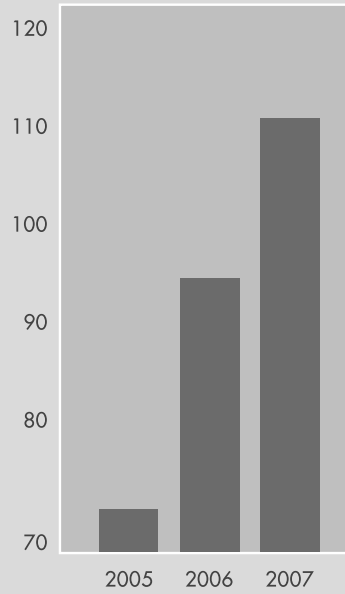
Outpatient Activity

Patient visits in thousands



Inpatient Activity

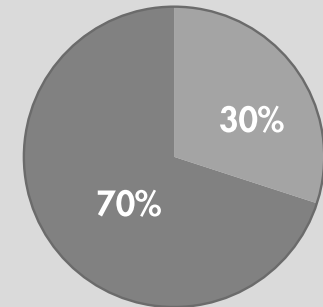
Patient days in thousands



Net Income

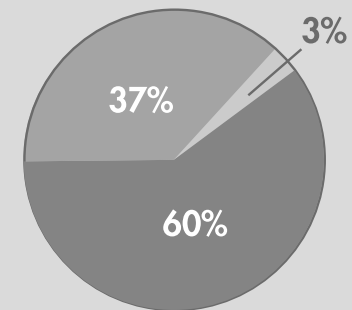
Dollars in millions

UCSF Medical Center's financial condition continued to improve, with net income rising from \$95.6 million in fiscal year 2006 to \$110.8 million in 2007. Our financial performance enabled us to increase cash reserves from \$155.6 million in 2006 to \$182.8 million in 2007. This positions the medical center to support seismic upgrades, make needed improvements to our facilities and equipment and consider plans for future expansion.



Patient mix*

Adult: 70%
Pediatric: 30%



Patient origin*

San Francisco residents: 37%
Other California residents: 60%
Outside of California: 3%

* Based on patient days

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* On June 30, 2007



The 2007 annual report of UCSF Medical Center
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UCSF Medical Center



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UCSF Children's Hospital

ANNUAL REPORT 2007

TRANSFORMATION

UCSF Medical Center



UCSF Children's Hospital

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Please call the Development Department at (415) 353-3860 with your questions. Thank you!

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UCSF Medical Center