

## NEWS RELEASES 2003

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2003**

Risk Factors  
Determine Need  
for Colonoscopy

Pescovitz To  
Lead Organ  
Transplant  
Program

**December 4,  
2003**

Common Drug  
Found To  
Reduce  
Cartilage Loss  
In Knee  
Osteoarthritis

'Mr. Block'  
Improves  
Efficiency In  
Aneurysm  
Surgery

**December 3,  
2003**

IU School of  
Medicine  
Studies  
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Home  
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**December 2,  
2003**

Tamoxifen's  
Effectiveness  
May Be  
Compromised  
By Hot Flash  
Drug

Self-  
management

April 24, 2003

### How Should Medical Care That Emphasizes Human Relationships Be Taught to Future Doctors?

INDIANAPOLIS - Researchers from the Indiana University School of Medicine and Regenstrief Institute Inc. are collaborating with the Fetzer Institute on a project of nearly \$2 million to study how to better educate future doctors to include human relations as they dispense health care. The nation's second largest medical school, which this year will graduate its first class trained to link competency, professionalism, ethics and life long learning, will serve as a laboratory for the study of relationship-centered medical care.

The IU and Regenstrief researchers will investigate how relationship-centered care -- which brings physicians' relationships with their patients, their patients' families, other caregivers, and communities into play -- can be incorporated in a medical school curriculum and post-medical school training thereby influencing the way future physicians practice medicine. The researchers also will conduct investigational studies on relationship-centered care itself.

Over the next three years, they will look at how to train future physicians to focus on these interpersonal interactions, to provide care in a fashion that expresses the same principles as the old fashioned bedside manner of simpler times when physicians were not pressured to see patients in a short period of time. They also plan to teach medical students how this compassionate care can be practiced by physicians in the competitive health care environment of the twenty-first century.

In addition to working with medical students, residents and fellows, the IU and Regenstrief investigators will develop a body of research to shed light on what clinicians and patients are actually doing, thinking and feeling as they interact.

Thomas S. Inui, Sc.M., M.D, associate dean for health care research, and the Sam Regenstrief Professor of Health Services Research at the Indiana University School of Medicine and president and chief executive officer of Regenstrief Institute Inc., will lead the project over a three-year period.

Dr. Inui believes that "meaningful relationships in health care were never more important than they are today. Effective health care is built on a foundation of trust and collaboration, not only on the basis of technical expertise." Dr. Inui also sits on an Institute of Medicine committee that is studying relationship-centered care. The IOM is a part of the National Academies of Science.

"Relationship-centered care means that we have to think a little bit differently about how we approach patients, how we approach health care colleagues, and how we approach our students. Quality health care and quality medical education are all about quality relations with one another," said Stephen Leapman, M.D., executive associate dean for educational affairs at the IU School of Medicine.

The Fetzer Institute is a private operating foundation based in Kalamazoo, Mich. that supports research, education, and service programs exploring the integral relationships among body, mind, and spirit. "Movement in the direction of relationship-centered care in the life world of academic medicine would be galvanized if even one medical school/academic medical center could seriously undertake this kind of change process, document its journey, share perspectives with peer schools, and measure the impact of what it has done on the members of the academic community viewed broadly. We propose to take that journey at the Indiana University School of Medicine," said David Sluyter of Fetzer.



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317 274 7722

Fax  
317 278 8722

Improves  
Course of Low  
Back Pain

###

Media Contact: Cindy Fox Aisen  
caisen@iupui.edu  
317-274-7722

**December 1,  
2003**  
Sudden Cardiac  
Arrest Less  
Fatal With Rapid  
Intervention,  
Study Shows

Grosfeld Named  
Life Member Of  
American  
College Of  
Surgeons

Oxford To Lead  
International  
Neuroscience  
Association

**November 20,  
2003**  
Jones Named  
Executive  
Associate Dean  
of Strategic  
Planning,  
Analysis and  
Operations at IU  
School of  
Medicine

IU School of  
Medicine  
Participates in  
Nationwide  
Angina Pain  
Studies

Boning Up On  
The Genetic  
Factors Of  
Osteoporosis

**November 18,  
2003**  
Clinicians Need  
to Put Heads  
Together on  
Sports

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**News Release Archives | Media Relations | IU School of Medicine**

## Concussions

More Docs  
Favor National  
Health  
Insurance,  
Study Reveals

IU Medical  
School, Merck  
Take Shot at  
Vaccinating  
Kenya Kids

### **November 13, 2003**

Stroke Patients  
With Spasticity  
Sought For  
Study

### **November 12, 2003**

Prostate  
Surgery Patients  
In Good Hands  
With Robot

Toy Story: Make  
Safety Your  
Stocking Stuffer

### **November 11, 2003**

Williams Named  
H.H. Gregg  
Professor Of  
Oncology

Stereotactic  
Lung Cancer  
Study Produces  
Positive Initial  
Results

IU Pediatric  
Ophthalmologist  
Receives  
National  
Humanitarian  
Award

IU Physician On

Deck to Lead  
National ER  
Society

**November 3,  
2003**

Heck Accepted  
In American  
Orthopaedic  
Association

**October 30,  
2003**

Riley Physician  
Recipient of  
New Leadership  
Award

**October 29,  
2003**

Rex Leads  
National  
Gastroenterology  
Group

**October 28,  
2003**

Blackburn  
Receives 2003  
Beering Award

**October 27,  
2003**

Miyamoto  
Elected to  
Institute of  
Medicine  
Membership

**October 24,  
2003**

State's  
Toxicology Chief  
Retires

**October 21,  
2003**

IU Stroke  
Program Seeks  
Prevention,  
Better  
Treatments and  
Improved  
Outcomes

Krannert  
Institute Shares  
Defibrillators  
With Indy Airport

**October 14,  
2003**

As Bioterrorist  
Threat Shows  
Need For Better  
Smallpox  
Vaccine, IU  
Scientists Study  
Tricks Pox Virus  
Uses To Hide  
From Immune  
System

**October 13,  
2003**

Med Student  
Begins Rounds  
as IU Trustee

**MEDIA  
ADVISORY:**

Lance  
Armstrong and  
Tour of Hope  
Indianapolis, IN  
- October 13,  
2003

**October 10,  
2003**

Conference  
Focuses on  
Families  
Planning  
Overseas  
Adoptions

**October 2, 2003**

Lance  
Armstrong  
brings Tour of  
Hope to Indy

**September 15,  
2003**

Health Fair  
Reaches Out to  
Medically

## Underserved

**September 12,  
2003**

What's Past is  
Prologue for  
Indiana Medicine  
Science, Art and  
a Centennial  
Make For a Big  
Week of Events

Chihuly's *DNA  
Tower* to be  
Unveiled at IU  
School of  
Medicine

Walther  
Oncology Looks  
To The Future  
In Cancer  
Treatments

Imaging Science  
Advances  
Research To  
Improve Hoosier  
Health, Lives

Microscopy  
Center Gives  
Scientists a  
Unique  
Perspective on  
Cell Activity

Neuroscience  
Institute is  
Nerve Center of  
Collaborative  
Research

After 100 Years,  
The IU School  
Of Medicine Is  
Ready To  
Celebrate

IU Faculty Bring  
Alzheimer  
Disease

## Information To Families

**September 10,  
2003**

Women's Health  
Care in  
Symposium  
Spotlight

**September 4,  
2003**

IU Researchers  
Test Vaccine,  
Attitudes  
Toward Herpes  
Prevention

Nobel Laureate  
to Visit Medical  
School

**September 2,  
2003**

Annals of  
Internal  
Medicine: A  
New  
Perspective On  
Successful Aging

**August 28, 2003**

Suicide  
Prevention is  
Target of  
Firearm  
Violence Group

**August 27, 2003**

Baby Recovers  
After Receiving  
4-Organ  
Transplant

**August 26, 2003**

Students'  
Research  
Projects Earn  
Top Honors

**August 25, 2003**

IU Physicians  
Offer Free

Vascular  
Disease  
Screenings

**August 21, 2003**

Growable  
Implant Saves  
Girl's Leg from  
Bone Cancer

**August 20, 2003**

Lifestyle  
Changes Can  
Loosen Chains  
for Hoosiers  
with Arthritis

**August 14, 2003**

Vaccine For  
Herpes Tested  
At Indiana  
University

**August 13, 2003**

Huntington  
disease drug to  
be tested at IU

**August 12, 2003**

Reynolds  
Foundation  
Awards \$2  
Million to IU for  
Geriatrics  
Education

**August 7, 2003**

Carmel Medical  
Center Open  
House Offers  
Fun, Information  
For Families

Back To School  
MedTips

New Medical  
Students Mark  
School's  
Second Century

**August 6, 2003**

Indiana State



Museum to  
Introduce  
Visitors to  
Future  
Treatments for  
Lung Cancer  
and Nicotine  
Addiction

**August 1, 2003**  
Fall IU Mini  
Medical School  
Offers Myriad  
Health Topics

**July 30, 2003**  
IU School Of  
Medicine Seeks  
Patients For  
Free  
Colonoscopy  
Study

**July 28, 2003**  
IU School Of  
Medicine Seeks  
Stroke Patients  
For Study On  
Botox

**July 24, 2003**  
Boy Recovering  
After Receiving  
Small Bowel  
Transplant

**July 23, 2003**  
Popular  
Stimulant  
Requires  
Regulation, IU  
Physician  
Testifies

**July 15, 2003**  
IU Physicians  
Take Top  
Honors in  
*America's Top  
Doctors*

**July 14, 2003**  
Johns Hopkins

Physician To  
Assume IU's  
Top Surgery  
Post

**July 11, 2003**  
Allen To Lead  
American Board  
Of Pathology

IU School of  
Medicine Chair  
To Lead  
International  
Society

Michael Elected  
Treasurer Of  
International  
Medical Society

**July 7, 2003**  
Lung Cancer  
Drug Being  
Studies At IU  
Cancer Center

IU Offers New  
Treatment  
Option For  
Cholesterol  
Patients

**June 16, 2003**  
Medication May  
Slow  
Progression of  
Alzheimer  
Disease

**June 12, 2003**  
IU Seeks  
Patients For  
Lymphoma  
Vaccine Study

**June 11, 2003**  
Patients  
Needed For  
Non-Hodgkin's  
Lymphoma  
Study

**June, 2003**

**MEDTIPS**

**June 9, 2003**

IU Seeks  
Participants For  
Huntington,  
Parkinson  
Diseases  
Studies

**June 5, 2003**

Unique Program  
Pairs Med  
Students With  
Hoosier Family  
Docs

**June 2, 2003**

Federal Task  
Force Study  
Finds  
Insufficient Data  
on Merit of  
Routine  
Dementia  
Screening

**May 30, 2003**

Pediatric  
Resident  
Named To  
National Child  
Abuse, Neglect  
Committee

**May 30, 2003**

IU Transplant  
Chief Elected To  
Organ  
Procurement  
Board

**May 29, 2003**

IU, ComChem  
Enter  
Agreement To  
Develop Cancer  
Therapies

**May 14, 2003**

IU Medical  
Alumni

Weekend  
Focuses On  
Changes In  
Education

**May 12, 2003**

Doctors Find  
Patient  
Relationships  
Highlight of  
Profession

**May 9, 2003**

Picture Pill  
Takes 'Fantastic  
Voyage'  
Through Small  
Intestine

**May 8, 2003**

Kid's Safety  
Comes First  
With These  
Advocates

Golden Years  
after a Medical  
Career?

**May 7, 2003**

Legislators'  
Appropriations  
To Indiana  
University Will  
Advance Life  
Sciences  
Throughout  
Indiana

Fort Wayne  
Center Receives  
State Support  
For Medical  
Education

**May 6, 2003**

Now Hear This:  
Svirsky Elected  
Fellow of  
Acoustical  
Society

**May 2, 2003**

McKeag  
Honored For  
Pioneering Role  
In Sports  
Medicine

**May 1, 2003**

262 Poised to  
Receive IU  
Medical  
Degrees, May 11

Dad's Day 5K  
Steps Out for  
Prostate Cancer

**April 25, 2003**

Indiana  
University  
School of  
Medicine:  
Medical  
Education Tips

**April 24, 2003**

How Should  
Medical Care  
That  
Emphasizes  
Human  
Relationships  
Be Taught to  
Future Doctors?

IU Radiologist  
Named to  
National  
Research Group

**April 23, 2003**

Vera Bradley  
Foundation  
Pledges \$2  
Million to IU  
Cancer Center  
for Research

**April 17, 2003**

Yee Named  
Grayson  
Professor Of  
Ophthalmology

Cornetta Named  
Christian  
Professor Of  
Medical And  
Molecular  
Genetics

**April 9, 2003**

Research  
Center Opens  
To Boost Life  
Sciences  
Industry

Imaging  
Partnership  
Benefits Hoosier  
Patients

Training  
Program Meets  
State Demand  
for  
Biotechnicians

Research Cores  
Will Help Drive  
Life Sciences  
Initiative

**April 6, 2003**

\$50 Million  
Grant From Lilly  
Endowment  
Boosts  
Genomics  
Initiative

**April 2, 2003**

Japanese Firm,  
IU Unite For  
Research Into  
Renal Diseases

**March 27, 2003**

Researchers  
Probe Promising  
Liver Cancer  
Treatment

**March 26, 2003**

Med Students  
To Make Inner-

City 'House  
Calls'

**March 24, 2003**

Loehrer  
receives  
Founders Day  
award

**March 21, 2003**

INGEN Gets  
Boost With IU's  
Addition Of New  
Leader In  
Bioinformatics

**March 20, 2003**

Medical  
Students Match  
to Residencies  
Nationwide

**March 19, 2003**

Participants  
needed for  
ADHD/  
Depression  
Study

**March 13, 2003**

New Pediatric  
Orthopedics  
Director Named  
at IU School of  
Medicine

Free Workshop  
To Offer Tips To  
Fund  
Community  
Fight Against  
Tobacco Use

**March 12, 2003**

Hoosier  
Mothers, Babies  
At High Risk of  
Chemical  
Exposure?

**March 5, 2003**

Does Aspirin  
Reduce the Risk

of Colon  
Cancer?

**March 4, 2003**

Discovery  
Refutes Current  
Theory On  
Cause  
Of Kidney  
Stones

**February 28,  
2003**

Patients Notified  
of Sleep Lab  
Computer  
Breach

**February 26,  
2003**

WWII Discovery  
Might Counter  
Today's  
Bioterrorists

**February 20,  
2003**

Rink Elected  
Urology Section  
Chair of  
American  
Academy of  
Pediatrics

Medical Honor  
Society Poised  
To Welcome  
New Members

**February 19,  
2003**

Cook To Lead  
Medical Group,  
Practice Plan At  
IU School of  
Medicine

**February 12,  
2003**

Evening of the  
Arts, March 28 -  
Is There a  
(Student) Doctor  
in the House?



**February 11,  
2003**

Volunteer  
Health Workers  
Receive  
Smallpox  
Vaccinations

**February 10,  
2003**

IU School of  
Medicine Seeks  
Volunteers For  
Pulmonary  
Disease Study

**February 10,  
2003**

Women's Heart  
Health Focus of  
Forum

**January 27,  
2003**

2003 Molecular  
Medicine in  
Action Program  
- Genes, Teens  
and Microscopic  
Scenes

**January 24,  
2003**

IUPUI To Host  
National Expert  
On Media  
Literacy,  
Consumer  
Thinking

**January 24,  
2003**

Summer  
Minority Cancer  
Research  
Program Seeks  
Applicants

**January 21,  
2003**

Free Workshop  
To Offer Tips To  
Fund

Community  
Fight Against  
Tobacco Use

**January 17,  
2003**

Kelton To  
Participate At  
National Risk  
Behavior  
Conference

**January 15,  
2003**

Stombaugh  
Recognized For  
Service  
Dedication

December 15, 2003

## Risk Factors Determine Need for Colonoscopy

INDIANAPOLIS - An index being developed by researchers at the Indiana University School of Medicine may help determine patients' risk levels for colorectal cancer and if they require a colonoscopy for further evaluation.

Led by gastroenterologist Thomas F. Imperiale, M.D., professor of medicine, researchers are assessing risk factors to determine who needs more invasive screening with colonoscopy and who may be screened sufficiently with less invasive methods. The results of their initial risk factor study are published in the December 16 issue of the *Annals of Internal Medicine*.

The researchers viewed the colonoscopy results of nearly 2,000 people over the age of 50 and developed a risk index for colorectal cancer, identifying factors associated with an increased probability of finding the disease in the upper colon, an area that only can be viewed with a colonoscope. The researchers then tested how well the risk index worked using data from an additional 1,031 people 50 and older.

They found three factors increased the chances of finding advanced, pre-malignant growths in the upper colon: older age, being male and having certain types and sizes of polyps in the lower colon, which can be seen by less invasive and less costly sigmoidoscopy.

"The risk index we have developed may identify low-risk people whose probability of advanced precancerous growths in the upper colon is about one in 250," says Dr. Imperiale, who also is a research scientist at the Regenstrief Institute Inc. "This index is a first step toward identifying people who do not require colonoscopy after sigmoidoscopy; however, colonoscopy could be considered later in their life, as their risk changes."

The shorter flexible tube of the sigmoidoscope can be used to examine the lower half of the colon. If this exam finds polyps, the colonoscope is used to view the upper half of the colon. The colonoscopy is more invasive, more costly, and poses small but serious risks to some patients.

"The risk-to-benefit ratio of colonoscopy is not favorable for everyone," Dr. Imperiale noting that those in the lowest risk category of the study were women in their 50s who had a no polyps on sigmoidoscopy. Dr. Imperiale currently is involved in a study to consider additional risk factors including family history of colorectal cancer.

Cancer of the colon or rectum is the second leading cause of cancer deaths in the United States. Polyps - outgrowths on the wall of the colon - precede most colorectal cancers. Screening procedures can detect polyps before they become cancerous and can be removed during colonoscopy or surgically.



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317 278 8722

The study was funded by the National Institutes of Health. For more information about the Regenstrief Institute Inc. at the IU School of Medicine, go to [www.regenstrief.org](http://www.regenstrief.org).

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Media Contact: Cindy Fox Aisen  
317-274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)

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December 15, 2003

## Pescovitz To Lead Organ Transplant Program

INDIANAPOLIS - Mark D. Pescovitz, M.D., has been selected to direct The Clarian Transplant Center, Division of Organ Transplant Surgery at Indiana University Hospital and the James Whitcomb Riley Hospital for Children.

Dr. Pescovitz has been a member of the Indiana University School of Medicine faculty since 1988. A professor of surgery and of microbiology and immunology, his specialty is transplantation of the adult and pediatric kidney, pancreas and liver.

Active in numerous professional associations, Dr. Pescovitz currently serves as the Regent 10 councilor and a board member of the United Network for Organ Sharing. UNOS brings together medical professionals, transplant recipients and donor families to develop organ transplantation policy.

He is an internationally recognized transplant researcher with more than 170 publications and serves on the editorial board of the journal *Transplantation*.

Dr. Pescovitz received his medical degree at Northwestern University Medical School and completed residency training and fellowships at the University of Minnesota and the National Institutes of Health.

He will be the second surgeon to direct the organ transplantation program at IU School of Medicine. He succeeds Ronald S. Filo, M.D., professor emeritus of surgery, who was recruited in 1974 to develop the Section of Organ Transplantation within the IU Department of Surgery.

Indiana University Medical Center led the state with many surgical firsts in organ transplantation:

1965	living related kidney transplant
1969	pediatric kidney transplant
1969	adult cadaver kidney transplant
1988	pediatric heart transplant
1988	pancreas transplant
1988	adult and pediatric liver transplants
1990	twin-to-twin pediatric heart transplant
2003	pediatric intestine transplant

As one of the top transplant centers in the country, Clarian ranked seventh nationally in 2002 and fourth during the first half of this year by volume. It performs more transplants than all other Indiana transplant centers combined, according to the United Network for Organ Sharing. Additionally, the transplant center is the only



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317 274 7722

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317 278 8722

health system in the state to perform heart, kidney, liver, pancreas and intestine transplants.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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December 4, 2003

## Common Drug Found To Reduce Cartilage Loss In Knee Osteoarthritis

INDIANAPOLIS - A common antibiotic may help control the pain and joint damage of knee osteoarthritis, according to a recent study led by researchers at the Indiana University School of Medicine.

Researchers at six sites studied the effect of doxycycline over a 30-month period on women with knee osteoarthritis. Doxycycline is a member of the tetracycline family of antibiotics.

Kenneth D. Brandt, M.D., professor of medicine and of orthopaedic surgery and director of the Section of Multipurpose Arthritis and Musculoskeletal Diseases Center at the IU School of Medicine, was the principal investigator for this National Institutes of Health study.

"This study is particularly noteworthy because it is the first one to convincingly demonstrate a pharmacologic effect in slowing cartilage damage in patients with osteoarthritis," says Dr. Brandt.

The study looked at the progression of osteoarthritic cartilage loss and knee pain in 431 women between the ages of 45 and 64 years, all of whom were overweight. Study participants had standard X-ray evidence of osteoarthritis in only one knee at the beginning of the trial.

Participants were randomly assigned to receive either doxycycline in the amount of 100 milligrams twice daily or a placebo.

Doxycycline treatment resulted in a 33 percent decrease in the rate of cartilage loss as shown in the X-rays. Although, doxycycline slowed the progression of cartilage damage in the arthritic knee, it did not significantly affect the knee that was not arthritic at the outset of the trial.

That is not surprising, Dr. Brandt says, because the underlying mechanisms of joint damage respond differently to treatment at different stages of the disease. He added that the positive effects seen with doxycycline did not suggest that osteoarthritis was an infectious disease. This drug has a unique quality among antibiotics that inhibits the enzymes responsible for the softening and breakdown of joint cartilage in this form of arthritis, he said.

In general, reports of pain at the onset of the study were relatively low. As the study progressed, participants taking doxycycline were less likely to report clinically significant increases in knee pain in comparison to the group taking placebo.

There was a direct correlation between frequency of flares of joint pain and the rate of cartilage loss in the arthritic knee. Those with the most frequent increases in joint pain



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exhibited the most rapid loss of cartilage.

"This raises the question of which is the chicken and which is the egg," says Dr. Brandt. "It has not been clear if the loss of cartilage results in joint pain or whether other mechanisms that cause pain, and perhaps joint inflammation, result in cartilage loss. This question warrants additional study."

The initial results of the study were released in November at the annual scientific meeting of the American College of Rheumatology. Additional information on the results of the study will be published in the near future.

IU School of Medicine staff involved with the study include Steven A. Mazzuca, Ph.D., professor and senior scientists in the Division of Rheumatology; Barry Katz, director of the Division of Biostatistics in the IU Department of Medicine, and Kathy Lane, study administrator.

Other participating sites were the University of Alabama at Birmingham, Rush-Presbyterian-St. Lukes Medical Center, Northwestern University Medical Center, University of Pittsburgh Medical Center and the Arthritis Research Center Foundation in Wichita, Kan.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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December 4, 2003

## **‘Mr. Block’ Improves Efficiency In Aneurysm Surgery**

INDIANAPOLIS - A medical sculptor and a vascular surgeon at the Indiana University School of Medicine have combined their skills to produce a device to assist physicians placing stents in patients’ aortas.

Jim Beck, a sculptor with the IU medical school's Office of Visual Media, has received a patent on his invention, the Aortic Stent-Graft Calibration and Training Model.

Mr. Beck developed the model under the guidance of Stephen G. Lalka, M.D., who provided the scientific, anatomical and technical aspects of the model; Mr. Beck used his artistic skills to make it into a workable device. Dr. Lalka is a professor of surgery, and chief of peripheral vascular surgery section and medical director of the Vascular Diagnostic Laboratory at the Richard L. Roudebush Veterans Affairs Medical Center. He is the principal investigator for the IU endovascular stent-graph program for repair of aortic aneurysms.

The device, nicknamed “Mr. Block,” is used in combination with magnetic resonance imaging (MRI) or computed tomography (CT) imaging to increase the accuracy of the placement of stents. A stent is typically a mesh-like device inserted in an artery to keep from constricting or to strengthen an area weakened by an aneurysm.

Mr. Block, who is placed in the scanner as a patient would be, checks the calibration of the imaging machines to make sure each scanner is computing the distance between specific points in precisely the same way. The process reveals if machines are overestimating or underestimating desired distances. Mr. Beck describes this process as making sure “all of your rulers measure the same.”

Another function of the model is to help a physician obtain a precise measurement of the size of the stent needed by particular patients. Currently, there is no precise way of calculating the size of stent needed and if an incorrect size is placed in a patient, a second stent has to be inserted which increase surgical risk and recuperation time, as well as increase health care costs.

Aortic vessels are not straight but rather they snake and spiral making it difficult for physicians to calculate the diameter of the vessel. Mr. Block uses a three dimensional application, in combination with MRI or CT imaging, that provides a more precise determination of the size of stent needed.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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Phone  
317 274 7722

Fax  
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December 3, 2003

## IU School of Medicine Studies Effectiveness Of Home Defibrillators

INDIANAPOLIS - The Krannert Institute of Cardiology is seeking participants for a clinical trial studying the effectiveness of placing automatic external defibrillators (AEDs) in homes of individuals with heart conditions.

The Home AED Trial (HAT) will involve individuals who have had an anterior myocardial infarction, a heart attack in the front part of the heart. Participants must have a live-in spouse, companion or family member willing to be trained to administer one of two therapies.

Each participant will be assigned at random to one of the two therapies. One involves video training on the best way to respond to a cardiac emergency, including calling 911 and performing cardiopulmonary resuscitation (CPR). In the other, participants will receive the video training and be taught how to use an AED following a sudden cardiac arrest. Both groups also will receive standard medical treatment for their heart condition.

Participants must not have an implanted defibrillator or be a candidate for one. Those enrolled in the study will visit Krannert cardiologists for evaluation at least every 12 months for the length of the trial.

Nationwide, HAT will enroll 7,000 people. Participants will be in the study for at least two-and-a-half years and as long as six years depending on when they enroll in the study.

For more information on this National Institutes of Health-funded study, contact Sue Bondurant at the Krannert Institute of Cardiology, 317-962-0066, or at [sharker@iupui.edu](mailto:sharker@iupui.edu).

Krannert recently completed part of another NIH national study involving the placement of AEDs in public places. Results of the Public Access to Defibrillation (PAD) trial were released last month at the American Heart Association's annual Scientific Sessions conference.

PAD Trial results showed that the number of survivors from sudden cardiac arrest approximately doubled when laypersons were trained to call 911, administer CPR and use an AED compared to only calling 911 and administering CPR.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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December 2, 2003

## Tamoxifen's Effectiveness May Be Compromised By Hot Flash Drug

INDIANAPOLIS - The effects of tamoxifen, a therapy used in the treatment and prevention of breast cancer, may be limited by the use of a commonly prescribed drug to prevent side effects of the treatment, according to a study published in the Dec. 3 issue of the *Journal of the National Cancer Institute*.

"Our study suggests that tamoxifen's metabolism, and possibly its effectiveness, can be modified by the genetic makeup of the person taking the drug and by the use of another drug prescribed to reduce tamoxifen-related hot flashes," says the study's senior author David Flockhart, M.D., Ph.D., director of the Division of Clinical Pharmacology at the Indiana University School of Medicine. "Our conclusions indicate that more extensive research is appropriate."

Tamoxifen, a drug that modifies the effect of estrogen on cells, is widely and effectively used in many women as part of standard therapy for those with breast cancer and those at high risk of developing the disease. For about 80 percent of the women who take tamoxifen, hot flashes are a side effect of the therapy and 45 percent of those women rate them as severe.

Drugs commonly prescribed to remedy the problem are new antidepressants, paroxetine and fluoxetine, which are selective serotonin reuptake inhibitors (SSRIs). SSRIs have been shown to inhibit the enzyme that breaks down tamoxifen into chemical agents called metabolites, including 4-hydroxy-tamoxifen, which was believed to be tamoxifen's most active metabolite.

Twelve women with a history of breast cancer, but no current evidence of the disease, were enrolled in a yearlong clinical trial. The women had to have taken tamoxifen for four weeks prior to enrolling in the trial, and remained on the therapy until the trial's conclusion. Each woman also took paroxetine for four weeks.

Extensive laboratory analysis of the women's blood plasma showed a significant decrease in a metabolite of tamoxifen after treatment with paroxetine.

The researchers discovered a previously unknown metabolite which they named endoxifen. It was found to be present in substantially higher concentrations than 4-hydroxy-tamoxifen in women taking tamoxifen. It was clear that the concentration of endoxifen in the plasma was altered when paroxetine was used.

Endoxifen concentrations varied from 24 percent to 64 percent, with a mean decrease of 56 percent when paroxetine was administered. The difference in the percentages of endoxifen concentrations corresponds to variations in the genetic composition of the women. Researchers hypothesize that this variation also may be the reason tamoxifen is more effective in some patients than others.

The research was supported by a grant from the National Institute of General Medical



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Sciences, part of the National Institutes of Health. First author of the article was Vered Stearns, M.D., assistant professor of oncology, Breast Cancer Research Program, Sidney Kimmel Comprehensive Cancer Center, Johns Hopkins School of Medicine.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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December 2, 2003

## Self-management Improves Course of Low Back Pain

INDIANAPOLIS - Exercise, behavior and dietary changes have a significant impact on improving mental and physical function in low-income adults with chronic low back pain, according to a study published in the current issue of the *Archives of Internal Medicine*.

Researchers led by Teresa Damush, Ph.D., assistant research scientist at the Indiana University School of Medicine, who is also a Regenstrief Institute, Inc. research scientist, enrolled 211 inner city residents over age 18 in the study. The participants were predominately female (73 percent) and African-American (59 percent).

Study participants were divided into two groups, both of which continued to see their physician for treatment of low back pain. One of the groups participated in a self-management program. These individuals attended weekly classes in a neighborhood health center where back-strengthening exercises were taught to improve physical function. As importantly, the classes were designed to teach individuals how to fit exercise into their daily schedules.

Sessions also were conducted to teach study participants in the self-management group coping mechanisms for negative emotions such as depression and frustration. Dr. Damush, who is a health psychologist, said many study participants had deep fears of disability. All participants were counseled to communicate regularly with their physician rather than being a passive participant in control of their pain.

"Our study showed that empowering low income adults to deal with their pain through such self-management strategies as exercise, behavior and dietary changes, significantly improved both mental and physical functioning. With better mental and physical functioning individuals with low back pain can return more quickly to work and family activities," said Dr. Damush.

Back pain is the second most common neurological ailment after headache, in the United States, according to the National Institutes of Health. Acute or short-term low back pain generally lasts from a few days to a few weeks and is caused by trauma to the lower back from work or sports injury, accident or by disorders such as arthritis. Obesity, smoking, stress, poor physical condition or bad posture may contribute to lower back pain.

Americans spend at least \$50 billion each year on treatment of lower back pain, the most common cause of job-related disability.

The study, which followed participants for an entire year, was funded by the National Institutes of Health and the Department of Veterans Affairs.

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Phone  
317 274 7722

Fax  
317 278 8722

Media Contact: Cindy Fox Aisen

317-274-7722

[caisen@iupui.edu](mailto:caisen@iupui.edu)

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December 1, 2003

## Sudden Cardiac Arrest Less Fatal With Rapid Intervention, Study Shows

INDIANAPOLIS - Forty-one Indiana sites and 663 volunteers trained by the Indiana University School of Medicine have assisted with a North American study showing that rapid access to defibrillation after cardiac arrest saves lives.

The results from the largest clinical trial on the outcome of public access to defibrillation (PAD) were presented in November at the American Heart Association's annual Scientific Sessions conference in Orlando, Fla.

Nationwide, the PAD Trial showed that 29 victims survived sudden cardiac arrest (SCA) when it occurred at a location where volunteers were trained to call 911 and administer cardiopulmonary resuscitation (CPR) and automated external defibrillator (AED) therapy. In contrast, 15 victims survived SCA when initially treated by volunteers trained to call 911 and only perform CPR.

Locally, Krannert Institute of Cardiology's William Groh, M.D., associate professor of medicine, was the principal investigator of the PAD trial.

Sudden cardiac arrest, often caused by a dangerously fast heart rhythm called ventricular fibrillation, claims the lives of nearly 450,000 Americans annually, and 95 percent of those who experience SCA do not survive.

The PAD Trial placed AEDs in public places, such as airports, supermarkets and shopping malls, and trained employees in those locations to call 911 and administer CPR. A second group also was trained to perform AED therapy in addition to CPR. AEDs are devices used to deliver an electric shock to restore a regular rhythm after a cardiac arrest.

For every minute that passes without defibrillation after a person suffers a cardiac arrest, his or her survival rate decreases by 10 percent, studies show. Previous research on the use of AEDs on SCA victims has shown that survival rates can be as high as 70 percent if defibrillation occurs in the first three to five minutes following an episode.

The study's main goal was to determine and compare the number of SCA survivors at hospital discharge treated by the two different response systems.

The PAD Trial trained about 20,000 volunteers at 24 sites in the United States and Canada. Each site enrolled between 20 and 70 community locations with a potential for out-of-hospital cardiac arrests.

There were 24 research groups in the United States and Canada participating in the PAD Trial, which was sponsored by the National Heart, Lung and Blood Institute of the National Institutes of Health and the American Heart Association, and was supported by Medtronic Physio-Control, a defibrillation technology manufacturer.



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For more information about sudden cardiac arrest and AEDs and how to get involved, see [www.aedhelp.com](http://www.aedhelp.com).

Krannert Institute of Cardiology is now involved in a “home version” of the PAD trial. The Home AED Trial (HAT) places defibrillators in the homes of patients who have had an anterior myocardial infarction, a medical term for a heart attack in the front part of the heart.

The HAT study will seek to determine if use of an AED in residences will decrease the likelihood of death from ventricular fibrillation. For additional information on either study, contact Susan Bondurant at the Krannert Institute at 317-962-0066, or [sharker@iupui.edu](mailto:sharker@iupui.edu).

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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December 1, 2003

## Grosfeld Named Life Member Of American College Of Surgeons

INDIANAPOLIS - Jay L. Grosfeld, M.D., has been named a Life Member of the Fellows Leadership Society of the American College of Surgeons during the 89th Clinical Congress this fall.

Dr. Grosfeld is the Lafayette F. Page Professor of Pediatric Surgery at the Indiana University School of Medicine. He has served as surgeon-in-chief at Riley Hospital for Children since 1972, the only person to hold the post at Indiana's oldest and best-known children's medical facility. He will remain in this position and as director of pediatric surgery, but in 2003 stepped down as chairman of the IU Department of Surgery after 18 years.

Dr. Grosfeld, who specializes in neonatal and pediatric surgical oncology, is credited for pioneering pediatric surgical care and IU's surgical residency program. He is an honorary fellow of the Royal College of Surgeons in England and a member of several overseas surgical societies. In 2002, he was awarded the William E. Ladd Medal by the American Academy of Pediatrics - one of the most prestigious honors in pediatric surgery.

He has been a Fellow of the ACS since 1973. The goal of the Fellows Leadership Society is to improve the quality of care for surgical patients and to encourage leadership and philanthropic support for initiatives important to the future of surgeons and the practice of modern surgery. Since 1988, the society has raised more than \$18 million to support resident research scholarships and faculty fellowships.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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December 1, 2003

## Oxford To Lead International Neuroscience Association

INDIANAPOLIS - Gerry S. Oxford, Ph.D., executive director of the Stark Neurosciences Research Institute at the Indiana University School of Medicine, has been named president-elect of the Association of Neuroscience Departments and Programs.

Dr. Oxford will serve a one-year term as president of the national organization beginning in 2004. He succeeds another IU faculty member, George V. Rebec, Ph.D., professor of psychology and director of the Program in Neural Science at IU Bloomington.

Dr. Oxford joined the IU School of Medicine this past summer. He was recruited to lead the newly established Stark Neurosciences Research Institute which was formed through a \$16 million gift from Dr. Paul and Carole Stark.

The ANDP serves as a forum for discussion of issues such as funding, faculty development and training that face neuroscience departments and centers. It is the primary group advocating for and supporting neuroscience training initiatives at the pre-doctoral and post-doctoral level. The associations have more than 200 members in the United States and other countries.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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November 20, 2003

## **Jones Named Executive Associate Dean of Strategic Planning, Analysis and Operations at IU School of Medicine**



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INDIANAPOLIS -Robert B. Jones, M.D., Ph.D., has been promoted to executive associate dean for strategic planning, analysis and operations at the Indiana University School of Medicine.

Dr. Jones will oversee the school's mission-based budgeting and strategic planning. He brings extensive experience to this new position from his years as a physician, scientist and administrator.

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Joining the IU faculty in 1978 as professor of medicine and of microbiology and immunology, he proceeded to serve as chief of the Division of Infectious Disease and vice chair of clinical affairs in the School's Department of Medicine. He then moved to the Dean's office as associate dean for clinical affairs and executive vice president of Clarian Health Partners, which includes IU Hospital, Riley Hospital for Children and Methodist Hospital. In 2000, he was named medical director and chief executive officer of Wishard Health Services. In that role, he also served as associate dean for Wishard affairs.

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"With the rapid pace of the Central Indiana Life Sciences Initiative (now called Bio Crossroads), the Indiana Genomics Initiative (INGEN), construction of new hospitals and recruitment of new faculty, we need someone with Bob's leadership skills, experience and expertise to help make certain that the School is a top player in these efforts," said D. Craig Brater, M.D., dean of the IU School of Medicine. "Bob brings broad experience and success in biological research, clinical medicine and administration."

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Dr. Jones' promotion requires him to step down from his responsibilities at Wishard, where he has served for more than three years.

"As medical director and CEO, Dr. Jones has been a tremendous asset to Wishard Health Services," said Matthew Guttwein, president and CEO of the Health and Hospital Corporation of Marion County, which owns Wishard. "He brought a vision to Wishard's mission and positive change in a variety of areas. Our corporation thanks Dr. Jones for his dedication to the patients Wishard serves, and we look forward to working with him in his new role in the IU School of Medicine."

Through an agreement with the Marion County Health and Hospital Corporation, the IU School of Medicine provides medical staffing and management for Wishard Hospital. Dean Brater is appointing a search committee to identify candidates for the position of medical director and CEO at Wishard and to ensure a smooth transition of leadership within Wishard Health Services. Dr. Jones will assume his new responsibilities when his successor is identified and an orderly transition has occurred.



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Media Contact: Pamela Perry  
317-274-7722  
317-695-2299 (c)  
[pperry@iupui.edu](mailto:pperry@iupui.edu)

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November 20, 2003

## **IU School of Medicine Participates in Nationwide Angina Pain Studies**

INDIANAPOLIS - Angina at the very least is painful and at its worst can be debilitating. For the millions of people who suffer daily from angina, relief may come from two nationwide studies being conducted at the Krannert Institute of Cardiology.

Krannert researchers at the Indiana University School of Medicine are seeking participants for two clinical trials for people suffering chronic angina pain. Krannert is one of 25 sites nationwide investigating an implantable device to treat angina patients who have not responded to surgical or other traditional medical therapy for the condition. The Stimulation Therapy for Angina Refractory to Standard Treatments Interventions or Medication (STARTSTIM) trial uses a device that is about the size of a pacemaker. It is implanted in the upper abdominal or rear hip area and delivers electrical stimulation to a nerve near the spine to block the angina pain.

The device received Food and Drug Administration approval in the 1980s for treatment of back pain. Clinical trials now are underway to investigate its potential use for pain relief for angina sufferers. If the neuro stimulator is approved for angina, it would be the first electronic solution offered in the United States. Neurostimulation for angina is a standard of care in Europe.

The neurostimulator is implanted as an outpatient procedure. A battery that is effective for five years powers the device. Replacement of the battery is a relatively simple surgical procedure, researchers say.

An individual must have typical angina pain to be eligible for this trial, which is funded by Medtronic, Inc. Trial participants must have failed both drug and surgical methods of treatment for angina, and be able to walk on a treadmill.

The other study is testing the effectiveness of a treatment for patients with stable angina. The treatment is designed to promote the growth of new blood vessels to improve circulation around the blockage in the artery leading to the heart. It is the blockage that contributes to the angina pain.

The trial, called Angiogenic Gene Therapy in Patients with Stable Angina (AGENT 3) combines a modified version of a cold virus, known as an adenovirus, with a gene therapy product that is designed to promote the growth of new vessels. Angiogenesis is the natural process of growing new blood vessels. The new vessels may provide alternate routes for oxygenated blood to flow around narrow or blocked arteries due to atherosclerosis.

Patients enrolled in this trial must be between 30 and 75 years of age and be able to walk on a treadmill. Patients cannot have a history of cancer within the past 10 years.

If the therapy, developed by Berlex Laboratories, is effective, it is hoped it could someday provide an additional option to the most common treatments for coronary



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artery disease such as angioplasty, bypass surgery or medication.

Angina affects nearly 6.5 million people in the United States, according to statistics provided by the American Heart Association. An estimated 400,000 new cases of stable angina occur each year, the AHA reports.

Jeffrey Breall, M.D., director of interventional cardiology and the Clarian Health Catheterization Laboratory, is the local principal investigator for both clinical trials. Douglas Zipes, M.D., Distinguished Professor Emeritus and director of Krannert Institute and the IU School of Medicine Division of Cardiology, is the national principal investigator of the STARTSTIM trial.

For additional information on STARTSTIM, call Peggy Welker, BSN, RN, research nurse coordinator, at 317-962-0070. For information on AGENT 3 clinical trial, call Julie Lacy, RN, BSN, research nurse coordinator, at 317-962-0138.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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November 20, 2003

## Boning Up On The Genetic Factors Of Osteoporosis

INDIANAPOLIS - Indiana University School of Medicine is seeking biological brothers for a research study to evaluate the genetic link to osteoporosis, a common and often debilitating disease characterized by bone loss.

The study will involve 1,400 biological brothers between the ages of 20 and 60 with no apparent health problems.

Participants will be required to make one four-hour visit to the IU Medical Center for free bone density measurements, cholesterol and blood pressure screenings and a blood draw. Compensation will be provided.

To participate in the brothers' study, call 317-274-0950.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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November 18, 2003

## Clinicians Need to Put Heads Together on Sports Concussions



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INDIANAPOLIS - It's repeated on gridirons across the country every fall: A football player smashes into an opponent, the whistle blows and the athlete shakily walks off the field and is immediately examined by the medical staff.

Sports-related concussions, often referred to by clinicians as mild traumatic brain injury (TBI), occur thousands of times each year on athletic fields and courts. While many such injuries are dealt with correctly and rapidly, sports medicine clinicians and researchers need greater collaboration to more effectively evaluate and treat such injuries, says Douglas B. McKeag, M.D., M.S., chair of the Department of Family Medicine at the Indiana University School of Medicine, in an editorial appearing in the Nov. 19 issue of the *Journal of the American Medical Association*.

- First, any athlete with a concussion must be removed from competition," says Dr. McKeag, who directs the IU Center for Sports Medicine, adding more recommendations:
- No athlete should return to play or practice until he or she is completely asymptomatic at rest and with exertion.
- Any athlete with prolonged loss of consciousness or evidence of amnesia should not return to play that day.
- Careful and repeated assessments by individuals with training and experience in evaluating concussive injuries should be the rule.
- Any patient with a concussion whose symptoms evolve downward requires immediate neurologic evaluation and possible hospital admission."

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Dr. McKeag's editorial was a commentary to articles in the same issue reporting on studies conducted on collegiate athletes and data from the National Collegiate Athletic Association's Injury Surveillance System. One article evaluated the effects of concussion and the time to recovery following injury among collegiate football players. The other article examined the association between history of previous concussions and the likelihood of experiencing recurrent concussions.

"Concussion management has been a particularly vexing issue, dominated more by opinion than by evidence," Dr. McKeag notes, adding, "While these two studies might not surprise sports clinicians because the results are generally consistent with current experience in concussion management, these reports add to the understanding of the natural history of TBI. In an evidence-based environment, this is an extremely important initial step."

Collegiate football players may need up to seven days to recover from a concussion,

including full recovery of cognitive function and balance, one of the articles reported.

"Now is the time to consider sports-induced mild TBI differently," Dr. McKeag says.

More information about the IU Center for Sports Medicine can be found at [www.sportsmed.iu.edu](http://www.sportsmed.iu.edu).

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Media Contact:

Joe Stuteville 317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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November 18, 2003

## More Docs Favor National Health Insurance, Study Reveals

INDIANAPOLIS - Nearly half of physicians in the United States favor governmental legislation to establish national health insurance, with the strongest support coming from pediatricians, psychiatrists and general internists.

Those are among the findings of a nationwide study conducted by researchers at the Indiana University School of Medicine whose findings were published in the Nov. 18 issue of the *Annals of Internal Medicine*. With the exception of family practitioners, anesthesiologists and surgical subspecialties, 49 percent of the physicians in major specialties surveyed say they support national health insurance.

"At the very least, this survey takes the pulse of the general state of support among U. S. physicians for governmental action to arrange health insurance financing," says Aaron E. Carroll, M.D., M.S., assistant professor of pediatrics, who along with Ronald T. Ackermann, M.D., M.P.H., assistant professor of medicine, were the study's investigators. "It also improves our understanding of how the level of this support varies across different personal, professional and practice characteristics."

Nearly 3,200 physicians from the American Medical Association's Masterfile of all practicing physicians were surveyed. Forty percent of the doctors surveyed said they either strongly or generally opposed legislation to establish national health care.

Only 26 percent supported a system whereby the federal government is the sole payer for health care services.

A recent Harris Interactive poll showed that 81 percent of U.S. physicians believed that some "fundamental change" is needed to make health care more workable for citizens. That's 24 percent more than expressed wanting "fundamental change" in 1994. That poll also revealed a growing discontent with the current health care system among large, medium and small employers; health plan managers and the general public.

More than 44 million Americans do not have any form of health insurance, according to the U.S. Census Bureau.

The IU study was funded by grants from the Robert Wood Johnson Foundation and the Department of Veterans Affairs.

For more study details, see [www.annals.org/cgi/content/full/139/10/795](http://www.annals.org/cgi/content/full/139/10/795).

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A STATEWIDE  
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Phone  
317 274 7722

Fax  
317 278 8722

Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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November 18, 2003

## IU Medical School, Merck Take Shot at Vaccinating Kenya Kids

INDIANAPOLIS - Half of the children born in sub-Saharan Africa each year do not receive routine vaccinations to protect them from debilitating or deadly diseases. An ambitious venture of the Indiana University School of Medicine and pharmaceutical firm Merck & Co. seeks to reverse that trend in Kenya, where the School has had a strong presence for more than a decade.

The Merck Vaccine Network-Africa has made a \$200,000 grant to the School to establish a vaccination services training program for health-care workers, creating a training center at Moi University Faculty of Health Sciences in Eldoret, Kenya. The center will develop a sustainable workforce of medical professionals skilled in vaccine management, storage and delivery.

About 10 percent of Kenyan children die before reaching the age of 5, according to the World Health Organization. Many succumb to diseases preventable through vaccinations.

"There is no single answer to the challenge of increasing access to vaccines in African countries and other developing nations," notes Adel Mahmoud, M.D., president of the Merck Vaccine Division. "It will take multiple organizations applying different approaches and solutions. The MVN-A program is a model aimed at supporting vaccination infrastructure in regions where they remain.

Since 1990, the IU School of Medicine and Moi have worked closely to train faculty, residents and medical students to teach, conduct research and to participate in patient care in Kenya.

"Working within the framework established at Moi and the strong relationships we have forged with our colleagues and others there, we expect to provide the necessary training to make this program succeed," says Edward A. Liechty, M.D., professor of pediatrics and principal investigator at IU School of Medicine.

Fabian Esamai, M.D., professor of pediatrics, is principal investigator at Moi University and is working with Dr. Liechty to implement the program.

"By training immunization program managers through the MVN-A program, we hope to enhance our ability to vaccinate and increase coverage against the eight diseases covered by the extended program on immunizations in Kenya," says Dr. Esamai. "This in the long term translates into reduced infant morbidity and mortality due to these diseases."

Among those diseases are tuberculosis, diphtheria, pertussis, tetanus, poliomyelitis, measles, hepatitis B and haemophilus influenzae type B, which can cause a wide variety of infections in children.



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A similar vaccination program also is being established by Merck in the African nation of Mali through the University of Maryland School of Medicine and the Centre pour le Developpment des Vaccine.

To learn more about the IU School of Medicine-Kenya program, go to <http://medicine.iupui.edu/kenya/introduction.html>. Information about Moi University Faculty of Health Sciences is at [www.mu.ac.ke/fhealth/index.html](http://www.mu.ac.ke/fhealth/index.html).

More information about the Merck Vaccine Network-Africa can be found at [www.merck.com/about/cr/mvna/home.html](http://www.merck.com/about/cr/mvna/home.html).

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Media Contact: Joe Stuteville  
IU School of Medicine  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

Christopher Loder  
Merck & Co. Inc.  
908-423-3786  
[Christopher\\_Loder@merck.com](mailto:Christopher_Loder@merck.com)

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November 13, 2003

## Stroke Patients With Spasticity Sought For Study

INDIANAPOLIS - The Indiana University Department of Neurology is seeking stroke patients who have muscle tightness or spasticity on one side of their body to evaluate a study drug used to treat the condition.

The clinical trial will evaluate possible changes in breathing in patients after injections with Botox® (botulinum toxin type A) or saline water. Participants will receive injections, study-related tests and physician evaluations without charge and will be compensated for their time.

Participants will be enrolled in the study for 32 weeks and multiple trips to the Indiana University Hospital are required. Those enrolled must be at least 18 years of age, have had a stroke more than six months prior to enrollment, have muscle tightness in the arm affected by the stroke and have some breathing problems.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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November 12, 2003

## Prostate Surgery Patients In Good Hands With Robot

INDIANAPOLIS - A procedure fusing a surgeon's skill with cutting-edge robotic technology offers prostate cancer patients a new option at the Indiana University School of Medicine.

The procedure, robotic laparoscopic radical prostatectomy, does away with the need for a large abdominal incisions used in conventional surgery. A smaller incision is made and a laparoscope - a thin, flexible telescope - is inserted into the abdomen and patched to a computer screen where images are greatly magnified.

Several feet from the operating room table, the surgeon is at the controls of the robot, maneuvering its arms and surgical instruments to remove the cancerous prostate and bordering tissue. One arm holds a tiny camera, and the other two handle the surgical implements. The arms are inserted into the patient through three pencil-width incisions.

"This is an exciting and excellent surgical procedure," says Chandru P. Sundaram, M.D., associate professor and director of the Department of Urology's minimally invasive surgery programs. "Most important, it markedly decreases a patient's pain, loss of blood, hospital recovery time and convalescence at home."

And this is good news for the 221,000 American men who will have been diagnosed with prostate cancer by the end of 2003, according to the American Cancer Society. For many, a radical prostatectomy is the only option, but it can mean the removal of nerves that control bladder muscles and erections.

Laparaoscopic surgery has reduced the risks of incontinence and impotence as a result of invasive procedures. The added robot technology and accompanying three-dimensional imaging system cuts those hazards even more. In essence, the robot more accurately translates the surgeon's hand, wrist and finger movements into real-time movements, eliminating normal hand tremors and allowing for greater precision.

"The arms of the robot can pivot 360 degrees and this gives the surgeon more flexibility to manipulate the surgical instruments," Dr. Sundaram notes. "After the cancerous prostate and other tissue is removed through the small incision, the wound is closed with only a few stitches."

Barring complications, a patient typically can be discharged 24 hours after the surgery and return to normal activities within a week.

"Open radical prostatectomy has been the gold standard for the surgical treatment of early prostate cancer," says Michael Koch, M.D., Department of Urology. "Our surgeons are studying ways in which robotic assistance could improve upon the results obtained with open surgery."



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Five patients have undergone the robotic laparoscopic radical prostatectomy at the IU School of Medicine since the program began in late July.

Patients with localized prostate cancer who are candidates for the traditional open surgical procedure are in most instances eligible for the robotic procedure, says Dr. Sundaram.

The robotic technology was designed by daVinci™ Surgical System and the procedure was initially studied by French surgeons. The first robotic laparoscopic radical prostatectomy surgery took place at Henry Ford Hospital in Detroit.

To learn more about the IU Department of Urology laparoscopic robotic program, go to [http://www.iupui.edu/~urology/adult/lap\\_overview.htm](http://www.iupui.edu/~urology/adult/lap_overview.htm).

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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November 12, 2003

## Toy Story: Make Safety Your Stocking Stuffer

INDIANAPOLIS - Toys and games sales are beginning to boom as the holidays approach, and with that comes a spiraling number of injuries to youngsters.

Each year, more than 150,000 children ages 14 and under are treated in hospital emergency rooms for toy-related injuries. Innocent-looking toy such as marbles and balloons pose a choking hazard to small children.

"Toys are an important part of a child's development," says Keisha Nickolson of Indiana Safe Kids Coalition at the Indiana University School of Medicine, "but parents need to follow the age and safety recommendations on the labels of each toy. They take into account not only children's cognitive skills, but their ability to handle the toy safely as well."

The Child Safety Protection Act, a federal toy labeling law, requires manufacturers to place warning labels on toys that pose a choking hazard to young children. When selecting a toy for your child, avoid the following:

*Toys with small removable parts.* The small parts are hazardous and can pose a choking hazard to children under age 3. Use a small parts tester (which can be purchased at a toy or baby specialty store) to measure the size of the toy or part. If the piece fits entirely inside the tube, then it is considered a choking hazard.

*Toys with sharp points or edges.*

*Toys that produce loud noises.* Toy guns and high-volume portable cassette players can permanently impair a child's hearing.

*Toys with strings, straps or cords longer than 7 inches.* Long strings and cords could wrap around a child's neck and unintentionally strangle him or her.

*Electrical toys.* Electrical toys are a potential burn hazard. Avoid toys with a heating element, batteries and electrical plug for children under age 8.

*Toys painted with lead paint.* Exposure to lead can result in lead poisoning, causing serious damage to a child's brain, kidneys and nervous system.

*Toy cap guns.* Paper roll, strip or ring caps can be ignited by the slightest friction and cause serious burns.

The Indiana Safe Kids Coalition recommends using the following guidelines for age-appropriate toys:

**Infants under 1:** Activity quilts, stuffed animals without button noses and eyes, bath



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toys, soft dolls, baby swings, cloth books and squeaky toys.

**1 to 3:** Books, blocks, fit-together toys, balls, push-and-pull toys, pounding toys and shape toys.

**3 to 5:** Approved nontoxic art supplies, books, videos, musical instruments, and outdoor toys such as a baseball tee, slide or swing.

**5 to 9:** Recommended toys include craft materials, jump ropes, puppets, books, and electric trains (after age 8) and sports equipment. Remember, children ages 8 and up can begin to use electrical and battery-operated toys. Check tape recorders and battery-operated toys regularly for loose or exposed wires. Don't allow children to change batteries.

**9 to 14:** For these children, appropriate gifts include computers, microscopes, table and board games, and outdoor and team sports equipment. Ensure that older children's toys are kept out of reach of younger children, for whom they may present a danger.

For more information about the Indiana Safe Kids Coalition, go to [www.preventinjury.org](http://www.preventinjury.org).

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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November 11, 2003

## Williams Named H.H. Gregg Professor Of Oncology

INDIANAPOLIS - Stephen D. Williams, M.D., director of the Indiana University Cancer Center, has been named the first H.H. Gregg Professor of Oncology.

Dr. Williams, who also is a professor of medicine at the Indiana University School of Medicine, has served on the faculty since 1978. He received his medical degree from IU in 1971 and completed his residency and fellowship at the IU Medical Center.

Dr. Williams specializes in research and treatment of testicular and ovarian germ cell tumors and the long-term impact of ovarian germ cell cancer on the patient and the family. Under his leadership, the IU Cancer Center was designated a National Cancer Institute Clinical Cancer Center in 1999.

The H.H. Gregg Professorship in Oncology was established by H.H. Gregg, Inc. to enhance the cancer program at the medical school. Jerry W. Throgmartin, president and CEO of H.H. Gregg was successfully treated at the IU Cancer Center in 1980 and has since served as a volunteer for the cancer program during the school's first capital campaign in 1993-96. He also serves as chairman of the IU Cancer Center Development Board.

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Media Contact: Mary Hardin  
317-274-7722  
mhardin @ iupui.edu



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November 11, 2003

## Stereotactic Lung Cancer Study Produces Positive Initial Results

INDIANAPOLIS - The initial phase of a clinical trial for treatment of early stage lung cancer has produced positive results, according to an article appearing Nov. 11 in the journal Chest.

Researchers at Indiana University School of Medicine reported that the results of the extracranial stereotactic radioablation Phase I study for non-small cell lung cancer led the group to continue with the second phase of the clinical trial.

The initial phase tested the toxicity of increasingly large doses of radiation precisely focused on the lung tumor. Enrollment in the trial began in February 2000 and 37 patients participated. Researchers report that surprisingly high doses of radiation were tolerated and 87 percent of patients had positive tumor response. Only six patients had local recurrence of cancer, all treated at the lower dose levels used at the onset of the trial. Local recurrence has not been observed to date at the highest levels.

Patients enrolled in the Phase I study had to have stage I non-small cell lung cancer that was medically inoperable because of extenuating health problems. Non-small cell lung cancer accounts for 80 percent of all lung cancers and is the leading cause of cancer-related fatalities in the United States. In the U.S., 170,000 new cases of lung cancer are diagnosed each year and there are 157,000 deaths caused by the disease.

"Lung cancer patients frequently have other health problems such as emphysema or heart disease that makes them a bad risk for the standard surgical therapy for their disease," said Robert Timmerman, M.D., associate professor of radiation oncology and the principal author of the article.

Using a painless, minimally invasive therapy, Timmerman and his IU colleagues used 3-D imaging and stereotactic body mapping to precisely target the tumor down to a millimeter so that healthy tissue was spared the intensity of the photon radiation. Stereotactic mapping utilizes a specially designed, lightweight body frame that limits mobility to ensure the precision of photon beams aimed at the tumor.

"The results of the first phase were very encouraging and somewhat surprising," Dr. Timmerman said. "We thought patients would only tolerate lower doses of radiation since they were frail to begin with. To our delight, we were able to increase dose levels without prohibitive toxicity. In the end, the therapy should be extremely potent against that cancer."

Early stage lung cancer traditionally is treated with surgery, conventional radiation, or both. There is a 60 percent to 70 percent cure rate for early stage lung cancer in patients undergoing surgery and a 20 percent to 30 percent cure rate for those treated with conventional radiation, which involves five weeks to six weeks of daily radiation



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treatments.

The stereotactic treatment plan involved only three outpatient treatments but at a much higher dose rate than conventional radiation.

The Phase I study was completed in December 2001. Phase II of the study began in January 2002 and 48 patients have been enrolled. This second phase seeks to quantify beneficial aspects of the therapy such as survival and local disease control when radiation is delivered at the highest dose levels.

Individuals interested in enrolling in the study or those wanting additional information may contact Tia Whitford, R.N., at 317-278-7267.

"This study holds promise for a group of patients who had few good options," says Dr. Timmerman. "It is hoped the stereotactic treatments not only will give medically frail patients with early stage lung cancer a choice but perhaps someday be another option for a larger spectrum of lung cancer patients."

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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November 11, 2003

## IU Pediatric Ophthalmologist Receives National Humanitarian Award

INDIANAPOLIS - Eugene M. Helveston, M.D., founding director of the pediatric ophthalmology program at the Indiana University School of Medicine and the James Whitcomb Riley Hospital for Children, will be presented with an Outstanding Humanitarian Service Award by the American Academy of Ophthalmology at its annual meeting Nov. 15-18.

Dr. Helveston, professor emeritus of ophthalmology, is recognized for his many contributions to ophthalmology, and especially his dedication to pediatric eye care in medically underdeveloped countries. Since he retired from regular clinical duties at IU in 1998, he has devoted much of his time to humanitarian work. Dr. Helveston joined the medical school faculty in 1967.

For more than 20 years, Dr. Helveston has volunteered for ORBIS International, participating in more than 20 overseas missions. He has lectured in more than 50 countries and served as a visiting surgeon in 16 nations.

His commitment to transferring skills and knowledge to help patients around the world led to the development of Cyber-Sight in 1999. Using the technology of the Internet and digital photography, he provides a continuing consultation program to underdeveloped parts of the world. The online link is available to physicians, and with digital cameras, overseas physicians can send, via e-mail, pictures of their patients' clinical problems for consultation.

Dr. Helveston started programs in Cuba, Romania, India, Albania and the Dominican Republic. To date, more than 800 consults have been completed. In 2002, Dr. Helveston integrated Cyber-Sight with ORBIS to allow further expansion. The goal is to have a Web site in the next three years called "Ophthalmology 101," which will have a comprehensive array of featured cases and fully functioning telemedicine consultation in all subspecialties.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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November 11, 2003

## IU Physician On Deck to Lead National ER Society

INDIANAPOLIS - Carey Chisholm, M.D., clinical professor of emergency medicine at the Indiana University School of Medicine, is the president-elect of the Society for Academic Emergency Medicine (SAEM).

Chisholm directs the IUSM Emergency Medicine and Combined Emergency Medicine-Pediatrics residencies.

He will assume his duties as president of SAEM in May 2004. Chisholm currently serves on that organization's board of directors. SAEM is dedicated to the improvement of care for the acutely ill and injured patient through improvements in research and education.

It's not the first leadership post Chisholm has held in his medical specialty. He is the former president of the Council of Emergency Medicine Residency Directors, from which he received a special award in 1998. He's also a past member of the board of directors for the Government Services and Indiana chapters of the American College of Emergency Physicians.

Chisholm was the recipient of the 2002 Program Director of the Year award from the American Academy of Emergency Medicine. He also is editorial reviewer for the *Annals of Emergency Medicine* and the *American Journal of Emergency Medicine*. He is an associate editor for SAEM's journal *Academic Emergency Medicine*.

A 1980 graduate of the Medical College of Virginia, Chisholm completed residency training at Madigan Army Medical Center at Fort Lewis, Wash. He later served as residency director at the Joint Military Medical Command-Brooke Army Medical Center in San Antonio, Texas.

For more information about the IU Department of Emergency Medicine, go to <http://emergencymedicine.iusm.iu.edu/>. More details about SAEM can be found at [www.saem.org/](http://www.saem.org/).

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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November 3, 2003

## Heck Accepted In American Orthopaedic Association

INDIANAPOLIS - David A. Heck, M.D., professor of orthopaedic surgery at the Indiana University School of Medicine, has been selected for membership in the American Orthopaedic Association.

Membership in the Association signifies honor and accomplishment in orthopaedics as well as a commitment to active leadership in the specialty.

Dr. Heck joined the IU orthopaedic faculty in 1983. His clinical specialty is adult orthopaedic reconstructive surgery with an expertise in knee and hip surgery. His research interests include bone hydraulics, bone biomechanics, artificial joint replacement and large scale health care outcome investigations. Current research projects include outcome of patients undergoing knee surgery.

He is listed in *Who's Who in Medicine* and in *Best Doctors in America*. He is a member of the American Board of Orthopaedic Surgery, the Orthopaedic Research and Education Foundation and the American Academy of Orthopaedic Surgeons.

Dr. Heck holds a degree in electrical and computer engineering from Clarkson College of Technology, a medical degree from SUNY Upstate Medical Center in Syracuse, N.Y., where he also completed his residency. He completed a fellowship in orthopaedic biomechanics at Mayo Clinic in Rochester, Minn.

A native of New York, Dr. Heck resides in Zionsville with his wife. They have three children.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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October 30, 2003

## Riley Physician Recipient of New Leadership Award

INDIANAPOLIS - Joseph F. Fitzgerald, M.D., professor of pediatrics at the Indiana University School of Medicine, is the recipient of the 2003 Leadership Award presented by the North American Society for Pediatric Gastroenterology/Hepatology/Nutrition.

With his family looking on, Fitzgerald received the award at NASPGHAN's annual meeting in Montreal in early October. He is the first person to receive the Leadership Award, which was established to recognize excellence and service in pediatric gastroenterology.

The Chicago-born physician is the founding director of the Section of Pediatric Gastroenterology and Nutrition at the James Whitcomb Riley Hospital for Children. Fitzgerald has served as the chairman of the Endoscopy Committee for the Children's Digestive Health and Nutrition Foundation.

The pediatric physician's major research interests are focused on chronic active liver disease, inflammatory bowel disease and non-digestive system nutritional support. He is a member of several professional and scientific organizations, including the American College of Gastroenterology, Society for Pediatric Research, American Academy of Pediatrics and the Crohn's and Colitis Foundation of America, Inc.

The U.S. Army veteran, who received his baccalaureate degree in biology from St. Joseph College, earned his medical degree in 1965 from the IU School of Medicine, where he later completed an internship, residency training and a fellowship. He has been affiliated with Riley Hospital since 1969.

NASPGHAN advocates for advancing the science and clinical practice of pediatric gastroenterology, hepatology and nutrition in health and disease. Its membership includes pediatric gastroenterologists in the United States, the District of Columbia, Puerto Rico and eight Canadian provinces in Canada.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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October 29, 2003

## Rex Leads National Gastroenterology Group

INDIANAPOLIS - Douglas K. Rex, M.D., professor of medicine at the Indiana University School of Medicine, has been elected president of the American College of Gastroenterology.

Rex, who also directs the endoscopy program at Indiana University Hospital, will serve a one-year term as president of the ACG, an 8,000-member organization of physicians and researchers with the shared interest of caring for patients with digestive diseases. He was elected Oct. 13 at the College's annual meeting in Baltimore.

The Fort Wayne-born physician focuses his clinical interests on endoscopy, colorectal polyps, inflammatory bowel disease, gastrointestinal bleeding and colorectal cancer screening. He is board-certified in gastroenterology and internal medicine.

Rex has been cited for his expertise in endoscopic procedures in America's Best Doctors, a recognized source for finding the nation's top specialists, and often has been recognized as among Indianapolis' Top Doctors by Indianapolis Monthly Magazine.

He has been the recipient of numerous professional and academic awards, including: Outstanding Teacher at IU School of Medicine, the Distinguished Teacher Award (IU Medical Center), William D. Carey Award from the American College of Gastroenterology and the Master Endoscopist Award from the American Society for Gastrointestinal Endoscopy.

A past governor of the Indiana Chapter of the American College of Gastroenterology, Rex has served as an associate editor and on the editorial board of American Journal of Gastroenterology, Gastrointestinal Endoscopy, the Journal of Clinical Gastroenterology, World Journal of Gastroenterology and GI Journal Watch.

Rex received his undergraduate degree from Harvard College in 1976 and his medical degree from the IU School of Medicine in 1980. He completed an internship, residency training and a fellowship at the School and was chief resident at IU Hospital in 1984-85.

For more information about the School's gastroenterology clinical and research programs go to <http://medicine.iupui.edu/gandh.html>. More details about the American College of Gastroenterology can be found at [www.acg.gi.org/index.html](http://www.acg.gi.org/index.html).

###

Media Contact: Joe Stuteville  
317-274-7722



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[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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October 28, 2003

## Blackburn Receives 2003 Beering Award

INDIANAPOLIS - Elizabeth Blackburn, Ph.D., whose research focus is the normal processes of cell death for the development of new techniques for treating cancer cells, is the recipient of the 2003 Steven C. Beering Award at the Indiana University School of Medicine.

The award will be presented during the annual Beering Lecture at 8:30 a.m., Wednesday, Nov. 5, in the University Place Conference Center auditorium. Dr. Blackburn's topic is "Telemeres and telomerase in human health and disease."

Dr. Blackburn is a professor in the departments of biochemistry and biophysics and microbiology and immunology at the University of California, San Francisco.

Her groundbreaking research into telomere structure, telomere synthesizing enzymes and chromosome structure and function has earned her numerous honors, including the National Academy of Science Award in Molecular Biology (1990), the Australia Prize (1998), the California Scientist of the Year Award (1999), the American Cancer Society's Medal of Honor for Basic Research Award (2000) and the General Motors Cancer Research Foundation Alfred P. Sloan Award (2001).

Presented annually, the Beering Award honors an internationally recognized individual for contributions to the advancement of biomedical or clinical science. The award was named in honor of Steven C. Beering, M.D., who served as dean of the IU School of Medicine from 1974 to 1983, then as president of Purdue University for 17 years, retiring in 2000.

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Media Contact: Mary Hardin

317-274-7722

[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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October 27, 2003

## Miyamoto Elected to Institute of Medicine Membership

INDIANAPOLIS - Richard T. Miyamoto, M.D., chair of the Department of Otolaryngology-Head and Neck Surgery, has been elected a member in the prestigious Institute of Medicine of the National Academy of Sciences.

Dr. Miyamoto, the Arilla Spence DeVault Professor, is internationally known for his pioneering work and research of cochlear implants and treatment of profound deafness among adults and children. The department he leads is one the major centers in the country to receive National Institutes of Health funding to research pediatric cochlear implantation.

On the faculty with the IU School of Medicine since 1978, Dr. Miyamoto was elected to NAS membership with other nominees October 1. NAS is considered one of the highest honors that can be accorded to a U.S. medical scientist or engineer. It recognizes members' distinguished and continuing achievements in original research.

Miyamoto performed Indiana's first cochlear implant procedure in 1979 at the Indiana University Hospital, and in 1995, he and his team at Riley Hospital for Children implanted a device in 16-month-old boy, the youngest ever to receive an implant at that time. With clear evidence of the advantages of early implantation, Miyamoto and his colleagues have recently implanted the device in a 6-month-old congenitally deaf infant who by age 18 months has achieved age appropriate speech and language skills. More than 850 patients have received implants at the IU Medical Center.

A 1970 graduate of the University of Michigan Medical School, Miyamoto has been continuously funded by the National Institutes of Health since 1987. With grants in excess of \$12 million, Dr. Miyamoto and his research team are studying how cochlear implants help deaf children learn language and speech skills.

He has received many awards and recognitions over the years, including the IU School of Medicine's Outstanding Professor in Clinical Sciences on 3 occasions and a commendation from the Indiana Speech Language Hearing Association. He has been awarded an honorary doctor of engineering by the Rose-Hulman Institute of Technology. He was elected to the Collegium Otorhinolaryngologicum Amitae Sacrum and is the current president of the Indiana chapter of the Alpha Omega Alpha Honor Medical Society. He has been honored in Marquis' Who's Who in America, Who's Who in the World, International Directory of Distinguished Leadership, and International Who's Who of Intellectuals (Cambridge, England).

A past president of the American Neurotology Society and the Association for Research in Otolaryngology, Miyamoto is a member of numerous other professional societies including the American Academy of Otolaryngology-Head and Neck Surgery, the American Otological Society, the Triological Society, the American College of Surgeons, the American Academy of Pediatrics, and the Royal Society of Medicine (England). He is director on the American Board of Otolaryngology and



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serves on the Advisory Council of the National Institute on Deafness and Other Communication Disorders. Miyamoto also is associate editor for *Otolaryngology-Head and Neck* and the *Journal of the Association for Research in Otolaryngology*.

Dr. Miyamoto completed his residency at the IU School of Medicine. He has an extensive classroom teaching schedule as well as clinical supervision duties. He has been listed in *America's Top Doctors*, a recognized source for finding the nation's top specialists.

The Institute of Medicine was chartered in 1970 as a component of the National Academy of Sciences. The Institute provides a public service by working outside the framework of government to ensure scientifically informed analysis and independent guidance.

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*For more information about cochlear implants and the IU Department of Otolaryngology-Head and Neck Surgery, go to [www.iupui.edu/%7Eiuoto](http://www.iupui.edu/%7Eiuoto). More information about the Institute of Medicine can be found at [www.iom.edu](http://www.iom.edu).*

Media Contact: Joe Stuteville  
317.274.7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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October 24, 2003

## State's Toxicology Chief Retires

INDIANAPOLIS - After 12 years as one of the state's leaders in the battle to keep impaired drivers off the roadways, James E. Klaunig, Ph.D., has retired as director of the State Department of Toxicology and as the state toxicologist.

Dr. Klaunig, who will continue as professor and director of toxicology at the Indiana University School of Medicine, worked closely with law enforcement, prosecutors, the courts and the legislature to reduce the number of drunk or impaired drivers on Indiana roads and to upgrade the state's alcohol and drug testing equipment and procedures.

During his tenure, he was active in training police officers through the breath alcohol testing and training program and he worked with judges and prosecutors so they had a better understanding of the figures and the science behind the forensic program. He was responsible for upgrading the alcohol testing and drug testing equipment used by the state and revised state procedures to raise the level of professionalism and scientific integrity in the department. He also actively promoted the development of a soon-to-be-completed joint laboratory venture with the Indiana State Police and the Indiana Department of Health.

He was a member of the Governors Council on Impaired and Dangerous Driving, where he supported the amendment to reduce the legal limit for impaired driving from .1 to .08 which passed in the 2001 legislature. He also was a member of the Indiana Controlled Substances Advisory Board, the Indiana Pesticide Review Board, the U.S. EPA Advisory Board and the National Toxicology Program Board of Scientific Counselors.

Dr. Klaunig was honored Oct. 16 at a reception where he was awarded a Sagamore of the Wabash on behalf of the governor's office by Sen. Tom Wyss (R-Fort Wayne), who spent more than a decade fighting to reduce the state's legal blood-alcohol content level for impaired driving.

The IU School of Medicine has a history in efforts to get impaired drivers off the road. In 1931, biochemist Rolla Neil Harger developed the "Drunk-o-meter," which measured the amount of alcohol on a person's breath. The device was a forerunner to the Breathalyzer, invented by one Harger's former students, Robert Borkenstein.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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October 21, 2003

## **IU Stroke Program Seeks Prevention, Better Treatments and Improved Outcomes**

INDIANAPOLIS - Prevention and early treatment to reduce brain damage are just some of the clinical research efforts under way at the Indiana University Stroke Program.

Specialists in the program are faculty with the IU School of Medicine Department of Neurology, who work closely with IU neurosurgeons, vascular surgeons, radiologists and cardiologists. The IU Department of Physical Medicine and Rehabilitation also offers patients options for recovery programs.

The recent stroke-related death of Indiana Gov. Frank O'Bannon has generated more interest among people, who are more cognizant of stroke-related complications and are seeking information about treatment options before stroke becomes a reality in their lives.

Researchers in the program have long been on the cutting edge of treatments to improve the quality of life for patients at risk of stroke and for those who have had strokes. Early trials with tissue plasminogen activator (TPA), now an accepted treatment administered within hours to non-hemorrhaging stroke patients to reduce long-term damage, were conducted at IU School of Medicine.

Askiel Bruno, M.D., associate professor of neurology and director of the IU Stroke Program, is the principal investigator of a National Institutes of Health grant to determine if stroke patients with higher glucose levels are more at risk for permanent damage or death. An early study on existing data from the Regenstrief Medical Record System at IU School of Medicine indicated patients with high blood sugar at the time of admission to the hospital for treatment of stroke are at higher risk of death than stroke patients with normal blood sugar.

Effectiveness of treatment for depression after stroke is the focus of another NIH-funded study. Linda Williams, M.D., assistant professor of neurology, is the principal investigator of the study that focuses on a serious and common side effect of stroke. Dr. Williams said about 30 percent of stroke patients develop depression, in part because serotonin levels in the brain decrease. Behavioral and social issues also play a part, although the level of disability after a stroke does not play a crucial role in the development of depression.

Dr. Williams and her colleagues are looking at medications to best treat stroke patients suffering from depression. Following stroke, the brain is recovering from injury and another aspect of the study is to determine if depression affects the brain's ability to recover.

Depression, Dr. Williams says, can play a significant role in the lives of patients after stroke, but it also can be important indicator before stroke. Depression is a risk factor



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for both stroke and heart attack, she said.

IU has conducted many studies including several stroke prevention trials involving aspirin and other anti-clotting drugs, effects of controlling blood pressure and lipids, drugs for protection of the brain during a stroke, and ways to protect stroke patients who are at higher risk for additional strokes within the first two years of their initial attack. Another clinical trial seeks to determine if angioplasty, which is less invasive, is as effective as surgery to treat blockage in the carotid artery.

Allison Brashear, M.D., associate professor of neurology, is one of the leading authorities on the effectiveness of Botox®, a block for muscle contraction, to reduce spasticity after a stroke.

Rehabilitation after stroke is an essential component of treatment. IUSM physiatrist Angela Carbone, M.D., assistant professor of physical medicine and rehabilitation, treats recent stroke patients and long-term stroke patients who, because of disabilities, are overcompensating and causing additional physical problems.

Dr. Carbone said the Indiana University Acute Rehabilitation Center at Wishard Memorial Hospital employs various physical therapy techniques to prevent additional complications and promote early mobility among stroke patients. Maximizing function is the goal.

The IU Stroke Program physicians are the only physicians in Indiana with special fellowship training in stroke management. Stroke patients are seen by IU Stroke Program specialists at Indiana University Hospital and Riley Hospital for Children at Clarian Health, Wishard Memorial Hospital and the Roudebush VA Medical Center.

# # #

CONTACT: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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October 21, 2003

## Krannert Institute Shares Defibrillators With Indy Airport

INDIANAPOLIS -- The Indianapolis International Airport is well grounded in preparing for medical emergencies because of the Krannert Institute of Cardiology at the Indiana University School of Medicine. Eleven new automatic external defibrillators (AEDs) were provided Tuesday, Oct. 21, to the airport as part of its participation in a National Institutes of Health study.

The Indianapolis International Airport was one of only two airports in the nation and one of 22 sites in Indianapolis and 41 sites statewide that participated in the three-year Public Access Defibrillation (PAD) trial. Nine trial sites evaluated for need, trial participation and demonstrated ability to initiate and maintain a PAD program were selected for redistribution of the AEDs used during the trial.

PAD involved placing defibrillators in public places that are frequented, in part, by adults older than 50, a population at risk for cardiac arrest. Employees at the locations were randomly assigned to receive standard CPR training or standard CPR training plus automatic external defibrillator training. AEDs are devices used to deliver electric shock to restore a regular rhythm after a cardiac arrest.

David Roberts, airport director for BAA Indianapolis, said that 50 to 60 airport and airline staff members received the training from the Krannert staff. The trained employees were then identified as immediate response teams when a suspected cardiac arrest was reported or witnessed in the terminal. For the next 24 months, data was gathered from team responses.

"We conservatively estimated that 20 million people pass through the airport terminal each year, including passengers, greeters and employees," said Roberts. "With the prevalence of cardiac health emergencies and the vital importance of treatment intervention at the early onset, we are extremely pleased to place these defibrillators in the terminal. These additional tools will supplement the skilled EMTs in our airport fire department in saving lives."

For every minute that passes without defibrillation after a person suffers a cardiac arrest, his or her survival rate decreases by 10 percent, cardiologists report.

The airport data, plus data from Indiana's other trial sites, will be part of the information released Nov. 11 when the PAD trial report is presented at the American Heart Association National Conference in Orlando, Fla. The principal investigator at Krannert for the PAD trial was William J. Groh, M.D., associate professor of cardiology at the IU School of Medicine.

"I am very pleased that the PAD trial will live on, so to speak, by redistributing the AEDs to the sites that were instrumental in the collection of data for the nationwide study," said Dr. Groh. "In Indiana, 97 AEDs will be redistributed to the various places that collected this important data."



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Joining Roberts at the Oct. 21 presentation were Airport Fire Department Chief Rick Gentry, the training battalion chief Kevin Elmore, Dr. Groh and Sue Bondurant, B.A., R.N., clinical research coordinator for the PAD trial.

Additional information on the PAD trial can be obtained after Nov. 11 on the Public Access Defibrillatory Website at [depts.washington.edu/padctc/index.htm](http://depts.washington.edu/padctc/index.htm).

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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October 14, 2003

## **As Bioterrorist Threat Shows Need For Better Smallpox Vaccine, IU Scientists Study Tricks Pox Virus Uses To Hide From Immune System**

INDIANAPOLIS - A team of Indiana University School of Medicine researchers has been awarded a grant of nearly \$7 million for research that could help develop a more effective vaccine against the virus that causes smallpox.

With the five-year grant from the National Institutes of Health, the IUSM scientists intend to learn how the virus is able to evade the body's defense mechanisms against viruses and other intruders, said Cheong-Hee Chang, Ph.D., leader of the smallpox project.

"The potential use of smallpox as a bioterrorist agent has created a need to fully understand how this virus acts against the immune system in the development of the disease," said Dr. Chang, associate professor of microbiology and immunology.

All of the researchers involved in the project are affiliated with the Walther Oncology Center, a nationally-recognized research center at the IU School of Medicine.

The IU researchers will make use of vaccinia virus, a relative of the smallpox virus. Vaccinia is the virus used to create vaccines that protect people against smallpox infection.

The World Health Organization announced in 1980 that smallpox disease had been eradicated. Few Americans have been vaccinated against the disease since then and it's unclear how much protection remains for older Americans vaccinated years ago.

Concerns have risen in recent years that a terrorist organization might gain access to a stockpile of smallpox virus and develop it into a bioterrorist weapon. Smallpox is a highly contagious disease, with fatality rates greater than 30 percent among those with no vaccine protection.

###

Media Contact: Eric Schoch  
317-274-7722  
[eschoch@iupui.edu](mailto:eschoch@iupui.edu)



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October 13, 2003

## Med Student Begins Rounds as IU Trustee

INDIANAPOLIS - So what do you do with all that spare time when you have just finished the first two years of medical school, have two more ahead of rigorous clinical rotations and sandwiched in the middle you're hunkered down in intensive coursework and labs working toward a research doctorate?

Why, you fill that time by helping forge the future of Indiana University. That's the course Erin Haag has taken in becoming the newest member of the Board of Trustees of Indiana University. She is becoming accustomed to board functions, how all eight IU campuses operate and well versed with state regulations relating to higher education.

"When I first learned about the position on the board, it sounded intriguing to me," recalls Haag, who was appointed to her position late last summer by the late Gov. Frank O'Bannon. "I felt I had something to contribute and my background allows me to bring a point of view to the board and represent the diverse group of students who make up Indiana University.

She was among more than 30 students applying for the trustee position, which included interviews with the governor's staff. The future physician and researcher joins seven other trustees, who are responsible for governing all IU property and facilities, setting policies regarding students, faculty and employees, and prescribing tuition and fees.

The Carmel, Ind., native completed her first two years of medical school and is now in the second year of her doctoral studies under the tutelage of Maureen Harrington, Ph. D., professor in the Department of Biochemistry. Haag is focusing on inflammatory signaling. Haag anticipates completing her doctorate in 2005 and her medical degree in 2007.

Haag expects her two-year term on the board to be a fulfilling experience, but sees her primary obligation as representing the best interests of today and tomorrow's students.

"I want the student body of Indiana University to know that I am here for them," says Haag, who earned degrees in French and arts and letters pre-professional studies at the University of Notre Dame in 2002.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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October 13, 2003

## MEDIA ADVISORY: Lance Armstrong and Tour of Hope

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**Who** Lance Armstrong and members of the Bristol-Myers Squibb  
Tour of Hope™ cycling team

**What** News conference hosted by IU Cancer Center

**When** 10am., Thursday, October 16

**Where** Conseco Fieldhouse - Media/Employee Entrance on Delaware Street

IU School of Medicine Public and Media Relations, 317-274-7722 or  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

**Contact**

Day of the event, call 317-695-2299, 317-695-4090 or 317-501-2119

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A news conference featuring Tour de France five-time champion Lance Armstrong and his oncologist Larry Einhorn, M.D., who developed the regimen to successfully treat testicular cancer, will be in the Collins/Fuson Interview Room, Conseco Fieldhouse, at **10 a.m. Thursday, Oct. 16**. Access the news conference through the Media/Employee Entrance on Delaware Street.

A photo ID or media credentials are necessary for sign-in at the Fieldhouse. **Media are strongly encouraged to arrive early.** Tickets are only required for admission for the general public.

Following the news conference, media are invited to attend the event at the Fieldhouse where Armstrong will speak to the general public and more than 350 testicular cancer survivors treated at the IU Cancer Center. He will be accompanied by several members of the Tour of Hope cycling team.

Armstrong was successfully treated in 1996 at IU Cancer Center for advanced testicular cancer.

Also speaking at the main event, which will be from 10:45 a.m. to noon, will be Dr. Einhorn; former IUCC patient John Cleland, a Zionsville high school science teacher who was among the first to be cured with the new regimen; and Elliott Sigal, M.D., Ph.D., senior vice president of Global Clinical and Pharmaceutical Development at Bristol-Myers Squibb.

The Tour of Hope, sponsored by Bristol-Myers Squibb, was created to raise awareness of the importance of cancer research, specifically clinical trials. The Tour of Hope cyclists will relay ride 3,000 miles from Los Angeles to Washington, D.C.,

Oct. 11-18. They will be joined along the route by Armstrong.

Following the public event, a special information session on advances in testicular cancer treatments will be conducted for the survivors and family members.

Additional information on the Tour of Hope can be found at [www.tourofhope.org](http://www.tourofhope.org). Additional information on Thursday's event can be found at [medicine.indiana.edu/news\\_releases/archive\\_03/lance03.html](http://medicine.indiana.edu/news_releases/archive_03/lance03.html).

The Indianapolis event is sponsored by the IU Cancer Center, IU School of Medicine, the Pacers Sports & Entertainment, Indiana University Hospital - Clarian Health Partners and Bristol-Myers Squibb.

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October 10, 2003

## Conference Focuses on Families Planning Overseas Adoptions

INDIANAPOLIS - A family wanting to adopt a child from overseas often must navigate through a testy sea of red tape and waves of paperwork, not to mention the uncertainty of how the youngster will adjust to the new family and culture.

Those are among the issues to be discussed at the International Adoption Conference Saturday, Nov. 22, at the Riley Outpatient Center on the Indiana University-Purdue University Indianapolis campus. The half-day event, which begins at 8 a.m., features medical and behavioral experts from the Indiana University School of Medicine.

"All families who pursue international adoption face numerous and unique challenges and opportunities and would benefit from this conference," says James A. Conway, M.D., associate professor of clinical pediatrics and founder of the International Adoption Clinic at Riley Hospital for Children. "Our speakers and participants will tackle the many developmental and medical issues faced by children and their adoptive parents."

Other conference speakers include infectious diseases expert John Christenson, M.D., professor of pediatrics; psychologist Angela Tomlin, PhD, coordinator of Riley's Child Development Center; and physical therapist Amy Rakestraw, MS, of Riley's International Adoption Clinic.

The auditorium has limited seating and pre-registration is encouraged. For more information about the conference or to register, contact Denise Shalkowski at 317-274-7260.

More information about Riley's International Adoption Clinic can be found at [www.rileyhospital.org/document.jsp?locid=487](http://www.rileyhospital.org/document.jsp?locid=487).

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### Media Contact:

Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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Oct. 2, 2003

## Lance Armstrong brings Tour of Hope to Indy

INDIANAPOLIS - Cancer survivor and five-time Tour de France champion Lance Armstrong will speak to testicular cancer survivors and the general public on Oct. 16 in Indianapolis as part of the Bristol-Myers Squibb Tour of Hope™, to increase awareness of the importance of clinical cancer research.

Twenty-six cyclists will relay ride 3,000 miles from Los Angeles to Washington, D.C., Oct. 11-18. All of the Tour of Hope cyclists have been touched personally by cancer. Armstrong, who was treated for advanced testicular cancer at the IU Cancer Center in 1996, will join them at several points along their route.

"I am alive thanks to the IU Cancer Center," says Armstrong. His battle with cancer was detailed in the 2000 book, "It's Not About the Bike; My Journey Back to Life."

Indianapolis is one of five stops during the tour designed to raise awareness of the importance of clinical cancer research. The event is free at Conseco Fieldhouse with doors opening at 9:30 a.m. The program begins at 10:45 a.m. and lasts until noon. Complimentary tickets are required.

All the testicular cancer survivors treated at the IU Cancer Center have been invited to hear Armstrong. IU is internationally recognized for developing the cure for testicular cancer in the 1970s when oncologist Lawrence Einhorn, M.D., and urologist John Donohue, M.D., developed the chemotherapy and surgical regimen that has saved thousands of men's lives.

In addition to Armstrong's address and a presentation by Dr. Einhorn, some members of the Tour of Hope Team will speak at the event.

Although Armstrong's career was almost sidelined by his serious illness, his message in the Bristol-Myers Squibb Tour of Hope will resonate with all cancer patients, past and present.

"I owe my life to cancer research and all the patients before me," he says. "We want to let people know that cancer research is worth the ride."

Armstrong credits his victory over cancer to those who participated in cancer clinical trials before he developed the disease.

"Cancer research and clinical trials are key to developing new treatments for this devastating illness," says Stephen D. Williams, M.D., HH Gregg Professor and director of the IU Cancer Center. "Lance Armstrong and the thousands of young men treated annually for testicular cancer are a perfect example of how clinical trials work to benefit other cancer patients."



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Cancer touches nearly everyone. Three out of four American families will have at least one family member diagnosed with cancer. The search for cancer cures continues and hundreds of potential new treatments are waiting to be studied. However, the search is being slowed because fewer than five percent of adults participate in cancer research studies.

Seating is limited and complimentary tickets are needed to enter the Conseco Fieldhouse for the event. Tickets can be obtained online from noon, Tuesday, Sept. 30, through noon, Friday, Oct. 10 at <http://iucc.iu.edu/lance>. Only two tickets per person may be ordered.

Health and cycling information will be distributed in the lobby of the Conseco Fieldhouse from 9:30 a.m. to 1 p.m. Also planned are drawings for a Trek 220 men's bicycle and four autographed copies of Armstrong's new book "Every Second Counts"

Those unable to attend the event are encouraged to visit [www.tourofhope.org](http://www.tourofhope.org) to sign the Cancer Promise, which will help renew America's commitment to find a cure for cancer in our lifetimes. These will be delivered by Lance Armstrong and the Tour of Hope Team to Washington, D.C.

The Indianapolis event is sponsored by the IU Cancer Center, IU School of Medicine, the Pacers Sports & Entertainment, Indiana University Hospital - Clarian Health Partners and Bristol-Myers Squibb.

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#### Media Contacts:

Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

Brooke Seitz, Tour of Hope  
[bseitz@spectrumsience.com](mailto:bseitz@spectrumsience.com)

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September 15, 2003

## Health Fair Reaches Out to Medically Underserved



INDIANAPOLIS - An ounce of prevention may be worth a pound of cure and that weighty message is exactly what Indiana University School of Medicine students will deliver to inner-city residents needing medical attention.

The future physicians are again sponsoring an annual health fair, from 10 a.m. to 2 p.m., Saturday, Oct. 25, at the Westside Community Health Center, 2732 W. Michigan St. The event coincides with National Primary Care Week, which advocates the importance of health care and brings health-care professionals together to better serve the poor and those with limited or no access to medical care.

“The Westside center was selected because it is an area that largely is medically underserved, but has active community leadership to encourage residents to take advantage of what we have to offer,” says Damon Abaray, who is coordinating this year’s health fair with Patrick Tsai and Sandy Porter, all fourth-year medical students. “Our main goal, however, is to help empower the city residents to monitor and manage their health and it strengthens our ties to the community.”

Students, working under the direction of IU physicians and faculty, will offer free screenings for blood pressure, cholesterol and diabetes for adults. Vision and hearing screenings will be available for children. Information and literature about skin and breast cancer, osteoporosis, prostate problems, weight loss, exercise, nutrition and dental hygiene will be distributed to visitors.

The medical students will be joined by their counterparts of the IU School of Dentistry and IU School of Health and Rehabilitation Sciences.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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September 12, 2003

## **What's Past is Prologue for Indiana Medicine Science, Art and a Centennial Make For a Big Week of Events**



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INDIANAPOLIS - Yesterday and tomorrow will converge in a series of significant events at the Indiana University School of Medicine during the last week of September. The week will begin with a Centennial celebration on Sept. 23 and continue with the installation of a major new Chihuly sculpture. It will conclude Sept. 30 with the dedication of a new research center -- and an ambitious plan for expanding the School's research mission.

On Tuesday, Sept. 23, the School will launch its statewide celebration of its centennial. Each of the School's nine campuses has a large part to play in the School's 100th birthday bash. The birthday celebration kicks off a series of year-long events called *Centennial Celebration... advancing medicine since 1903*. The first medical school class of 18 students began their coursework on the Bloomington campus in 1903. Since that time, the School has grown to become the second largest medical school in the nation, educating nearly 1,200 students annually.

At noon, Dean D. Craig Brater, MD, will recognize students, faculty, staff, special guests and directors of the Centers of Medical Education at the Indianapolis, Bloomington, Lafayette, Evansville, Muncie, Terre Haute, Fort Wayne, South Bend and Gary campuses. Each center director will speak to the congregation at all centers, and everyone will be able to view the activities at their sister campuses via polycom linkup.

After a proclamation from the governor's office is read, it's slicing time. Each center has a birthday cake fashioned in the shape of Indiana with stars denoting the locations of the nine medical education centers. The cake at the Indianapolis campus is four feet wide by eight feet long.

### **Dedication of Research II**

Some believe the real icing on the medical education cake is in scientific investigation. Improving human health and providing optimum medical therapies does not occur in a vacuum. Such goals are built on careful, collaborative and creative research at the IU School of Medicine. And such goals are the cornerstones of the Research II facility, which will be dedicated Tuesday, Sept. 30. The dedication will mark the start of a new era of investment in, and expansion of research at the IU School of Medicine.

The glass-and-brick design of Research II blends with existing architecture of the surrounding Ruth Lilly Medical Library, IU Hospital, Indiana Cancer Research Institute, Riley Hospital for Children, Wishard Memorial Hospital and the VanNuys Medical Science Building.

Housed in this facility are the Stark Neurosciences Research Institute, Walther Oncology Center, Indiana Center of Excellence in Biomedical Imaging and the Indiana Center for Biological Microscopy.

Nearly half of the 128,215-square-foot building is dedicated to laboratory space and supporting scientific areas. Construction of the facility was made possible by a \$16 million gift from Dr. Paul and Carole Stark to establish the Stark Institute; Clarian Health Partners contributed \$10 million and the Riley Children's Foundation also donated \$2 million.

### **Chihuly Sculpture Unveiled**

Symbolic of DNA - the so-called blueprint for life - a glass sculpture nearly 19 feet tall will be dedicated on Tuesday, Sept. 30, in the Mills Atrium of the VanNuys Medical Sciences Building at the IU Medical Center.

The luminous structure depicts the double helix strand designed by internationally acclaimed artist Dale Chihuly and contains more than 1,000 colorful orbs of glass, representing the components of heredity and genetic instructions for growth, development and replication in all living organisms.

The unveiling of this unique work of art is in conjunction with the dedication of the Research II facility.

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#### **Media Contacts:**

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

Eric Schoch  
[eschoch@iupui.edu](mailto:eschoch@iupui.edu)

Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)  
317-274-7722

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Sept. 16, 2003

## Chihuly's *DNA Tower* to be Unveiled at IU School of Medicine

INDIANAPOLIS - Symbolic of the spirit of DNA (deoxyribonucleic acid), the double-helical molecule that holds the secret of life, "The Indiana University School of Medicine *DNA Tower*," an 18- to 19-foot sculpture by artist Dale Chihuly will be unveiled on Sept. 30 during a university ceremony.

Although this newest sculpture, which will have an approximate diameter of 5 feet 6 inches, is a departure of sorts from Chihuly's previous work – given the scientific certainties from which his representation is modeled – the luminous effect created as light passes through form and color remains the indelible signature of the world's most influential glass artist.

"To define the twists of the helix and the four bases, I used several different colored glass shaped forms to help express the overall shape and design of the *DNA Tower*. This installation is really unlike anything I've created before – I'm proud that it will be on permanent view at the Indiana University School of Medicine," said Chihuly.

Chihuly selected blues, greens, and mauves to symbolize the bases and yellow to symbolize the double helix.

The Indiana University School of Medicine commissioned the Chihuly work to commemorate both the school's first 100 years of teaching, research and service and the 50th anniversary of the discovery of the DNA molecule by Indiana University alumnus James D. Watson and colleague Francis Crick. More than a thousand balls of art glass will cluster a double-helical armature of steel that will support the "twisted ladder" design that abstractly represents the components of heredity and the genetic instructions for growth, development and replication in all living organisms. The sculpture was made possible by an anonymous donor.

As with each Chihuly production, the IU School of Medicine *DNA Tower* required a very intense process of quality control and model building, taking into consideration its architectural setting and lighting. The sculpture will stand on a 5-foot tall dark cherry wood base in the five-story Morris Mills Atrium of the VanNuys Medical Science Building at the IU School of Medicine. Natural light will rain down upon the work through an overhead skylight.

Installation of the sculpture's glass components will begin at the IU School of Medicine on Sept. 24. It will be unveiled to the public on Sept. 30 as part of the dedication ceremony of the IU School of Medicine's Research II building.

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*Media interested in coverage of the installation or in attending the dedication ceremony should make a reservation by calling the Office of Public and Media Relations, 317-274-7722.*



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*Photos are available upon request.*

Media Contacts:

Cindy Fox Aisen  
[caisen@iupui.edu](mailto:caisen@iupui.edu)

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

Eric Schoch  
[eschoch@iupui.edu](mailto:eschoch@iupui.edu)

Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

317-274-7722

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Sept. 12, 2003

## Walther Oncology Looks To The Future In Cancer Treatments

INDIANAPOLIS - Investigators at the Walther Oncology Center represent many disciplines and specialties, but they share a common goal - to advance research from the bench to the bedside.

The strength of the research program is in its diversity. Since the Walther Oncology Center was created, it has grown on the Indiana University School of Medicine campus to include nearly 30 principal investigators and 151 other staff representing seven departments: medicine, biochemistry and molecular biology, microbiology and immunology, medical and molecular genetics, pharmacology and toxicology, urology and surgery.

The center is a joint venture between the Walther Cancer Institute, a private non-profit research organization, and the IU School of Medicine.

In 1988, the Walther Oncology Center had only one researcher, its founding scientific director Hal E. Broxmeyer, Ph.D., chair and Mary Margaret Walther Professor of Microbiology and Immunology and professor of medicine. He essentially built the program into a nationally recognized center for basic science research. In 1992, the center claimed grants totaling \$1.83 million. Today, extramural funding has reached more than \$15 million, with several outstanding grant applications awaiting review.

Progressive, basic scientific laboratory research focusing on the cellular, biochemical and molecular biology of cancer is the trademark of the center. Investigators at the Walther Oncology Center also are studying immune systems deficiencies and possible treatments and viruses of the central nervous system and their association with AIDS-related dementia and other neurological disorders.

Dr. Broxmeyer is internationally recognized for his research in the use of umbilical cord blood as a source for transplantable stem and progenitor cells. The first umbilical cord blood transplant, which was a multi-national research effort, occurred in France in 1988. The cord blood used in the transplant was processed and stored in the world's first cord blood bank in Dr. Broxmeyer's lab. He and his staff delivered the precious cargo to France for the successful transplant.

Walther Oncology Center has been described as a lab without walls but that is in theory only. Its administrative office and many of its principal investigators' laboratories now are located in the newly opened Research II building.

Within the walls of the state-of-the-art laboratory building, the objectives of the Center will continue to progress. Walther researchers seek to:

- Understand the mechanisms involved in the proliferation, differentiation and function of normal cells and the abnormalities in functions which can lead to tumor cell growth.



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- Accelerate the translation of new basic scientific information to the clinical research area in order to slow disease progression and improve the quality of life for patients suffering from cancer and related disorders.
- Develop and disseminate information that will lead, or help lead, to cures for the different cancers.

To this end, Walther Oncology Center scientists currently are focused on how normal and malignant cells grow and develop their unique characteristics; gene regulation; DNA repair; cytokine (product of white blood cells involved with immune response) production; intracellular communication; gene therapy, and transplantation biology and immunology with bone marrow and cord blood.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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Sept. 12, 2003

## Imaging Science Advances Research To Improve Hoosier Health, Lives

INDIANAPOLIS - Researchers at the Indiana Center of Excellence in Biomedical Imaging have an eye on the future. They are dedicated to developing better imaging technologies and imaging agents to study, diagnose and improve patient health.

The IN-CEBI, located in Research II, conducts its own research efforts and supports interdepartmental research activities at the Indiana University School of Medicine.

A bonus for IN-CEBI's research efforts in Research II is a patient imaging suite with more advanced technology than many hospitals. Researchers dedicated to developing the next generation of imaging agents used for MRI and CT scans have a space devoted to human clinical trials.

"One of the valued amenities of the IN-CEBI is its patient imaging suites, which gives us ample space for clinical trials of the radiopharmaceuticals developed in our labs and the newly opened Biotechnology Research and Training Center near the IUSM campus," says Center Director Gary Hutchins, Ph.D. "Our researchers are developing new imaging agents for PET and CT to detect and evaluate cell growth and death. This enhances early detection of diseases and treatment of diseases and gives us a better look at the biochemical processes of the brain and body."

Housed in Research II are other amenities that make the IN-CEBI one of the most technologically advanced centers of its kind. It has the latest in imaging tools, including PET (positron emission tomography), a PET/CT (the latest in imaging modalities combining the in vivo precision of PET with the anatomical accuracy of computed tomography), 3 Tesla MRI (magnetic resonance imaging), an angiography suite for the development of minimally invasive diagnostic and therapeutic methods for vascular disease and cancer, as well as small animal imaging scanners designed and built at the center.

Within the confines of Research II and the BRTC, which was dedicated in April, the center features a patient imaging suite, chemistry labs to develop radiopharmaceuticals for clinical and research use and an instrumentation facility to develop new imaging technology.

There was little in the way of imaging research support services at IN-CEBI before Dr. Hutchins joined the faculty in 1992. Dr. Hutchins is vice chairman for research in the Department of Radiology and John W. Beeler Professor of Radiology. His research focus is on quantifying biological processes in vivo as they apply to the cardiac autonomic nervous system and its disruption in disease, cancer cell growth and death, and the brain's response to sensory, cognitive or pharmacologic stimulations.

Over the past decade, physiologic-based imaging techniques have been incorporated into numerous research programs through the collaborative efforts of Dr. Hutchins and his colleagues in the IU Department of Radiology with individual program



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investigators in cancer, cardiovascular and neuroscience research. Those efforts have resulted in the incorporation of imaging in 160 grant awards or contracts. The total funding for these awards is approximately \$58 million.

One area of research which has greatly expanded under the umbrella of the IN-CEBI is the Interventional Radiology Research Laboratory. A relatively new field of radiology, the focus of the IRRL is devising new technologies that are more effective and less invasive for treating arterial disease, management of dialysis access and less toxic drugs for liver cancer.

Gordon McLennan, M.D., assistant professor of radiology, has directed the IRRL for two years. The lab is in the growth process and under Dr. McLennan's leadership has grown from two radiology technicians to seven full-time employees, including two research fellows, and has received more than \$300,000 in external funding.

The IN-CEBI was made possible by nearly \$28 million in grants and internal university support. Grants from Indiana's 21st Century Research and Technology Fund, the National Cancer Institute and Lilly Endowment, Inc., have been awarded to support center activities. Seed funding and space for the program were contributed by the IU Department of Radiology and the School of Medicine.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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Sept. 12, 2003

## Microscopy Center Gives Scientists a Unique Perspective on Cell Activity

INDIANAPOLIS -- Scientists at Indiana University -- and across the state and the nation -- can peer inside live cells and analyze their structure and activities with the advanced microscopy technology available in the newly opened IU School of Medicine Research II building.

Since its beginning in 1996, the Indiana Center for Biological Microscopy has given researchers ever-more-powerful tools to create images -- both still and moving -- of cells. The center, now one of the nation's most advanced, is overseen by Bruce Molitoris, M.D., director of the Division of Nephrology. Kenneth W. Dunn, Ph.D., is scientific director of the microscopy center.

Using powerful microscopes, computers and software, precise lasers and molecules that give off a fluorescent glow, researchers can view cells' inner structures, note where particular proteins congregate, or even watch in real time as proteins move along cellular "highways."

Dr. Molitoris says developing the center was the reason he came to the IU School of Medicine 10 years ago, bringing the first imaging equipment with him and starting the grant process that has made the center possible.

"The ability to safely utilize microscopy in living cells and animals, to obtain information at cellular and intracellular levels, has revolutionized our approach to understanding the biology of disease states," he says. Moreover, scientists can watch the actions of drugs and other agents in cells, judging their effectiveness.

With the completion of the sequencing of the human genome and its 30,000 or so genes, scientists are studying the functions of proteins ordered up by those genes. Fluorescent microscopy provides a powerful tool for that work, says Dr. Dunn. The movement and the locations of proteins in the cells can speak volumes about their intended roles, he says.

Carrie L. Phillips, M.D., an assistant professor in the Department of Pathology and the Division of Nephrology, says the imaging systems' potential makes her feel "like a kid in a candy store with this equipment" as she studies polycystic kidney disease, a genetic disorder that is estimated to affect more than 600,000 Americans and millions worldwide, according to the Polycystic Kidney Disease Foundation.

People with the disease develop cysts on their kidneys that grow and multiply over time, eventually forcing patients to undergo dialysis or transplants. Microscopy techniques enable Dr. Phillips to see where the cysts develop in the kidney tubules, the tiny channels that carry urine from the kidney's filters on the path that leads eventually to the bladder.

The center's equipment includes seven advanced microscopes along with computers



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and other equipment for analyzing information. Center staffer Jeff Clendenon has developed a software package called Voxx that lets researchers convert the huge amounts of data collected into images using standard personal computers instead of expensive computer graphics workstations.

The goal, says Dunn, has been to provide state-of-the-art imaging facilities for researchers that would be too expensive for an individual lab to acquire, use effectively, and maintain. Use of the center by IU faculty grew by thirty-five percent last year, and scientists from outside IU are making use of it as well.

About \$2.5 million has been invested in the center's equipment. Funding for the Center has come from the IU School of Medicine, the Indiana Genomics Initiative, and the National Institutes of Health.

In 2001 the NIH awarded the center a \$5 million George M. O'Brien Kidney Research Center grant to develop new microscopy techniques for kidney researchers. The grant also funds education activities -- for example, 16 researchers from across the country attended a six-day workshop on "Optical Microscopy in Renal Research" in September. The center's facilities also have been used for continuing education sessions for high school and college biology teachers, and in an annual program that brings gifted Indiana high school science students to campus for two days of hands-on science.

For pictures and videos that demonstrate the center's work, see the web site at [www.nephrology.iupui.edu/imaging/](http://www.nephrology.iupui.edu/imaging/).

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Media Contact: Eric Schoch  
317-274-7722  
[eschoch@iupui.edu](mailto:eschoch@iupui.edu)

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Sept. 12, 2003

## Neuroscience Institute is Nerve Center of Collaborative Research

INDIANAPOLIS - Today's scientists grapple with finding ways to prevent and cure neurological disorders such as Alzheimer disease and multiple sclerosis, and how to correct crippling spinal injuries. Such discoveries are among the many goals of the Stark Neurosciences Research Institute at the Indiana University School of Medicine.

The institute, located in the Research II facility, which will be dedicated Sept. 30, was made possible through a \$16 million bequest to the School from Dr. Paul and Carole Stark in November 2000. The institute includes researchers from various disciplines and focuses on applying advances in molecular, genetic and imaging technologies to fundamental questions about brain function, dysfunction and development.

Leading these efforts is Gerry Oxford, Ph.D., the first executive director of the Stark Institute and professor of pharmacology and toxicology. Dr. Oxford, whose appointment was made possible through the Stark gift, was a distinguished professor in the Department of Cell and Molecular Physiology and director of the neurobiology curriculum at the University of North Carolina before his IU appointment.

"Our initial areas of focus will be in pain mechanisms, development of and recovery from injury in the spinal cord and examining the molecular events underlying substance abuse and addiction," says Dr. Oxford. "Work in these areas hopefully will contribute to the development of new therapeutic approaches."

Traditionally, neuroscience research has involved either electrical, anatomical or pharmacological methods to understand the pathways by which nerve impulses communicate human thought, will and action, and to understand chemical signaling between single nerve cells and complex networks.

"To understand function and dysfunction of the nervous system requires monitoring and simulating the activity of many groups of nerve cells at once," says Dr. Oxford, adding that non-invasive imaging tools such as PET and functional MRI give researchers the ability to more fully investigate the central nervous system.

"As a result, modern neuroscience research now draws experts from the fields of molecular biology, genetics, physics, engineering and mathematics," Dr. Oxford notes.

The collaborative approach is the cornerstone on which the Stark Neuroscience Research Institute is built and recruiting top-flight investigators and faculty is an immediate goal. Dr. Oxford says researchers will be organized into focus groups with clinicians and resident researchers in specific areas of neuroscience, including pain, spinal injury, addiction, development and behavioral disorders.

Outreach programs and a regular series of scientific seminars are planned, as well as interactions with other academic and neuroscience institutions.



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"The logical extension of these efforts will be reflected in establishing centers of excellence in specific areas of neuroscience and to attract outside funding," Dr. Oxford says, noting that partnerships with the corporate sector and other institutions will lead to the development of new pharmaceuticals and therapeutic interventions.

Dr. Oxford also says another top priority is to develop enhanced biomedical training at the undergraduate, graduate and post-graduate levels. Part of the Stark gift established the Stark Neurosciences Scholarship Fund, which will assist students interested in pursuing careers in neuroscience.

In 1993, the Stark family endowed the Paul Stark Professor of Pharmacology and Toxicology, a position held by Michael Vasko, Ph.D., who also chairs the School's Department of Pharmacology and Toxicology. Dr. Stark was also was a clinical associate professor of pharmacology at the IU School of Medicine.

He led a team that conducted clinical trials on central nervous system compounds and played an essential role in the development of Prozac with Eli Lilly and Co. In 1984, Dr. Stark, who also earned a degree from the IU School of Law in Indianapolis, founded the International Clinical Research Corporation, which designs global trials for new drugs.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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Sept.12, 2003

## After 100 Years, The IU School Of Medicine Is Ready To Celebrate

INDIANAPOLIS -- Are you ready to party? At the IU School of Medicine, we are! Why? Because we're 100 years old, and feeling great!

So on Sept. 23, the IU School of Medicine will kick off its year-long centennial celebration with a statewide party, starting at noon.

We'll have some of the usual trappings of a birthday celebration, such as really big cakes shaped like Indiana, Centennial pins and balloons.

We'll have some unusual ones, too, like a videoconferencing hookup that will enable all eight regional centers for medical education and the Indianapolis campus to celebrate together.

All this is a way of starting our year of centennial activities, commemorating the fact that the Indiana University School of Medicine opened in September 1903 on the Bloomington campus, enrolling 18 students, one of them a woman. About five years later, after much political battling, the IU School of Medicine program in Indianapolis was created, merging the programs at Purdue University and a proprietary school in Indianapolis with the Bloomington school. People were feeling huffy back then, but we're in a celebratory mood now.

At the Sept. 23 party, IU School of Medicine Dean Craig Brater, M.D., will kick off the festivities with his remarks, joined by videoconference by the directors of the eight regional centers. The centers were created in the early 1970s as a means of spreading the benefits of medical education and research across the state. Students spend the first two years of their medical school education in the regional centers as well as the Indianapolis campus, and then spend the final two years in Indianapolis.

We'll then cut our cakes at each location, and all students, current and emeritus faculty, staff and other guests in attendance will get cake and an IU School of Medicine Centennial commemorative pin.

Officials at the regional centers are planning various individual festivities, with local faculty, students, alumni and other guests on hand. At Indianapolis, for example, medical students will be selling Centennial merchandise with the money raised going to scholarship funds.

In West Lafayette, a cream and crimson banner will fly over Lynn Hall on the West Lafayette campus of Purdue University in recognition of the School of Medicine's Centennial Celebration. That's because Lynn Hall, which houses the Purdue School of Veterinary Medicine, also is home to IUSM's Lafayette Center for Medical Education exemplifying the concept of "one medicine" with different patient populations. The Center has served as the portal of entry for more 500 medical students. Among the guests in West Lafayette will be Lindley Wagner, M.D., founding



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director of the Center.

In Bloomington, the center will be having its cake-and-punch party and video hookup in Jordan Hall 109, while people will gather in the third floor of the classroom medical building in Fort Wayne to join the noontime party, watch the statewide video conference and have a slice of cake.

In Terre Haute, Center director Roy Geib invites faculty, students, clinical faculty, and invited guests to the Landsbaum Center for Health Education (LCHE). The public is also welcome for cake and punch.

In Evansville, officials plan to celebrate twice, first with the noontime festivities in the center's conference room, Health Professions 3028, then at 4 p.m. where there will be cake and ice cream under a tent in the front yard of the Evansville center.

For more information about events at the Regional Centers for Medical Education, call the media contacts at:

### **Bloomington Medical Science Program**

Director: Talmage R. Bosin, Ph.D.

Media contact: Ruth Sanders

(812) 855-8118

[rasander@indiana.edu](mailto:rasander@indiana.edu)

### **Evansville Center for Medical Education**

Director: Rex D. Stith, Ph.D.

Media contact: Jingle Hagey

(812) 464-1831

[jhagey@usi.edu](mailto:jhagey@usi.edu)

### **Fort Wayne Center for Medical Education**

Director: Barth Ragatz, Ph.D.

(260) 481-6731

[ragatz@ipfw.edu](mailto:ragatz@ipfw.edu)

### **Lafayette Center for Medical Education**

Director: Gordon L. Coppoc, DVM, Ph.D.

Media contact: Donna R. Fulkerson

(765) 494-8591

[drf@purdue.edu](mailto:drf@purdue.edu)

### **Muncie Center for Medical Education**

Director: Douglas A. Triplett, M.D.

Media contact: Ila Verneman

(765) 751-5100

[iverneman@bsu.edu](mailto:iverneman@bsu.edu)

### **Northwest Center for Medical Education**

Director: William W. Baldwin, Ph.D.

Media contact: Dawn Ilgenfritz

(219) 980-6551

[dilgenfr@iun.edu](mailto:dilgenfr@iun.edu)

### **South Bend Center for Medical Education**

Acting Director: John F. O'Malley, Ph.D.

Media contact: Stephanie Schurz

(574) 631-7908

[schurz.1@nd.edu](mailto:schurz.1@nd.edu)

### **Terre Haute Center for Medical Education**

Director: Roy W. Geib, Ph.D.

Media contact: Amber Lore

(812) 237-2777

[alore@medicine.indstate.edu](mailto:alore@medicine.indstate.edu)

Media Contact: Eric Schoch

317-274-8205

[eschoch@iupui.edu](mailto:eschoch@iupui.edu)

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Sept. 12, 2003

## IU Faculty Bring Alzheimer Disease Information To Families



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INDIANAPOLIS - The Indiana Alzheimer Disease Center is hosting five informative sessions on Alzheimer disease for patients and their families. The Indiana University School of Medicine faculty and their topics at the free sessions are:

- Monday, Sept. 15, 6:30 p.m. - "Depressive Disorders in the Elderly," Jeanie Dickens, M.D., Sunrise Assisted Living at Fall Creek, 5011 Kessler Blvd. East Dr.;
- Monday, Sept. 22, 6:30 p.m. - "The Latest Trends in Research in Alzheimer Disease," Rebecca Evans, M.D., Sunrise Assisted Living at Willow Lake, 2725 Lake, Circle Dr.;
- Monday, Oct. 6, 6:30 p.m. - "An Overview of Dementia Symptoms and Diagnosis," Dan Rexroth, Ph.D., Sunrise Assisted Living of Carmel, 301 Executive Dr., Carmel;
- Monday, Oct. 20, 6:30 p.m. - "Caring for the Caregiver," Martha Mendex, R.N. MSN, Forum At the Crossing, 8505 Woodfield Crossing Blvd.;
- Monday, Nov. 3, 6 p.m. - "The Latest Trends in Research in Alzheimer Disease," Ann Hake, M.D., Sunrise Assisted Living at Fall Creek, 5011 Kessler Blvd. East Dr.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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September 10, 2003

## Women's Health Care in Symposium Spotlight

INDIANAPOLIS - Medical-care professionals have the opportunity to expand their understanding of women's health-care issues at an Oct. 10 conference sponsored the Indiana University Center of Excellence in Women's Health.

The daylong Symposium on *Women's Health Issues for the Primary Care Provider* will focus on a wide range of issues such as breast and cervical cancer, osteoporosis, human papillomavirus infection, hormone replacement therapy, arthritis, diabetes, cardiovascular disease and autoimmune disorders.

Workshops also will be geared to obesity, weight-management programs and domestic violence.

The workshops, which offer continuing medical credits, will be conducted by the faculty and staff of the Indiana University School of Medicine. The event will be at the Indiana Historical Society, 450 W. Ohio St.

Registration and lodging information can be found at [www.iupui.edu/~womenhlt](http://www.iupui.edu/~womenhlt). For more information about the program and the IU National Center of Excellence in Women's Health, contact Tina Darling at 317-630-2243.

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### Media Contacts:

Radhika Ravasthi  
[ravasthi@iupui.edu](mailto:ravasthi@iupui.edu)

Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)  
317-274-7722



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September 4, 2003

## IU Researchers Test Vaccine, Attitudes Toward Herpes Prevention



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INDIANAPOLIS - Indiana University School of Medicine infectious disease physicians are testing a genital herpes vaccine to see if it can prevent the virus from infecting women.

One out of every five Americans has genital herpes. That percent represents 45 million people nationwide and is not limited only to adults. According to the Centers for Disease Control, the sexually transmitted disease statistic includes people ages 12 and older. Since the late 1970s, the number of Americans with genital herpes infection has increased 30 percent.

Although herpes is not life threatening to adults, it can be to infants born to women infected during pregnancy. For adults, the virus is annoying and uncomfortable. Although condoms may provide some protection, currently genital herpes is only preventable through abstinence. What researchers are seeking is a way to protect sexually active individuals against the herpes virus.

There are two herpes viruses that infect people; herpes simplex 1, which causes fever blisters or cold sores, and herpes simplex 2, which causes genital herpes.

The clinical trial is jointly sponsored by the National Institutes of Health and GlaxoSmithKline. It is being conducted at 20 medical centers nationwide. More than 7,500 women without herpes simplex virus (HSV) will be enrolled. Each will be randomly assigned to receive either the herpes vaccine or an investigational hepatitis A vaccine.

Participants will receive three doses of one of the vaccines within a six-month period and will be followed for 20 months with periodic clinical visits and telephone contact. Men are not included in the study because an earlier trial showed positive results in reducing infection in women but not in men.

At the IU School of Medicine, Kenneth Fife, M.D., Ph.D., who is the principal investigator on the study, wants to enroll 500 women between the ages of 18 and 30 years. The difficulty is finding women who have not been infected with either type of herpes virus.

"The vaccine will not cure individuals already infected but could have a huge effect on protecting women and their partners from this sexually transmitted disease," said Dr. Fife. "This trial is for individuals who have not contracted either form of herpes, which makes the screening process more difficult since many people are exposed to herpes through cold sores at an early age."

If found to be protective, the vaccine could be administered to women before they become sexually active and prevent them from contracting the disease.

Researchers say that developing an effective vaccine is only half the battle. Will parents be accepting of the idea of vaccinating their children at pre-adolescence or early adolescence before they become sexually active?

Greg Zimet, Ph.D., professor of pediatrics and clinical psychology, is conducting a behavioral study addressing what could be a contentious issue. However, Dr. Zimet said the preliminary results have been a bit unexpected.

"Parents have exhibited an overwhelming willingness to have their children vaccinated," he said. "There has been no difference in attitudes about vaccinations for non-sexually transmitted infections and those for STD protection."

Dr. Zimet and colleagues have enrolled 300 adolescent-parent pairs at adolescent and pediatric offices in Indianapolis and Bloomington. The children in the study were between the ages of 12 and 17 years. Participants filled out a computerized questionnaire asking a variety of questions to assess attitudes toward STD vaccines if they were available for herpes, gonorrhea and HIV-AIDS.

The most common attitude for acceptance of a vaccine was parental worry about their child's vulnerability to STDs. Parents less accepting of the idea tended to be concerned about STD vaccination possibly leading their child to engage in more unsafe sexual behaviors.

The first paper on the behavioral research will be published in the next few months in the journal *Social Science and Medicine*.

For additional information on Dr. Fife's clinical trial or to enroll, call 317-278-2945.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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September 4, 2003

## Nobel Laureate to Visit Medical School

INDIANAPOLIS - When microbiologist Philip A. Sharp, Ph.D., discovered split genes in his laboratory nearly three decades ago, he opened up a revolutionary way of studying the role of genes in cancer and other diseases.

That discovery and further investigation would later earn Dr. Sharp, a Massachusetts Institute of Technology professor, the Nobel Prize in Physiology or Medicine.

Dr. Sharp will share his insights in a campus-wide lecture at the Indiana University School of Medicine, 1 p.m., Monday, Sept. 15, in the Ruth Lilly Auditorium at the Riley Outpatient Center. He is the guest of the graduate students of the School's Department of Biochemistry and Molecular Biology.

His presentation is the "New Biology of RNA." RNA is ribonucleic acid, an essential component that carries genetic information in all living matter.

The landmark achievement of the Kentucky-born scientist, director of the McGovern Institute for Brain Research at MIT, was his discovery of RNA splicing in 1977. This work was one of the first indications of "discontinuous genes" in mammalian cells. This means that genes contain segments that are edited out by cells when genetic information is being transferred, providing an understanding of the genetic causes of cancer and other disorders.

That research opened up a new area in microbiology - and that work earned Dr. Sharp the Nobel Prize in 1993, which he shared with Richard Roberts, Ph.D., who conducted similar research at Cold Spring Harbor Laboratory in Massachusetts.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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September 2, 2003

## Annals of Internal Medicine: A New Perspective On Successful Aging

INDIANAPOLIS - Good genes are not enough. Aging well also requires healthy lifestyles. Medical care is not enough. Aging well also requires caring families and supportive communities. Researchers are increasingly interested in the interaction between genes and environment in explaining why some people and some communities age more successfully than others. Environment includes not only things like clean air and access to health care, but also safe streets, economic opportunities, and a helpful social network. The Regenstrief Institute, Inc. recently hosted 100 of the nation's top scientists in a interdisciplinary conference to discuss research on the multiple determinants of successful aging. The findings of the conference are reported in a special supplement to the Sept. 2, 2003 issue of the Annals of Internal Medicine.

Christopher M. Callahan, M.D., Cornelius and Yvonne Pettinga Chair in Aging Research and Director of the Indiana University Center for Aging Research chaired the Eighth Biennial Regenstrief Conference. "The collection of papers in this supplement are unique in bringing together a group of aging researchers from different scientific disciplines who typically do not work together," Dr. Callahan reports. "These papers provide a compelling argument for a balanced research agenda that includes all of the major determinants of health: biology, medical care, lifestyle behaviors, and social and physical environments. Baby boomers who want to live and work independently into their ninth and tenth decades are not simply playing a genetic lottery. The decisions we make for ourselves and our communities are at least as important as our genes."

The Regenstrief Institute, Inc., an internationally recognized informatics and healthcare research organization, is dedicated to the improvement of health through research that enhances the quality and cost-effectiveness of health care. Established in Indianapolis by philanthropist Sam Regenstrief in 1969 on the campus of the Indiana University School of Medicine, the Institute is supported by the Regenstrief Foundation and closely affiliated with the IU School of Medicine and the Health and Hospital Corporation of Marion County, Indiana.

Regenstrief Institute research scientists, including Institute President and CEO Thomas Inui, M.D, Associate Dean for Health Care Research at the I.U. School of Medicine, and Institute Director Clement McDonald, M.D., Indiana University Distinguished Professor of Medicine, form a highly respected cadre of health services researchers linked to one of the largest and most comprehensive medical informatics laboratories in the world.

*The Supplement is available to reporters from the Annals of Internal Medicine. Contact Susan Anderson at 800-523-1546, extension 2653 or [sanderson@mail.acponline.org](mailto:sanderson@mail.acponline.org)*

*To arrange an interview with Christopher Callahan, M.D., Regenstrief Conference Chair and Director of the Indiana University Center for Aging Research, contact Cindy*



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317 274 7722

Fax  
317 278 8722



*Fox Aisen at 317-274-7722 or [caisen@iupui.edu](mailto:caisen@iupui.edu)*

###

Media Contact: Cindy Fox Aisen  
317-274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)

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August 28, 2003

## Suicide Prevention is Target of Firearm Violence Group

INDIANAPOLIS - As suicide continues to be a serious national public health issue, it's a particularly somber phenomenon among diverse populations throughout Indiana.

Prevention, intervention and public education strategies can help turn back that trend and that's the focus of the Indiana Partnership to Prevent Firearm Violence at its annual meeting, Oct. 3.

The partnership, which is based at the Indiana University School of Medicine and Riley Hospital for Children, will hold a day-long series of workshops at the Marrot, 2625 N. Meridian St., Indianapolis. The meeting features two speakers of national prominence.

Suicide in Indiana has reached what many believe to be an epidemic level. According to the most recent data from the Centers for Disease Control and Prevention, Indiana's suicide rate has surpassed the nation's rate for the past decade. Suicide with a firearm is the second leading cause of injury death in Indiana.

"It is so important for citizens to know that suicide affects a wide spectrum of people throughout our state," notes Marilyn Bull, an IU School of Medicine developmental pediatrician and medical director of the of the Indiana Partnership to Prevent Firearm Violence. "The best way to tackle this situation is to bring together a broad range of people with different backgrounds and turn this dismal trend around."

Donna Barnes, PhD, president and founder of the National Organization of People of Color Against Suicide, will discuss strategies that are culturally sensitive and beneficial. Barbara Rubel, director of Griefwork Center Inc. and author of *But I Didn't Say Goodbye: For Parents and Professionals Helping Suicide Survivors*, will discuss understanding sudden loss and the grieving process.

Other workshops will focus on suicide issues among gay, bisexual and transgendered youths, seniors and adolescents, prevention and intervention approaches taken by law enforcement agencies.

The Indiana Partnership to Prevent Firearm Violence is a founding member of the Indiana Suicide Prevention Coalition, which was formed in 2001 in response to the U. S. Surgeon General's call for states to adopt a suicide prevention program or strategy.

The partnership's annual meeting is sponsored by the IU School of Medicine, The Clarian Behavioral Care Center, Riley Hospital for Children and the Mental Health Association in Marion County. To register for the meeting or to obtain more details, contact Lori Lovett at 317-278-0945 or e-mail her at [llovett@iupui.edu](mailto:llovett@iupui.edu).



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317 274 7722

Fax  
317 278 8722

###

Media Contact: Joe Stuteville

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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August 27, 2003

## Baby Recovers After Receiving 4-Organ Transplant

INDIANAPOLIS - Stormy Bryant has weathered raging health problems in her short 14 months of life, but the transplant of four organs into her tiny body at Riley Hospital for Children offers her a smoother future.

The Clayton, Ind., child is recovering after receiving new intestines, stomach, liver and pancreas - the first procedure of its kind in Indiana and one of only a handful ever performed in the United States. Her surgery is a multivisceral transplant and involves the transplantation of abdominal organs.

Lead surgeon Joseph Tector, M.D., and Jonathan A. Fridell, both assistant professors of surgery at the Indiana University School of Medicine, performed the nine-hour procedure.

"Stormy remains in the intensive care unit, but she continues to improve," says Dr. Tector. "We anticipate she will remain in the hospital for three months."

When Stormy, the daughter of Tavi and Joseph Bryant, was born at Methodist Hospital in Indianapolis, physicians discovered she had only 20 centimeters of small intestine; the normal tract for newborns ranges between 200 and 300 centimeters. The tot was unable to digest food and was fed intravenously, leading to liver failure, which is risk for those receiving long-term IVs.

The youngster has spent most of her life in hospitals and has been on a transplant waiting list since last July. On Aug. 23, she was receiving treatment at Riley for an infection when she was matched with a donor in Missouri, a month-old baby who died. Dr. Fridell was immediately dispatched to retrieve the organs.

The four donor organs were still connected when Dr. Tector and his team transplanted them into Stormy. Riley physicians report she has gained color since the operation, a healthy contrast to her pre-operative yellowish coloring caused by liver failure.

"Multivisceral transplants have been performed only at a select number of institutions because few surgeons are qualified and trained to perform them," says David A. Alvar, administrative director of the Clarian Transplant Center. Only 29 transplants of this kind were performed last year in the United States.

The procedure at Riley was the second of the "first-of-its-kind" in Indiana in the last month. On Aug. 22. Drs. Tector and Fridell led a team that successfully performed a small bowel transplant on a 3-year-old boy whose intestines were failing him because he was unable to absorb nutrition through normal digestive processes.

The Clarian Transplant Center combines the clinical expertise, research and teaching



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excellence of IU, Methodist and Riley. Overall, the center is a national leader in transplant services, ranking seventh in volume.

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Media Contact: Joe Stuteville  
IU School of Medicine  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

James Wide  
Clarian Health Partners  
317-962-4589  
[jwide@clarian.org](mailto:jwide@clarian.org)

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August 26, 2003

## Students' Research Projects Earn Top Honors

INDIANAPOLIS - Four college students - one from Ohio and three from Indiana - have been recognized for research projects they carried out at the Herman B Wells Center for Pediatric Research at the Indiana University School of Medicine.

The center's 5th annual Summer Internship Program is designed to educate and attract undergraduate students to the biological and medical sciences. Working side-by-side with the School's top researchers scientists, nineteen students participated in this year's program. They were judged on their knowledge, presentation and project results.

First place went to Rachel Barron, a junior at Ohio Northern University, Ada, Ohio; second place, Tazeen Jamal, a senior at IU Bloomington; third, Lori Clark, a junior at Notre Dame University; and fourth, Kelly Mortell, a Notre Dame junior.

The program also is sponsored by the Riley Children's Foundation's continuing education and outreach program.

The goal of research in the Wells Center is to improve the understanding and treatment of devastating diseases affecting children. For more information about the Center, go to [www.iupui.edu/%7Ewellsctr](http://www.iupui.edu/%7Ewellsctr).

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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August 25, 2003

## IU Physicians Offer Free Vascular Disease Screenings

INDIANAPOLIS - The Indiana University School of Medicine Department of Radiology and Surgery and the Indiana Vascular Institute will conduct free screenings for people suffering from leg pain to determine if they are at risk for peripheral vascular disease, a common condition affecting thousands of Hoosiers.

The Indiana Vascular Institute will sponsor free screenings from 8:30 a.m. to 4 p.m., Wednesday, Sept. 10, in the Indiana Cancer Pavilion's first floor lobby.

The department's participation is part of the nationwide Legs for Life™ National Screening Week for PVD & AAA, sponsored by the Society of Interventional Radiology (SIR). The screening will be coordinated by Sabah Butty, M.D., assistant professor of clinical radiology and an SIR member.

Additional information on the screening program can be found at [www.legsforlife.org](http://www.legsforlife.org).

Peripheral Vascular Disease (PVD) is a condition in which arteries in the leg can become narrowed or blocked. Untreated, walking can become difficult due to pain, numbness or muscle weakness. Skin ulcers can develop and in severe cases, gangrene can set in, possibly resulting in amputation. The disease starts quietly and many sufferers wrongly conclude that the pain and weakness in their legs are normal signs of aging. PVD is most common in those 50 years of age and older and factors that might aggravate the condition are smoking, high blood pressure, high cholesterol, diabetes and being overweight.

An abdominal aortic aneurysm (AAA), often called a "silent killer," usually has no obvious symptoms and is caused by a weakened area in the main vessel that supplies blood from the heart to the rest of the body. When blood flows through the aorta, the weakened area bulges like a balloon. If the balloon grows large enough, there is a danger that it will burst. The 13th leading cause of death - nearly 15,000 a year - in the United States.

AAA affects as many as 5 percent to 7 percent of people over the age of 60, with males four times more likely to have AAA than females.

The screening program at the IU School of Medicine is fast, free and painless. During the Legs for Life screening, participants will complete a questionnaire designed to help assess their risk for developing PVD. Medical staff will take blood pressure readings in the ankles and arms to check for possible circulation problems. Those who report symptoms of PVD have multiple risk factors or abnormal blood pressure readings will be advised to consult further with their personal primary care physician. Those who show risk of AAA will receive a painless ultrasound to detect the presence of AAA.

To arrange for your free screening, call Clarian On-Call at 317-916-3525. Participants



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with access to the Internet can visit the Department of Radiology's Web site at [www.indyrad.iupui.edu/legsforlife](http://www.indyrad.iupui.edu/legsforlife), for more information or to complete a pre-screening survey.

# # #

Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

Susan Overs Wilson 317-715-6384  
[sowilson@iupui.edu](mailto:sowilson@iupui.edu)

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August 21, 2003

## Growable Implant Saves Girl's Leg from Bone Cancer

INDIANAPOLIS – A rare cancer was eating away at 9-year-old Carly Chapman's femur, but she was able to keep her leg and avoid future surgeries because of a new device implanted by surgeons at Riley Hospital for Children.

The Zionsville youngster became the first person in Indiana to receive a new Food and Drug Administration-approved prosthesis, which was implanted into her leg by a surgical team today led by Daniel Wurtz, M.D., associate professor of clinical orthopedic surgery at the Indiana University School of Medicine.

The prosthesis is called Repiphysis and marks a huge advance for children with bone cancer. It extends the limb of youngsters during normal growth cycles. Carly's osteosarcoma and thigh growth plate were removed first and was followed by the Repiphysis implant. The prosthesis has a two-part overlapping metal sleeve surrounded by polymer. Within a metal sleeve is an adjustable spring. Harmless electromagnetic rays are beamed at the device, softening the polymer and allowing the spring to expand to the length that is needed. Turn off the beam and the polymer hardens and freezes the spring,

"The procedure went well and the prognosis is excellent," Dr. Wurtz said following the youngster's operation. "Repiphysis has many benefits to the patient and we're excited to offer it here in Indiana." Dr. Wurtz is among only a handful of surgeons nationally who have performed the procedure."

With the surgery behind her, Carly will have clinic visits ahead of her at Riley. As she grows, the device will be lengthened to be consistent with the length of her other leg. The most obvious benefit is that Repiphysis limits the number of surgeries a patient would need during their growth years. Repiphysis is very durable and allows children to participate with their friends in many physical activities.

Bone cancer is rare, with only about 2,000 cases in the United States each year. But it is most common in children and young adults, where it usually strikes near the knee. With surgery and chemotherapy, 70 percent are cured. Repiphysis is manufactured and distributed by Wright Medical Technology of Arlington, Tenn. The FDA approved use of the device in 2002.

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Media Contacts: Joe Stuteville  
IU School of Medicine



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A STATEWIDE  
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Phone  
317 274 7722

Fax  
317 278 8722

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

Jon Mills

Clarian Health Partners

317-962-4526

[jmills3@clarian.org](mailto:jmills3@clarian.org)

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August 20, 2003

## Lifestyle Changes Can Loosen Chains for Hoosiers with Arthritis

INDIANAPOLIS - More than a third of Indiana's population has arthritis, the inflammation of joints. It's estimated that 1.7 million Hoosiers get that jolting reminder when they roll out of bed, climb stairs, write a letter or get out of a chair.

Arthritis is not a single disease. It is a term for more than 100 conditions that involve the joints and surrounding tissues. Arthritis is one of the leading causes of disability among Americans, and a new state initiative is addressing the problem. Though the common image of someone with arthritis is an elderly person, 70 percent of state residents with arthritis are working age (18 to 64 years).

The Indiana Arthritis Initiative (IAI), launched by the Indiana State Department of Health and coordinated through its Chronic Disease Division, seeks to boost awareness and education among people with arthritis and groups at high risk of developing it, including medically underserved populations. Their message is that people can take action to reduce arthritis-related pain and loss of function. Another goal is to strengthen and support clinical practices of health-care providers serving patients with arthritis.

"There are ways to combat arthritis and reduce its debilitating effects," says State Health Commissioner Greg A. Wilson, M.D. "Low-impact physical activity like walking or swimming can improve mobility and reduce pain for people with arthritis. Maintaining an ideal body weight can also reduce the risk of developing certain forms of arthritis."

Initiative members recently completed The Indiana Arthritis Strategic Action Plan, a work plan for improving arthritis awareness and management in Indiana, and the report, Arthritis and Indiana: Our State's Burden, detailing demographics of who has arthritis, the many ways arthritis affects quality of life for individuals and families, and the economic problems associated with the disease.

IAI steering committee members include several faculty members of the Indiana University School of Medicine: committee chair Douglas B. McKeag, M.D., chairman of the Department of Family Medicine; Greg Steele, Ph.D., associate professor; Department of Public Health; Rose Fife, M.D., associate dean for research and director of the IU Center for Excellence in Women's Health; and Javier F. Sevilla Martir, M.D., assistant professor of clinical family medicine. William S. Quillen, Ph.D., director of the physical therapy program at the Indiana University-Purdue University Indianapolis also serves on the committee.

"The actions to manage and prevent arthritis also are beneficial in preventing and controlling chronic diseases like heart disease, stroke, cancer and diabetes," says Dr. McKeag. "Many of these lifestyle changes could be initiated at home."

Representatives from the Arthritis Foundation, AARP, Family and Social Services



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Administration, Purdue University Department of Agricultural and Biological Engineering, and other organizations serving people affected by arthritis are also involved in IAI.

The Indiana Arthritis Strategic Action Plan is posted on the State Department of Health Web site at [www.in.gov/isdh](http://www.in.gov/isdh). Click on the Plan graphic. Arthritis and Indiana: Our State's Burden is posted on the web site under "Data and Statistics."

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Media Contacts: Jennifer Dunlap  
Indiana State Department of Health  
317-233-7090  
[jdunlap@isdh.state.in.us](mailto:jdunlap@isdh.state.in.us)

Joe Stuteville  
IU School of Medicine  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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August 14, 2003

## Vaccine For Herpes Tested At Indiana University

INDIANAPOLIS - Infectious disease researchers at the Indiana University School of Medicine are conducting a clinical trial to determine the effectiveness of a vaccine to prevent genital herpes.

Woman between the ages of 18 and 30 years who have not been infected with herpes simplex 1, which causes cold sores, or herpes simplex 2, also known as genital herpes, are eligible. Participants cannot be pregnant or breast-feeding and be in generally good health.

Participants will be enrolled in the clinical trial for 20 months and must make eight to 10 visits to the IU Medical Center. Those enrolled in the study will be compensated for their time.

For additional information or to enroll in the study, contact Sue Ford, RNC, at 317-278-2945 or 1-888-557-5657.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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317 274 7722

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August 13, 2003

## Huntington disease drug to be tested at IU

INDIANAPOLIS - Indiana University School of Medicine is one of 16 medical centers in the nation testing a drug for treatment of Huntington disease.

The clinical trial will attempt to determine if the drug, tetrabenazine, is beneficial for improving chorea and other excessive, involuntary movements in people with Huntington disease. Chorea is involuntary, uncontrolled movements that disrupt normal movement or posture.

Tetrabenazine currently is not available by prescription in the United States, but is approved for use of Huntington disease and other movement disorders in Europe and other countries.

To enroll in the study, individuals must be at least 18 years of age, have been diagnose with Huntington disease and have chorea symptoms. Individuals must be ambulatory and have a caregiver who can accompany them on multiple visits to the IU Medical Center over a 13-week period.

Individuals who complete the trial may be entitled to enroll in an open label study, where the medication will be dispensed free of charge for at least six additional months.

For additional information or to enroll in the study, contact Jo Belden at 317-278-0868.

The study, called Tetra-HD, is conducted by the Huntington Study Group, a non-profit, cooperative group of Huntington disease experts. Huntington is an inherited neurodegenerative disease that affects nearly 30,000 Americans and an additional 150,000 are potentially at risk for developing it.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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**News Release Archives | Media Relations | IU School of Medicine**

August 12, 2003

## Reynolds Foundation Awards \$2 Million to IU for Geriatrics Education

INDIANAPOLIS -- A \$2 million grant from the Donald W. Reynolds Foundation to the Indiana University School of Medicine will increase the statewide geriatrics education of physicians, residents and medical students over the next four years.

Glenda R. Westmoreland, M.D., M.P.H., an associate professor of clinical medicine at IU, is the principal investigator of the grant which was awarded to establish the Geriatrics Education Network of Indiana (GENI). Its goal is to prepare the physician workforce to care for the state's aging population by strengthening the geriatrics training of 840 medical students, 450 residents and 223 practicing physicians throughout Indiana.

"Through GENI, we plan to create a standard of excellence for geriatrics education across the state that ensures that all older Hoosiers benefit from quality care," says Dr. Westmoreland, who also is director of geriatrics education in the IU Geriatrics Program and a scientist at the IU Center for Aging Research.

By the year 2030, more than one million people in Indiana will be over age 65. Physicians at the School of Medicine believe that aging gracefully correlates with good health and the quality of health care people receive in primary care settings. Through this program, they intend to provide good education in geriatric medicine not only to future physicians but also to those currently in practice.

This September, Dr. Westmoreland will begin planning the training for 15 faculty members at IU to be the program's expert faculty. Some of them are geriatricians in internal medicine and family medicine; all are clinician educators who are recognized as exceptional teachers.

In the second year, this group will train 24 university-based and 24 community-based physicians, primarily located near the school's nine education centers in Fort Wayne, Muncie, Terre Haute, South Bend, Gary, West Lafayette, Bloomington, Evansville and Indianapolis. These 24 physicians will then train another 80 physicians, half with the school and half in the community during the third year. This will continue to ripple throughout the physician community the fourth year when an additional 80 physicians are trained.

During the four years and beyond, the physicians will engage students and residents in the process, with the goal of more than doubling the students' learning hours in geriatric medicine and increasing the residents' learning hours in geriatrics by nearly 30 percent.

To demonstrate their progress, physicians and their office staff will identify, implement and evaluate specific projects that will improve medical care to the population of elderly patients seen in their practices. Residents and medical students will be involved in these projects from their inception.



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According to Dr. Westmoreland, the projects will be very doable and easy to replicate in other physicians' practices. "Something as simple as incorporating a low exam table to help patients who have mobility limitations might be one project," says Dr. Westmoreland. Another example of a project might be "to write down legible, large print notes as the physicians and staff talk for the patient to take home with him or her. These will help the patient and family to remember the plan discussed during the office visit," she adds.

The new program will benefit from the existing infrastructure at the School of Medicine that includes the IU Geriatrics Program and Center for Aging Research, the Senior Care program at Wishard Health Services, the Clinical Skills Education Center which is available for training and testing, a robust continuing medical education program, and extramural funding for curricular innovations.

The program also has attracted participation from the Center for Geriatric Medicine at Methodist Hospital and the Geriatrics and Extended Care program at Roudebush VA Medical Center, both in Indianapolis. In addition, it will work closely with the recently funded Relationship Centered Care Program funded by a \$2 million grant from the Fetzer Foundation.

The Donald W. Reynolds Foundation is a national philanthropic organization founded in 1954 by the late media entrepreneur for whom it is named. Reynolds was the founder and principal owner of the Donrey Media Group, which he created in 1940 with the purchase of the Okmulgee Daily (Oklahoma) Times and the Southwest (Arkansas) Times Record.

During Reynolds lifetime, he owned and operated over 70 businesses, the majority of which were in the communications/media field. Their holdings were primarily in the field of daily newspapers, outdoor advertising and cable television companies.

Headquartered in Las Vegas, Nev., the Donald W. Reynolds Foundation is among the 50 largest private foundations in the United States

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Media Contact: Pamela Perry  
(317) 274-5452  
[pperry@iupui.edu](mailto:pperry@iupui.edu)

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August 7, 2003

## Carmel Medical Center Open House Offers Fun, Information For Families

INDIANAPOLIS - Sign up for a free nutritional analysis from the IU Center for Weight Management, then amble across the hall for a stress-reducing in-chair massage, get a low-fat caffeine pick-me-up from an onsite coffee kiosk while meeting the "animal ambassadors" from the Indianapolis Zoo Mobile.

Those are just some of the events planned for Sunday, Aug. 17, when the IU Medical Group at Carmel hosts a community open house. Tours and special events are open to the public from 1 p.m. to 3 p.m.

Screenings for blood pressure, cholesterol, anxiety and depression, body mass index, second-hand smoke, osteoporosis, smoking cessation, glucose and over-all health risk appraisal will be offered.

Information sessions on Botox for cosmetic use and stroke patients, as well as injury prevention, asthma and genetics will be available. The latest in vision screening tools for glaucoma, cataracts, and diabetic retinopathy, the fundus camera, will be available free of charge to open house guests. The IU Department of Ophthalmology also is sponsoring a drawing for a free LASIK procedure and the Indiana Lions Eye Bank will have an information booth for individuals interested in organ donation.

Children will be able to look at X-rays and their own brain waves on imaging equipment, as well as participate in an interactive activity that gives them a chance to "be a radiologist."

Guests also will be able to sign up for a chance to win a large-screen television, courtesy of H.H. Gregg.

IUMG's newest multi-specialty facility is located at 200 W. 103rd Street, immediately west of the Thompson Inc. offices.

Faculty members of the IU School of Medicine see patients Monday through Friday. Specialists in allergy/asthma, cancer, diabetes, gastroenterology, neurology, ophthalmology, physical medicine and rehabilitation, pulmonology, psychiatry, radiology and urology see patients at the Carmel location, which is more convenient for northside Indianapolis, Carmel and Zionsville residents. An outpatient surgery center is located on the second floor of the facility.

Three IU physicians seeing patients at the IUMG-Carmel office were recently named in America's Top Doctors, a recognized source for finding the nation's top specialists. They are gastroenterologist Paul Kwo and neurologists Robert Pascuzzi and Karen Roos.

For additional information about the open house, contact Lynne Hulbert at 278-3500.



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To make an appointment with one of the IU Medical Group specialists seeing patients at the new Carmel facility, call 8-IUDOCs.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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August 2003



## **BACK TO SCHOOL MEDTIPS**

### **Indiana University School of Medicine**

**Your child is ready for kindergarten. Are you?** Be enthusiastic about sending your child off to school because your excitement and confidence will rub off, says Stephen Bogdewic, Ph.D., professor and vice-chair of family medicine at the Indiana University School of Medicine. You could introduce your child to the teacher and arrange a play-date with future classmates beforehand. On the first day, set aside extra time for chatting, but don't prolong the good-bye. If the child whines or clings, staying will only make separating harder for both of you.

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**Teens struggle with defining independence.** Physicians are seeing more eating disorders among teenage girls, including bingeing and starving. "Habits, both good and bad, developed during the teen years often are lifelong habits," says Ann Zerr, M.D., associate professor of clinical medicine at the Indiana University School of Medicine. "If you starve yourself and have amenorrhea (loss of menstruation), you are doing irreparable harm to your body," she says. "And if you begin smoking as a teen, the likelihood that you will continue smoking is greater than if you began smoking at a later age."

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**Take the load off your child's back.** Teens should not carry more than 20 pounds and should use both straps of their backpacks to evenly distribute weight on their backs, says Richard Kiovsky, M.D., clinical associate professor of family medicine at the Indiana University School of Medicine. The average student's backpack weighs between 15 and 35 pounds, too heavy for a child with underdeveloped shoulders and back muscles. "No one really knows if 10 to 15 years down the road this will really make a difference on their spines," says Dr. Kiovsky. Kids should only carry a few books at a time and should use lockers to store additional books. Wheeled backpacks are an excellent alternative for students who must transport a ton of books.

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**Dormitories may house not just your teen, but also meningitis.** If your child is off to college and will be living in a dorm, tell him or her to get a meningitis vaccine, says Karen Roos, M.D., professor of neurology at the Indiana University School of Medicine. Teens living in close proximity, especially those with lowered immunity due to insufficient sleep and an unbalanced diet are at high risk of getting this disease, which can result in permanent brain damage and can be fatal. The vaccine is safe and effective.

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**Is it lunch time yet?** Pack safety and health into your child's school lunch. Take extra safety measures while packing your child's lunch because it will sit unrefrigerated for several hours, says Sue Brady, D.M.Sc., R.D., professor of nutrition and dietetics at the Indiana University School of Medicine. Avoid foods that require refrigeration and use an insulated lunch bag. Pack a variety of foods from different food groups like meat or meat substitutes, fruits, vegetables and grains. Pack milk in an unbreakable thermos. Choose foods your child likes and in portions that match your child's appetite. Don't forget to wash fruits and vegetables before packing, and wash and dry all reusable containers. Dr. Brady along with Karyl Rickard, Ph.D., R.D., and Patricia Keener, M.D., are the authors of the nutrition section of *Caring for Kids*, a family guide on child health and development.

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**Bye, bye, bully!** Tell your child that bullying is not okay whether your child is the victim, bully or a bystander, says Stephen Bogdewic, Ph.D., professor and vice-chair of family medicine at the Indiana University School of Medicine. If your child is the victim, suggest not fighting back. Instead, work out ways to stay safe and tell your child to ask a trusted adult like a teacher or counselor for help. If your child is acting like a bully, explain that bullying is not acceptable and that it hurts other children. Show your child how to relate to others without teasing, threatening or attacking. Tell your child not to cheer on or quietly encourage bullying.

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**Unusually messy papers, careless errors and disorganized behaviors** compared to those of other children of the same age are often signs of attention deficit hyperactivity disorder. But, these behaviors also may indicate other problems, says William Kronenberger, Ph.D., associate professor of clinical psychology at the Indiana University School of Medicine. Evaluation by a professional is necessary to diagnose the nature of the problem. If a teacher believes that your child frequently is fidgety, interrupts or often breaks rules because of impulsive behavior rather than intentional disobedience, you may want to consult with a child psychologist or psychiatrist.

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**If your child has attention deficit hyperactivity disorder** make a special effort to make the first day of school an organized and rewarding experience, says William Kronenberger, Ph.D., associate professor of clinical psychology at the Indiana University School of Medicine. About a week before school starts, begin a daily routine that resembles the school year, including earlier bedtime and earlier waking time. Develop and practice an organized morning routine. If your child is attending a new school, visit the school ahead of time. Set clear rules, goals, schedules and consequences about school achievement, behavior, and homework. Give your child frequent feedback including praise, guidance and rewards to elicit better behavior and school performance.

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**Like ice cream, learning disabilities come in all varieties.** Reading, writing, mathematics, listening, speaking and thinking are all areas in which a child can be learning disabled, says Steven M. Koch, Ph.D., school psychologist at the Riley Child Development Center at the Indiana University School of Medicine. Doing poorly in some subjects while doing well in others; being easily distracted while doing school work; having difficulty reading words or understanding written material; not following directions, or having problems breaking down tasks into smaller manageable pieces may be indicators of an undiagnosed learning disability.

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**Sleepy heads, it's time for school!** About two weeks before school starts, gradually adjust your child's sleeping schedule until the bedtime and waking times coincide with the school year schedule, says Deborah Givan, M.D., professor of clinical pediatrics at the Indiana University School of Medicine. Begin waking your child about 30 minutes earlier each day and make bedtime earlier by 15 or 20 minutes. Even though children can function with less than the required amount of sleep, they cannot function as well, so ensure that elementary age children get about 10 hours of sleep per night and junior and senior high school students spend about nine hours in the sack.

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Contact: 317-274-7722

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**News Release Archives | Media Relations | IU School of Medicine**

August 7, 2003

## New Medical Students Mark School's Second Century

INDIANAPOLIS - When members of the Class of 2007 gather for a special ceremony welcoming them to the Indiana University School of Medicine, they will be making history - they will be the class that leads the School into its second century as Indiana's only medical school.

On Aug. 16, the 280 first-year students will participate in the White Coat Ceremony, a unique rite of passage marking the beginning of their education and training to become physicians. The ceremony is at 3 p.m. at the Murat Theatre, 502 N. New Jersey St.

With their families, friends, medical faculty and other guests nearby, the students will recite the time-honored Physician's Oath and will don their short, white lab coat. The students also will be presented with a special commemorative pin, recognizing their uniqueness as the School's 100th entering class. This is a first of events and activities the School has planned for its centennial year.

"The White Coat Ceremony impresses upon students the altruistic nature practicing the art and science of medicine, and encourages them to accept the inherent obligations of that calling," says D. Craig Brater, M.D., dean of the IU School of Medicine.

"More than 100 years ago, several farsighted individuals transformed a vision into a reality and established the Indiana University School of Medicine," Dr. Brater adds. "Like those who founded our School, we today pursue ideals and innovations that will carry us into a second century of service, education and research and the Class of 2007 has a role to play in that future."

That role centers largely on training physicians to better care for their patients and to serve their communities. In the ceremony's keynote speech, Thomas S. Inui, Sc.M, M.D., president and chief executive officer of the Regenstrief Institute Inc. at the IU School of Medicine, will talk about the ever-changing nature of professionalism in the medical profession.

The IU School of Medicine was established in 1903 at the IU Bloomington campus with 25 students and only a few instructors. Since that time, the School has grown to become the nation's second-largest medical teaching institution with more than 1,200 students at nine medical education centers throughout the state. First- and second-year students are divided among centers located in Indianapolis (IUPUI), Bloomington, Gary (IU-Northwest), Evansville (University of Southern Indiana), Terre Haute (Indiana State University), South Bend (University of Notre Dame), Lafayette (Purdue University), Muncie (Ball Memorial Hospital) and Fort Wayne (Indiana University-Purdue University).

In their first year, IUSM students study gross anatomy, histology, neurobiology,



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biochemistry, physiology, microbiology and immunology and introduction to medicine. During their second year, students take courses in biostatistics, pharmacology, medical genetics, pathology and emergency medicine.

All IU medical students complete their final two years of study at the IUPUI campus. Students receive clinical training at that time, in addition to further classroom and laboratory studies. Throughout their program the medical students will master nine core competencies, including self-awareness, effective communication skills, lifelong learning, problem-solving, professionalism, moral reasoning and ethical judgment, social awareness and its relation to health care, using science as a guide for all aspects of health care and clinical skills.

IU is the first medical school in the country to have integrated this new curriculum with the traditional medical school education.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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Aug. 6, 2003

## Indiana State Museum to Introduce Visitors to Future Treatments for Lung Cancer and Nicotine Addiction



*"Tomorrow's Medicine" video is joint project between museum and Indiana University School of Medicine*

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INDIANAPOLIS - The Indiana State Museum and the Indiana University School of Medicine have partnered to create the video, "Tomorrow's Medicine," which will air in the museum's *Tomorrow's Indiana* gallery.

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The seven-minute video is a look into potential lung cancer and nicotine addiction treatments that could be available in 2030, based on research currently underway at Indiana and Purdue universities. It also points out the ethical nature of medical choices that impact personality and personal freedom.

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"This is an exciting collaboration for the school," says D. Craig Brater, M.D., dean of the School of Medicine, "because we've been given the opportunity to talk to an age group whose future health is driven by information they get today. We hope by weaving a story about the future of medicine with a public health message, we can convey the message that no matter what future cures arise, tobacco use will harm their health. We appreciate this opportunity to partner with the state museum on a project that marks the centennial of the IU School of Medicine."

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"Tomorrow's Medicine," which targets its message to elementary and middle-school students, tells the stories of two women and one child who are suffering from tobacco-related health problems. All of the actors in the video are Indianapolis residents.

"Tomorrow's Medicine" will open Aug. 16 and run through April, 2004. The video will run once an hour, between showings of the current interactive video, "2025: A Genetic Odyssey." After the video's eight-month run at the museum, it will be made available to other museums. The School of Medicine, founded by IU in 1903, selected the project as one of the ways it is marking its 100th anniversary.

For more information, visit [indianamuseum.org](http://indianamuseum.org) or call 317.232.1637.

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The Indiana State Museum, 650 W. Washington St. in White River State Park in downtown Indianapolis, is the state's gathering place - inviting exploration, discovery and an ever-changing, family friendly experience. Hours are from 9 a.m. to 5 p.m., Monday through Saturday (closed on Mondays from Sept. 8 - Nov. 17, 2003) and from 11 a.m. to 5 p.m. Sunday. More information about the Indiana State Museum is available on the museum's Web site at [indianamuseum.org](http://indianamuseum.org) or by calling 317.232.1637.

MEDIA CONTACTS: Jessica Di Santo, 317.232.1639  
Sarah Densmore or Adam Hoover, 317.262.8080  
Pamela Su Perry, IU School of Medicine, 317.274.7722

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August 1, 2003



## Fall IU Mini Medical School Offers Myriad Health Topics

INDIANAPOLIS - Botox does far more than banish laugh lines. Obesity is a heavy health concern for young and old. An emergency room doctor reflects on his work at "Ground Zero" the day America was under attack.

These and three other topics are addressed by Indiana University School of Medicine physicians at the fall series of IU Mini Medical School, Oct. 7 through Nov. 11. Each of the two-hour weekly sessions meets at 7 p.m. Tuesdays in the lower-level auditorium at the Riley Outpatient Center on the Indiana University-Purdue University Indianapolis campus.

Topics and speakers for the fall session:

**Oct. 7      Risks and Benefits of Hormone Replacement Therapy**

Jane Lau, M.D., and Marguerite Shepard, M.D.

**Oct. 14     Stroke Prevention and Botox Therapy for Patients**

Linda Williams, M.D., and Allison Brashear, M.D.

**Oct. 21     The Give and Take of Plastic Surgery**

A. Michael Sadove, M.D.

**Oct. 28     Myths and Realities of Medical Errors**

Michael Weiner, M.D., and David Flockhart, M.D., Ph.D.

**Nov. 4      Obesity Issues for Young and Old**

Tamara Hannon, M.D., and Ann Zerr, M.D.

**Nov. 11     At "Ground Zero" and Lessons for Indiana**

Michael Olinger, M.D.

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One of the main goals of the twice-annual IU Mini Medical School is to introduce and explain to the public - in everyday language - the latest developments and topical issues in health care and research.

Cost to attend the six-week series is \$40 per person and advanced registration is required. For information or to register, call 317-278-7600. When registering, refer to Course No. 032N01A00.

Mini Medical School is sponsored by the IU Medical Group and Indianapolis radio station WIBC, and is offered by the IU School of Medicine Faculty Community Relations through the IUPUI Division of Continuing Studies.  
IU Mini Medical School is underwritten by an educational grant from Pfizer.

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Media Contact: Joe Stuteville

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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July 30, 2003

## IU School Of Medicine Seeks Patients For Free Colonoscopy Study

Indianapolis -- The Indiana University School of Medicine Division of Gastroenterology is seeking participants for a free colonoscopy study.

To qualify for the study, participants must be between 65 years and 80 years of age and have no more than one first-degree relative (parent, brother, sister or child) with a history of colorectal cancer.

Participants should not have had a test for blood in their stool within the past year and should not have had a colonoscopy, barium enema or sigmoidoscopy in the previous 10 years.

For more information, call 317-278-3806.

For additional information on IU School of Medicine clinical trials, see <http://clinicaltrials.iupui.edu>.

# # #

Media Contact: Marie Brunsman  
(317) 274-7722  
[mbrunsma@iupui.edu](mailto:mbrunsma@iupui.edu)



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**News Release Archives | Media Relations | IU School of Medicine**

July 28, 2003

## IU School Of Medicine Seeks Stroke Patients For Study On Botox

INDIANAPOLIS - The Indiana University School of Medicine Department of Neurology is seeking stroke patients with muscle tightness or spasticity for a study of a drug previously found to increase short-term flexibility.

The study will evaluate the safety of repeated doses of Botox® (botulinum toxin type A). Participants will be enrolled in the study for 13 months and will be required to make 11 visits to the IU Medical Center for up to five sets of Botox injections.

Participants, who may have tightness or spasticity on only one side of the body, will receive physical examinations, spasticity evaluations and blood tests. Those enrolled in the study will receive compensation for their time.

To qualify, individuals must be at least 21 years of age, have had a stroke more than six months ago and have muscle tightness in the arm affected by the stroke.

For additional information or to enroll, contact Libby Kuhn at 317-274-2234, or by e-mail at [ekuhn@iupui.edu](mailto:ekuhn@iupui.edu).

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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**News Release Archives | Media Relations | IU School of Medicine**

July 24, 2003

## Boy Recovering After Receiving Small Bowel Transplant

INDIANAPOLIS - - A 3-year-old boy is recovering after receiving a small bowel transplant by surgeons at Riley Hospital for Children. He is the first person to undergo the life-saving five-and-a-half hour procedure in Indiana.

"The surgery was successful and the patient is making a great recovery," says lead surgeon Joseph Tector, M.D., assistant professor at the Indiana University School of Medicine, commenting on the July 22 procedure. "This was a total team effort from beginning to end requiring our best specialists."

Dr. Jonathan Fridell, transplant surgeon and assistant professor at Indiana University School of Medicine, procured the organ from California.

The boy's name and hometown are being withheld at this time at the request of his parents.

A small bowel transplant is an option for people who are suffering from intestinal failure and who are unable to absorb required nutrition through regular digestive processes.

To date, intestinal transplants have been performed only at a select number of institutions because few surgeons are qualified and trained to perform them. Intestinal transplants also are among the most difficult to perform and require a strong commitment from a highly skilled multi-disciplinary team, including the very best in intensive care and in administrative support.

In 1965, Indiana's first kidney transplant was performed at the Indiana University School of Medicine. Hundreds of organ transplant procedures have been performed at IU and Riley hospitals since that time.

Thirty-eight years later, Clarian Health Partners, which includes IU, Riley and Methodist hospitals, continues to exceed the standard with the state's first intestinal transplant.

Overall, The Clarian Transplant Center is a national leader in transplant services, ranking seventh in the country in volume.

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Media Contacts:

James Wide

Clarian Health Partners



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Phone  
317 274 7722

Fax  
317 278 8722

317-962-4589

[jwide@clarian.org](mailto:jwide@clarian.org)

Joe Stuteville

IU School of Medicine

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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July 23, 2003



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## Popular Stimulant Requires Regulation, IU Physician Testifies

INDIANAPOLIS - Ephedra, an over-the-counter herbal drug marketed as a dietary supplement, can help you lose weight, improve your athletic prowess and boost your short-term energy level. And for many users, it can increase your odds of heart attack, stroke and death.

For these reasons, ephedra and other caffeine-based consumer products should be carefully regulated by the U.S. Food and Drug Administration. That's the message Douglas P. Zipes, M.D, an Indiana University School of Medicine cardiologist, delivered to Capitol Hill in testimony before the House Subcommittee on Oversight and Investigations on July 23.

Dr. Zipes, director of the Krannert Institute of Cardiology and past president of the American College of Cardiology, recommended to lawmakers the government take action in four critical areas:

- Recognize that ephedra and ephedrine are drugs and not dietary supplements
- Recognize these products are capable of "provoking harm, including ventricular fibrillation and sudden death"
- Eliminate over-the-counter use based on "minor proven benefit" and potential for major harm
- Regulate their use by applying FDA criteria to distribution of ephedra/caffeine compounds as it done for all other drugs

Herbal products containing ephedra, also known as herbal ephedrine alkaloids, are marketed in the United States as dietary supplements that claim to promote weight loss and bolster energy. Ephedrine alkaloids, including the chemical known as ephedrine, are amphetamine-like compounds that potentially have powerful stimulant effects on the nervous system and heart. These alkaloids are found naturally in a number of plants, including the ephedra species of herb also known by its traditional Chinese medicine name, ma huang. They also can be manufactured in the laboratory.

"Because of limitations in the current reporting system, it is estimated that less than 1 percent of the adverse effects caused by dietary supplements are reported to the FDA," said Dr. Zipes. "If a safety concern arises, the burden of proof for safety lies not with the manufacturer but with the FDA to prove that the produce is unsafe. In particular, dietary supplements containing ephedra and caffeine illustrate the health risks posed to consumers."

Under the 1994 Dietary Supplement Health and Education Act, herbs can be labeled with information on their effects on the structure and function of the body. However, the labels must include disclaimers that state that the FDA has not reviewed the

safety and efficacy of the herb and the herb should not be used to treat a specific illness.

Under current laws, the FDA cannot require all herbal products be tested for safety before they become available to consumers.

Dr. Zipes is a clinical cardiologist and scientist specializing in heart rhythm disturbance and is a Distinguished Professor at Indiana University.

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Media Contact: Joe Stuteville

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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July 15, 2003

## IU Physicians Take Top Honors In *America's Top Doctors*

INDIANAPOLIS- Thirty-five Indiana University School of Medicine physicians are among those listed in the 2003 issue of *America's Top Doctors*. The popular publication recognizes a total of 47 Indiana physicians, 75 percent of whom are faculty at the state's only medical school.

IU School of Medicine faculty practice at the James Whitcomb Riley Hospital for Children, Indiana University Hospital, the Richard L. Roudebush Veteran's Administration Hospital, Wishard Memorial Hospital and at clinics in various locations in central Indiana.

*America's Top Doctors* published by Castle Connolly Medical Ltd, is a recognized source for finding the nation's top specialists. The list of physicians is generated based on nominations by their peers, and the physicians listed are included only after extensive surveys have been conducted.

*America's Top Doctors* focuses only on the top 1 percent of specialists and sub-specialists across the United States. Less than 1 percent of the hospitals in the United States have more than one doctor listed in the guide.

"Indiana has thousands of top-notch physicians so we are honored that so many of the School of Medicine faculty have been recommended by their colleagues and peers," says D. Craig Brater, MD, dean of the IU School of Medicine. "Nearly 50 percent of Indiana's physicians are trained by IU faculty, so the medical knowledge recognized by *America's Top Doctors* has been shared with other outstanding physicians throughout the state."

IU physicians and their area of specialty as noted in *America's Top Doctors*:

**Sharon Andreoli**, MD, (Kidney Disease)

**Veena Antony**, MD, (Pleural disease)

**Jerry Bergstein**, MD, (Dialysis-Peritoneal; Kidney Disease; Hypertension)

**John W. Brown**, MD, (Neonatal and Pediatric Cardiac Surgery; Transplant-Heart; Heart Valve Surgery)

**Randall Caldwell**, MD, (Transplant Medicine - Heart; Echocardiography)

**John Coleman**, MD, (Pediatric Plastic Surgery; Cancer Reconstruction; Breast Reconstruction; Head & Neck Surgery)

**Lawrence Einhorn**, MD, (Testicular Cancer; Lung Cancer)

**Martin Farlow**, MD, (Alzheimer Disease; Neurodegenerative Disorders; Multiple Sclerosis)

**Robert Goulet**, MD, (Breast Cancer)

**Jay Grosfeld**, MD, (Pediatric Surgery; Cancer Surgery)

**Richard S. Idler**, MD, (Hand Surgery)

**Matthew Johnson**, MD, (Vascular Interventions; Uterine Fibroid Embolization)

**John C. Kincaid**, MD, (Facial Pain; Neuromuscular Disease; Electromyography)

**Martin Kleiman**, MD, (Pediatric Infectious Disease)



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**Paul Kwo**, MD, (Hepatitis C)

**James Lemons**, MD, (Neonatology; Perinatal Medicine)

**Katherine Look**, MD, (Ovarian Cancer)

**Thomas Luerksen**, MD, (Pediatric Neurosurgery)

**Alexander Mih**, MD, (Microsurgery)

**Richard Miyamoto**, MD, (Adult and Pediatric Neuro-otology; Acoustic Nerve Tumors: Middle Ear Disorders)

**Jean Molleston**, MD, (Liver Disease; Nutrition)

**David Moore**, MD, (Cervical Cancer; Ovarian Cancer)

**John J. Mulcahy**, MD, (Erectile Dysfunction; Incontinence; Prostheses)

**Robert Pascuzzi**, MD, (Neuromuscular Disease; Amyotrophic Lateral Sclerosis; Myasthenia Gravis)

**Douglas Kevin Rex**, MD, (Endoscopy)

**Richard C. Rink**, MD, (Pediatric Urology; Reconstructive Urology; Genital Reconstruction),

**Karen Roos**, MD, (Neurofibromatosis; Infectious Disease - CNS; Encephalitis)

**George Sarosi**, MD, (Infection - respiratory, fungal lung disease, diagnostic problems)

**George W. Sledge**, MD, (Breast Cancer)

**Frederick Stehman**, MD, (Clinical Trials; Gynecologic Cancer)

**Maria Rosa Ten**, MD, (Immune Deficiency; Asthma)

**Patricia Treadwell**, MD, (Pediatric Dermatology; Birthmarks)

**Mark Turrentine**, MD, (Pediatric Cardiac Surgery; Heart & Lung Transplant)

**David Dawson Weaver**, MD, (Inherited Bone Disorders; Genetic Disorders; Prenatal Diagnosis)

**Douglas Zipes**, MD, (Arrhythmias)

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**News Release Archives | Media Relations | IU School of Medicine**

July 14, 2003

## Johns Hopkins Physician To Assume IU's Top Surgery Post

INDIANAPOLIS - Keith D. Lillemoe, M.D., has been named chair of the Indiana University Department of Surgery.

Dr. Lillemoe, a professor at The Johns Hopkins University School of Medicine and attending surgeon at The Johns Hopkins Hospital, is expected to begin his duties in September, pending approval by IU trustees. He replaces long-time chair Jay Grosfeld, M.D., who is stepping down from this role.

Dr. Grosfeld has served as surgeon-in-chief at Riley Hospital for Children since 1972, the only person to hold the post at Indiana's oldest and best-known children's medical facility. He will remain in this position and as director of pediatric surgery.

"Dr. Lillemoe is the perfect person to lead IU's next generation of surgeons and he will be able to build on the steady leadership of Jay Grosfeld," says D. Craig Brater, M.D., dean of the Indiana University School of Medicine. "Thus, we simultaneously celebrate the recruitment of Dr. Lillemoe and salute the enormous contributions of Dr. Grosfeld."

The new surgery chief specializes in pancreatic, gastrointestinal and biliary tract diseases. At Baltimore, Md.-based Johns Hopkins, he has led investigations into the short- and long-term clinical management for the cure of those diseases.

Much of Dr. Lillemoe's practice has been devoted to the surgical management of cancers of the pancreas, gallbladder and bile duct. His research in these areas has resulted in significant funding from the National Cancer Institute.

Dr. Lillemoe earned his medical degree from Johns Hopkins in 1978, where he also completed his surgery residency and received his academic appointment. He worked as a surgical investigator at the Walter Reed Army Institute of Research while on active duty as a captain in the U.S. Army from 1980 to 1982.

At the time of his IU appointment, Dr. Lillemoe was vice chair and deputy director of surgery and coordinator of the surgical residency program at Johns Hopkins.

Dr. Grosfeld, who specializes in neonatal and pediatric surgical oncology, is credited for pioneering pediatric surgical care and IU's surgical residency program. He is an honorary fellow of the Royal College of Surgeons in England and a member of several overseas surgical societies. In 2002, he was awarded the William E. Ladd Medal by the American Academy of Pediatrics - one of the most prestigious honors in pediatric surgery.

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Phone  
317 274 7722

Fax  
317 278 8722

Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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July 11, 2003

## Allen To Lead American Board Of Pathology

INDIANAPOLIS -- Stephen D. Allen, M.D., professor of pathology and laboratory medicine at the Indiana University School of Medicine, has been elected to a one-year term as president of the American Board of Pathology.

Dr. Allen is director of clinical microbiology for Clarian Health Partners and director of the Disease Control Laboratory Division of the Indiana State Board of Health.

He is a graduate of Indiana University School of Medicine and completed his residency in pathology at Vanderbilt University.

Each year the American Board of Pathology oversees the certification examinations of nearly 500 primary pathologists and an additional 300 subspecialists.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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July 11, 2003

## IU School of Medicine Chair To Lead International Society

INDIANAPOLIS -- John N. Eble, M.D., has been installed as president of the International Society of Urologic Pathology at its annual meeting in Washington, D.C.

Dr. Eble, the Nordschow Professor of Laboratory Medicine at the Indiana University School of Medicine, has served as chairman of the IU School of Medicine's Department of Pathology and Laboratory Medicine and as chief pathologist of Clarian Health Partners since 1999.

Prior to his appointment as department chair, Dr. Eble spent 19 years as chief of pathology and laboratory medicine at the Richard L. Roudebush VA Medical Center.

He holds three degrees from IU: a bachelor's in 1973, a M.D. in 1976 and a master's in business administration in 1990.

Dr. Eble is editor-in-chief of *Modern Pathology*, the journal of the United States and Canadian Academy of Pathology. From 1997 to 2000, he was editor of the *Journal of Urologic Pathology*, the journal of the International Society of Urologic Pathology.

The International Society of Urologic Pathology is a professional society supporting research and education in diseases of the genitourinary organs. The society was founded in 1991 and has a worldwide membership of pathologists, urologists, and basic scientists.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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**News Release Archives | Media Relations | IU School of Medicine**



July 11, 2003

## Michael Elected Treasurer Of International Medical Society

INDIANAPOLIS -- Helen E. Michael, M.D., has been named treasurer of the International Society of Urologic Pathology at its annual meeting in Washington, D.C.

Dr. Michael, professor of pathology and laboratory medicine, is chief of pathology at Wishard Memorial Hospital. She has served on the IU faculty since 1984. She also serves as a pathologist for the Gynecologic Oncology Group, an organization funded by the American College of Obstetrics and Gynecology and the National Cancer Institute, and is a member of the Indianapolis Mayor's Task Force on Emergency Preparedness.

Dr. Michael received her undergraduate and medical degrees from Washington University in St. Louis.

The International Society of Urologic Pathology is a professional society supporting research and education in diseases of the genitourinary organs. The society was founded in 1991 and has a worldwide membership of pathologists, urologists, and basic scientists.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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July 7, 2003

## Lung Cancer Drug Being Studied At IU Cancer Center

INDIANAPOLIS - The effect of a new drug that may inhibit the growth or spread of the most common form of lung cancer is being tested at the Indiana University School of Medicine.

In the clinical trial, Erbitux® is being given to individuals with advanced non-small cell lung cancer, who have previously been treated with chemotherapy. Erbitux is administered intravenously once a week.

Nasser Hanna, M.D., the principal investigator for the trial, said recent announcements showed the drug to have a favorable response in patients with colon cancer. The IU Cancer Center is one of only six sites in the nation conducting the Phase II trial.

Erbitux is an antibody that blocks a receptor on cells. The receptor adheres to a naturally occurring growth factor, which is over-produced in lung cancer cells. When absorbed into the cells, it results in the spread and survival of cancer cells in the lungs. Erbitux is a member of a class of drugs called epidermal growth factor receptor inhibitors, which has therapeutic effects in lung and other cancers.

Non-small cell lung cancer accounts for 80 percent of all lung cancers and is the leading cause of cancer-related fatalities in the United States. In the U.S., 170,000 new cases of lung cancer are diagnosed each year and there are 157,000 deaths caused by the disease.

Participants in the clinical trial must have advanced non-small cell lung cancer, have had at least one prior chemotherapy regimen and be in generally good health.

For additional information about the trial, contact Deborah Estes, R.N., at 317-278-6599.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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July 7, 2003

## IU Offers New Treatment Option For Cholesterol Patients

INDIANAPOLIS - A new procedure at the Indiana University School of Medicine may prolong the lives of individuals whose cholesterol can't be controlled with medication.

The procedure, which has been used in Europe for nearly 20 years, works on the principle that medication is not the only way to control LDL or "bad" cholesterol. Using LDL apheresis treatments, doctors are able to remove the artery-clogging cholesterol while leaving the HDL or "good" cholesterol in the blood stream.

Apheresis is similar to hemodialysis, which is used to treat patients with kidney failure. One difference is that LDL apheresis only filters out the LDL cholesterol from the blood. Like hemodialysis, apheresis removes blood from a vein through a needle, most commonly from the arm, and returns the filter blood in the other arm. The LDL apheresis treatment routinely takes about two or three hours and patients undergo the treatment twice a month.

Mark Deeg, M.D., Ph.D., associate professor of medicine and of biochemistry and molecular biology, is director of the IU Vascular Health Program. IU Medical Center is the only site for the apheresis treatment in Indiana although there are about 20 other medical centers in the United States where the treatment option is offered.

"The people who qualify for this treatment frequently have LDL levels well beyond the level believed to be safe," said Dr. Deeg. "For individuals with familial hypercholesterolemia, an inherited trait, there are few treatment options that are truly effective. These individuals do not respond well to cholesterol-lowering drugs, and diet and exercise also are ineffective ways to control their condition."

Hypercholesterolemia merely means an excess of cholesterol in the blood. For individuals with the inherited form, it can mean a lifetime of dietary restricts and a shortened life span. For rare individuals who receive two sets of genes for the disorder - one from each parent - it can result in strokes in children as young as elementary-school age and can severely shorten life expectancy.

Individuals who would qualify for the LDL apheresis treatment, which is covered by some insurance plans, would have an LDL level over 300 or, if there is evidence of heart disease, an LDL level over 200. In the healthy population, an LDL of less than 160, or of less than 100 if heart disease exists, is considered normal.

Among the additional benefits to the treatment is the fact it lowers blood viscosity or "stickiness." High viscosity makes it more difficult for blood to flow through narrowed arteries.

An unexpected benefit may be in the treatment of idiopathic hearing loss.



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“Early evidence indicates that one treatment with apheresis is more effective in resolving acute hearing loss than a regimen with steroids,” said Dr. Deeg. “It is thought that by lowering blood viscosity, apheresis has an effect on the loss of hearing by improving blood flow through the ear.”

The IU School of Medicine also will be offering the apheresis treatment for acute hearing loss.

For additional information on the IU LDL apheresis program, contact Ostella Honeycutt at 317-274-4347.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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June 16, 2003

## Medication May Slow Progression of Alzheimer Disease

INDIANAPOLIS -- A medication used to treat the symptoms of mild-to-moderate Alzheimer disease may actually do more - it may be able to delay progression of the disorder, according to a study conducted at the Indiana University School of Medicine.



Dr. Martin Farlow

The study, which appears in the June issue of *Archives of Neurology*, enabled researchers to evaluate a change in cognition observed in patients who prematurely discontinued treatment with placebo or Exelon® (rivastigmine tartrate), a medication prescribed for many patients.

"If Exelon only had an effect on the symptoms of the disease, we would have expected rapid deterioration in patients' cognition to the level observed in the placebo group after treatment withdrawal, but that was not the case with this study," notes Martin Farlow, M.D., professor of medicine at the IU School of Medicine and director of the Alzheimer Clinic at Indiana University Hospital.

So what did Dr. Farlow, principal investigator and lead author of the study, and his colleagues discover?

"We found that patients who received Exelon before withdrawing from the study showed significantly less cognitive decline than placebo-treated patients, suggesting a possible effect in delaying the biological progression of Alzheimer's."

At 26 weeks after discontinuing treatment, the patients who initially had used the medication showed less cognitive decline than patients who had stopped taking the dummy medication.

Exelon is a cholinesterase inhibitor, a laboratory-produced agent designed to enhance memory and other cognitive functions by influencing certain chemical activities in the brain. One particular chemical - acetylcholine - is released by one brain cell to transmit a message to another cell. Once a message is received, enzymes are broken down for reuse.

In the Alzheimer-afflicted brain, the cells using acetylcholine are damaged or destroyed, resulting in lower levels of the chemical messenger.

"Cholinesterase inhibition is the most extensively researched and best therapeutic approach for the symptomatic treatment of Alzheimer disease, providing clinical benefits presumably through an increase of acetylcholine levels and enhancing



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neurotransmission,” Dr. Farlow said.

Alzheimer disease is a neurodegenerative disorder - and the most common form of dementia - mainly characterized by the progressive and irreversible loss of nerve cells located in specific brain areas. It attacks the brain and results in impaired memory, thinking and behavior. There is no known cure for this disease, which affects four million in the United States and more than 10 million worldwide.

Other investigators participating in the study were Steven Potkin, M.D., of the Brain Imaging Center at the University of California-Irvine; and Dario Mirski, M.D., Barbara Koumaras and Jeffrey Veach, Novartis researchers in East Hanover, N.J.

Exelon, manufactured by Novartis Pharmaceuticals Corp., was approved for consumer use by the Food and Drug Administration in 2000.

# # #

Media Contacts:

Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)  
317-274-7722

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)  
317-274-7722

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**News Release Archives | Media Relations | IU School of Medicine**

June 12, 2003

## IU Seeks Patients For Lymphoma Vaccine Study

INDIANAPOLIS -- Indiana University School of Medicine is seeking individuals with low-grade non-Hodgkin's lymphoma for a clinical trial of a vaccine made from antibodies produced by the tumors of each patient.

"The tumor-specific vaccine is made from proteins produced within the tumor of each patient with the intent of making the treatment more effective," said Kristen N. Ganjoo, M.D., assistant professor of medicine and principal investigator of the trial at the IU Cancer Center. "When vaccinated, the body then recognizes the modified protein, mounts an immune response and attacks all the malignant tumors producing that protein."

To participate in the Phase III trial, patients must have been diagnosed with low-grade non-Hodgkin's lymphoma and not have undergone prior therapy to treat the disease. All patients enrolled will receive standardized chemotherapy for their form of cancer. Patients responding to that treatment will continue in the trial, with two-thirds of the patients receiving a series of injections of the vaccine, while a control group will not receive the vaccine.

All patients will receive immunotherapy designed to enhance the immune system. This phase of the trial is to determine if this vaccine is more effective than standard therapy alone in the treatment of low-grade lymphomas. Patients will be accepted into the trial until the end of the year.

In an earlier clinical trial utilizing a similar type of vaccine, nearly 50 percent of patients mounted an immune response to the cancer cells after receiving the vaccine and did not relapse for as long as seven years. Patients will not be considered cancer-free until they have gone 10 years without a recurrence of the disease.

The trial, which is sponsored by Genitope Corp., is being conducted at 33 medical centers across North America and will include at least 700 patients. For more information on the trial at IU Cancer Center, call Jill Weisenbach 317-278-0597.

For additional information on clinical trials available at IU School of Medicine, see <http://medicine.iupui.edu/ctp/>.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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June 11, 2003

## Patients Needed For Non-Hodgkin's Lymphoma Study

INDIANAPOLIS - Indiana University Cancer Center is seeking participants for a clinical trial of a drug that cuts off the blood supply to tumors of some patients with non-Hodgkin's lymphoma.

The drug, Avastin (formerly known as anti-VEGF) has been shown to be effective in the treatment of colorectal cancer. The trial will test its effectiveness when combined with regular chemotherapy and Rituxan, a monoclonal antibody.

The Phase II study will enroll patient for six months. To be eligible, patients must have large B cell non-Hodgkin's lymphoma, not have started treatment for the disease and be at Stage 3/Stage 4 or bulky Stage 2.

Avastin, made by Genentech, is an anti-angiogenetic agent. Angiogenesis is the development of blood vessel to supply and nurture a cancerous tumor. By halting the supply of blood, research indicates the tumor dies.

For additional information or to enroll in the trial, call Jill Weisenbach at 317-278-0597.

For additional information on clinical trials available at IU School of Medicine, see <http://medicine.iupui.edu/ctp/>.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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June 2003

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**Is a spray-on tan the way to go this season?** Spray-on tans are safe because they mimic a natural tan in appearance only; but there is no skin damage, says Jeffrey B. Travers, M.D., Ph.D., Kampen-Norins Investigator and chair of the Department of Dermatology at the Indiana University School of Medicine. Sun-tanning and tanning beds are not healthy because those tans are the body's response to skin damage by the sun or artificial ultraviolet light. Although sunlight is essential for life on this planet, and we all need a bit of sunlight for vitamin D production, exposure to the sun has been directly linked to skin cancers. In addition, excessive sunlight will cause increased "photo-aging," including wrinkles and pigmented spots and can make some types of skin rashes worse.

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**Don't be a crispy critter!** Protect your skin from sunburn by avoiding sun exposure from 10 p.m. to 2 p.m., says Jeffrey B. Travers, M.D., Ph.D., Kampen-Norins Investigator and chair of the Department of Dermatology at the Indiana University School of Medicine. Wear protective clothing such as long sleeves and wide brimmed hats, avoid slathering tanning and baby oil on your body, and routinely use sunscreens with an SPF of 15 or greater. Sunscreens do not block all the light; so even while they protect our skin from harmful rays, they let adequate vitamin D to penetrate into the skin.

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Whether on land or in the air, diabetics need to take extra precautions when out and about. Diabetics should not walk on hot surfaces such as the beach without shoes or sandals, warns Charles Clark, M.D., professor of medicine and of pharmacology-toxicology at the Indiana University School of Medicine. Air passengers with diabetes should notify security screeners about their condition and the supplies they are carrying. If you are traveling with insulin pumps and syringes, carry them with a professionally printed prescription identifying the medication. Diabetics should check Transportation Security Administration rules for diabetics and tips for safe traveling at [http://members.tripod.com/diabetics\\_world/Flying\\_with\\_diabetes.htm](http://members.tripod.com/diabetics_world/Flying_with_diabetes.htm).

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**It doesn't matter if they are retro or wrap-around;** wear sunglasses that block 98 percent of ultraviolet A and B rays, says Clark Springs, M.D., assistant professor of clinical ophthalmology at the Indiana University School of Medicine. Prolonged exposure to UV rays can affect the eyes adversely and even lead to cataracts. Sunglasses that do not block enough UV rays can cause even greater eye damage than no glasses because the darkened lenses make the eyes dilate more.

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**Don't forget your swimming goggles** when you go to the beach or pool this summer. Prescription goggles are the safest, says Clark Springs, M.D., assistant professor of clinical ophthalmology at the Indiana University School of Medicine. Use goggles especially if wearing contact lens while swimming in fresh water because fresh water environments, such as lakes and ponds, carry the microorganism *Acanthamoeba*, which can cause serious eye infections.

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**Eat lots of fruits and vegetables** this summer; they are good sources of folic acid, fiber and antioxidants, says Sara Blackburn, D.Sc., R.D., clinical associate professor of the Nutrition and Dietetics Program at the Indiana University School of Allied Health Sciences. They are especially good if you don't feel like cooking this summer because you can make easy-to-prepare items like chilled cucumber yogurt soup or a hearty salad. Eat about three servings of dairy foods per day - the calcium will help you lose that extra body fat and protect your bones.

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**Use low-fat meat for grilling** this summer, if you want to look svelte in your swim-suit, says Sara Blackburn, D.Sc., R.D., clinical associate professor of the Nutrition and Dietetics Program at the Indiana University School of Allied Health Sciences. Although, low-fat meat can be tough and chewy when grilled, you can make it tender and juicy by marinating the meat, cooking it over high flame, and serving it in thin slices. Meat is a good source of iron, zinc and vitamin B12, so don't eliminate it from your diet. Chicken, fish and pork grill well and tofu, vegetables and fruits can be added for extra flavor.

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**Go slow on those fruit juices!** It's easy to drink too much fruit juice, especially on a hot day; but while they can be healthy, fruit juices are not low-calorie drinks, advises Sara Blackburn, D.Sc., R.D., associate professor of clinical nutrition and dietetics at the Indiana University School of Medicine - School of Allied Health Sciences. To lower the calories, make spritzers from fruit juice and sparkling water and add artificial sweeteners for a sweeter taste. Diabetics should refrain from fruit juice, and should eat whole fruit instead. Even though they contain sugar, soft drinks with ice are an excellent way of replacing fluids lost due to perspiration because the sugar and the electrolytes work together to get the water inside the cells.

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**Water, water everywhere; how much to drink?** Though water is good for the body, there is no scientific evidence to support the 8-glasses-per-day theory, says Sara Blackburn, D.Sc., R.D., associate professor of clinical nutrition and dietetics at the Indiana University School of Medicine - School of Allied Health Sciences. In fact,

drinking too much water may make you dizzy and tired by diluting the body's sodium level. The amount of fluids you need depends on how much you lose. On average, an adult loses about six eight-ounce cups per day. But other fluids we ingest including soup, milk, soda and juice replenish lost fluids. If you feel thirsty, your body probably needs liquid and you should drink.

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**Don't get too hot-hot-hot when it's hot-hot-hot.** Drink plenty of fluids and check the temperature before venturing out in the summer to avoid heat exhaustion or heat stroke, suggests Thomas A. Jones, M.D., assistant professor of family medicine at the Indiana University School of Medicine. If your body loses fluids and salt from excessive sweating and you do not replenish them, you are at risk for heat exhaustion or the more severe heat stroke. If someone is sweating intensely, feeling nauseated and dizzy and has a weak pulse, try to promptly rehydrate the individual with diluted Gatorade and move the person to a cool and shaded area. If a person experiences high temperature, weakness, rapid pulse, severe confusion and seizures, it may be the onset of heat stroke. Heat stroke occurs when the body's normal attempts to cool itself fail. If you suspect heat stroke, call 911 immediately and try to cool the person's body with wet clothing and fanning, while waiting for an ambulance to arrive.

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**Don't let the bugs bite!** Use repellents regularly and wear clothing that covers your body fully to avoid insect bites when you are outside this summer, suggests Thomas A. Jones, M.D., assistant professor of family medicine at the Indiana University School of Medicine. If you stay out for a long time, reapply the repellents frequently especially after heavy sweating or water activities. To keep away mosquitoes, repellents containing DEET are the most effective. Applying ice to a bite will give you temporary relief; but, if the bite area gets infected or the redness increases over the next day or two, it may be a good idea to check with your doctor.

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**How true is the old wives' tale about not swimming immediately after eating?** There is no scientific evidence to support this, says Stacey Faryna, R.D., research dietitian and certified health and fitness instructor at the IU Center for Weight Management at the Indiana University School of Medicine. However, it is best to recognize how your own body responds because some people may develop cramps if they swim immediately after eating. She recommends eating a light meal if you want to swim.

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**Be sure to balance fun in the sun with safety in the sun!** Protect the child from the sun with a wide brimmed hat and sunscreen of SPF 15 or higher over the face and exposed areas of the body to prevent potential skin cancer, suggests Sarah Stelzner, M.D., assistant professor of clinical pediatrics at the Indiana University School of

Medicine. Try to keep children in the shade between 10 a.m. to 2 p.m. - the hottest part of the day. Being outside in the fresh air is good for both babies and parents. Sunlight helps metabolize Vitamin D which is important for a baby's normal bone growth; so take your baby out for a walk, to the ball park or to the many other fun outdoor activities of the summer.

# # #

Media Contact: Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)

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June 9, 2003

## IU Seeks Participants For Huntington, Parkinson Diseases Studies

INDIANAPOLIS - The Indiana University Center for Movement Disorders is recruiting participants for four clinical trials for Parkinson disease and three for Huntington disease.

A National Institutes of Health-funded trial will look at various drugs approved for other conditions but which appear to have a mechanism that could slow the progression of Parkinson disease. The first compounds to be considered at IU will be minocycline, an antibiotic commonly used to treat acne, and creatine. Participants enrolled in that trial will take the medications for six months.

Several other drug compounds will be tested over the six-to-eight-year course of this multi-center, Phase II trial. All participants must be in the early stages of Parkinson disease and not yet in need of medication.

Beginning in July is a trial known as POETRY, which will evaluate the effect of estrogen on women with Parkinson disease. Participants should have moderate to advanced disease, be post-menopausal and not on hormone replacement therapy or tamoxifen. To be eligible, women must not have had a heart attack, breast or uterine cancer or problems with blood clots.

This trial is funded by the Rosalyn Newman Philanthropic Fund of the Jewish Communal Fund, Wyeth Pharmaceuticals and Novartis Pharmaceuticals.

In the third trial, IU researchers will conduct a 14-week, placebo-controlled trial of a drug that may help the early symptoms of Parkinson. Participants must be in the early stages of the disease. They should be on only a small amount or on no Parkinson disease medication. The Phase II trial is funded by Boehringer-Ingelheim.

IU researchers continue seeking siblings with Parkinson disease as part of an NIH-funded project called PROGENI. By identifying and studying families with at least two living siblings with the disease, researchers will identify genes that may make people susceptible to the disorder.

IU researchers are seeking participants for a 12-week trial of tetrabenazine, a drug that may reduce involuntary movements (chorea) in Huntington disease patients.

Participants should have moderate to severe chorea, mild to moderate overall disease and cannot be on medications, such as haloperidol, to reduce chorea.

In a study called PREDICT, IU is seeking individuals who have been genetically tested and found to carry the gene that causes Huntington disease. A second nationwide study, also funded by the NIH and named PHAROS, seeks people who are at risk for developing Huntington disease but don't know if they carry the gene.



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These participants would have a parent who developed the disease.

Physicians will use various diagnostic tools, such as brain imaging and neuropsychological testing, to determine early changes that may be indicators of the onset of the disease. Both observational studies are multi-center clinical trials.

For additional information or to enroll in one of the trials, call the IU Clinical Trials Program at 317-278-0868.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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June 5, 2003

## Unique Program Pairs Med Students With Hoosier Family Docs

INDIANAPOLIS – The first year of medical school is loaded with labs, lectures and late-night study sessions, but this summer a select group of Indiana University School of Medicine students will learn clinical skills under the supervision of physicians throughout the state.

**Twenty-eight medical students**, all of whom just completed their first year of school, have been placed through the Family Medicine Scholars Consortium. The goal of this program, which began in 1999, is to encourage students to consider specializing in family medicine when they begin their careers. And for good reason: an estimated two-thirds of Indiana's 92 counties are medically underserved or have a shortage of health-care professionals, according to the Indiana State Department of Health.

The consortium includes the IU Department of Family Medicine, Clarian Health Partners, Midwest Center for Rural Health (Terre Haute), St. Joseph's Medical Center (South Bend), Indiana Academy of Family Physicians, Deaconess Hospital (Evansville) and Cinergy, an Indiana electric utility.

The students will be placed in eight-week-long practices, although some opt for four-week tours of duty to accommodate schedules. Their time is spent working directly with family practioners in their clinics, rotating through various departments at hospitals, assisting with research, and participating in projects at community-based social service agencies. Each student receives a stipend of between \$1,500 to \$3,000.

"Sponsors can tailor their programs to meet their individual needs, but all share a common goal," says Brenda O'Hara, M.D., director of pre-doctoral education in the Department of Family Medicine. "The mission is to expose young medical students to primary care in rural and underserved areas early on in their careers."

The Family Medicine Scholars Consortium often confirms students' expectations when considering their future. That's what happened to Chris Ricketts, M.D., an IU School of Medicine graduate and past Cinergy Scholar recipient and a host physician in 2002.

"My experience working in a rural settting, solidified and broadened my thoughts as to what family physicians do for a living, the far-reaching nature of their work and their role in the community," says Dr. Ricketts, who is in family practice in Fulton County, Ind.

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Media Contacts: Jennifer Custer  
317-972-0493  
[jcuster@iupui.edu](mailto:jcuster@iupui.edu)



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Phone  
317 274 7722

Fax  
317 278 8722

Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)

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June 2, 2003

## Federal Task Force Study Finds Insufficient Data on Merit of Routine Dementia Screening



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INDIANAPOLIS - Doctors routinely recommend mammograms, colonoscopies and annual physicals to their patients. Should they also counsel that older adults, who are not symptomatic, be routinely screened in their doctor's office for dementia, a condition which affects about 1 in 10 Americans over the age of 65?

A report evaluating the wisdom of routine screening for dementia in primary care settings prepared for the U.S Preventative Services Task Force found that while two-thirds of dementia cases are undetected by the patient's primary care physician, insufficient data exists to indicate whether it is a good idea or not to administer dementia screening tests to patients who do not have symptoms of memory loss or confusion.

The authors of the report, led by Malaz Boustani, M.D., assistant professor of medicine at the Indiana University School of Medicine, research scientist at the Regenstrief Institute and the Indiana University Center For Aging Research, conducted a systemic evidence review of studies of dementia in older adults. The authors neither recommend for or against routine screening for dementia in older patients. This report and a companion USPSTF report are published in the June 3 issue of the *Annals of Internal Medicine*.

"No study has been published which has evaluated the likely benefits or detriments of dementia screening for individuals with no signs of the disease," said Dr. Boustani, who is a geriatrician and health services researcher. "We don't know enough to tell doctors to routinely screen their older patients for dementia. There is just not enough data to make the right decision on routine dementia screening."

He also is concerned that routine screening may lead to a high number of both false positive and false negative results. In the PREVENT study, a study led by Christopher Callahan, M.D., associate professor of medicine at the Indiana University School of Medicine, Regenstrief Institute research scientist and director of the Indiana University Center for Aging Research, a high number of false positives were discovered. In the study, which is looking at dementia in older adults, in-depth testing that followed routine screening revealed that 20 percent of individuals considered by their physicians to be demented were not.

The PREVENT study, which hopes to enroll 250 older adults and their caregivers, is a screening trial of the general population age 65 and older to assess the benefits or detriments of routine dementia screening.

According to Dr. Boustani, early diagnosis of Alzheimer disease might allow the medical community to intervene earlier to prescribe medications that may slow the initial course of the disease, to treat the depression which often accompanies dementia, to advise the patient to make advanced medical directives while he or she

is still able to do so, as well as to help caregivers.

The downside of early diagnosis, he notes, includes the stigma of being labeled demented, possible employment and/or insurance discrimination, and depression in the patient and loved ones. While medications may stall the progression of the disease for several months, no intervention permanently halts the disease.

Dr. Boustani advises that if you or a loved one is having memory problems, the family physician should be notified, because your symptoms may be caused by depression, stroke, dementia or other conditions. If neither you nor a loved one have detected a problem, the current wisdom is that the value of being screened for dementia does not outweigh the potential harm to the patient.

# # #

*To request a fax of the report, please contact the Annals of Internal Medicine at 1-800-523-1546, ext. 2656 or 215-351-2656.*

*To request an interview with Malaz Boustani, M.D., please contact Cindy Fox Aisen at [caisen@iupui.edu](mailto:caisen@iupui.edu) or 317-274-7722.*

Media Contact: Cindy Fox Aisen  
317-274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)

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May 30, 2003

## **Pediatric Resident Named To National Child Abuse, Neglect Committee**

INDIANAPOLIS -- Jonathan Thackeray, M.D., a third-year resident at the Indiana University School of Medicine, has been selected to represent residents nationwide on the American Academy of Pediatrics' Section on Child Abuse and Neglect.

This section is dedicated to preventing, identifying and treating child abuse and neglect through education and legislative initiatives.

Dr. Thackeray is completing a combined internal medicine/pediatrics residency and is chief resident for the 2003-2004 academic year. At the completion of his residency, he will begin a fellowship in child abuse and neglect at the University of Cincinnati. He attended medical school at the Medical College of Ohio.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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May 30, 2003

## IU Transplant Chief Elected To Organ Procurement Board

INDIANAPOLIS - Mark D. Pescovitz, M.D., director of the IU Division of Transplant Surgery, has been elected to the board of directors of the United Network for Organ Sharing as its Region 10 Councillor.

Dr. Pescovitz, who is professor of surgery and of microbiology and immunology at the Indiana University School of Medicine, specializes in liver, pancreas and kidney transplants, vascular access and experimental immunology. He currently serves on the membership and professional standards committee of the UNOS and Organ Procurement Transplantation Network, the latter of which is managed by UNOS under federal contract.

A graduate of Chicago's Northwestern University School of Medicine, Dr. Pescovitz has served on the bylaws committee of the American Society of Transplantation and the editorial board of *Transplantation*.

UNOS manages the nation's organ transplant system under contract with the U.S. Department of Health and Human Services. UNOS brings together medical professionals, transplant recipients and donor families to develop organ transplantation policy.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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May 29, 2003

## IU, ComChem Enter Agreement To Develop Cancer Therapies

INDIANAPOLIS - Indiana University has issued an exclusive worldwide license to ComChem Technologies, Inc., an Indianapolis-based drug discovery and development company, for intellectual property, including more than 25 separate inventions linked to the development of drugs for cancer and other major diseases.

The intellectual property of the therapeutics is based on the discovery of a key cell signaling pathway considered to be a master control switch regulating cell life and cell death. Turning the switch off allows healthy cells to live; turning the switch on induces a programmed cell death process called apoptosis (cell suicide). Cell growth left unchecked can lead to malignant tumors; thwarted cell growth can contribute to cardiovascular disease, dementias, macular degeneration and a host of other illnesses.

The importance of this biochemical pathway was realized by IU School of Medicine oncologist Donald L. Durden, M.D., Ph.D., associate professor of pediatrics and of biochemistry and molecular biology.

"What I discovered was the potential significance of this cell signaling pathway for cancer and several other disorders," said Dr. Durden. "Applying ComChem's expertise in developing small-molecule drugs to target new biological discoveries is how major advances in therapies are made."

The first patent applications for Dr. Durden's research were filed by IU's Advanced Research and Technology Institute (ARTI), the university's technology transfer arm, in 2000. It is the intellectual property protected by those patents that has been licensed to ComChem for further development.

"This is a very significant agreement and a major win for both IU and ComChem in our partnership for converting their biological discoveries into clinical drug candidates," said Joseph Garlich, Ph.D., president and chief scientist of ComChem. "The license allows ComChem the freedom to operate and continue development of potential therapies representing a new class of drugs for treating cancer. The covered intellectual property also allows ComChem to broaden the scope of our discovery pipeline into other areas such as diabetes, macular degeneration, cardiovascular disorders and stem cell proliferation."

Dozens of cell signaling pathways exist and many have resulted in the development of drugs, already tested in clinical trials with some degree of success. Dr. Durden, who is a founding member of ComChem's Scientific Advisory Board, and ComChem are optimistic their research will result in a more positive outcome. The agreement ComChem now holds is for this key pathway in all cells, which controls the previously tested pathways.

Early trials in Dr. Durden's laboratory of the first molecule recognized as being able to



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modulate the biochemical pathway has been shown to block angiogenesis (the growth of blood vessels to feed a tumor) and to induce tumor regression in a very aggressive brain tumor model in mice.

Partial findings from Dr. Durden's research will be published in July in *Cancer Research*. ComChem will advance Dr. Durden's early discoveries in this cell signaling area with two National Cancer Institute Phase I grants totaling nearly \$400,000.

Terms of the exclusive licensing agreement were not disclosed.

For additional information about ComChem, contact Derek A. Small at 317-876-3075, or [small@comchemtech.com](mailto:small@comchemtech.com).

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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May 14, 2003

## IU Medical Alumni Weekend Focuses On Changes In Education

INDIANAPOLIS - Indiana University School of Medicine alumni will return to campus May 16 and 17 for the usual fanfare related to an annual reunion, but this year the veteran physicians also will get a glimpse at how medical education has changed.

The former medical students will observe current students participating in a relatively new teaching technique used to assess student doctors' skills. The technique, called Objective Structures Clinical Examination, involves role-playing with actor-patients. Student responses to the actor-patient are monitored and evaluated by School of Medicine faculty for doctor-patient interaction, clinical techniques and diagnostic accuracy.

The alumni also will get some hands-on time with surgical simulators - mannequins programmed to respond electronically to treatment for everything from the placement of a bronchial tube to an endoscopic procedure. The mannequins can simulate cardiac arrest, choking or other life-threatening events patients may experience.

The Friday afternoon events promise to be a learning experience for IU medical school alumni and students alike.

The 56th annual Alumni Day Awards Luncheon will begin at noon Saturday. Two alumni and a retiring faculty member will be honored.

This year's Glenn W. Irwin Jr. Distinguished Faculty Service Award recipient is Robert A. Harris, Ph.D., chair of the Department of Biochemistry and Molecular Biology. Dr. Harris has served on the IU School of Medicine faculty since 1970 and as chair of the biochemistry department since 1988.

Distinguished Medical Alumni Awards will be presented to Merrill Ritter, M.D., who is an orthopaedic surgeon with the Center for Hip and Knee Surgery in Mooresville, and Eugene Tardy Jr., M.D., who teaches otolaryngology-head and neck surgery at the University of Illinois.

Dr. Ritter is a 1963 graduate of the IU School of Medicine. He has published 11 books on joint replacement and dozens of articles on orthopaedics.

Dr. Tardy received his undergraduate degree from IU and graduated from IU medical school in 1960. He also has taught otolaryngology at IU and Northwestern University, but has been on faculty at the University of Illinois since 1967. He is a professor of otolaryngology and director of the Division of Facial Plastic and Reconstructive Surgery.

Medical alumni graduating in years ending in a "3" or "8" from across the country will gather for class reunions during the annual event.



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317 274 7722

Fax  
317 278 8722

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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May 12, 2003

## Doctors Find Patient Relationships Highlight of Profession

INDIANAPOLIS.....What do doctors find meaningful about their work? Is it the opportunity to work as a scientifically detached observer? Is it the chance to work with exciting cutting edge technology? Is it the money? No, according to a study published in the May 5 *Annals of Internal Medicine*, both male and female physicians say it's all about relationships and the honor of taking care of patients.

Evaluating written reminiscences collected from 83 internists over six years, Richard Frankel, Ph.D., research scientist at the Regenstrief Institute, Inc. and professor of medicine at the Indiana University School of Medicine, and colleagues concluded that being of service to and establishing relationships with their patients were what was most meaningful for physicians about their work.

In an era where the business of health care discourages many from the practice of medicine, caring for patients was what kept them in the profession. Doctors reported that they changed their perspectives about themselves, their professional roles, human nature, as well as illness and patient care after being part of a profound event or emotional experience with a patient, according to the study.

"Physicians do challenging work and often make life and death decisions. For doctors to perform well under the stress of always needing to make the right decision, they need to find meaning in what they do. We found that connecting with patients in moments of intimacy in settings ranging from mundane to profound provided that meaning. Amid so much discussion of what is wrong with medicine, we found strong relationships between doctors and patients yield good medicine," said Dr. Frankel, who is a health services researcher and co-director of a relationship-centered care research and education initiative funded by the Fetzer Institute and located at Indiana University School of Medicine.

Dr. Frankel is part of a team that is currently interviewing students, residents, faculty and administrators at the Indiana University School of Medicine to uncover the role and importance of relationships in medical training and how such relationships affect the practice of medicine.

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Media Contact: Cindy Fox Aisen  
317-274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)



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May 9, 2003

## Picture Pill Takes 'Fantastic Voyage' Through Small Intestine

INDIANAPOLIS - In the 1966 sci-fi thriller *Fantastic Voyage*, a medical team perform what can only be described as the ultimate in medically invasive procedures to fix a man's diseased brain.

They board a small submarine, are shrunk to the size of invisibility and then are injected into the comatose patient. The team travels past throbbing corpuscles, speeds through superhighways of veins and plunges through pulsating traffic jams in the heart and lungs before they take the exit ramp to the frontal lobe to perform surgery.

Flash forward to 2003 and a new miniaturized diagnostic medical procedure has become a reality at the IU School of Medicine. It's called capsule endoscopy and offers patients a safe and reliable alternative to surgery. The procedure uses the latest in imaging and computer technology so that gastroenterologists can probe the sinuous small intestine to determine the source of obscure gastrointestinal bleeding.

"Diagnosing gastrointestinal bleeding from the small bowel is a challenge because the small intestine is less accessible than the stomach and colon," notes Douglas K. Rex, MD, professor of medicine who specializes in colon, esophageal, stomach and small bowel diseases. "About five percent of gastrointestinal bleeds occur in the small bowel, which can be only partly visualized using colonoscopy or endoscopy. The only alternatives are barium X-rays, which are insensitive, and open surgery, which is invasive and risky."

About 200 capsule endoscopies have been performed at the IU School of Medicine since late 2001, when the Federal Drug Administration gave its blessing to the procedure.

The capsule endoscopy also may be useful for detecting inflammatory bowel disease, polyps and tumors of the small intestine. And it's easier on the patient compared to current approaches of viewing the small intestine. Typically, a patient is sedated and the enteroscope is pushed through the patient's mouth and esophagus and stomach before arriving in the upper intestine. The scope can penetrate only about two feet into the twenty-foot-long intestine.

People who have had traditional colonoscopy or endoscopy exams can appreciate the less invasive nature of capsule endoscopy, which does not require anesthesia or long tubes traveling through the colon or down the throat.

The capsule approach has two drawbacks, Dr. Rex notes. It cannot be manipulated like the push endoscope nor can it biopsy tissue. However, he says he believes that as capsule endoscopy technology evolves, it might one day be available to diagnose most gastrointestinal disorders.



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The procedure begins like many diagnostic procedures. The patient reports to the doctor's office after fasting from water and food for 12 hours. Sensors are attached with adhesive sleeves to the patient's abdomen. The sensors are connected to a data-recording unit worn on the patient's belt.

Then the patient just says "ah" - and swallows a pill roughly the size of a multivitamin and chases it with water. The pill contains a miniature color camera, battery, light source and a transmitter. The camera immediately begins to snap images at a rate of two per second and sends them to the recorder.

The medical team then sends the patient on his or her way, whether it's back to work or any other routine activity. All patients are cautioned to avoid strenuous exercise such as running.

The smoothly contoured pill arrives in the small intestine up to an hour after it is swallowed before making its trip through the snake-like organ. It continues to take photographs as it progresses through the intestine.

Six-to-eight hours after the capsule was swallowed the patient returns to the clinic and the recording unit is removed and the information downloaded onto a computer. Analysts closely review the 60,000 recorded images at about twenty frames a second, providing a virtual video of the capsule's travels.

"The capsule is exceptionally sensitive and is able to detect abnormal blood vessels up to a millimeter (1/25 of an inch)," Dr. Rex notes. "The image quality is very good and reliable."

Although it's possible for the pill to get stuck, it's uncommon and not dangerous for the patient. And what happens to that marvelous, miniature video pill once its fantastic voyage is completed? That's a matter of nature taking its course.

"We don't retrieve the capsule; we have all the information we need," says Dr. Rex. "If a patient wants to keep it as a souvenir that's fine, but we don't want it back."

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

May 8, 2003

## Kids' Safety Comes First With These Advocates

INDIANAPOLIS - Each year, more than 6,000 children in the United States are killed and 120,000 injured in unintentional mishaps, many of which are avoidable. But there are adults in Indiana who are committed to eliminating those grim statistics altogether.

Those efforts were recognized by the Indiana Safe Kids Coalition, located at the Indiana University School of Medicine, at a special ceremony, May 7, in Indianapolis.

"Prevention of unintentional injuries is something in which every adult everywhere should fully participate," notes Keisha Nickolson, coalition project manager. "Many people and organizations in Indiana go above and beyond the call to protect children and our annual awards program is one small way to recognize their large efforts."

One individual and four organizations received 2003 Child Safety Advocate Awards. They are:

### **Tim Williams, Mishawaka**

Williams, an officer with Mishawaka Police Department, is described as "vocal and dedicated" to child safety. He organizes and participates in child safety seat checks and inspection sites. Williams also works with Latinos in his community and was able to raise money to purchase child passenger seats for needy families.

### **Pace Chevrolet, Huntington**

This car dealership is the lead agency in Huntington County to participate in a Safe Kids Chapter. Four of the company's employees are certified car-seat technicians and it sponsors "Buckle Up" and "Bike Rodeo" events throughout the year. Pace also has a written company policy that every car and booster seat is inspected for the company's customers.

### **Wishard Health Services Hispanic Health Project, Indianapolis**

Wishard has "exhibited outstanding dedication to the growing and underserved Latino population in Marion County," Safe Kids officials say. The project offers a variety of bilingual child passenger safety resources to the community and collaborates with the Automotive Safety Program for Children at the IU School of Medicine. Car-seat technicians affiliated with the Wishard program have assisted more than 200 Spanish-speaking families in the last year.

### **Allen County Safety Kids Coalition, Fort Wayne**

In 2002, the coalition set up seat fitting sites in inner-city Fort Wayne, distributing more 200 free child passenger seats. Its Fire Safety Program teams up with local



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firefighters and coalition members to install and inspect smoke alarms in mobile homes throughout the county. The coalition's Home Safety Program provides training to workers from various local social services agencies. Last year, it hosted a health-and-safety fair from new immigrants and refugees, providing translation services and organized a similar event for Amish families in the community.

### **Madison County Safe Kids Chapter, Anderson**

The chapter distributed more than 200 bike helmets to children, sponsored two "Buckle Up" car seat checks and distributed 124 child seats. It also participated in pedestrian safety programs, distributed Halloween safety materials to 750 children and adults, and awarded \$7,500 to purchase smoke detectors for families of newborns.

The Indiana Safe Kids Coalition has several chapters throughout the state and is part of the National Safe Kids Campaign, the nation's only organization dedicated exclusively to prevent unintentional childhood injuries.

To learn more about the coalition and the Automotive Safety Program for Children at the IU School of Medicine, go to [www.preventinjury.org](http://www.preventinjury.org). More information about the National Safe Kids Campaign can be found at [www.safekids.org](http://www.safekids.org).

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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May 8, 2003

## Golden Years after a Medical Career?



INDIANAPOLIS - Can one successfully retire from a stressful, time-consuming career and enjoy a new lifestyle and an old marriage?

A study of retired physicians and their spouses by researchers from Indiana University School of Medicine and the Regenstrief Institute, Inc. reports that both doctors and their spouses enjoy very high life satisfaction following the retirement of the physician spouse. The results of the study were published in the *Journal of Social Psychiatry and Psychiatric Epidemiology* this spring and are being presented later this month at the Indiana University School of Medicine annual alumni gathering and at a workshop at the American Psychiatric Association meeting in San Francisco.

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Approximately 88 percent of the retired physicians and an equal percentage of their spouses in the study indicated that retirement was going well. Those who were happiest in retirement were those who had chosen to retire at a young age (60 to 68 years) and had progressed through the initial post-retirement adjustment phase. The researchers found that retirees in their late 70s who had been retired for 8 to 10 years enjoyed retirement more than individuals of the same age range who waited longer to leave the workforce.

Each marital partner was surveyed individually. Factors associated with better life satisfaction for the physicians included good health, optimism, feelings of financial security, participation in activities and hobbies, and a good sexual relationship. For the spouses, good health, having a husband willing to help with chores, a good sexual relationship, and attending the theatre or sporting events, were associated with higher levels of life satisfaction. Spouses who had never worked and those spouses who were retired, reported higher levels of life satisfaction than spouses who were still working.

The study, which was funded by the Indiana University Alumni Association, should help people in their 40s and 50s plan for retirement in a more informed manner, according to Mary Guerriero Austrom, Ph.D., associate professor of psychiatry, who is first author of the paper. Co-authors are senior author IU Professor of Psychiatry Hugh Hendrie, M.B., Ch.B., Teresa Damush, Ph.D., and Tony Perkins, M.S., of the Regenstrief Institute.

A selection of questions and answers from the survey of physicians (group was 98 percent male) and their spouses shows that while both groups indicated that retirement was going well, their perspectives on retirement were significantly different with the physicians grieving over or celebrating their loss of professional responsibilities and their spouses coping with the altered family dynamics.

Q.: What do/did you find the most enjoyable about retirement

A. (65-year-old pathologist, retired 9 years): "...time to read, think, and

write..."

- A. (82-year-old male internist, retired 12 years): "assuming role of managing house, cooking...")
- A. (76-year-old retired surgeon): "...decreased stress from surgical practice, freedom of time restraint, ability to enjoy family more."
- A. (75-year-old female spouse): "...seeing him begin to appreciate me more..."
- A. (female spouse, no demographics provided): "...he's happier, more relaxed, willing to participate in many more activities."
- A. (79-year-old female spouse): "...nice to have spouse at home...he has time to fix things around the home."
- Q.: What do/did you find challenging about retirement?
- A. (male physician, no demographics provided): "too much time on hands"
- A. (66-year-old retired male surgeon): "...going from somebody to a nobody."
- A. (74-year-old retired male pathologist) "...feelings of no importance."
- A. (66-year-old male retired radiologist in first year of retirement): "...extra time."
- A. (69-year-old female spouse): "It took my husband a while to realize the house and the other responsibilities should be shared."
- A. (56-year-old female spouse): "...him expecting to be waited on hand and foot
- Q. What advice can you give to those contemplating retirement?
- A. (83-year-old female pediatrician, retired 4 years): "...retire while you are still healthy and can be active and enjoy the world and activities other than medicine."
- A. (75-year-old male internist, retired 17 years): "Do not be afraid of retirement."
- A. (83-year-old male surgeon, retired 14 years): "Realize you have contributed to society, do not have to do something purposeful every minutes of every day."
- A. (75-year-old female spouse): "...be sure you enjoy the company of your spouse."
- A. (61-year-old female spouse): "...talk about what you both want in retirement..."

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Contact: Cindy Fox Aisen  
317-274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)

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May 7, 2003

## Legislators' Appropriations To Indiana University Will Advance Life Sciences Throughout Indiana



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INDIANAPOLIS -- Indiana University's strength in life sciences has been boosted by the Indiana General Assembly, which last week approved bonding authority for four research and education buildings--three in the School of Medicine on the Indianapolis and Fort Wayne campuses and one in the College of Arts and Sciences at IU-Bloomington.

The IU School of Medicine can now advance its plans for the following buildings:

- Medical Information Sciences (Indianapolis) - \$15 million
- IUSM Research III (Indianapolis) - \$33 million
- Fort Wayne Center for Medical Education - \$14 million

The Medical Information Sciences building will house the Regenstrief Institute, the Bowen Center, the Department of Public Health, the Center for Bioethics, the Center for Computational Biology and Bioinformatics, biostatistics, and pediatric health services research. It will be built on land given to IU by the City of Indianapolis.

Research III will expand the school's laboratory capacity for research in cancer, genomics and proteomics. The Fort Wayne Center for Medical Education will build a new facility to house research and its academic programs. In addition, a new medical education facility in Terre Haute will receive \$65,000 annually for operations, beginning in fiscal year 2005.

IU will begin plans for the COAS Multidisciplinary Science Building II in Bloomington with the General Assembly's approval of bonding authority for \$31.87 million. The design for MSB I, an 80,000-square-foot building, has been approved and construction is expected to begin early in 2004. No timetable for construction of MSB II has been established. Research in proteomics, genomics, materials science, biophysics and related disciplines will be housed in the two buildings.

In addition, the General Assembly provided bonding authority for the state to construct facilities for the Indiana State Police, which would include laboratories for the Indiana departments of health and toxicology. This will benefit the IU School of Medicine by opening up approximately 40,000 square feet of space in the VanNuys Medical Science Building currently used by the two state departments.

IU also will benefit from the legislature's enactment of a bill that recognizes that research facilities are more costly to operate than education buildings and will fund operations of future buildings based on the new two-tiered rate.

"All of the projects will foster research programs that will allow faculty members to better compete for both public and private funding. In turn, this funding represents

new revenues to the State and creates new jobs," said D. Craig Brater, MD, dean of the IU School of Medicine.

###

Media Contacts: Pamela Perry  
317-274-7722  
[pperry@iupui.edu](mailto:pperry@iupui.edu)

Jane Jankowski  
812-856-0744  
[jajankow@iupui.edu](mailto:jajankow@iupui.edu)

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May 7, 2003

## Fort Wayne Center Receives State Support For Medical Education

INDIANAPOLIS -- The Indiana University School of Medicine Fort Wayne Center for Medical Education received \$14 million in bonding authority from the Indiana General Assembly this week to build a new facility for the center on the Indiana-Purdue Fort Wayne campus, near its science departments and university services.

Currently, the IU School of Medicine Fort Wayne Center for Medical Education is housed on the third floor of the Classroom Medical Building. The program has been operational since 1981 and provides the first two years of the four-year medical education curriculum to 16 freshmen medical students and 16 sophomore medical students each year. The 14,000 square feet of assignable space currently houses all of the center's teaching, research and outreach activities.

Barth H. Ragatz, Ph.D., assistant dean and director of the Fort Wayne Center for Medical Education, said, "We have a golden opportunity to maintain the high quality of our academic programs while ramping up basic science research in northeast Indiana with the \$14 million from the Indiana General Assembly. This will make it possible for us to build a new center that encompasses our educational efforts as well as expanded research efforts. Therein, 30,000 square feet of space primarily for research will allow us to participate in northeastern Indiana economic development. We have a history of research in cardiovascular, neurosciences and natural products research, and this will permit us to explore other areas as well."

"The IU School of Medicine is an essential partner with other Indiana research universities and private corporations in the Indiana Life Sciences Initiative," said D. Craig Brater, M.D., dean of the IU School of Medicine. "These partnerships give us the opportunity for Indiana to become a leader in biomedical research and biotechnology."

Dr. Brater added, "We have developed a statewide hub-and-spoke model to implement this initiative. The Indiana University School of Medicine, based on the Indiana University-Purdue University Indianapolis campus, will serve as the research hub. The eight Centers for Medical Education, located throughout Indiana, will become the research spokes, working closely with the main campus but also working independently with their local economic base."

Dean Brater emphasized that the IU School of Medicine depends on all its medical education centers to help convert life sciences research into a new economic sector for Indiana. The School of Medicine as a whole aims to double its research to create the statewide infrastructure to sustain a strong biotechnology economy.

"These monies from the General Assembly make it possible for us to become an important player in meeting the vision of Dean Brater," Dr. Ragatz added. "We are excited about continuing our partnership with our host campus as well as the Northeast Indiana Innovation Center who will be building a facility on new land



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deeded to IPFW. This is an exciting time for us as we develop not only local relationships but other research opportunities with scientists throughout IUSM statewide."

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Contact: Meg Mettler  
260-481-6731  
[mettlerm@ipfw.edu](mailto:mettlerm@ipfw.edu)

Pamela Perry  
317-274-7722  
[pperry@iupui.edu](mailto:pperry@iupui.edu)

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May 6, 2003

## Now Hear This: Svirsky Elected Fellow of Acoustical Society

INDIANAPOLIS - Mario A. Svirsky, Ph.D., professor of otolaryngology- head and neck surgery at the Indiana University School of Medicine, has been elected a fellow of the Acoustical Society of America. The fellowship acknowledges his contributions to understanding speech perception in children and adults with cochlear implants.

Dr. Svirsky, also an adjunct professor of biomedical engineering, has published extensively on speech perception, speech production and language development, with a particular focus on cochlear implants. He currently serves as co-chair for the Conference of Implantable Auditory Prostheses and as editor-in-chief of the journal Ear and Hearing.

He has been active in various professional societies including the American Auditory Society and the American Speech-Language-Hearing Association and was recently named a member of Collegium Oto-Rhino-Laryngologicum Amicitiae Sacrum, an international academy of otorhinolaryngology

He received his doctorate in biomedical engineering from Tulane University in 1989 and has been a faculty member at the IU School of Medicine since 1995.

The Acoustical Society of America, consisting of about 7,000 members, was founded in 1929.

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Media Contact: Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)



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May 2, 2003

## McKeag Honored For Pioneering Role In Sports Medicine

INDIANAPOLIS -- Douglas B. McKeag, M.D., M.S., American United Life Professor; chairman of the Indiana University Department of Family Medicine and director of the IU Center for Sports Medicine, will receive the "Citation Award" from the American College of Sports Medicine in San Francisco at their 50th Annual Meeting, May 28-31.

Dr. McKeag is being recognized for "his pioneering achievements in defining, practicing, teaching, organizing, and bringing to universal recognition the discipline of primary-care sports medicine in the United States," according to the ACSM.

The ACSM Board of Trustees annually pays tribute to those individuals who display exceptional performance, service and achievement in the fields of sports medicine and exercise science.

The Citation Award of the American College of Sports Medicine is the second highest award present annually by the ACSM trustees. It is granted to an individual or group who has made significant and important contributions to sports medicine and/or the exercise sciences. These contributions may include, but are not limited to, research and scholarship; clinical care; and administrative or educational services in sports medicine or exercise science. ACSM membership is not a requirement for this award.

# # #

CONTACT: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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May 1, 2003

## 262 Poised to Receive IU Medical Degrees, May 11

INDIANAPOLIS - Four years ago, they stood shoulder-to-shoulder in their newly starched white lab coats and recited a common pledge to give their best in learning medicine and applying it to their future patients. On Sunday, May 11, they will repeat that oath as newly minted physicians from the Indiana University School of Medicine.

A special ceremony for the 262 members of the Class of 2003 will immediately follow the primary Indiana University-Purdue University Indianapolis graduation exercises. Both the IUPUI and IU School of Medicine ceremonies will be conducted at the Indiana Convention Center and RCA Dome.

"When members of the Class of 2003 began their studies, they were challenged to understand the scientific underpinnings of the practice of medicine, to be compassionate and to maintain the honor and the dignity of the profession," said D. Craig Brater, M.D., dean of the IU School of Medicine.

"Their graduation marks an important milestone as they continue to explore all facets of their profession and to better understand the altruistic nature of the doctor-and-patient relationship," Dr. Brater added. "Therein lies the art of practicing medicine."

The initial processional for all IUPUI graduates begins at 2:30 p.m. with formal ceremonies ending at about 5 p.m. Members of the graduating medical class, their families and friends will then reassemble on the Dome floor at about 5 p.m., and the new physicians will recite together the time-honored Hippocratic oath, receive their diplomas and participate in a hooding ceremony.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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May 1, 2003

## Dad's Day 5K Steps Out for Prostate Cancer

INDIANAPOLIS - Many fathers know best when it comes to prostate cancer and understanding its risks - and they'll be taking that message to city streets on Father's Day weekend.

The "Dad's Day 5K" run-and-fitness walk will step off 8 a.m., Saturday, June 14. The event and registration area is at the Indiana University Cancer Center Pavilion, 535 Barnhill Drive, on the Indiana University-Purdue University Indianapolis campus.

Proceeds from the event will benefit cancer research at the IU School of Medicine and the Little Red Door, a support agency for medically underserved cancer patients. The program is sponsored by the Central Indiana Prostate Cancer Foundation, Inc. (CIPCFI), which promotes fundraising, research and educating the public about prostate cancer.

Prostate cancer remains the leading killer cancer among men, but early detection and treatment can lead to complete recovery," says Michael Koch, M.D., chair of the IU Department of Urology and a member of CIPCFI's board of directors.

"If prostate cancer is caught early, survival rates are 90 percent or higher," says Dr. Koch. "However there often are no early warning signs or symptoms of the disease and the only way to detect prostate cancer in its early stages is through a prostate specific antigen blood test and a digital rectal exam."

PSA is a protein produced in the cells in the prostate gland. When the prostate gland enlarges, PSA levels in the blood tend to rise and might indicate cancer or benign conditions.

As pink ribbons have become symbolic to breast cancer awareness, a sky blue ribbon is the emblem worn by prostate cancer survivors, their families, scientists and other advocates. Participants and supporters of the "Dad's Day 5K" will wear their ribbons on the day of the event.

For more information or to register on-line for the event, go to [www.indydadsday5k.org](http://www.indydadsday5k.org).

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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April 25, 2003

## Indiana University School of Medicine: Medical Education Tips



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**Good doctors need people skills as well as scientific skills.** The Indiana University School of Medicine is among the first medical schools in the country to adopt a competency-based curriculum that balances clinical training with skills in communication, improved understanding of the social and community context of health care, moral reasoning and problem-solving, so that graduating students learn to effectively practice medicine. At the IU School of Medicine's clinical skills education center, students are trained and evaluated in clinical skills by 'patient' actors who simulate specific health problems. "A student graduating from the IU School of Medicine is more than a technocrat, our graduates are complete physicians who care about their patients," says Stephen Leapman, M.D., executive associate dean for educational affairs and professor of surgery at the IU School of Medicine.

**Medicine is a science AND an art.** Recognizing this, the Indiana University School of Medicine gives preference to applicants who have taken basic courses in both science and the humanities. In keeping with national trends showing that number of applicants exceeds available placements in U.S. medical schools, the IU School of Medicine last year enrolled about 280 students out of an applicant pool of almost 1,700. "We are looking for students who bring with them the love of science and the humanities, the altruism of our once proud country physicians, and the compassion and empathy that all doctors of medicine must embody," says Stephen Leapman, M.D., executive associate dean for educational affairs and professor of surgery at the IU School of Medicine.

**Money Matters.** While there are many undergraduate scholarships available across the country, there is a significant shortfall of this type of assistance for those entering medical schools in the U.S., notes Jose Espada, director of financial aid at the Indiana University School of Medicine. To cover the rising cost of a medical education, the IU School of Medicine awards over \$1.8 million each year in the form of financial aid to its students. In fact, nearly 92 percent of the IU medical students receive financial assistance in the form of educational loans and, to a lesser degree, as scholarships and fellowships. "Our challenge," adds Espada, "is to make our students informed consumers so they are able to make the best choices and we do this by assisting medical students in maintaining financial stability through personal financial aid counseling, including help with budgeting and debt management."

**We are all over the place.** Unlike most other medical schools, which educate future physicians at one site, the Indiana University School of Medicine has nine regional medical centers dispersed throughout the state. For the first two years, students study the basic sciences in small classes at the regional center of their choice, from Gary to Terre Haute to Bloomington. This gives students the opportunity to select an urban or a rural environment or perhaps a location close to home. For the final two years, they gather at the Indianapolis campus for hands-on patient-care training at various affiliated hospitals and clinics.

**Second century of training future doctors begins.** This year, the Indiana University

School of Medicine, which educates the nation's second largest medical student body, is celebrating its centennial year. From the first class at the dawn of the twentieth century to its current class, the IU School of Medicine has led the way in innovative education and physician training. A new combined M.D./M.A. degree in philosophy with an emphasis on bioethics was recently added to the options available to IU School of Medicine students. Other options are M.D./M.B.A. and M.D./Ph.D. degrees in addition to the traditional M.D. and Ph.D. degrees.

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Contact: PR Staff  
(317) 274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)

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April 24, 2003

## How Should Medical Care That Emphasizes Human Relationships Be Taught to Future Doctors?



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INDIANAPOLIS - Researchers from the Indiana University School of Medicine and Regenstrief Institute Inc. are collaborating with the Fetzer Institute on a project of nearly \$2 million to study how to better educate future doctors to include human relations as they dispense health care. The nation's second largest medical school, which this year will graduate its first class trained to link competency, professionalism, ethics and life long learning, will serve as a laboratory for the study of relationship-centered medical care.

The IU and Regenstrief researchers will investigate how relationship-centered care -- which brings physicians' relationships with their patients, their patients' families, other caregivers, and communities into play -- can be incorporated in a medical school curriculum and post-medical school training thereby influencing the way future physicians practice medicine. The researchers also will conduct investigational studies on relationship-centered care itself.

Over the next three years, they will look at how to train future physicians to focus on these interpersonal interactions, to provide care in a fashion that expresses the same principles as the old fashioned bedside manner of simpler times when physicians were not pressured to see patients in a short period of time. They also plan to teach medical students how this compassionate care can be practiced by physicians in the competitive health care environment of the twenty-first century.

In addition to working with medical students, residents and fellows, the IU and Regenstrief investigators will develop a body of research to shed light on what clinicians and patients are actually doing, thinking and feeling as they interact.

Thomas S. Inui, Sc.M., M.D, associate dean for health care research, and the Sam Regenstrief Professor of Health Services Research at the Indiana University School of Medicine and president and chief executive officer of Regenstrief Institute Inc., will lead the project over a three-year period.

Dr. Inui believes that "meaningful relationships in health care were never more important than they are today. Effective health care is built on a foundation of trust and collaboration, not only on the basis of technical expertise." Dr. Inui also sits on an Institute of Medicine committee that is studying relationship-centered care. The IOM is a part of the National Academies of Science.

"Relationship-centered care means that we have to think a little bit differently about how we approach patients, how we approach health care colleagues, and how we approach our students. Quality health care and quality medical education are all about quality relations with one another," said Stephen Leapman, M.D., executive associate dean for educational affairs at the IU School of Medicine.

The Fetzer Institute is a private operating foundation based in Kalamazoo, Mich. that supports research, education, and service programs exploring the integral relationships among body, mind, and spirit. "Movement in the direction of relationship-centered care in the life world of academic medicine would be galvanized if even one medical school/academic medical center could seriously undertake this kind of change process, document its journey, share perspectives with peer schools, and measure the impact of what it has done on the members of the academic community viewed broadly. We propose to take that journey at the Indiana University School of Medicine," said David Sluyter of Fetzer.

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Media Contact: Cindy Fox Aisen  
caisen@iupui.edu  
317-274-7722

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April 24, 2003

## IU Radiologist Named to National Research Group

INDIANAPOLIS - Gordon McLennan, M.D., director of the Interventional Radiology Research Laboratory at the Indiana University School of Medicine, has been appointed co-chair of the research committee of the Society of Interventional Radiology.

The committee is the research arm of the Cardiovascular and Interventional Radiology Research and Education Foundation (CIRREF). Interventional radiology is a medical specialty that integrates clinical and imaging-based diagnosis and minimally invasive therapy for patients.

Dr. McLennan's most recent research might lead to new, less toxic drugs for liver cancer. His other clinical and research interests include arterial disease and management of dialysis access. He is assistant professor of radiology.

He has served on the CIRREF committee for three years. In that time, he helped established a forum to assist his fellow interventional radiologists in obtaining research grants. Dr. McLennan also heads the grant-writing workshop at the society's annual meeting, where young researchers are able to have their preliminary grant applications reviewed by better-established peers.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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April 23, 2003

## Vera Bradley Foundation Pledges \$2 Million to IU Cancer Center for Research

INDIANAPOLIS -- The Vera Bradley Foundation for Breast Cancer Research has pledged \$2 million over a five-year period to fund the new Vera Bradley Center for Breast Cancer Research at the Indiana University Cancer Center.

"We are committed to funding research, and we are excited about the progress we see at IU," says Barbara Baekgaard, co-founder of the foundation and co-owner of Vera Bradley, Inc.

The center will focus on the genetic differences that can help scientists detect cancers earlier and treat cancer patients with customized therapies. The future of breast cancer treatment, and treatment of all cancers, could include chemotherapy without side effects and earlier detection that can lead to a significant decrease in cancer-related deaths.

"We are making discoveries that could change the way we view cancer. It will be more like diabetes; something that can be maintained and controlled," says Linda Malkas, Ph.D., the Vera Bradley Chair in Oncology at the IU School of Medicine.

Part of the biomarker research focuses on a new mechanism that detects differences in the genetic code of cancer patients. Deciphering the variations in these codes could allow physicians to diagnose cancer at a much earlier stage than conventional methods allow. When detected early enough, 95 percent of all breast cancers can be put into remission or even cured.

"Four of my friends were diagnosed with breast cancer this year and our mission to fund this research is more imperative than ever," says Patricia Miller, Vera Bradley, Inc. co-owner and Vera Bradley Foundation co-founder.

This is the second pledge made by the foundation to the IU Cancer Center. A \$1.2 million, five-year pledge to endow the Vera Bradley Chair in Oncology was completed ahead of schedule in 2002. The Vera Bradley Classic, a premier women's golf and tennis tournament, is the main source of income for the Vera Bradley Foundation for Breast Cancer Research.

This year's Classic will be held May 30- June 2. The golf tournament will be at the Fort Wayne Country Club. Wildwood Racquet Club of Fort Wayne will be the site of the tennis tournament.

For information on the foundation's activities, visit [www.verabradley.org](http://www.verabradley.org) or call 260-482-4673.

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RESOURCE

Phone  
317 274 7722

Fax  
317 278 8722

Media Contact: Pamela Perry  
317-274-7722  
[pperry@iupui.edu](mailto:pperry@iupui.edu)

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April 17, 2003

## Yee Named Grayson Professor Of Ophthalmology

INDIANAPOLIS - Robert D. Yee, M.D., chairman of the department of ophthalmology at the Indiana University School of Medicine, has been named Merrill Grayson Professor of Ophthalmology.

The Merrill Grayson Chair in Ophthalmology was established in 2001 to honor Dr. Grayson's contribution to the department he served from 1957 to 1987. He was the second full-time faculty member in the department and served as interim chair on three separate occasions.

Dr. Yee has been member of various national institutes including the American Academy of Ophthalmology, American Medical Association and the Association for Research in Vision and Ophthalmology. As a specialist in neuro-ophthalmology, eye movement disorders, optic nerve disorders and brain diseases, he has served on the editorial board of various journals in his field.

Dr. Yee received his medical degree from the Harvard Medical School. He did his residency at the University of California at Los Angeles School of Medicine. He has been professor and chair of ophthalmology at the IU School of Medicine since 1987.

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Media Contact: Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)



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April 17, 2003

## Cornetta Named Christian Professor Of Medical And Molecular Genetics

INDIANAPOLIS - Kenneth G. Cornetta, M.D., has been named the first Joe C. Christian Professor of Medical and Molecular Genetics by the Indiana University trustees.

The Joe C. Christian Professorship of Medical and Molecular Genetics at the IU School of Medicine was established in 1996 to honor Dr. Christian's contribution as a faculty member and chair of the department of medical and molecular genetics.

Dr. Cornetta will retain his current titles of chairman of the department of medical and molecular genetics and professor of medicine and of microbiology and immunology. He also is the director of the IU Hematologic Malignancies Program and director of the National Gene Vector Laboratories at IU.

Dr. Cornetta received his undergraduate degree from the State University of New York at Albany and his medical degree from the Albany Medical College. He did his residency at the IU Medical Center and joined the IU School of Medicine faculty in 1991.

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CONTACT: Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)



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April 9, 2003

## Research Center Opens To Boost Life Sciences Industry

INDIANAPOLIS - Space may be the final frontier to some, but at the Indiana University School of Medicine it also is a highly sought after commodity. Space that can house top-flight researchers and modern laboratory equipment is tantamount to being the final frontier at an institution seeking top 10 status among U.S. medical schools.

The April 9 opening and dedication of the Biotechnology Research and Training Center allows 43 researchers to go where they haven't gone before - into sizeable, advanced laboratories in close proximity to other biotech scientists.

The dedication of the \$26.9 million facility, located at 1345 W. 16th St., will be from 9 a.m. to noon, Wednesday, April 9. Tours of the state-of-the-art biotech training facility and laboratories will be before and after the ceremony, which begins at 10 a.m.

The facility includes more than 26,000-square-feet of proteomic and genomic laboratories. An additional 17,600 square feet houses the Biotechnology Training Program developed to advance the technical skills of lab technicians in high demand by Indiana's growing life sciences industry and research labs.

The three-story building was designed by BSA LifeStructures and the IU Architect's Office. F.A. Wilhelm Construction Co. served as the general contractor and the property is owned by the IU Foundation, which has a lease-purchase agreement with the School of Medicine for the property.

Six IU programs, also known as cores, are the key occupants of the building.

### Center for Medical Genomics

Researchers in this Center provide the infrastructure and consulting services to help those using genomic technology in studies of human disease and in other biomedical research. Microarray technology and high-throughput genotyping are two of the services available to researchers.

### Proteomics Core

Genes are to genomics what proteins are to proteomics, one of the newest fields of scientific endeavor. Although the human genome has been mapped, it still needs additional explanation, such as how proteins interact in cells, before the information is totally relevant. IU researchers are actively trying to unlock the chemical mysteries of disease through the Proteomics Core.

### In Vivo Imaging Core

This program serves as a resource for state-of-the-art biomedical imaging technologies for academic and private-sector research initiatives. The core is involved with development of novel biomedical imaging modalities, ideal for technology transfer to the private sector. Another mission is the development of novel in vitro and in vivo



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imaging methodologies for the study of the cellular and molecular levels, which opens doors into the world of scientific discovery.

### **Cyclotron Facility**

The cyclotron is an invaluable component of the In Vivo Imaging Core. The cyclotron is necessary to produce radiopharmaceuticals for advanced imaging of biological processes such as those used in PET scanners. In addition to its research use, the facility is home to a joint venture between IU School of Medicine and PETNet Indiana, which produces radiopharmaceuticals for hospitals and radiology centers in Indiana.

### **Biotechnology Training Program**

The first students entering the two-year graduate certification program began in the fall of 2002. This unique training program addresses workforce challenges created by rapid advances in the field of science created by the explosion of research after the mapping of the human genome. To keep pace with the field, IU offers the advanced training to laboratory technicians who work in academia or in the private sector. Students will train with top university research scientists and the latest biotechnology tools.

### **Animal Cores**

Specially bred mice, known as transgenic mice, are studied by researchers to determine the molecular mechanisms for cancer, diabetes and neurodegenerative diseases. Other mice have been developed to study the more human side of diseases such as alcoholism. These mice allow researchers to look at the behavioral, physiological and biochemical aspects and long-term effects of alcoholism. Researchers also have developed a colony of zebra fish to study the possible role of stem cells in developing new antibodies.

For additional information on these programs see [www.ingen.iu.edu/cores.html](http://www.ingen.iu.edu/cores.html), or call the Public and Media Relations office at 317-274-7722.

# # #

Media Contact:  
Public & Media Relations  
317-274-7722

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)  
Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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April 9, 2003

## Imaging Partnership Benefits Hoosier Patients

INDIANAPOLIS -- A joint venture between a Tennessee-based pharmaceutical company and the Indiana University School of Medicine has produced a winning situation for the company, the school and patients across the state.

PETNet Indiana, LLC, is one of two radiopharmaceutical companies in Indiana to produce radio-labeled agents for hospitals to use in positron emission tomography (PET) imaging. PET scans are commonly used for cancer diagnosis and to test for patient response to cancer treatments. Because the agent contains a radioactive isotope that loses its potency as time lapses, it is essential the pharmaceutical be produced and delivered to the hospital in a relatively short time frame.

PETNet and the IU School of Medicine have entered into a joint venture to produce radiopharmaceuticals. The operation began in February 2002 in the basement of Indiana University Hospital but has since moved into the more spacious quarters of the new Biotechnology Research and Training Center at 1345 W. 16th St., said Gary Hutchins, Ph.D., director of Imaging Science and vice chairman of research in the IU Department of Radiology.

The BRTC houses a new medical cyclotron - one of three in the state - used to produce the isotopes, which then are attached to glucose-like molecules. The primary clinical product is called fluorodeoxyglucose or FDG. It is injected into patients for use in a PET scan to show if and where the cancer is growing in the body. Active, dividing cells are then highlighted on the PET scan. Glucose serves as food for the rapidly growing cells and the cells use the FDG in a similar way to the way they use glucose. The resulting image shows the rate of glucose utilization; rapidly growing cells, such as tumors or malignancies, need more "fuel" and thus produce "hot spots" on the PET scan.

Steve Piepenbrink, R.Ph., manager of PETNet Indiana, said the central Indiana location is ideal since the isotope is shipped by courier in lead-lined containers. Because the half-life of this radioactive isotope is two hours, the central location is additionally important.

A standard dose of the FDG for a PET scan is 15 millicurie, Piepenbrink said. If a patient is scheduled to receive the test six hours after the isotope is made, then 145 millicuries have to be couriered to the hospital to accommodate the dosage and the two-hour half-life of the product. If hospitals are too far away, the delivery becomes more complicated.

The distribution process to hospitals and clinics in Indiana and border areas of contiguous states is monitored closely by the U.S. Department of Transportation.

Dr. Hutchins said the PETNet collaboration is ideal. "It enables the School to maximize the use of a rare resource, the medical cyclotron, to support the clinical



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needs of patients throughout Indiana and the research needs of the Indiana University School of Medicine,” he said.

Hutchins and his colleagues also use the cyclotron to produce novel radiopharmaceuticals that enable advanced study of cell and organ function in disease.

For additional information on PETNet, see [www.petnetpharmaceutical.com](http://www.petnetpharmaceutical.com). For additional information on the IU School of Medicine Division of Imaging Science, see [www.indyrad.iupui.edu/imgsci/divs/html2.html](http://www.indyrad.iupui.edu/imgsci/divs/html2.html).

# # #

Media Contact:  
Public & Media Relations  
317-274-7722

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)  
Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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April 9, 2003

## Training Program Meets State Demand for Biotechnicians

INDIANAPOLIS -- Technicians who know their way around biotechnology laboratories will be in ever-greater demand as the life sciences industry grows in Indiana. To fill that need, the IU School of Medicine created the Biotechnology Training Program.

The training program enrolled its first class of students in the fall of 2002. Now those students and future classes will be able to learn in the first-class educational and research facilities in the new Biotechnology Research and Training Center (BRTC).

The program's students are surrounded and taught by top-flight scientists who are calling the BRTC their new home. The facility was designed with education as well as research in mind.

The training program draws on the expertise of IU scientists in many disciplines, including genetics, biochemistry, molecular biology, cell biology and proteomics, said White. The skills students acquire are transferable to their current professions and better prepare them for the burgeoning field of biotechnology. There's a growing need for people with such skills, which is why the program was one of the new initiatives created by the Indiana Genomics Initiative, the \$105 million program funded by a grant to IU from the Lilly Endowment.

"The new BRTC has outstanding teaching facilities dedicated to hands-on laboratory and lecture presentations. This includes state-of-the-art video and audio facilities," said William F. Bosron, Ph.D., IU School of Medicine's assistant dean for graduate studies.

"At the BRTC, students benefit from a large teaching laboratory that enables them to gain hands-on experimental experience rather than watch demonstrations as part of a large group in a small space," said Judy White, Ph.D., biotechnology laboratory director and assistant professor of biochemistry and molecular biology. Students will work through the flow of experiments from beginning to end without having to switch labs or borrow equipment.

The classroom's media resources will enable instructors and students to switch from computer presentations to a whiteboard to a camera system, depending on which medium is best for presenting information, posing and answering questions, or working through complex diagrams and flow charts. The students will have Internet access in the classroom and will be able to work interactively with speakers at other locations, said Dr. White. In the future, the video conferencing capabilities will enable the program's instructors to train students in other parts of the state.

The training program is targeted at a broad range of potential students, from recent graduates in biology or related fields, to experienced technicians already working in academic or business labs who want to upgrade their biotechnology lab skills.



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Participating students will spend a minimum of one-and-a-half years (three full semesters and one summer session) to complete requirements for the Indiana University Graduate School Certificate. The program also can be completed part time in about one-and-a-half to two years. Classes take place in the late afternoon and evening to accommodate students who work full time.

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Media Contact:  
Public & Media Relations  
317-274-7722

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)  
Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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April 9, 2003

## Research Cores Will Help Drive Life Sciences Initiative

INDIANAPOLIS -- Like the beams and walls that support a new building, the technologies available in the new Biotechnology Research and Training Center will provide critical components for Indiana's evolving life sciences industry.

Biotechnology services vital to the ongoing genomics research revolution are available to scientists at the Indiana University School of Medicine, other Indiana University researchers, and business and academic scientists across the state. These technologies are provided by research cores, which provide specialized services to research scientists.

IU School of Medicine Dean D. Craig Brater, M.D., has said Indiana's efforts to grow its life sciences economy can benefit from a "hub and spoke" approach that links researchers across the state with core research services in Indianapolis that would be too expensive to replicate widely.

"The new BRTC facility will be a key part of the biotechnology hub for Indiana," said Dr. Brater.

### Array of Genomics Technologies

At any moment, countless genes are working in patterns that determine everything from routine cell operations to whether a tumor grows and spreads. The Center for Medical Genomics provides scientists with technologies to study those patterns of gene activity to discover new ways to diagnose and treat disease. With microarray technology, for example, thousands of genes at once can be studied using a specially prepared wafer the size of a computer chip. The center is directed by Howard J. Edenberg, Ph.D., Chancellor's Professor and professor of biochemistry and molecular biology, and of medical and molecular genetics. Funding for the center includes grants from the Indiana Genomics Initiative (INGEN) and the Indiana 21st Century Research and Technology Fund.

### Probing the Universe of Proteins

While genes may issue the instructions in our cells, it's the proteins that do the heavy lifting. Building on what has been learned from deciphering the human genetic code, scientists are using mass spectrometry and other advanced techniques to identify proteins and learn what they do. IU School of Medicine's Proteomics Core faculty and staff provide services to scientists, and also conduct research into proteomics techniques. Mu Wang, Ph.D., assistant professor of biochemistry and molecular biology, is director of the proteomics core facility, and Frank Witzmann, Ph.D., professor of cellular and integrative physiology and of biochemistry and molecular biology, is scientific advisor to the faculty. The core is funded by INGEN.

### Biotechnology Job Shop

Whether they need to generate a vital section of DNA or create many copies of genetic material using a process called PCR, scientists at IU School of Medicine --



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and across Indiana -- have access to those and many other biotechnology services offered by the Biochemistry Biotechnology Facility (BBF) at the BRTC. John Hawes, Ph.D., associate scientist of biochemistry and molecular biology, is the director of the BBF, which is funded by INGEN and the IU Cancer Center.

# # #

Media Contact:  
Public & Media Relations  
317-274-7722

Mary Hardin  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)  
Joe Stuteville  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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April 6, 2003

## **\$50 Million Grant From Lilly Endowment Boosts Genomics Initiative**

INDIANAPOLIS - For the second time in three years, the Lilly Endowment Inc. is demonstrating its strong commitment to Indiana University's flourishing role in life sciences education and research by awarding \$50 million to advance its Indiana Genomics Initiative (INGEN).

**INGEN** was launched in December 2000 with a \$105 million grant from the Endowment, the largest grant ever made by the Indianapolis-based philanthropic organization and the largest single grant received by IU. The goal is to propel IU forward as a world-class biomedical research institution and to serve as the foundation for a robust life sciences enterprise.

The Endowment presented the \$50 million grant with the stipulation that it be used in areas of greatest need involving INGEN.

"By helping IU attract top-flight researchers and strengthen its role in this highly competitive area, this grant will build the intellectual capital of our state, so vital to Indiana's future prosperity," said N. Clay Robbins, president of the Endowment. "We also are encouraged about the promise the INGEN programs hold to address a broad range of health challenges facing people all across the world."

"The grant also should provide important educational programs for Indiana residents desiring to take advantage of the exciting professional opportunities that should result from INGEN," said Sara B. Cobb, Endowment vice president for education.

Education is the cornerstone for **INGEN's success**.

"Indiana University has a rich tradition as a leader in the quest for scientific knowledge through research and teaching," said Gerald Bepko, IU interim president. "An investment such as this one by the Lilly Endowment is a magnet for growth in the life sciences. We can continue to establish cutting-edge facilities with state-of-the-art equipment, which will help us attract talented researchers. IU is extremely appreciative of the confidence the Endowment is showing in us to invest in the future through the Indiana Genomics Initiative."

According to IU School of Medicine Dean D. Craig Brater, M.D., the most immediate need on the Indianapolis campus for the continuing success of INGEN is research space.

"The individuals we are recruiting are highly sought after and one of the deciding issues for any good researcher is the quality and amount of lab space available to them," Dr. Brater said. "These faculty comprise the intellectual capital that is the fundamental ingredient for creating the very best of medical education and for training the future work force and clinicians of our state. We believe strongly that genomics



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research will some day make it possible to treat a cancer patient with a therapy that destroys only cancer cells, leaving healthy tissue unharmed or, give a remedy to halt a patient's Alzheimer disease at the same time we give a diagnosis."

The university has yet to determine specifically how the Endowment's latest grant will be used, but using it to supplement construction of new facilities is a possibility, Dr. Brater said. It has been determined that some of the funds will be used to support INGEN programs on the Bloomington campus.

Kumble Subbaswamy, Ph.D., dean of the College of Arts and Sciences in Bloomington, agreed that space needs are a major factor in recruiting quality researchers. "This grant will allow us to expand and outfit the new Multidisciplinary Science Building on the Bloomington campus to accommodate INGEN-related research programs and personnel," he said.

IU has made great strides in developing its genomics and proteomics strengths with the purchase of high-tech equipment and the recruitment of several national biotechnology leaders. The initial grant allowed IU to build on its existing resources in the basic sciences and information technology, including recruitment of 23 new researchers at the Indianapolis and Bloomington campuses.

An analysis conducted in 2000 by the Battelle Memorial Institute projected INGEN will create 500 basic genomics jobs - 74 within the university, 127 in private sector biotechnology firms and nearly 300 throughout the rest of the state's economy by the end of five years.

**INGEN** resources already have helped bring an additional \$32 million in new research grants to IU, and an additional \$36 million in grant applications are under review. The grant has enabled IU and its School of Medicine to create and expand advanced laboratory research and service facilities in proteomics, imaging and other advanced technologies important to genomics research and education.

"We realize the life sciences initiative mandates a substantial investment in facilities and people," said Dr. Brater. "To be a success, this has to be a cohesive effort on the part of government, private industry and the philanthropic community. The reality is that no single source will be able to meet all the needs, but this grant will allow IU to leverage dollars from other sectors to the best advantage."

Much work remains to further advance the life sciences mission in Indiana to be nationally competitive. The School of Medicine recently completed a space analysis showing that 345,000 square feet of new laboratory space is needed to house the highly successful INGEN projects. Two research buildings opening this spring on the IUPUI campus will supply some of these space requirements, but additional lab space would allow recruitment of more investigators who then could attract government and private industry grants to further support research and training efforts. This type of productivity creates new jobs and intellectual property that then leverages more jobs.

The Bloomington campus plans to significantly increase faculty involved in life science



research and has identified the need for an additional 160,000 square feet of laboratory space, said Dr. Subbaswamy. The INGEN initiative has greatly enhanced research opportunities at IU, he added.

President Bepko echoed his sentiments, adding, "I also need to acknowledge the work of former IU President Myles Brand. He emphasized the development of the life sciences during his tenure and was instrumental in working with the Lilly Endowment."

The IU School of Medicine's other medical education centers at Bloomington, Gary, Evansville, Terre Haute, Lafayette, South Bend, Muncie and Fort Wayne will benefit from the Endowment's largesse, said Dr. Brater. These campuses comprise the "spokes" of a biomedical wheel with the Indianapolis campus as its hub.

"We can leverage the power of INGEN by engaging all of our medical centers to form a statewide life sciences initiative to ensure the School of Medicine attains its goal of entering the top ten of publicly funded medical schools in the United States," he explained.

# # #

For additional information on INGEN, see [www.ingen.iu.edu](http://www.ingen.iu.edu).

For additional information on INGEN accomplishments to date, see [http://www.medicine.indiana.edu/news\\_releases/archive\\_03/lillysidebar\\_03.htm](http://www.medicine.indiana.edu/news_releases/archive_03/lillysidebar_03.htm)

**Media Contacts:**

Mary Hardin  
317-274-7722

Jane Jankowski  
812-856-0744

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April 2, 2003

## Japanese Firm, IU Unite For Research Into Renal Diseases



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INDIANAPOLIS -A well-known Japanese company will be seeking therapeutic discoveries for renal insufficiency from a gene discovered by Indiana University researchers. The licensing agreement provides exclusive rights for use of FGF23 to Kirin Brewery Co. Ltd. for development of therapeutic and diagnostic products.

The gene, isolated in 2000, on the short arm of chromosome 12 is responsible for autosomal dominant hypophosphataemic rickets (ADHR), a rare disorder only known to exist in a handful of families worldwide. Only about 30 people in the United States are known to suffer from the rare, inherited form of rickets, which can cause leg deformity, tooth abscesses, bone pain and fractures. The kidneys of individuals with the FGF23 mutation cannot retain phosphorus, an important element for maintaining bone integrity.

“Research into this very rare disease may lead to potential therapeutics for a very common disease,” said Michael J. Econs, M.D., professor of medicine and of medical and molecular genetics at the IU School of Medicine. Dr. Econs, along with Kenneth E. White, Ph.D., assistant professor in the IU Department of Medicine, made the discovery of FGF23 in collaboration with the German laboratory of Tim M. Strom, M.D.

Researchers at Kirin’s Pharmaceutical Research Laboratories independently identified FGF23 as a causative factor of tumor-induced osteomalacia, an adult form of rickets. It exhibits some similar symptoms to ADHR such as renal phosphate wasting.

“This license makes our patent position strong with our original invention related to the FGF-23 protein,” said Toshifumi Mikayama, Ph.D., general manager of Kirin’s Pharmaceutical Research Laboratories. “FGF-23 will give us important clues to elucidate the mechanisms of phosphate regulation in the human body and we believe, based on the discovery, we will be able to bring therapeutic benefits to patients suffering from kidney or bone diseases.”

Researchers were excited about the identification of FGF23 not only from the standpoint that it helps a small number of ADHR patients, but also because it may lead to therapies for individuals with more common diseases such as moderate renal insufficiency. Due to decreased kidney function, patients with renal insufficiency retain excessive amount of phosphorus, which is detrimental to their bones and vessels.

Kirin researchers have developed a test to measure FGF23 concentrations in the blood. They are developing a commercially available test that can be used for future research and diagnostic endeavors involving a range of disorders that potentially involve FGF-23.

Funding for the original research came from the National Institute of Arthritis and Musculoskeletal and Skin Diseases, part of the National Institutes of Health. IU’s

Advanced Research and Technology Institute (ARTI) handed the arrangements for granting the license.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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March 27, 2003

## Researchers Probe Promising Liver Cancer Treatment

INDIANAPOLIS - A new non-invasive therapy for liver cancer patients who cannot be helped by surgery or organ transplantation is being evaluated by researchers at the Indiana University School of Medicine.

The Phase I clinical trial at the IU Cancer Center uses extracranial stereotactic radioablation (SRA) as a potential new treatment for hepatocellular carcinoma, a cancer that either originates in the liver, or for liver metastasis from other sites.

The technique evaluates the effects of escalating doses of radiation, which delivers highly focused, precisely targeted, radiation to destroy tumors with minimal damage to surrounding health tissues.

For this procedure, a 3-D computer generated grid system is used to precisely map the tumor location where the therapy will be directed. The patient is positioned in a specially fitted, lightweight body frame that allows perfect immobilization of the patient and stereotactic target localization which is essential in order to accurately deliver the radiation to the target with high precision.

The patient then receives multiple "shots" of photon beams produced by a linear accelerator, a technology similarly used in Gamma Knife radiosurgery, which has been highly effective in treating brain tumors.

"SRA may prove to be an option for patients with liver metastases who are not good candidates for conventional therapy," notes principal investigator Higinia Cardenes, M.D., Ph.D., associate clinical professor in the IU Department of Radiation Oncology.

Adds Dr. Cardenes, "This technique is entirely non-invasive and makes it very attractive when compared with currently available therapies for the same patient population such as radio frequency ablation or chemoembolization, which is the delivery of drugs through the hepatic artery directly to the tumor followed by blocking the artery."

Hepatocellular carcinoma is becoming a common clinical problem and its incidence is on the upswing in the United States because of the hepatitis C virus, which causes inflammation of the liver.

"In Phase I of the study we are evaluating the toxicity of the therapy on patients," says Dr. Cardenes. "Our end goal is to determine if higher doses allowed with SRA kill the tumor without damaging healthy tissue or causing other side effects. We will closely monitor each patient's response, toxicity derived from the therapy and, of course, final outcome in terms of tumor control and patient's survival, in order to compare the effectiveness of this treatment with other therapies."



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The SRA study also is being conducted at the University of Colorado Cancer Center.

For possible enrollment in the trial, contact Tia Whitford at 317-278-7267.

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On The Net  
Indiana University Cancer Center  
<http://iucc.iu.edu/>

IU Clinical Trials Program  
<http://medicine.iupui.edu/ctp/>

IU School of Medicine  
[www.medicine.indiana.edu](http://www.medicine.indiana.edu)

Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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March 26, 2003

## Med Students To Make Inner-City 'House Calls'

INDIANAPOLIS - On any given day during the week, students at the Indiana University School of Medicine don their traditional white coats and learn how to master the use of stethoscopes and other tools of their future trade. On Easter eve, they will put on work clothes, roll up their sleeves and wield lawnmowers, rakes, shovels and paint brushes to help some needy folks.

Students are readying for the annual Spring House Calls, Saturday, April 19, an activity that teams students with homeowners in the near westside area of Haughville and Blackburn, just minutes away from the medical school. The students will rally at a community facility, Christamore House, before fanning out in teams to do yard work, minor repairs, painting and planting flowers.

"At the heart of medicine is the idea of service," says Varon Cantrell, a second-year medical student who is helping organize this year's project. "With that in mind, we are able to serve our local community in a capacity other than in a clinical setting. We take pride in our work and we take even more pride in the relationships we have established with homeowners in recent years."

Other medical students coordinating this year's program are Frances Contreras, Beena Parbhu, Marc Lazzaro, Laura Cluxton and Toni Lin.

The Spring House Calls program was launched in 1996 and is a project under the auspices of the School's Office of Medical Service-Learning. Since that time, nearly 600 students have volunteered more than 5,000 hours of service to the program. Students typically say their experiences in helping others prepare them to become more community-minded physicians.

Patricia Keener, M.D., professor of pediatrics and assistant dean of OMSL, shares a similar belief. "Students participating in Spring House Calls and similar volunteer initiatives learn the value of community service and, as a result, are more likely to become leading advocates for health-care policies to improve health-care delivery to the public."

For more information about the IU School of Medicine's Office of Medical Service-Learning, go to <http://medicine.iu.edu/~omsl/>.

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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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March 24, 2003

## Loehrer receives Founders Day award

Patrick Loehrer, MD, received the W. George Pinnell Award for Outstanding Service during Indiana University's annual Founders Day Celebration March 9.

The honor recognizes Dr. Loehrer's efforts in establishing the Hoosier Oncology Group in 1984, which expanded cancer patient access to state-of-the-art treatments in communities throughout Indiana.

Dr. Loehrer is the Kenneth K. Wiseman Professor of Medicine and director of the hematology/oncology program and the Interdisciplinary Gastrointestinal Oncology Program at the Indiana University Cancer Center. He specializes in the treatment of gastrointestinal and genitourinary malignancies, thymoma and a variety of other cancers.

HOG is one of the preeminent community-based research organizations in the country. The group includes more than 200 doctors and 200 nurses from Indiana and surrounding states. Before Dr. Loehrer started the group, only about 2 percent of cancer patients in the Midwest were included in clinical trials. Now the group is fast closing in on its goal to raise that percentage to 20 percent.

The Hoosier Oncology Group holds meetings twice a year to provide a forum where academic and community physicians can discuss current issues in cancer treatment. Because of such dialogue, the quality of life of many cancer patients in Indiana and across the nation has improved dramatically.

Practicing oncologists, academic oncologists, nurses, clinical research associates and research fellows from all over Indiana have gained invaluable practice and knowledge from the groups' trials. Further, both the IUSM faculty and community doctors have benefited not just from the research conducted by the HOG, but also from the group's increasing prestige.

Media Contact: Mary Hardin  
317.274.7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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March 21, 2003

## INGEN Gets Boost With IU's Addition Of New Leader In Bioinformatics

INDIANAPOLIS -- A. Keith Dunker, Ph.D., a nationally renowned bioinformatics expert, will join the Indiana University School of Medicine as a professor and director of its Center for Bioinformatics. The appointment, effective July 1, will be another boost to the Indiana Genomics Initiative at IU and to the life sciences initiative underway in Central Indiana and across the state.

Bioinformatics merges advances in biomedical research with the latest techniques in computing and information sciences. Bioinformatics techniques will enable scientists to effectively gather and analyze the huge volumes of data modern research produces, from the activities of genes and proteins to the results of laboratory experiments to the findings reported in science journals.

"Because the field is new and because this area of science is exploding, there is great demand and competition for experts in this area. As such, we are delighted to have been able to recruit a leader of Keith Dunker's skill and stature in the bioinformatics community," said D. Craig Brater, M.D., dean of the IU School of Medicine.

"His national stature is such that he will be able to recruit additional faculty to the center with a goal of its becoming one of the top such programs in the country. Thus, we are enormously excited about his becoming a member of our academic community."

Dr. Brater noted that Dr. Dunker's hiring was made possible by the resources of the Indiana Genomics Initiative (INGEN), which was created with a \$105 million grant to IU from the Lilly Endowment in December 2000. Bioinformatics is one of INGEN's six programs, the others being genomics, medical informatics, education, bioethics and training.

Dr. Dunker said he was attracted to the IU School of Medicine by the quality of the research underway, faculty support for development of a bioinformatics program, the foundation provided by INGEN, and the "unusually visionary" support for basic research by the school's administrators.

Dr. Dunker's personal research interest is the relationship between folding of proteins and their function. Traditionally, the three dimensional structures of proteins have been viewed as key to their activities. His research has shown that many proteins have regions that don't fold into specific structures, and that these "natively disordered" regions are critical to these proteins' functions. Because these functions relate especially to cell-signaling and regulation, many of these proteins are important in illnesses that are associated with cell-signaling defects, such as Alzheimer disease, Parkinson disease and cancer.

Using bioinformatics as one of the tools to evaluate these proteins, Dr. Dunker's research promises to challenge fundamental assumptions in molecular biology about



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the role of protein structures. At IU, he said, "there is a clear opportunity for testing our new theories about protein structure-function on problems of importance to human health by collaborating with current faculty."

Dr. Dunker, 59, has been on the faculty of Washington State University since August 1975, and a professor of biochemistry there since September 1983. He received his doctorate in biophysics from the University of Wisconsin in 1969, and then studied molecular biophysics as a postdoctoral student at Yale University. He was a research associate in virology at Sloan Kettering before joining Washington State.

Dr. Dunker's wife, Ya-Yue Van, is president of Molecular Kinetics Inc., a scientific instruments company. The two are collaborating on commercialization efforts based on his research, and his commercialization efforts have resulted in three Small Business Innovation Research (SBIR) grants and other contracts.

This commercialization activity is supporting a small research team that will move to Indianapolis. In addition, Molecular Kinetics is considering using incubator space in the new Emerging Technology Center being developed downtown by IU's Advanced Research and Technology Institute.

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Media Contact: Eric Schoch  
(317) 274-8205  
[eschoch@iupui.edu](mailto:eschoch@iupui.edu)

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March 20, 2003

## Medical Students Match to Residencies Nationwide

INDIANAPOLIS - On the eve of the first day of spring, 259 Indiana University School of Medicine students achieved a milestone by matching to residency programs across the nation where they will continue their medical training.

This year's IU School of Medicine soon-to-be graduates fared well on National Resident Match Day, March 20, a program that coordinates thousands of medical students' and U.S. hospital programs' preferences. During their senior year, students apply and interview for their preferred residency positions throughout the nation; their selection is administered through the National Resident Matching Program of the Association of American Medical Colleges.

"The National Residency Matching Program, with the results released each year during the third week of March, is the main pathway by which most medical school graduates enter their residency training under the supervision of veteran physicians, says Dennis Deal, director of academic records at the IU School of Medicine. "We're very proud of our soon-to-be graduates and wish them well as they begin advanced medical training."

Students in the Class of 2003, who will receive their medical degrees on Mother's Day, May 11, accepted residency positions in 29 states, including Indiana. Among the Match Day highlights:

- 47 percent of the students will pursue their first year of residency within Indiana
- 77 students will be residents at IU Hospital, Riley Hospital for Children and other Clarian Health facilities
- 39 percent of IU School of Medicine graduates will enter primary-care programs, which includes internal medicine, family medicine, pediatrics, obstetrics/gynecology, primary and combined internal medicine-pediatrics

The IU School of Medicine, the second largest medical school in the United States with more than 1,200 students, has nine medical education centers throughout the state for first- and second-year students. IU medical education centers are located in Gary (IU-Northwest), Bloomington (IU campus), Evansville (University of Southern Indiana), Terre Haute (Indiana State University), South Bend (University of Notre Dame), West Lafayette (Purdue University), Fort Wayne (Indiana University-Purdue University campus), Muncie (Ball Memorial Hospital), and Indiana University-Purdue University Indianapolis.

All IU School of Medicine students complete their final two years of study at the IUPUI campus. Students receive clinical training in that time, in addition to further classroom and laboratory studies.

Additional information the National Resident Matching Program can be found at [www.nrmp.org](http://www.nrmp.org).



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Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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March 19, 2003

## Participants needed for ADHD Study

Indianapolis - The Indiana University School of Medicine Department of Psychiatry is seeking children and adolescents for a study on the effectiveness of an investigational medication for children who have the combined symptoms of attention deficit/hyperactivity disorder.

To qualify for the study, participants must be between six years and seventeen years of age, who have been diagnosed with ADHD, are attending school and are able to cooperate with taking pills and having blood drawn.

For more information, call (317) 278-7333 to learn more about this research study.

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Media Contact: Marie Brunsman  
(317) 274-7722  
[mbrunsma@iupui.edu](mailto:mbrunsma@iupui.edu)



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March 13, 2003

## New Pediatric Orthopedics Director Named at IU School of Medicine

INDIANAPOLIS - Randall Loder, M.D., has been named director of the Section of Pediatric Orthopaedic Surgery at the Indiana University School of Medicine.

Dr. Loder, who also is the George J. Garceau Professor of Orthopaedic Surgery, specializes in clinical pediatric orthopedics and pediatric hip and spine problems. He has published extensively on pediatric orthopedic disorders.

Before joining the IU School of Medicine, Dr. Loder was chief of staff at the Twin Cities Shriners Hospital for Children in Minneapolis. He previously held faculty positions at the University of Michigan.

He is a graduate from the University of Colorado and received his medical degree from Washington University at St. Louis. He did a general residency at the Medical College of Ohio and a fellowship in pediatric orthopaedics at the Texas Scottish Rite Hospital.

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CONTACT: Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)



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**March 13, 2003**

**Free Workshop To Offer Tips To Fund Community Fight Against Tobacco Use**

INDIANAPOLIS - Neighborhood, community and faith-based organizations are invited to attend a free grant-writing workshop on March 25 to learn how to fund efforts for tobacco prevention programs or to promote local tobacco policy changes.

Leaders from Indianapolis neighborhoods will be on hand to share practical strategies to reverse the negative impact tobacco has on neighborhoods.

The workshop will be from 6 p.m. to 9 p.m. at the Indianapolis Neighborhood Resource Center, 1802 N. Illinois Street. Call 920-0330 to register, or 278-0778 for questions.

The workshops are presented by: Jan Petty, Alliance for Health Promotion; Mark Madison, St. Vincent Unity Development Center; and Teresa Thomas, The Village House.

The Alliance for Health Promotion is a not-for-profit organization, housed within the Indiana University School of Medicine, whose mission is to promote healthy living among greater Indianapolis residents through cooperative community partnerships.

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CONTACT: Mary Hardin

317-274-7722

[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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March 12, 2003

## Hoosier Mothers, Babies At High Risk of Chemical Exposure?

INDIANAPOLIS - A chemical flame retardant found in many every day products is sparking concern for the health risks it may pose to mothers and their unborn babies, perhaps even more so for those in central Indiana.

In a study conducted by the IU School of Medicine and the IU School of Public and Environmental Affairs at Bloomington, 12 central Indiana mothers and their babies showed blood levels containing polybrominated diphenyl ether (PBDE) that were 20-to-70 times higher than has been reported in similar scientific studies in Europe. Blood samples were collected from the mothers and from the umbilical cords of their babies just after birth.

The IU study findings were reported in the March 11 issue of *Environmental Health Perspectives*. A separate study of blood samples from California women revealed similarly high levels of PBDE.

PBDE is a flame retardant used in plastics found in a variety of consumer electronics, automobiles and foam furniture padding. Preliminary animal research suggests that PBDEs may pose the same health dangers found with some insecticides and industrial chemicals, such as PBC, which have been banned in the United States.

"As yet, there are no known health problems associated with PBDEs," says Robert M. Bigsby, Ph.D., professor of obstetrics and gynecology and of cellular and integrative physiology at the IU School of Medicine in Indianapolis. "However, experimental animal studies have shown that PBDEs can cause neurodevelopmental problems in mice and a decrease of thyroid hormone in rats.

"Such studies suggest we must be cautious about human exposure, particularly of the fetus during the critical third trimester of pregnancy when neurodevelopment occurs," adds Dr. Bigsby, who was co-principal investigator of the study with Ronald Hites, Ph.D., distinguished professor at the IU School for Public and Environmental Affairs and the Department of Chemistry at Bloomington.

Previous studies of Swedish and Norwegian mothers and their babies, as well as U.S. adult blood donors (male and female) from the 1980s, showed much lower PBDE levels, notes Dr. Hites, who also directs the IU Environmental Research Center.

"Europe may not use PBDEs any more or less than the rest of the world," says Dr. Hites, "but one thing we know is that PBDEs are not manufactured in Europe. Their exposure levels may simply be for reasons we don't yet understand."

Human exposure to PBDEs comes mainly from ingestion of dietary products such as fish and cow's milk. Airborne contamination also has been implicated, particularly in the electronic and computer industries.



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The preliminary findings beg further study, IU scientists say, adding they need to examine the bloods of more mothers and infants. The big unknown is to find out whether central Indiana is unique and try to pinpoint sources of elevated PBDE exposures, such as worksites, ground water and dietary sources.

Drs. Hites and Bigsby were joined in the study by Mary Pell Abernathy, M.D., and Anita K. Mazdai, M.D., of the IU School of Medicine; and Nathan Dodder, Ph.D., IU Department of Chemistry. The study was funded by the U.S. Environmental Protection Agency.

Environmental Health Perspectives is a publication of the National Institute of Health Sciences.

###

Media Contacts: Joe Stuteville  
IU School of Medicine  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

David Bricker  
IU Media Relations  
812-856-9035  
[brickerd@indiana.edu](mailto:brickerd@indiana.edu)

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March 5, 2003

## Does Aspirin Reduce the Risk of Colon Cancer?

INDIANAPOLIS -- Americans take 29 billion aspirin tablets each year. Could aspirin have an anti-cancer effect and reduce the risk of colon cancer, the second leading cause of cancer-related death in the U.S.?

In the Perspective column of the March 6, 2003 *New England Journal of Medicine*, gastroenterologist Thomas F. Imperiale, M.D., professor of medicine at the Indiana University School of Medicine and a research scientist at the Regenstrief Institute, Inc., comments on two multicenter clinical studies (published in the same issue of the NEJM) that sought to answer this question. From Dr. Imperiale's perspective, the modest benefits of aspirin found in the studies do not outweigh the risks associated with long-term aspirin use - gastrointestinal bleeding, intracranial hemorrhage and peptic ulcers. He believes further research is needed before the question posed in the first paragraph can be answered.

The first study randomized men and women cured of colon cancer to either a regular dose (325 milligrams) of aspirin or a placebo (sugar pill). The second study followed individuals who had precancerous polyps known as adenomas removed. These individuals were randomized to either the regular dose of aspirin or a low dose (81 milligrams). Both studies excluded individuals who were unable to tolerate aspirin or were already taking it for cardiovascular disease.

In the study of those who had previously had colon cancer, 17% of the aspirin group and 27% of the placebo group developed new precancerous polyps during the 31-month study. While the number of polyps was lower, indicating a reduced risk of disease for the aspirin takers, the size of the polyps was not.

In the study involving patients with previous precancerous polyps, while the lower dose of aspirin reduced risk of polyps likely to progress to cancer, the standard dose did not.

Did these studies show that aspirin has an anti-cancer effect? According to Dr. Imperiale, the studies showed that the anti-cancer benefit of aspirin is small - too small to replace the need for colon cancer screening. "The studies indicate that aspirin can work by moderately reducing the risk of recurrent polyps but larger and longer-term trials are needed to determine whether aspirin can reduce the frequency or intensity of screening exams. Until these studies are completed, aspirin should not be substituted for colon cancer screening or surveillance."

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Media Contact: Cindy Fox Aisen  
317-274-7722  
[caisen@iupui.edu](mailto:caisen@iupui.edu)



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March 4, 2003

## Discovery Refutes Current Theory On Cause Of Kidney Stones

INDIANAPOLIS - New research into the origin of kidney stone formation published in the March 1 issue of the Journal of Clinical Investigation may well change the direction of the most basic level of research in that area.

The study, conducted at Indiana University School of Medicine, Clarian Health Partners and the University of Chicago, will dispel the current beliefs of where stone formation begins, said Andrew P. Evan, Ph.D., the article's lead author. Dr. Evan, who is a professor of anatomy and cell biology at IU School of Medicine, said the research did confirm a hypothesis published in 1940 by Alexander Randall, M.D.

Dr. Randall theorized that kidney stones developed from crystals of calcium phosphate in a centrally located area of the kidney known as the papilla tip. However, analytical and imaging tools available during Dr. Randall's day were inadequate to confirm his hypothesis. Today, the primary theory is that cell injury is necessary before crystals can attach to kidney tissue and develop and that crystals are composed of calcium oxalate. Both theories were refuted by the current Clinical Investigation article.

"Our research localized the site of the original mineral deposit for the most common group of stone formers and we have determined the composition of the crystal," Dr. Evan said. That composition is calcium phosphate, a common component of bone and teeth. Dr. Randall surmised that calcium phosphate was the primary component of stones in their formation phase even though kidney stones later in the process are composed almost entirely of calcium oxalate.

Using infrared analysis, researchers looked at tissue from three groups of kidney patients: calcium oxalate stone formers, who account for 75 percent of all kidney stone patients; patients prone to developing kidney stones following intestinal bypass surgery for obesity; and a control group of patients who had malignant tumors in their ureters, a tube that carries urine to the bladder.

Kidney biopsies of the living patients pinpointed the initial sites where the changes begin and the stones form, said Dr. Evan. "This phase of the research was made possible by advances in equipment and surgical protocol not available in Randall's day," Dr. Evan said. "They represent the state-of-the-art approach for kidney stone treatment."

Researchers learned that in the first group, the calcium phosphate crystals are first deposited in the interstitial tissue inside the papilla, as surmised by Dr. Randall. However, in the obesity-related bypass group, the crystals begin in the lining of very small tubules as they thread their way to the ureter. The control group showed no sign of stone formation.

Dr. Evan said ongoing research for a third group of stone formers, not included in this



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report, indicates yet a third location as the initial site for crystals.

“There are unique features about the physiology and diet specific to the various kinds of stone formers,” Dr. Evans says. “However, our research is the first evidence to give investigators a place to begin the search.”

Dr. Evan was joined in the research by James E. Lingeman, M.D., from the Methodist Hospital (Indianapolis) Institute for Kidney Stone Disease, and Fredric L. Coe, M.D., professor of medicine and physiology in the Section of Nephrology at the University of Chicago.

Funding for study was provided by a \$5.6 million, five-year grant from the National Institutes of Health.

Kidney stones can take up to 10 years to form and affect up to 5 percent of the U.S. population. In 1993, the most recent year with available figures, total cost of the condition to patients in the United States was more than \$1.8 billion.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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February 28, 2003

## Patients Notified of Sleep Lab Computer Breach

On Jan. 3, it was discovered that a single computer in the Center for Sleep Disorders laboratory at the Indiana University School of Medicine had been illegally breached by an outside, unauthorized source. A software package supplied by a vendor inadvertently opened a security hole on this particular machine. The computer stores information on approximately 7,000 sleep-study patients.

The Information Technologies office at the School immediately took steps to secure the data on the computer and to prevent additional unauthorized entry to that computer or any others within the laboratory.

The patients whose names, addresses, Social Security numbers and dates of birth were stored on the computer have been notified and advised to take precautionary measures to assure that their records have not been compromised.

Information Technology officials at the School said there is no way to determine if any of the personal patient information was downloaded.

As a precautionary measure, patients whose records were involved in the breach have been encouraged to carefully review future credit card and similar bills, and in general to be watchful for unusual activity with financial implications. Also, the Federal Trade Commission has an ID Theft Website at [www.consumer.gov/idtheft](http://www.consumer.gov/idtheft). The FTC also has a toll-free Identity Theft Hotline at 1-877-IDTHEFT available from 9 a.m. to 7 p.m. ET for the filing of ID theft reports or for access to a consumer counselor.

As part of the ongoing security strategy the IU School of Medicine has taken the following steps:

- Additional security blocks have been placed on the perimeter of the network.
- An outside security company has been contracted to scan the entire School's network and identify and fix any additional vulnerabilities it finds.
- The School is actively recruiting a security officer who will create ongoing policies and procedures and monitoring mechanisms to further secure the environment.
- In the last six months the school has trained more than 2,000 employees in privacy and security regulations.

The IU School of Medicine regrets any concern and inconvenience to patients caused by the breach. Patient confidentiality remains a paramount concern among all physicians, health-care staff and supporting administration staff at the School.

###

Media Contact: Mary Hardin



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RELATIONS

A STATEWIDE  
RESOURCE

Phone  
317 274 7722

Fax  
317 278 8722

317-274-7722

[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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February 26, 2003

## WWII Discovery Might Counter Today's Bioterrorists



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FORT WAYNE, Ind. - A compound developed by British scientists early in World War II as a treatment against chemical weapons has value against today's threat of bioterrorism, according to Indiana University School of Medicine researchers at Indiana University-Purdue University Fort Wayne.

Researchers studying British Anti-Lewisite provide an overview of its historical uses, development and clinical implications today of the heavy metal chelating agent, detailed in the March issue of the *Annals of Emergency Medicine*. BAL is a medical therapy to remove metal poisonings from the body.

"BAL was secretly developed more than six decades ago by biochemists at Oxford University and is still stocked in many hospital pharmacies and used occasionally by emergency physicians," says article co-author Joel A. Vilensky, Ph.D., professor of anatomy at the School's Fort Wayne Center for Medical Education.

Kent L. Redman, Ph.D., associate professor of biochemistry and molecular biology, co-authored the study with Dr. Vilensky.

"The possible threat of terrorism gives this World War II discovery renewed significance among emergency physicians because it is a treatment for Lewisite, a chemical warfare agent that produces immediate pain and blistering on contact and can cause blindness if it gets into the eyes," Dr. Vilensky notes. "Lewisite is a threat because it is easy for any country to manufacture with simple pesticide-manufacturing technology." Iraq is believed to have used Lewisite in its earlier war with Iran.

Developed for use during World War I, Lewisite is an arsenic-based liquid chemical compound that, similar to mustard, is easily vaporized into a poison gas and is capable of penetrating ordinary clothing and rubber. When inhaled in high concentrations, it may be fatal in as few as 10 minutes.

Fear of German use of Lewisite led British scientists at the beginning of World War II to develop an antidote, 2,3-dimercaptopropanol, which came to be known as BAL. The treatment is capable of removing heavy metals such as arsenic, copper, mercury and lead from the human body.

After the war, BAL was put to clinical use by becoming the first successful treatment for Wilson's disease, a genetic disorder that causes the body to retain copper. If not treated, Wilson's disease can cause severe brain damage, liver failure, and death. Today, BAL is one recommended treatment for children with very high blood lead levels in conjunction with other agents, the IU School of Medicine researchers noted in their article.

"Little did those Oxford biochemists working on the antidote to a greatly feared chemical warfare agent realize that BAL would still be needed 60 years later for heavy



metal poisoning," Dr. Redman notes. "In the process, BAL helped change clinical medicine and perhaps altered the course of World War II by reducing the fear of Lewisite's use on the battlefield."

The *Annals of Emergency Medicine* is the journal of the American College of Emergency Physicians, an organization of 23,000 members.

The IU School of Medicine is the second largest medical school in the United States with more than 1,200 students. It has nine medical centers in Indiana for first- and second-year students, including the Fort Wayne Center for Medical Education. All medical students complete their final two years at the School's main campus in Indianapolis.

### On the Net

#### Fort Wayne Center for Medical Education

<http://histo.ipfw.edu/>

#### IU School of Medicine-Indianapolis

[www.medicine.indiana.edu](http://www.medicine.indiana.edu)

Media Contacts: Joe Stuteville

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

Meg Mettler

260-481-6731

[mettlerm@ipfw.edu](mailto:mettlerm@ipfw.edu)

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February 20, 2003

## Rink Elected Urology Section Chair of American Academy of Pediatrics

INDIANAPOLIS - Richard C. Rink, M.D., professor of urology and chief of pediatric urology at the Indiana University School of Medicine, has been elected chair-elect of the urology section of the American Academy of Pediatrics. In 2003-2004, he will serve as chair of the urology section for 57,000-member organization.

Dr. Rink previously was president of the American Association of Pediatric Urologists and of the Society of Genitourinary Reconstructive Surgeons.

His interests include pediatric urology, plastic and reconstructive genital surgery, neurogenic bladder dysfunction and vaginal reconstruction.

Dr. Rink, who is the Robert A. Garrett Professor of Pediatric Urology Research at IU, is a 1978 graduate of the IU School of Medicine. He received his bachelor's degree from Western Kentucky University in 1974. He completed a general surgery residency at the Emory University and his urology residency at the IU School of Medicine, where he has been on faculty since 1985. He also completed a pediatric urology fellowship at The Children's Hospital, Harvard Medical School.

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Media Contact: Nandini Shah  
317-274-7722  
[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)



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February 20, 2003

## Medical Honor Society Poised To Welcome New Members

INDIANAPOLIS – Forty-five Indiana University School of Medicine students will be inducted in the Indiana chapter of the Alpha Omega Alpha honor medical society.

AOA is the only national honor medical society in the world and elects outstanding medical students, graduates, alumni, faculty and honorary members to its ranks. The IU School of Medicine inductees will be recognized at a banquet March 25 at the Ritz Charles.

The new inductees will join about 1,800 members of the Indiana Chapter of AOA.

Students from the Class of 2003 to be inducted: Matthew Aagesen, Joel Baumgartner, Daniel Branham, Ryan Buss, Matthew Butrum, Jennifer Conner, Sarah Crane, Jared Dhaemers, Robert Dinn, Shane Ditty, Darryl Dixon, Patricia Engle, Matthew Fiegel, Brandy Garrett, Jonathan Hansen, Kelly Johnson, Emily Jungers, Udaya Kakarla, Shannon Kauffman, Joshua Kiline, Whitney Lee, Ashley Malcom, Natasha Morris, Chandra Ostrignaim Melissa Rutigliano, Laurie O'Maley Shipchandler, Taha Zoher Shipchandler, Eva Smietana, Matthew Snyder, Katie Stanton, R. Matthew Strother, Samantha Svarczkopf, Jennifer Vibul and Cynthia Williams.

Class of 2004 inductees include: Brett Barkimer, Jason Bowman, Junzo Chino, Benjamin Coons, Carrie Gick, Margaret Grisell, Michael Hobson, Shari Nemeth, Sharon Poisson, Thomas Ricke and J. Benjamin Smucker.

Also to be inducted are several physicians affiliated with the School, including (Faculty) Paul Nelson, M.D., professor of surgery and director of the school's neurosurgery section; George Sarosi, professor of medicine and medical director at the Roudebush Veterans Affairs Medical Center; (Alumni) David Matthews, M.D.; assistant professor of general surgery; Jim Gus Megremis, M.D., assistant professor of pediatrics; (staff) Robert A. Campbell III, M.D., general surgeon; Todd Nebesio, M.D., pediatrician; and David Rosenman, M.D., internist.

The IU School of Medicine, the second largest medical school in the United States with more than 1,200 students, has nine medical education centers throughout the state with the main campus located at Indiana University-Purdue University Indianapolis.

###

Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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February 19, 2003

## Cook To Lead Medical Group, Practice Plan At IU School of Medicine



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INDIANAPOLIS -- Paul Cook, M.D., M.H.A., has been appointed executive associate dean of clinical affairs and a professor of otolaryngology at the Indiana University School of Medicine. He also has been named chief executive officer of IU Medical Group - Specialty Care, the practice plan for IU physicians and will begin his duties May 1.

Dr. Cook, an otolaryngologist and allergist, has led the practice plan at the University of Missouri School of Medicine, serving as chairman of that group, from November 1999 until November 2002. For the past few months he has been a special consultant to the current chairman of University Physicians.

Dr. Cook joined the University of Missouri School of Medicine faculty in 1991. He served in the Department of Surgery, Division of Otolaryngology and also holds an adjunct appointment in Health Management and Informatics. During his tenure, he was head of the Section of Allergy and Sinus Disease, director of the Nasal Dysfunction Laboratory, director of otolaryngology and audiology clinics and medical director of the Short Stay Unit at University Hospital.

He retired in 1999 as a major with the U.S. Army Medical Corps, having served in the Reserves for 17 years.

A native of California, Dr. Cook completed his undergraduate and medical degrees at the University of Oklahoma. He completed a general surgery residency at the University of Oklahoma Medical Center and was chief resident at the University of Missouri Hospital and the Harry S Truman Memorial VA Hospital where he completed training in otolaryngology, head and neck and facial plastic and reconstructive surgery and clinical otolaryngic allergy.

Dr. Cook has ties to Indiana having completed an allergy and clinical immunology fellowship at Welborn Clinic in Evansville in the mid 1980s. He also holds an executive masters degree in health administration from the University of Missouri - Columbia.

Dr. Cook will take over his duties from Paul Nelson, M.D., who has served as the interim executive officer of IUMG-SC and executive associate dean of clinical affairs since July 1. He fulfilled the administrative and leadership duties while the School of Medicine and the IUMG-SC board conducted a national search for a replacement to William Martin, M.D., who resigned to accept the position of medical school dean at the University of Cincinnati.

Dr. Nelson, division director of neurosurgery, joined the IU faculty in 1992.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)

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February 12, 2003

Evening of the Arts, March 28  
**Is There a (Student) Doctor in the House?**



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INDIANAPOLIS – Indiana University School of Medicine students will soon trade their stethoscopes for the spotlight in an annual program that benefits the city's homeless.

The annual Evening of the Arts showcases students' music, dance and stage-skit and talents in a variety of acts. Medical faculty, residents and staff also will perform. The curtain will rise at 7:30 p.m., Friday, March 28, at the University Place Conference Center auditorium on the Indiana University-Purdue University Indianapolis campus.

Artwork and photography produced by the medical students will be on display and sold that evening at a silent auction.

Proceeds from the event are used to purchase medical equipment and supplies for Indianapolis-area homeless clinics. IU medical students and residents often volunteer their time to help provide patient care as part of the IU School of Medicine's Health and Homelessness Project.

Tickets for Evening of the Arts are \$8 each and may be purchased at the door. The University Place Conference Center auditorium is located at 850 West Michigan Street.

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Media Contact:  
Joe Stuteville  
IU School of Medicine  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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**News Release Archives | Media Relations | IU School of Medicine**

February 11, 2003

## Volunteer Health Workers Receive Smallpox Vaccinations

INDIANAPOLIS – Six volunteer health-care professionals have rolled up their sleeves to become part of Phase One of Indiana's Smallpox Pre-Event Vaccination Project.

The first vaccination clinic was held Feb. 11 at Wishard Memorial Hospital and included public health nurses and workers from around the state and a local physician, all of whom volunteered for the inoculation.



Dr. Ken Fife and Dr. Virginia Caine, Marion Co. Health Dept. director, field questions from the Indianapolis media following the unveiling of the Indiana State Department of Health's plan to administer smallpox vaccinations to health-care workers. Fife and Caine are faculty members in IUSM's Infectious Diseases Section.

"We have to prime the pump," said Indianapolis physician Dr. Joe Francis, a member of Indianapolis Mayor Bart Peterson's emergency preparedness task force, speaking to the media after receiving his vaccination "The safest way to deploy small pox vaccination is to have a cadre of health care personnel available already immunized, ready to go and respond in the event of a national emergency."

The state's 92 counties have been organized into 10 pre-event vaccination districts. Over the next 45 days, vaccination clinics for health professionals will take place at locations in each of these districts, providing Indiana with an immediate response capacity

anywhere in the state in the unlikely event of an intentional release of smallpox.

District locations include health departments in Porter, St. Joseph, Tippecanoe, Vigo, Vanderburgh, Allen, Delaware, Marion, Clark and Lawrence counties.

"While it's important that these public health and medical workers be vaccinated so they can protect the public in case of an emergency, there is no need to vaccinate the entire health-care workforce or the general public at this time," said State Health Commissioner Greg Wilson, M.D.

Each of these coordinating health departments provided estimates to the State Department of Health on the number of health personnel who could volunteer to receive the vaccine in Phase One. Indiana has requested 2,900 doses of the smallpox vaccine from the Centers for Disease Control, based on those estimates.



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In Phase One, which will take about 45 days for implementation, members of the public health response teams and health care response teams are voluntarily receiving the vaccinations. Public team volunteers would identify people who need to be vaccinated to control an outbreak and establish clinics; health team volunteers would include hospital staff that would treat a patient with a suspected or confirmed case of smallpox.

The Indiana Smallpox Advisory Group, headed by Kenneth Fife, M.D., Ph.D., professor of medicine and of microbiology and immunology at the Indiana University School of Medicine, provided input to state health officials.

“Routine vaccination for smallpox stopped in this country in 1972 and production of the vaccine ceased by 1980 because of the eradication of smallpox,” said Dr. Fife, adding that those who received vaccinations before 1972 do not have a lifelong immunity because it declines within a 10-year period after the vaccination.

The vaccine, which can be given within three to five days of exposure and still provide some protection against the disease, has a number of side effects for about 1 in every 1,000 people.

Indiana’s last reported smallpox cases were in 1948. The World Health Organization in 1980 declared the disease had been wiped out. However, smallpox remains a serious threat because some of the remaining stock in laboratories could be used by terrorists.

“It’s our responsibility to be prepared to protect the public health,” said Marion County Health Department Director Virginia A. Caine, associate professor in the Division of Infectious Disease at the IU School of Medicine. “By having these public health and hospital workers vaccinated, we are increasing the ability of the public health system to respond to and to control a smallpox outbreak.”

State epidemiologist Robert Teclaw, D.V.M. said volunteers receive extensive medical screening to determine if there are reasons why they should not be vaccinated. Additionally, each volunteer will receive follow-up checks to ensure the vaccine is effective. Preparations have been made to provide care if anyone has a reaction to the smallpox vaccine.

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#### Media Contacts:

Matthew McCardle  
Indiana State Dept. of Health  
317-234-2733

Collette DuValle  
Marion Co. Health Dept.  
317-221-2463

Joe Stuteville  
IU School of Medicine  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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February 10, 2003

## IU School of Medicine Seeks Volunteers For Pulmonary Disease Study

INDIANAPOLIS - The Indiana University School of Medicine is seeking volunteers to study the effectiveness of a new medication, compared to that of Combivent® and placebo, in improving the signs and symptoms associated with chronic obstructive pulmonary disease.

The study will evaluate the rate of decline, if any, of lung function when the study medication is used daily in patients with COPD.

Volunteers must be 40 years or over in age, current or ex-smokers with a smoking history of more than a pack per day for 10 years, have been diagnosed with COPD and meet specific breathing capacity measurements. They must otherwise be in generally good health. Participants may be put on stable doses of respiratory medications for six weeks prior to starting the study.

The study will require 20 visits to the IU Medical Center over a period of four years. Qualified participants will be compensated for each completed visit.

For more information, call Katie at 317-274-3989.

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Media Contact: Nandini Shah

317-274-7722

[pmrnews@iupui.edu](mailto:pmrnews@iupui.edu)



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February 6, 2003

## Women's Heart Health Focus of Forum

INDIANAPOLIS - February is the month for valentines. It's also National Heart Month, a time when women can give themselves the best valentine of all: better cardiovascular health. The American Heart Association reports that one in every two deaths is related to heart disease, stroke and other cardiovascular conditions. Women 50 and older are at particular risk.

That's why the Indiana University School of Medicine National Center of Excellence in Women's Health, the Office of Women's Health/Indiana State Department of Health, and Anthem Blue Cross and Blue Shield are teaming up with several local groups to promote cardiovascular health and wellness for women in central Indiana at the annual "A New Year, A New You" health fair, Thursday, Feb. 13, 10:30 a.m.- 2 p.m., at the Indianapolis City Market in downtown Indianapolis, featuring:

- Screenings for blood pressure, cholesterol, bone density, carbon monoxide, nicotine dependence, and diabetes.
- Free giveaways and register-to-win prizes including gift-certificates from Subway.

"Cardiovascular disease kills 500,000 women in the United States each year, nearly twice as many lives as claimed by all types of cancer," says Center of Excellence Co-director Ann Zerr, M.D., clinical associate professor medicine at IU School of Medicine. "Healthy lifestyles and choices reduce a woman's risk of this illness."

Joining the Center and Anthem as sponsors for the one-day event are Clarian Health Partners, Pfizer, the Indianapolis City Market, and Indianapolis radio stations WZPL and WTPI.

Other participating vendors and community groups include:

- IU Stroke Center at Wishard
- Wishard Health Services
- IU Cancer Center Nicotine Dependence Program
- Domestic Violence Network of Greater Indianapolis
- Jazzercise
- Edy's Ice Cream

For more information about the health forum, contact Tina Darling at (317) 630-2243.

# # #

Media Contact: Joe Stuteville  
317-274-7722  
[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)



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January 27, 2003

2003 Molecular Medicine in Action Program  
**Genes, Teens and Microscopic Scenes**



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INDIANAPOLIS – What is it like to peer into the world of genetics and use the same tools as researchers to better understand and develop treatments and cures for complex diseases?

**Forty-eight Indiana high-school students** will get that opportunity March 9-10 at the Molecular Medicine in Action program at the Indiana University School of Medicine. These select students will work alongside some of the nation's top researchers in the labs of the Herman B Wells Center for Pediatric Research.

"With the decoding of the human genome, research continues to press forward to understand the roles genes play in disease and to discover new and effective ways to correct genetic flaws," says program director Mark Kelley, Ph.D., associate director of the Wells Center. "Working side-by-side with our scientists, our program gives students a realistic and meaningful hands-on experience."

Under the supervision of IU scientists, the students will rotate through a variety of workstations and labs, analyzing and isolating DNA. They also will observe how gene mutations are identified and how modified genes are used in therapy. Students also will learn how to use the latest microscopic imaging techniques that enable researchers to study living cells.

The Molecular Medicine in Action Program, now in its fourth year, also is geared to build closer ties between the IU School of Medicine and Indiana's science teachers and students.

"Our goal is to share the excitement of what genetic science promises," says Dr. Kelley, the Jonathan and Jennifer Simmons Professor of Pediatrics. "We merely loan the student participants the tools to learn – they provide the vision."

Support for this year's program comes from the Riley Memorial Association, Herman B Wells Center for Pediatric Research, IU School of Medicine, Indiana University-Purdue University Indianapolis, Indiana Department of Education, Indiana Association of Biology Teachers and the Hoosier Association of Science Teachers.

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**On the Web:**

Molecular Medicine in Action Program  
[www.iupui.edu/~wellsctr/MMIA/index.htm](http://www.iupui.edu/~wellsctr/MMIA/index.htm)

View Program Animations

[www.iupui.edu/~wellsctr/MMIA/htm/animations.htm](http://www.iupui.edu/~wellsctr/MMIA/htm/animations.htm)

IU School of Medicine

<http://medicine.iu.edu>

Media Contact: Joe Stuteville

317-274-7722

[jstutevi@iupui.edu](mailto:jstutevi@iupui.edu)

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January 24, 2003

## IUPUI To Host National Expert On Media Literacy, Consumer Thinking

INDIANAPOLIS - How the media influences individual decisions will be explored by Peter DeBenedittis, Ph.D., when he speaks Feb. 5 at Indiana University-Purdue University Indianapolis.

Dr. DeBenedittis, who lectures nationally on media literacy and critical thinking, will speak at noon and at 1:15 p.m. in the basement auditorium of University College, 815 W. Michigan St., and at 5 p.m. in room 4147, Regenstrief Health Center, 1001 W. 10 St. His presentation is entitled "The Manipulative Truth About Big Tobacco: The Media's Influence and Our Decisions."

He will discuss how the big tobacco industry influenced consumer decisions through various media outlets, including print and electronic media. Dr. DeBenedittis also will discuss media influence as it pertains to drug and alcohol consumption, body image and social acceptance, self esteem, risky behaviors and premature sexuality.

All three presentations are open to the public.

Dr. DeBenedittis' presentations are sponsored by the Tobacco Free IUPUI Coalition and the Indiana University School of Medicine Department of Public Health. Tobacco Free IUPUI is sponsored by Smokefree Indiana with funding from the Centers for Disease Control and Prevention.

# # #

Media Contact: Jayme Little  
317-278-2210  
[jtlittle@iupui.edu](mailto:jtlittle@iupui.edu)



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January 24, 2003

## Summer Minority Cancer Research Program Seeks Applicants

INDIANAPOLIS - The Indiana University Cancer Center is accepting applications for a summer internship for high school and undergraduate students pursuing biomedical or behavioral science careers.

The Summer Minority Research Fellowship Program provides a hands-on research opportunity for students to work with a mentor for nine weeks during the summer. Mentors are Indiana University faculty affiliated with the IU Cancer Center. Participant selection is based on interest in biomedical or behavioral science, grades and personal interviews.

The deadline for submitting applications is March 1. Applicants will be notified by April 1 and the summer program runs June 9 through Aug. 8.

High school students applying must have completed at least their junior year and have maintained a grade point average of at least 3.0. Undergraduates applying for the program must have completed 24 hours of college credit, be majoring in a biomedical or behavioral science and have maintained a grade point average of 3.2.

For additional information, contact Eardie Curry III, Pharm. D., program administrator, IU Cancer Center, at [eacurry@iupui.edu](mailto:eacurry@iupui.edu).

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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January 21, 2003

## Free Workshop To Offer Tips To Fund Community Fight Against Tobacco Use

INDIANAPOLIS - Neighborhood, community and faith-based organizations are invited to attend a free grant-writing workshop to fund efforts for tobacco prevention programs or to promote local tobacco policy changes.

Leaders from Indianapolis neighborhoods will be on hand to share practical strategies to reverse the negative impact tobacco has on neighborhoods.

Workshops are scheduled on Jan. 28 and March 25. Both workshops will be from 6 p.m. to 9 p.m. at the Indianapolis Neighborhood Resource Center, 1802 N. Illinois Street. Call 920-0330 to register, or 278-0778 for questions.

The workshops are presented by: Jan Petty, Alliance for Health Promotion; Mark Madison, St. Vincent Unity Development Center; and Teresa Thomas, The Village House.

The Alliance for Health Promotion is a not-for-profit organization, housed within the Indiana University School of Medicine, whose mission is to promote healthy living among greater Indianapolis residents through cooperative community partnerships.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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January 17, 2003

## Kelton To Participate At National Risk Behavior Conference

INDIANAPOLIS - Indiana University School of Medicine physician Gaylen Kelton, M. D., has been invited by the deputy secretary of Health and Human Services to participate at a Feb. 5 conference in Washington, D.C., on adolescent risk avoidance.

The conference will focus on health risk behaviors relating to alcohol, drugs, sexual activity, tobacco and violence. It will explore risk avoidance approaches to prevention. Dr. Kelton will participate on a moderated panel discussing risk avoidance programs that emphasize sexual abstinence.

Dr. Kelton is an associate professor in the Department of Family Medicine, medical director of the IU/Methodist Family Practice Center.

# # #

Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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January 15, 2003

## Stombaugh Recognized For Service Dedication

INDIANAPOLIS - Deborah Stombaugh has been presented with the Clinical Administrator's Award for Service Excellence by the IU Medical Group - Specialty Care Clinical Administrators.

Stombaugh is assistant director of reporting and analysis in the Indiana University School of Medicine Office of Financial Affairs.

The award is presented annually for exemplary service and dedication in providing support to the IUSM clinical departments.

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Media Contact: Mary Hardin  
317-274-7722  
[mhardin@iupui.edu](mailto:mhardin@iupui.edu)



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