Stanford

Rondeep Brar

Clinical Professor, Medicine - Hematology

CLINICAL OFFICE (PRIMARY)

- **Stanford Comprehensive Cancer Center**
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ACADEMIC CONTACT INFORMATION

- **Stanford Cancer Center**
  Tel (650) 498-6000

Bio

BIO

As the Chief Medical Officer of Cancer Care at Stanford Health Care, it is my privilege to partner with my colleagues in advancing innovative research alongside high quality, coordinated, and compassionate care.

I aim to provide high quality care in a diverse patient practice. My clinic includes all types of hematologic disorders, ranging from anemia, clotting/ bleeding disorders, and low blood counts to complex malignancies such as leukemia, myelodysplastic syndrome, myeloma, and lymphoma. I aim to combine the efficiency of a private office with the complex care expected of a tertiary institution like Stanford. I value your time and strive to maintain an on-schedule clinic.

CLINICAL FOCUS

- Cancer > Hematology
- Hematology
- Oncology

ACADEMIC APPOINTMENTS

- Clinical Professor, Medicine - Hematology

ADMINISTRATIVE APPOINTMENTS

- Chief Medical Officer, Cancer Care, Stanford Health Care, (2025- present)
- Ann and John Doerr Medical Director of the Stanford Cancer Center, Stanford Cancer Center, (2023- present)

HONORS AND AWARDS

- Denise O'Leary Award for Clinical Excellence, Stanford Health Care (2025)

PROFESSIONAL EDUCATION

- Medical Education: UCLA David Geffen School Of Medicine (2007) CA

- Board Certification: Medical Oncology, American Board of Internal Medicine (2013)
- Board Certification: Hematology, American Board of Internal Medicine (2013)
- Fellowship: Stanford University Hematology and Oncology Fellowship (2012) CA
- Residency: Stanford University Internal Medicine Residency (2010) CA

Research & Scholarship

CLINICAL TRIALS

- Combination 5-azacitidine and Gemtuzumab Ozogamicin Therapy for Treatment of Relapsed Acute Myeloid Leukemia (AML), Not Recruiting
- Expanded Tx Panobinostat(LBH589)+Bortezomib+Dexamethasone in Relapsed & Refractory Multiple Myeloma, Not Recruiting
- Phase 1/2 NEOD001 in Light Chain (AL) Amyloidosis, Not Recruiting
- Phase I CAL-101 w/ Chemo & Anti-CD20 mAb in Relapsed or Refractory Indolent B-cell NHL, MCL or CLL, Not Recruiting
- Phase I Extension Study of Clinical Activity of GS-1101 in Hematologic Malignancies, Not Recruiting
- Phase I Inotuzumab Ozogamicin with CVP in Relapsed/Refractory CD22+ Acute Leukemia, Not Recruiting
- Phase IB BET Inhibitor RO6870810 - Given as Mono & Combination Therapy in Advanced Multiple Myeloma, Not Recruiting
- Phase Ib Panobinostat +/-Idarubicin &Cytarabine Induction &High-Dose Cytarabine-Based Therapy in AML, Not Recruiting
- Phase IB/II Vismodegib in Relapsed/Refractory AML and Relapsed/Refractory High Risk MDS, Not Recruiting
- Phase II ABT-199 (GDC-0199) in CLL w/ Relapse or Refractory to BCR Signaling Pathway Inhibitor Tx, Not Recruiting
- Phase II ACP-196 in Relapsed/Refractory CLL and Intolerant of Ibrutinib Therapy, Not Recruiting
- Phase II ATRA, Arsenic Trioxide and Gemtuzumab Ozogamicin for High Risk Acute Promyelocytic Leukemia, Not Recruiting
- Phase II CPX-351 in Relapsed or Refractory AML or Higher Risk MDS, Not Recruiting
- Phase II Hyper-CVAD + Dasatinib +/- Allogeneic Stem Cell Transplant in Ph Chromosome + and/or ALL , Not Recruiting
- Phase II Idarubicin & Ara-C +/- Pravastatin in Poor-Risk Acute Myelogenous Leukemia(AML) , Not Recruiting
- Phase II Idelalisib in Combo with Rituximab in Chronic Lymphocytic Leukemia with 17p Deletion, Not Recruiting
- Phase II Idelalisib Indolent B-Cell Non-Hodgkin Lymphoma Refractory to Rituximab &Alkylating Agents, Not Recruiting
- Phase II Lenolidomide +/- Azacitidine vs Azacitidine in Newly Diagnosed AML, Not Recruiting
- Phase II Pracinostat plus Azacitidine in Elderly Patients with AML, Not Recruiting
- Phase III ACP-196 vs Ibrutinib in Previously Treated High Risk Chronic Lymphocytic Leukemia, Not Recruiting
- Phase III Axicabtagene Ciloleucel vs SoC Therapy in Relapsed/Refractory Diffuse Large BCell Lymphoma, Not Recruiting
- Phase III Azacitidine + BSC vs BSC as Maintenance Tx in AML in Complete Remission, Not Recruiting
- Phase III Bendamustine +Rituximab vs Ibrutinib +Rituximab vs Ibrutinib Alone in CLL, Not Recruiting
- Phase III Blinatumomab for Newly Diagnosed BCR-ABL-negative B lineage ALL, Not Recruiting
- Phase III Obinutuzumab +/- Chlorambucil, ACP-196 +/- Obinutuzumab & ACP-196 Monotherapy in CLL, Not Recruiting
- Phase III Quizartinib vs Salvage Chemo in FLT3-ITD+ AML Refractory/Relapsed to First-Line Chemo, Not Recruiting

Publications

PUBLICATIONS

- **Real time machine learning prediction of next generation sequencing test results in live clinical settings.** *NPJ digital medicine*
  Kim, G. Y., Schwede, M., Corbin, C. K., Fouladvand, S., Brar, R., Iberri, D., Shomali, W., Oak, J. S., Gratzinger, D., Stehr, H., Chen, J. H.
  2025; 8 (1): 533

- **Longitudinal study of 2 patients with cyclic thrombocytopenia, STAT3, and MPL mutations.** *Blood advances*
  Zhang, H., Chien, M., Hou, Y., Shomali, W., Brar, R., Ho, C., Han, P., Xu, D., Zhang, B. M., Guo, X., Tolentino, L., Wu, N. C., Tsai, et al
  2022
- **Machine Learning Predictability of Clinical Next Generation Sequencing for Hematologic Malignancies to Guide High-Value Precision Medicine.** *AMIA ... Annual Symposium proceedings. AMIA Symposium*
  Kim, G. Y., Noshad, M., Stehr, H., Rojansky, R., Gratzinger, D., Oak, J., Brar, R., Iberri, D., Kong, C., Zehnder, J., Chen, J. H.
  2021; 2021: 641-650
- **A Case of G6PC3 Congenital Neutropenia, Misdiagnosed As Evans Syndrome**
  Camacho, J., Brar, R., Chapman, C., Fernandez-Pol, S., Weinacht, K., Gernez, Y.
  SPRINGER/PLENUM PUBLISHERS.2020: S131–S132
- **Splenectomy for benign and malignant hematologic pathology: Modern morbidity, mortality, and long-term outcomes.** *Surgery open science*
  Alobuia, W. M., Perrone, K. n., Iberri, D. J., Brar, R. S., Spain, D. A., Forrester, J. D.
  2020; 2 (4): 19–24
- **Late presentation of dyskeratosis congenita.** *British journal of haematology*
  Shomali, W., Brar, R.
  2019
- **A Kindred with a β-Globin Base Substitution [β89(F5)Ser→Arg (AGT>AGG); HBB: c.270T>G] Resulting in Hemoglobin Vanderbilt.** *Hemoglobin*
  Shomali, W. n., Brar, R. n., Arekapudi, S. R., Gotlib, J. R.
  2019: 1–4