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December 22, 1997

IU Pediatric Cancer Specialist Named First Simmons Scholar

INDIANAPOLIS--Susan Kreissman, MD, assistant professor of pediatrics at Indiana University School of Medicine, has been named the first Jonathon and Jennifer Simmons Scholar in Pediatrics. The endowment was established by the Riley Memorial Association and the Simmons family to support the translation of laboratory research to patient treatments.

A researcher and physician, Dr. Kreissman has focused her work on improving the outcome for children with solid tumors for which current therapy is ineffective. Her clinical research has resulted in the development of high dose chemotherapy regimens and the use of peripheral blood stem cells to reduce severe bone marrow side effects associated with high-dose chemotherapy. These treatment regimens are based on laboratory research of blood cell formation done in the Herman B Wells Center for Pediatric Research at the Indiana University Cancer Research Institute and Riley Hospital for Children.

Dr. Kreissman¹s pioneering treatment for neuroblastoma, a cancer of the nervous system and the second most common solid tumor in children, has been very successful. Her pilot study in children with advanced stage neuroblastoma, performed at Riley Hospital for Children, has become the basis for a national, multi-institutional trial through the Children¹s Cancer Group (CCG). She serves as the national study chair, and also will serve as chair of the next CCG study for advanced stage neuroblastoma.

Dr. Kreissman joined the IU School of Medicine faculty in 1991. She is a graduate of the Mt. Sinai School of Medicine and completed her residency and fellowship at The Children¹s Hospital in Boston, part of the Harvard Medical School.

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Recognition

November 21, 1997
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IU School of Medicine Awarded $1 Million NIH Grant for Autism Research

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IU To Perform State's First Thalamic Implant For Tremors

November 11, 1997
IU School of Medicine Awarded Funding to Establish a National Center of Excellence in Women's Health

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Indiana Lions Donate $1 Million

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September 8, 1997
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September 3, 1997
IU Cancer Center Opens Tobacco Cessation Program

September 1, 1997
IU Researchers Identify Viral Proteins That Evade Human Immune System

August 28, 1997
Two Neurologists Join IU School of Medicine

IU Neurology Department Consolidates Clinic Sites; Open House Set at IU Hospital

August 7, 1997
Researchers Find Genetic "Hot Spots" of Manic-Depression

July 29, 1997
IU School of

Medicine Faculty Receive Appointments

July 23, 1997
Study Shows Alternative Tests Effective In Monitoring AIDS Progression In Patients

July 3, 1997
Link Found Between Severe Obesity and Numerous Chronic Diseases Among African-American Women

June 13, 1997
1997 Children's Miracle Network Telethon

Link Between Gestational Diabetes and Adult Onset Diabetes Strengthened

June 6, 1997
Lawson Named Chief of Psychiatry and Mental Health at VA

Regenstrief Institute for Health Care Earns Award of Excellence

Riley Physician

Certified in Sleep Disorder Medicine

May 23, 1997
LaPort Hospital Becomes Part of Clarian Health

May 20, 1997
Possible Predictor of Breast Cancer Survivability Identified

May 19, 1997
Results of Taxol-Adriamycin National Study Released at ACOG

May 8, 1997
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April 29, 1997
Rehab 1,2,3

April 24, 1997
Rehab 1,2,3 (photo/video opportunity)

April 21, 1997
Link Found Between Pain, Immune, and Reproductive System

April 15, 1997
Inherited Dementia

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Stroke Clinic

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Dieting Habits and Risk of Cancer

Ovarian Cancer Seminar

March 18, 1997
Rural Health Initiative

February 28, 1997
Glaucoma

December 22, 1997

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December 18, 1997

IU Physicians Give Ukrainian Boy Second Chance

INDIANAPOLIS**--** It's been a long and painful road from the Ukraine to Indiana. But the trip has been worthwhile for eight-year-old Vadym Alistratova, who, with his mother, Valentina, came to the Indiana University Medical Center in search of a medical treatment that will help him live a more normal life.

Vadym and his mother left the Ukraine in late April of this year (1997) with the hope that an IU physician could repair the severe congenital abnormalities of his pelvis, urinary tract and genitalia. Richard Rink, MD, the Robert A. Garrett Professor of Pediatric Urologic Research and director of pediatric urology at the IU School of Medicine and Riley Hospital for Children, turned their hope into reality. He, along with Thomas Kling, MD, IU professor of orthopaedic surgery, and Kosmas Kayes, MD, IU assistant professor of orthopaedic surgery, performed the 18-hour operation on November 11 at Riley Hospital to repair the complicated defects that had plagued Vadym since birth.

Valentina suspects radiation fall-out from the Chernobyl explosion might be the cause of her son's birth defects. She says that five other children in their town were born with the same condition. After four unsuccessful operations in the Ukraine in which physicians had attempted to reconstruct Vadym's urinary tract and genitalia, Valentina had little hope left for a treatment that would help Vadym. She visited with missionaries at a family life center operated by Vision Ministries International, a Greencastle, Ind., based ministry. The organization arranged for she and Vadym to come to Indiana and Riley Hospital for Children.

After reviewing Vadym's medical history and examining him at Riley Hospital, Dr. Rink was convinced that the problems could be corrected even though they were quite significant. Vadym's pelvic bones and abdominal wall never fully developed, and the pelvic bones were widely separated. He had exstrophy of the bladder, meaning the bladder was open and exposed on the abdominal wall. The genitalia were malformed as well.

"In the United States," explains Dr. Rink, "we fix this type of problem within the first few days of life. In Russia, physicians and surgeons simply don't have the facilities to do a surgery of this magnitude. For Vadym, we had to undo what the Russian physicians had done and then start from scratch to reconstruct him in a way that will let him live a relatively normal life."

The marathon surgery began at 8 a.m. with Dr. Kling and Dr. Kayes reconstructing Vadym's pelvis. Dr. Rink then did the bladder and genitalia reconstruction. The surgery ended at about 2 a.m.

"We had a plan of action, but we didn't know for sure what we were dealing with until we started surgery and could actually look inside," says Dr. Rink.

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After spending two weeks at Riley Hospital, Vadym was then released to the Ronald McDonald House on the Indiana University - Purdue University Indianapolis campus, where he remains under close observation. He had his partial body cast removed Dec. 15., and the orthopaedic team has begun physical therapy.

Making everything even more difficult is the language barrier between Dr. Rink and the Alistratova family, who speaks Russian. A translator was present during the pre-operative visits and on the day of surgery. Valentina has studied English while living here and now speaks and comprehends it on a basic level.

Vadym and his mother are all smiles these days. He loves to play in the game room at the Ronald McDonald House, and she is thankful that her little boy has a second chance at life. Dr. Rink is pleased with the outcome of the surgery and hopes to monitor Vadym for a few more months before the family returns to the Ukraine.

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December 15, 1997

More Research Needed On Spinal Cord Injuries

FORT WAYNE **--** Back pain, knee reconstruction and spinal cord injuries are the current research focus of Indiana University School of Medicine -- Fort Wayne professor of anatomy Joel Vilensky, Ph.D. He is the recipient of research grants for back pain and knee ligament reconstruction and has published a research manuscript recently on spinal cord injuries.

Ortho-McNeil Pharmaceuticals awarded a $2,760 grant to Dr. Vilensky for research to determine where pain signals from the sacroiliac joint enter the spinal cord. Dr. Vilensky and his associates have used a neurological tracing technique to localize the origin of pain fibers. This information will help define treatment for back pain in the sacroiliac joint. The researchers are in the process of applying for another grant to extend their research. Collaborators include Robert Sweazy, Ph.D., assistant professor of anatomy at the IU School of Medicine -- Fort Wayne, Joseph Fortin, D.O., from Fort Wayne and Bryan O'Connor, Ph.D., IU School of Medicine.

Stumbling is the focus of the second grant, which was awarded in the amount of $12,498 by the IU School of Medicine Biomedical Research Committee. The research team is comparing the occurrence of stumbling in persons who have had a reconstructed knee ligament and persons who have a normal, healthy knee. It is suspected that knee ligaments have a sensory function that acts as a protective mechanism when pain or weakness occurs. If this is true, then a reconstructed knee ligament would not be able to reproduce the sensory function of the original ligament. Instead, it could only reproduce the physical structure of the ligament. According to Dr. Vilensky, this may explain why people with reconstructed knee ligaments don't always have a good recovery after surgery. Collaborating with Dr. Vilensky is Dr. Jerald Cooper of Fort Wayne.

A review of current research on spinal cord injuries and a recommendation for further research was published earlier this year by Dr. Vilensky and Dr. O'Connor in the Journal of Motor Control. According to Dr. Vilensky, the majority of animal research on walking movement after spinal cord injury has been conducted in cats, but because of potential differences in spinal circuitry, this research should not be directly applied to humans with spinal cord injuries. Dr. Vilensky and Dr. O'Connor suggest that further research in primates is needed before assumptions can be made about potential human ability to walk after spinal cord injury.

For more information on any of this research, please contact Jackie Banister or Ellen Gullett at the numbers below.

The IU School of Medicine -- Fort Wayne is one of eight regional medical education centers operated by the IU School of Medicine. The Fort Wayne Center was established in 1981 and is located on the Indiana University - Purdue University Fort Wayne campus. Sixteen first-year and 16 second-year students are enrolled each year at the Fort Wayne Center and receive their basic science training before

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transferring to the main IU School of Medicine campus in Indianapolis for their third- and fourth-year clinical training. In addition to the Center's medical education curriculum and basic science research, it also offers summer exploration and research programs for undergraduate and graduate students, and a twice-a-year lectures series for the general public entitled Mini Medical School.

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December 15, 1997

IU Physicians To Perform State's First Vagal Nerve Stimulation Procedure For Epilepsy

INDIANAPOLIS **--** A team of surgeons and neurologists from the Indiana University School of Medicine on Dec. 22 will perform a new procedure for the treatment of epilepsy, called vagal nerve stimulation. The procedure offers a treatment option only recently available to patients with epilepsy who do not respond to conventional treatment.

"This is a new approach to treating epilepsy," said Jorge Asconape, M.D., associate professor of neurology. "Until recently, physicians had two ways to treat it, the traditional approach was drugs or conventional surgery. Surgery, in most cases, involves removal of the area of the brain that is causing the problem."

Now patients who do not respond to treatment with medication or do not quality for conventional surgery because multiple areas of their brains are involved in the seizures may be candidates for the vagal nerve stimulation procedure.

During the 1 1/2- to 2-hour surgery, surgeons implant a generator with a programmable chip in the left chest wall of the patient. The generator, which is about two inches in diameter, is similar in appearance to a pacemaker.

A second incision is made on the left side of the patient's neck where the vagus nerve is located. A lead with electrodes on it is wrapped around the nerve and about two weeks after the surgery, the generator is programmed to send electrical signals through the lead to the nerve.

Dr. Asconape explained that the vagus nerve on the left side of the neck controls the functioning of the abdominal organs, conveying signals to the brain. The vagus nerve on the right side controls the functioning of the heart. The stimulator is placed on the left side to eliminate the possibility of interfering with cardiac rhythms.

"The vagus nerve conveys lots of information to the brain in its process to regulate all of these activities," Dr. Asconape said. "Discovery of the connection with epilepsy was more or less serendipitous."

During the vagal nerve stimulation process, the generator stimulates the vagus nerve causing it to send signals every few minutes to the brain. When patients have seizures, normal brain activity is interrupted and is replaced by abnormal brain waves that are highly synchronized. Vagal nerve stimulation produces a "desynchronization" of the brain wave and, possibly by this mechanism, stops the seizures.

In case of an ongoing seizure, patients and/or their caregivers can activate the generator with a magnet causing it to send an instant signal to the brain which, in some cases, may abort the seizure.

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Dr. Asconape cautioned that the vagal nerve stimulator is considered a palliative treatment because very few patients become seizure-free from the procedure. Some patients can experience a large reduction in the number of seizures.

Nearly 1 percent of the U.S. population has epilepsy and approximately 10 percent of those do not respond to conventional treatments. In Indiana, approximately 3,000 to 6,000 patients have refractory epilepsy and many of these may be candidates for vagal nerve stimulation.

Individuals interested in additional information on the vagal nerve stimulation procedure at IU School of Medicine may call 317-279-0406 or 1-800-210-7123.

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December 9, 1997

Dr. Richard Rink Appointed Named Professor at IU School of Medicine

INDIANAPOLIS -- Richard C. Rink, MD, has been named the Robert A. Garrett Professor of Pediatric Urologic Research at the Indiana University School of Medicine (IUSM). Dr. Rink is diretor of the Division of Pediatric Urology and acting chairman of the Department of Urology at IUSM.

Dr. Robert A. Garrett, whom the professorship is named after, was the former chairman of the Department of Urology at IUSM and a pioneer in the field of pediatric urology.

Dr. Rink also received two national appointments recently. In November he was elected to the Executive Committee of the American Academy of Pediatrics' Section of Urology, and also to the Board of Directors of the North Central Section of the American Urologic Association.

Dr. Rink is a 1978 graduate of the IU School of Medicine. He completed his general surgery residency at Emory University and his urology residency at Indiana University. He completed a pediatric urology fellowship at the Children's Hospital in Boston, part of Harvard Medical School. He received a Bachelor of Arts degree from Western Kentucky University.

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December 2, 1997

Community Education Department at Riley Hospital Receives National Recognition

INDIANAPOLIS -- The Community Education Department at Riley Hospital for Children was recently recognized with two national awards for its safety programs for children. Staff member Kentin Gearhart also was recognized for his work in the area of school bus transportation.

An Award of Commendation from the National Safety Council, Community Safety Division was presented to the Community Education Department and the Pike Township Fire Department for their collaborative fire safety program, The Tiller 7 Safe House. The award was given during the recent 25th Annual Awards Banquet for the Community Safety Division in Chicago.

A restored 1969 Maxim ladder truck, the Tiller 7 served the Indianapolis Fire Department for 20 years. Tiller 7's ladder was replaced by a two-story house equipped with simulated smoke, smoke alarms, and a heated door that allows children to learn how to safely escape from a fire. Indiana children in preschool through third grade can tour the Tiller 7 and learn about fire safety from Pike Township fire fighters.

The Community Education Department's bike safety program was recognized during the national Moving Kids Safely Conference. The program, which trains school children, received an honorable mention at the Community Partnership Awards sponsored by the U.S. Secretary of Transportation.

The final award was presented to Community Education staff member Kentin Gearhart, who received the 1997 Kinedyne Corporation Special Needs Transportation Award. Gearhart is project manager for the Mobile Teaching School Bus Project, which trains school and transportation officials throughout Indiana about safe and proper school bus transportation for preschoolers and children with special health care needs. He was honored at the National Association of Pupil Transportation annual conference in Indianapolis for his leadership on the state and national level.

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November 21, 1997

IU School Of Medicine Studies Antibiotic As Treatment For Osteoarthritis

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INDIANAPOLIS--Researchers at the Indiana University School of Medicine are conducting a study on the ability of a common antibiotic to prevent the progression of joint damage caused by osteoarthritis. The project, which is a nationwide study, is funded by an $8.3 million National Institutes of Health grant.

Kenneth D. Brandt, M.D., director of the Section of Rheumatology and a professor of medicine, is the principal investigator for the grant. IUSM is the coordinating center for the nationwide project and also is one of the six participating clinical centers.

Dr. Brandt's co-investigators at IUSM are John D. Bradley, M.D., Kenneth A. Buckwalter, M.D., Barry P. Katz, Ph.D., and Steven A. Mazzuca, Ph.D.

Dr. Brandt and his team have shown in preliminary research that doxycycline, a member of the tetracycline family of antibiotics, can protect against the breakdown of joint cartilage. Research indicates that the drug reduces the levels of several enzymes which are present in abundance in arthritic joints and are responsible for the softening and degeneration of cartilage in osteoarthritis.

Dr. Brandt believes the clinical trial may confirm that doxycycline will prevent the development of osteoarthritis in unaffected joints and will be useful in preventing the progression of the disease in joints which are already affected.

Approximately 70 female patients will be recruited at each of the six clinical centers involved in the 30-month, placebo-controlled study. The patients must be between the age of 45 and 64, have some degree of overweight and, through a knee x-ray, show evidence of osteoarthritis in only one knee. Studies indicate that 50 percent of women with osteoarthritis in one knee will develop it in the other knee wthin two years.

The IU School of Medicine is currently seeking applicants for the study. For additional information, please call 317-274-7798.

The research could have far-reaching effects for an aging population. Osteoarthritis of the knee is the leading cause of chronic disability among the elderly in the U.S. Nearly 70 percent of all people over the age of 60 have evidence of osteoarthritis, and about 30 percent of those individuals have joint pain and impaired function due to the disease.

IU has one of the nation's largest clinical and basic research programs in osteoarthritis. Research into the use of acetaminophen as an alternative to nonsteroidal anti-inflammatory drug treatment for osteoarthritis, published in the New England Journal of Medicine in 1991, by Brandt and his IU School of Medicine colleagues, heralded a major change in the management of the disease.

Other work by these investigators has shown the importance of non-medicinal measures, such as provision of social support and muscle strengthening exercise, in management of osteoarthritis pain.

The five other clinical centers involved in the NIH-funded doxycycline study are the University of Alabama, Birmingham; Northwestern University, Chicago; the University of Miami, Florida; the Halifax Clinical Research Institute, Daytona Beach, Fla., and the Arthritis Center, Wichita, Kan.

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November 21, 1997

IU Pediatrician To Be Guest On NBC'S TODAY SHOW

INDIANAPOLIS-- Patricia Keener, M.D., professor of pediatrics at Indiana University School of Medicine, director of the IU Section of General and Community Pediatrics, and chief of pediatrics for Wishard Health Services, is scheduled to appear as a guest expert on NBC's "Today Show" Wednesday, Nov. 26.

Dr. Keener is founder and medical director of Safe Sitter, Inc., a national, nonprofit program for training teenage sitters.

Dr. Keener is scheduled to appear on the program to discuss the problems associated with hiring an appropriate teenaged babysitter. Her appearance will be on the second day of a two-day series focused on the shortage of teenage sitters. The series was prompted by a recent Washington Post article detailing the demographic changes that have led to a shortage of teen sitters. The article discussed how low birth numbers in the late 1970's and early 1980's have resulted in fewer older teens at the same time the number of children younger than 10 has increased.

A result of the dilemma is that the short supply of older sitters, coupled with increased demand, creates an environment where parents are tempted to hire young sitters without appropriate knowledge or skills, Dr. Keener said.

Since 1980, when Dr. Keener taught the first Safe Sitter class in Indianapolis, more than 150,000 young teens have participated in the two-day training course. The course teaches first aid and airway rescue skills, in addition to child care techniques and safety precautions.

The program is available in all 50 states and in England and Israel.

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November 18, 1997

IU School of Medicine Awarded $1 Million
NIH Grant for Autism Research

INDIANAPOLIS -- The National Institutes of Health has awarded a $1 million grant to the Indiana University School of Medicine for research of new drugs to treat children, adolescents and adults with autism and related developmental disorders. The five-year grant will fund a psychopharmacology research unit that will conduct clinical drug studies and investigate the effectiveness of new drugs in treating individuals with autistic disorders.

Christopher J. McDougle, M.D., is the principal investigator on the grant and is the new director of the Section of child and Adolescent Psychiatry at the IU School of Medicine. "We still have a lot to learn about the etiology of autism and about the treatments that may help people with this disorder," says McDougle, the Raymond E. Houk Professor of Psychiatry. "New research is critical so that we can improve upon treatments targeted toward the interfering behaviors associated with autism."

The characteristics of autism were first defined in 1943 by Leo Kanner, M.D., a child psychiatrist at the Johns Hopkins School of Medicine. The primary symptoms identified by Kanner included a profound impairment in social relatedness, abnormal language development, and highly stereotypic and repetitive behavior. During the 1950s many people believed children developed the disorder because parents were neglectful or because of dysfunctional family environments. Now, autism is recognized as a disorder in brain development that likely begins in utero. Data has shown the brain dysfunction to begin during the first trimester of a baby's development. Researchers have hypothesized the cause of the condition to be a combination of genetic and environmental factors.

Symptoms and severity vary among patients with autism. Aggression and ritualistic behavior are two common symptoms that can often be reduced with drugs. According to McDougle the social relatedness component, i.e., the patient's ability to interact with and react to other people, is difficult to treat with drugs. Currently, the best approach for treating autism is to provide a structured environment and system of education, with the use of drugs to treat specific interfering behaviors. New research has shown the involvement of specific chemical neuron systems, which should be helpful in designing new drug treatments.

"Autism is a profound disorder for which there currently is no cure," says McDougle. "Unfortunately 75 percent of the children born autistic are also mentally retarded and 50 percent are mute. Families of autistic children endure much stress and it is imperative that we develop better treatments to help their children. We hope our research will provide valuable new information about treatments that can help patients and families."

The IU School of Medicine is one of three recipients of the NIH grant; the two other sites are the University of California at Los Angeles and the Yale University School of

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Medicine.

Dr. McDougle is a 1986 graduate of the IU School of Medicine. Previously he was director of the Clinical Neuroscience Research Unit at the Connecticut Mental Health Center, and associate professor of psychiatry and of child adolescent psychiatry at the Yale University School of Medicine.

Families who would like additional information about the new research unit or autism can contact Dr. McDougle at (317) 278-3473.

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November 17, 1997

IU To Perform State's First Thalamic Implant For Tremors

INDIANAPOLIS-- A Fort Wayne man will undergo a new procedure at Indiana University Hospital Wednesday, Nov. 19, designed to suppress uncontrolled tremors. The procedure, called deep brain stimulation, received FDA approval in June for some tremor disorders. It also has implications for treatment of Parkinson disease.

Kenneth Reichert, 78, suffers from essential tremor, a condition that impairs his ability to control shaking in his hands. He will be the first patient in Indiana to undergo the tremor control therapy with a new implant system developed by Medtronic. Essential tremor can cause uncontrollable shaking in patient's hands, head or voice.

The deep brain stimulation therapy also is FDA approved for treatment of tremor in Parkinson disease, a degenerative disease of the central nervous system which is characterized by uncontrolled tremors, rigidity or slowness of movement. Deep brain stimulation also may be helpful in treating the rigidity and slowed motor functioning of Parkinson disease, but its use for that condition requires a slightly different placement in the brain. The IU School of Medicine may begin using this procedure for treating Parkinson disease patients as early as January.

On Wednesday, Robert M. Worth, M.D., Ph.D., associate professor of neurosurgery, Thomas Witt, M.D., assistant professor of neurosurgery, and Eric R. Siemers, M.D., associate professor of neurology, all at the IU School of Medicine, will perform the surgical implant procedure on Mr. Reichert, who will be alert during the majority of the 7-hour procedure while surgeons strategically place an electrode in the nucleus of his thalamus. Patients must be able to respond to commands while physicians analyze the exact location for placement of the electrode.

Surgeons attach the electrode to a "lead" which connects to a pacemaker-like device called a pulse generator. The pulse generator is placed under the patient's skin below his collar bone and can be turned on and off with a hand-held magnet. The patient is anesthetized for the implantation of the pulse generator.

Generally, patients turn the pulse generator off when sleeping to conserve the battery. The battery must be replaced approximately every 5 years, but the electrode and lead, which also are implanted under the patient's skin, remain in place.

It is anticipated that Mr. Reichert will be hospitalized overnight and released on Thursday.

"This procedure adds to the armamentarium that we can offer patients affected by Parkinson disease and essential tremor from a surgical point of view," said Dr. Worth. "The procedure is for patients who fail to respond to medication for control of their tremors."

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Another procedure used in the treatment of Parkinson disease involves making a destructive lesion in a portion of the brain which is overactive due to the disease. This procedure, called a pallidotomy, was first performed in Indiana at Indiana University Hospital in the fall of 1995. The pallidotomy was, and remains, a breakthrough in the treatment of Parkinson disease for some patients. In the past two years, physicians have performed 66 pallidotomies at IU.

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November 11, 1997

IU School of Medicine Awarded Funding To Establish A National Center Of Excellence In Women's Health

INDIANAPOLIS -- The Indiana University School of Medicine is one of six schools awarded funding this year to establish a National Center of Excellence in Women's Health. The schools were funded by the Department of Health and Human Services.

Center director Rose Fife, M.D., assistant dean and professor of medicine at IU, notes that an integrated, multi-pronged approach to Hoosier women's health problems is needed and this award will help achieve that goal. Mortality rates due to breast and lung cancer in Indianapolis women were twice the national average in 1995, and Indiana ranks second in the U.S. in prevalence of smoking among women. In addition, Indiana's 1994 rate of infant mortality rate was eleventh among all states. In Indianapolis, the 1995 mortality rate among black infants was 15.6 percent -- well above state and national levels.

The center goal is to assess women's health needs and current efforts in the state to address those needs, and to develop a coordinated national resource center consisting of programs to provide comprehensive women's health care. In addition, the Center will focus on developing educational programs for both the public and for health care professionals, and research into women's health issues.

"We can do this only through a collaborative effort," says Dr. Fife, "which will involve all of the IU health schools, the Indiana State Department of Health, and community organizations that focus on issues affecting women's health."

Center goals will also address issues within the IU School of Medicine. "We must work to improve the recruitment and retention of female students and faculty," says Dr. Fife, "as well as the advancement of female faculty into leadership positions. And, our curriculum is undergoing change that includes the processes of teaching culturally appropriate and sensitive patient care to our students."

Women in leadership positions within the School of Medicine have already established a mentoring program to enlist female senior faculty as mentors for both students and junior faculty. Other faculty members have begun developing teaching models that emphasize the importance of acknowledging and incorporating cultural and social values in patient care and student education. In addition, basic and clinical researchers at IUSM will be encouraged to consider pursuing research relevant to women's health.

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November 7, 1997

American Public Health Association In Indianapolis

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INDIANAPOLIS **--** Several Indiana University School of Medicine and Regenstrief Institute for Health Care researchers are among those who will make presentations to the thousands of public health professionals attending the 125th meeting of the American Public Health Association (APHA) in Indianapolis Nov. 9 - 13. Additionally, the newly named editors of Medical Care will hold a "Meet the Editors" session for researchers and writers.

-- Stephen Jay, M.D., assistant dean for Continuing Medical Education and professor of medicine at IU School of Medicine, will join fellow national, state and local experts at 6 p.m. Monday, Nov. 10, at the Westin Grand Ballroom for the only APHA event open to the general public. He will participate in "Tobacco: An Indiana Town Meeting ."

-- Charles Clark, M.D., senior research scientist at Regenstrief Institute, a professor of endocrinology and metabolism, and of pharmacology, IU School of Medicine, studies the effect of interventions on quality of care and outcomes of diabetes. He will make a presentation on the joint NIH-CDC sponsored National Diabetes Education Program (NDEP) which he chairs. He will focus on barriers to good diabetes care and education in the U.S., public health approaches for addressing these barriers and recommendations for development of the NDEP at 2:15 p.m., Monday, Nov. 10.

-- Daniel Clark, Ph.D., research scientist, Regenstrief Institute; assistant professor of medicine, IU School of Medicine, evaluates the application of preventative health interventions to elderly, vulnerable populations. His primary research interests are in the identification and modification of risk factors for chronic disease and physical impairment among socioeconomically disadvantaged adults. He will be making two presentations on Tuesday, Nov. 11, beginning at 4:15 p.m. The first is "Trends in and Correlates of Disability Among Older Adults" which looks at rates of disability (e.g., difficulty taking care of oneself) in 1982, 1984, 1989, and 1994. Each year the number of adults 65 or over with a disability has declined. The study found correlations only between increases in the education level of the older population and declines in rates of circulatory disease. The researchers concluded that the trend is positive and consistent, but the causes are still uncertain making predictions of the trend in the years to come difficult. His second presentation on "Physical Activity Behavior and Barriers Among Older, Urban Primary Care Patients" provides a look at a research survey of 800 adults, aged 55 or over, who attend an urban primary care center, assessed physical activity levels and barriers to physical activity. Only 10 percent met the Surgeon General's recommended levels of physical activity. Barriers to physical activity were substantial and included knee, leg, and back pain, fear of chest pain or shortness of breath, weather, poor sidewalks, and crime.

-- Kurt Kronke, M.D., senior research scientist, Regenstrief Institute, professor of medicine, IU School of Medicine, will speak from 4:15-4:45 p.m., Monday, Nov. 10. Dr. Kronke will discuss "Beyond Incentives and Report Cards: Actually Improving the Quality of Primary Care." He will share data and insights from a series of recent

studies of common symptoms (mental disorders, dizziness and fatigue) seen by primary care physicians. The focus will be on the large numbers of patients for whom traditional diagnostic labels or models are not applicable, and the remarkable mismatch between physicians' training and ambulatory care and diagnostic dilemmas.

-- Emmanuel Lazaridis, Ph.D., research scientist, Regenstrief Institute, and assistant professor of medicine, Division of Biostatistics, IU School of Medicine, collaborates with health services, diabetes, aging and cancer researchers to develop and apply sophisticated analytical tools for the design and analysis of preclinical experiments, clinical trials, and observational studies. A biostatistician, Dr. LazaridisA APHA presentation is entitled "Longitudinal Patterns of Physical Functioning in Older Adults: Identification and Analysis Using a New Methodology." at 2:15 p.m., Wednesday, Nov. 12. He will discuss new methodology designed to study how different functional limitations manifest as people age. In the past, methodological restrictions have prevented adequate characterization of the variety of disabilities in older adults.

-- William Tierney, M.D., senior research scientist, Regenstrief Institute, and professor of medicine, IU School of Medicine, studies the effect of interventions and system changes on the process and outcomes of medical care. His goal is to use information at critical points in the care process to improve the quality and efficiency of health care. On Monday, Nov. 10, in a session from 4:15-4:45 p.m., Dr. Tierney will demonstrate and discuss the future of the Regenstrief Medical Record System which has been evolving and functioning for a quarter of a century. He will review randomized trials which have shown the effectiveness of computerized data display and order entry guidance. Lessons derived from this experience including problems in implementation, and the computer's role in improving the quality and cost effectiveness of care will be presented.

-- Karen Bruner Stroup, Ph.D., of the Community Education Department at Riley Hospital for Children, will demonstrate the application of Riley's new fiber optic technology to health care education. Participants at the APHA meeting will have the opportunity to visit Riley from 12:45 to 2:15 p.m., Tuesday, Nov. 11 and view a long distance learning broadcast on the consequences of smoking tobacco to the New Augusta Public Academy, a Pike Township elementary school.

MEET THE EDITORS

Morris Weinberger, Ph.D., director of Health Services Research at Roudebush VA Medical Center, senior research scientist, Regenstrief Institute, and professor of medicine, IU School of Medicine, and William Tierney, M.D., earlier this year were named editors of Medical Care. They will hold a Meet the Editors session from 12:15 to 1:45 p.m., Tuesday, Nov. 11. Medical Care is the official monthly journal of the medical care section of the APHA. It is an international medium for publishing articles in the broad field of medical care, with the mission of encouraging progress in the research, planning, organization, financing, provision and evaluation of health services.

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November 7, 1997

Groundbreaking Set For State-Of-The-Art Medical Education Building

MUNCIE -- Indiana University School of Medicine students will benefit from Ball Memorial Hospital's new Medical Education building in Muncie, where ground will be broken at 4 p.m. Monday, Nov. 10.

Ball Memorial Hospital's graduate medical education program is affiliated with the IU School of Medicine through the Muncie Center for Medical Education, which was established in 1971. Students accepted to medical school at IU are assigned for their first two years to one of eight locations throughout the state, of which Muncie is one.

The new 83,000-square-foot building will be on property south of Ball Memorial Hospital. Estimated cost of the building is $12 million. The anticipated completion date for the new building is spring 1999.

"The interior of the Medical Education facility will be designed to promote positive learning and interaction among students and hospital staff while providing comfort and physical well-being for the clinic patient," said Douglas Triplett, M.D., who is assistant dean and director of IUSM's Muncie Center for Medical Education and vice president for medical education at Ball Memorial Hospital.

The Family Practice Clinic, now housed in Maria Bingham Hall, will be on the ground level for easy public access. A state-of-the-art telemedicine facility, partially funded by the BMH Auxiliary, is included in plans for the building. The third floor of the building will house research facilities.

The Muncie Center for Medical Education, primarily used by medical students and medical school staff, will be on the second floor. Several Ball Memorial Hospital clinical staff physicians, as well as the IU School of Medicine faculty members at the Muncie Center, teach these first- and second-year medical students. Many students whose initial medical education was at the Muncie Center have returned to Ball Memorial Hospital to complete residencies after receiving their four-year medical degree. "The new facility will be a tremendous asset to medical education," said Dr. Triplett.

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October 6, 1997

Douglas Zipes, M.D., Distinguished Professor of Medicine, Recognized Nationally and Locally

INDIANAPOLIS-- Douglas Zipes, M.D., distinguished professor of medicine at the Indiana University School of Medicine, chief of cardiology at Indiana University, and director of the Krannert Research Institute, is being recognized by three organizations for his dedication and work in cardiovascular health care.

Dr. Zipes has been named the recipient of the James B. Herrick Award of the American Heart Association for his excellence in clinical work. The award was presented to Dr. Zipes at the Council on Clinical Cardiology Annual Dinner at the AHA Scientific Sessions in Orlando the first week of November. The James B. Herrick Award honors a physician whose scientific achievements have contributed to the advancement and practice of clinical cardiology.

Prior to the AHA meeting, Dr. Zipes will receive the 1997 Nycomed Award for Excellence for his outstanding contributions and leadership in cardiovascular health care by the Board of Directors of the American College of Cardiovascular Administrators, also in Orlando.

Dr. Zipes was recently awarded the 22nd Annual Arthur B. Richter Lectureship in Clinical Cardiology. The lecture is sponsored by St. Vincent Hospital and the Indiana Heart Institute to further education in clinical cardiology with an emphasis on clinical and bedside aspects of diagnosis. Lecturers are internationally prominent teachers and clinicians. This year's lecture was especially poignant because of Dr. Richter's death earlier this year.

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October 29, 1997

Indiana Lions Donate $1 Million

INDIANAPOLIS-- The Indiana Lions Club members will be honored Nov. 9 at an open house reception sponsored by Clarian Health at the Indiana Cancer Pavilion for their pledge of $1 million for the purchase of a Gamma Knife in recognition of their founder, Walter L. Shirley. The Gamma Knife, the only one in the state, is used to treat abnormal blood vessels, small benign and malignant tumors in the brain and certain functional disorders in a non-invasive manner. The Lions will have the opportunity to tour the Indiana Lion's Gamma Knife Center.

"The Gamma Knife is the most accurate and precise way to deliver a very high dose of radiation to small areas in and around the brain with minimal damage to surrounding normal tissue," said Robert D. Timmerman, M.D., assistant professor of radiation oncology and co-director of the Gamma Knife program.

The Gamma Knife uses 201 gamma ray beams to kill tumor cells and lesions such as abnormal blood vessels in areas of the brain that would be difficult or impossible to treat with conventional surgical methods.

Since 1947, the Lions Cancer Control Fund, Inc. has helped Indiana University's Department of Radiation Oncology become one of the world's most recognized cancer treatment centers by financially supporting advancements in radiation oncology.

"We are delighted to have this opportunity to honor the Indiana Lions," said Marcus Randall, M.D., The William A. Mitchell Professor and chairman of the Department of Radiation Oncology. "They have been loyal supporters of our clinical and academic programs and their efforts have had a positive impact on the lives of many Hoosiers." The Lions Cancer Control trustees' motto of "conquering cancer three ways through service, education and research" has been realized through its fund raising efforts in communities throughout Indiana and its dedication to IU's program. In total, the 16,000 member, statewide service organization has contributed nearly $4.5 million. Most of the money has purchased the latest radiotherapy technology, but funds have also been targeted to research and education of tomorrow's physicians and therapists.

The Indiana Lions Gamma Knife Center at Indiana University Hospital of Clarian Health opened in September. Nineteen patients were treated with the state-of-the-art technology during its first month of operation.

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Dr. Stephen Heifetz dies; served on faculty nine years

Stephen A. Heifetz, MD, director of pediatric surgical pathology and professor of pathology and laboratory medicine, died Oct. 18 of lung cancer. He was 50.

Prior to joining the IUSM faculty in 1988, Dr. Heifetz held pediatric pathology and laboratory medicine positions at Izaak Walton Killam Hospital for Children and Grace Maternity Hospital, both in Halifax, Nova Scotia, Canada.

While serving with the Army from 1978 to 1985, he was chairman of the Department of Pediatric Pathology at the Armed Forces Institute of Pathology, registrar of pediatric pathology at the American Registry of Pathology, assistant chief of the departments of pathology at the U.S. Army Hospital in Nurenberg, Germany, and at 2nd General Hospital in Landstuhl, Germany. He also served as a consultant in pediatric pathology to the U.S. surgeon general.

When Dr. Heifetz left the military he had achieved the rank of lieutenant colonel.

Dr. Heifetz was a 1967 graduate of Swarthmore College and received his medical degree in 1971 from State University of New York, Downstate Medical Center.

He was internationally known for his expertise in placental pathology and pediatric germ cell tumors. He served on several national and local professional panels dedicated to the study of childhood cancer, fetal and infant mortality, and Sudden Infant Death Syndrome. His publications and presentations, for which he received many awards, were numerous.

In 1996, Dr. Heifetz was the recipient of the Gold Medal Caffey Award, presented by the Society for Pediatric Radiology. He also was honored in July by the Marion County Health Department for his contributions to the Fetal and Infant Mortality Review Program.

Dr. Heifetz is survived by his companion, Dr. J. Isaac Bateman; two children, Jennifer Ruth Wullkotte and Joshua Barnett Heifetz; his mother, Gertrude Levine Heifetz, and his sister, Joan Heifetz Hollinger.

Memorial contributions may be directed to Riley Memorial Association's Dr. Stephen A. Heifetz Children's Cancer Research Fund.

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October 14, 1997

Boost Awareness Road Tour To Distribute Car Seats And Educate Families In Underserved Indiana Counties

Indianapolis-- The Boost Awareness Road Tour will arrive tomorrow in Daviess and Knox counties. The tour is sponsored by the Automotive Safety for Children Program at Riley Hospital in cooperation with the Indiana GovernorAs Council on Impaired & Dangerous Driving. Nearly 900 child safety seats and booster seats will be distributed throughout Indiana during the campaign.

The Automotive Safety for Children Program staff will arrive at Daviess County a Southwest Medical facility in Washington at 10 a.m. (210 S. Meridian), and then travel to Knox CountyAs Red Cross in Vincennes at 1 p.m. (525 N. 4th St.). The ASFC staff, working with the police agencies, community agencies, social service agencies, and advocates, has identified the families in the communities who will receive the seats.

The statewide tour was designed to educate families in both rural and urban areas about the importance of using child safety seats and booster seats. The Automotive Safety for Children staff will travel to 16 underserved counties, where car seats will be distributed.

Indiana state law says that children up to three years old must be in a child safety seat. Children three to four years old must be in a child safety seat or seat belt. However, properly restraining children requires education of child passenger safety measures beyond what is required by law, L said Attorney General Jeff Modisett, chairman of the Governor's Council on Impaired and Dangerous Driving.

Child safety seats are frequently misused. National statistics show that up to 90% of all child safety seats are used incorrectly in some way, decreasing their effectiveness and ability to protect children. A 1997 Automotive Safety for Children Program survey of 11 Indiana cities reported that more than two-thirds of children in child safety seats were improperly secured.

"Parents are often unaware of the potential life threatening consequences for children who are not appropriately restrained," said Marilyn Bull, M.D., medical director of the Automotive Safety for Children Program, professor of pediatrics at the IU School of Medicine, and chairwoman of the American Academy of Pediatrics Section on Injury and Poison Prevention.

The American Academy of Pediatrics recommends that children ride in child safety seats until they weigh 40 pounds. Once children weigh between 40-60 pounds, the Academy recommends that they ride in booster seats.

Restraining small children in seat belts is unsafe. Seat belts, made for adults, do not fit children and also can be uncomfortable. Children may attempt to place the shoulder portion of the belt behind their backs or under their arms.

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"Seat belts alone may not adequately protect small children. Booster seats can provide better protection for children who have outgrown child safety seats," said Judy Sheese, Ph.D., the director of the Automotive Safety for Children Program.

The Automotive Safety for Children staff will be working with police agencies, community agencies, social service agencies and advocates to identify families in each community who will receive the seats. Staff also will train parents and community representatives how to install and correctly use child safety and booster seats.

Along with the Automotive Safety for Children staff, Indiana State Police representatives will be present at tour stops. UOfficers at every state post will be trained how to identify child safety seat misuse and to answer questions about child safety seats,L said Melvin Carraway, Indiana State Police superintendent.

In addition, the Automotive Safety for Children Program will issue troopers wallet-sized information cards with child safety seat guidelines. The cards will aide officers during routine traffic stops to recognize improper car seat use and to enable them to give parents information about their childAs safety. By training troopers at each post to answer child safety seat questions, parents will have a community resource to help insure safe car seat use.

The Allstate Foundation, Inc. provided partial funding for this campaign.

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IU Cancer Research Institute

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September 11, 1997

IU Medical Center "MASH" Unit's 50TH Reunion To Include Archive Dedication

INDIANAPOLIS-- Officers and enlisted men from the only American Army medical unit to establish a general hospital on German soil during World War II will return to their home base for a 50th reunion gathering in Indianapolis Sept. 18-20.

The 32nd General Hospital Medical Corps will be honored Sept. 19 with a reception during the dedication of an archival collection of photographs, film footage, scrapbooks, personal letters, historical materials and other memorabilia about the unit in the Ruth Lilly Special Collections and Archives at the Indiana University-Purdue University at Indianapolis Library.

Reunion organizer, Travis Winfrey of Hempstad, Texas, said about 80 people are expected to attend the 32nd's golden reunion. Winfrey, at 72, said in a droll southern drawl that because he was the youngest enlisted man in the unit, he was charged with organizing the reunion.

The 32nd General Hospital Medical Corps was organized at the Indiana University Medical Center in 1942. More than 50 doctors and dentists and 100 nurses from IU, and 400 enlisted men from across the country formed the unit. The unit was named in honor of a World War I medical unit also organized at the IU Medical Center.

In February 1945, the 32nd set up its 1,000-bed hospital just eight miles short of the front lines at Aachen, Germany. The unit also had the distinction of being the first American medical corps to set up a general hospital on French soil following the June 6, 1944, D-Day invasion at Normandy.

IU School of Medicine faculty, Cyrus Clark, M.D., and Charles F. Thompson, M.D., were charged with organizing the medical unit after the U.S. entered the war. Col. Clark served as commanding officer.

Members of the medical, dental and nursing staffs who joined the 32nd were sworn into the Army on May 13, 1942. The hospital unit was officially activated at Camp Bowie in Brownwood, Texas, on Christmas Eve, 1942, where training began. In September 1943, the nurses of the 32nd sailed for England on the RMS Queen Mary, while the men were aboard the S.S. Borinquin. When the corps arrived, it operated a hospital at Fairford, Gloucestershire, until May 1944.

Following the Allied invasion at Normandy, the unit was sent to France, arriving at Omaha Beach on July 30, 1944. The corps treated 5,350 casualties during their six months in France and Belgium. In February, the unit advanced to Germany, operating the hospital there until July 30, 1945. During that six-month period, the 32nd treated 41,797 war casualties.

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According to William D. Gambill, M.D., the youngest medical officer in the unit and a retired member of the IU School of Medicine faculty, during one 24-hour period (River Roer Offensive) in Germany, the 32nd treated 1,800 casualties. Most, he said, were triaged and sent to other general hospitals farther from the fighting as fast as the medical team could work.

The hospital's personnel returned to the United States and were discharged at Camp Atterbury near Edinburgh, Ind., in October 1945.

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September 8, 1997

State Of The Art Technology
First Patient Treated With Indiana's Only Gamma Knife

INDIANAPOLIS **--**An Indianapolis woman will be the first patient to be treated with Indiana's only Gamma Knife, a state-of-the-art, non-invasive technology that uses radiation instead of a scalpel to arrest the growth of tumors and obliterate vascular malformations deep inside the brain.

The procedure will be performed Monday morning, Sept. 8, at the Indiana Lions Gamma Knife Center at Indiana University Hospital of Clarian Health.

Gamma Knife radiosurgery combines a highly potent radiation dose with sub-millimeter accuracy to make it an extremely sophisticated therapeutic tool.

Monday's patient, Ann Weifenbach, will have a tumor treated on her facial nerve. If traditional surgical procedures were used to remove the tumor, Ms. Weifenbach would suffer nerve damage and facial paralysis. Thomas Witt, M.D., and Robert D. Timmerman, M.D., co-directors of the Gamma Knife program, estimate that the actual procedure will take less than 30 minutes.

Drs. Witt and Timmerman, who will perform Monday's procedure, said preparation for the outpatient, non-invasive surgery will take approximately 2.5 hours and that Ms. Weifenbach could be released from the hospital by noon that day.

The 20-ton Gamma Knife, housed in the basement of the Indiana Cancer Pavilion, was delivered June 2. Technical adjustments to the cobalt-60 source unit and completion of other details were made during the summer in preparation for the initial procedure.

Patients are treated with up to 201 gamma ray beams. The rays are directed through openings in a stereotactic collimator helmet to a precisely defined target in the brain. Because each beam is not powerful individually, it does not harm the healthy tissue as it travels through to its point of convergence with the other gamma rays. Once the rays converge, however, they gain enough power to destroy the unwanted problem area without affecting the normal surrounding brain tissue. One of the biggest advantages of the Gamma Knife system is that the design of the helmet allows the placement of the beams to be adjusted in such a way as to conform to the regular or irregular shape of the target area.

Tumors or vascular malformations usually can be successfully treated with only one procedure.

The Gamma Knife is ideal for treatment of many types of benign and malignant tumors of the brain which would be untouchable with traditional surgery. It also is used for precision treatment of vascular malformations deep inside the brain and

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conditions such as trigeminal neuralgia, which causes facial pain. It also has proven useful in obliterating small lesions left after conventional surgery.

Placing the Gamma Knife in a university research setting holds great promise for the continued development of innovative treatments. Research continues into its use for treatment of functional disorders such as epilepsy and Parkinson's disease. IU School of Medicine researchers plan to study new ways of treating pituitary tumors which produce hormones affecting the patient's metabolism. Researchers also are developing a frame that will be more easily taken on and off the head, which could allow for multiple treatments for brain lesions or tumors.

IUSM researchers also are pioneering the translation of this technology for treatment elsewhere in the body. They are among a handful of researchers using a stereotactic body frame so the advantages of Gamma Knife radiosurgery can be directed to tumors in the chest and abdomen.

Physician teams from both IU and Methodist will treatment patients with Gamma Knife radiotactic surgery.

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September 3, 1997

IU Cancer Center Opens Tobacco Cessation Program

INDIANAPOLIS -- A comprehensive clinical and counseling program to help tobacco users kick the habit has opened at the Indiana University Cancer Center.

The Nicotine Dependence Program is a state-of-the-art smoking and tobacco cessation program staffed by doctors and counselors from the I.U. schools of medicine and dentistry.

Participants are seen in the Indiana Cancer Pavilion on the Indiana University-Purdue University at Indianapolis campus. Individuals who live outside of the county or cannot make the trip for health reasons may receive counseling services over the telephone. The program is an expansion of a successful tobacco cessation program initiated at the I.U. School of Dentistry five years ago by Arden G. Christen, D.D.S.

Dr. Christen and Stephen J. Jay, M.D., a pulmonologist and an assistant dean at the IU School of Medicine, are the co-directors of the expanded program. Deborah M. Hudson, B.S., R.R.T., is the program coordinator.

Individualized treatment plans are developed based on the needs of the smoker or tobacco user. In addition to dealing with the physical addiction to nicotine, ongoing counseling and education sessions address the psychological and behavioral changes needed to break long-term patterns.

As part of an education institution, the Nicotine Dependence Program will have a more comprehensive mission than just helping smokers quit smoking. The program will serve as a research center for tobacco cessation, including clinical trials for pharmacological agents which may help smokers and other tobacco users break their addiction. The program also will provide educational programs for physicians and other health care professionals on the most effective ways to help others stop smoking and it will serve as an information resource center for Hoosiers.

For additional information or to enroll in the program, call 317-278-3981.

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September 1, 1997

IU Researchers Identify Viral Proteins That Evade Human Immune System

INDIANAPOLIS -- Researchers at Indiana University School of Medicine have identified a novel viral mechanism which could result in a new method for treating auto-immune conditions such as asthma and rheumatoid arthritis.

The report on the discovery is detailed in the Sept. 2 issue of the Proceedings of the National Academy of Sciences.

The researchers have identified a viral protein that blocks cells from the human immune system, preventing white blood cells and other inflammatory cells from reaching the site of an infection.

The viral mechanism which evades the host immune system resembles human chemokines, which are small proteins that recruit inflammatory cells to the site of infection to begin the healing process. These are the first viral chemokine-like proteins shown to antagonize the cell-attracting activity of human chemokines.

The "decoy" protein was identified when recent sequencing of the genome of molluscum contagiosum virus type 1, a poxvirus that causes contagious skin infections in humans, revealed a viral protein that closely resembled a human chemokine (macrophage inflammatory protein). Not only does this decoy protein fail to attract inflammatory cells to the site of the infection, but it inhibits other human chemokines from attracting additional inflammatory cells to the site. Similar proteins were identified in two different types of molluscum contagiosum virus.

"We don't know if this is unique to this virus or not, but there are (at least) three other viruses that have chemokine-like proteins," said senior author, Kenneth H. Fife, M.D., Ph.D.

This research emphasizes the variety of ways viruses have developed to escape the host immune system, Fife said.

Additional research is necessary, but Fife said it is possible that viral proteins could be used therapeutically to block inflammation in other conditions where chemokines play a role, such as asthma, rheumatoid arthritis and other auto-immune illnesses.

The molluscum contagiousum virus is not life-threatening, but produces annoying skin lesions and is frequently seen in children. The virus can produce large, disfiguring lesions in AIDS patients. Both types of the virus studied cause disease in humans.

In addition to Fife, who is in the IUSM Department of Medicine, Division of Infectious Disease, and the Department of Microbiology and Immunology, IUSM authors include Mitchell D. Krathwohl, M.D., a fellow in the Division of Infectious Disease; Robert

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Hromas, M.D., associate professor of medicine, biochemistry and molecular biology and a principal investigator with the Walther Oncology Center; Darron R. Brown, M.D., associate professor of medicine, microbiology and immunology, and Hal E. Broxmeyer, Ph.D., professor of microbiology and immunology and scientific director of the Walther Oncology Center.

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August 28, 1997

Two Neurologists Join IU School Of Medicine

INDIANAPOLIS -- The Department of Neurology at Indiana University School of Medicine is welcoming two new faculty members with specialties in multiple sclerosis and the treatment of acute headaches.

David H. Mattson, M.D., Ph.D., has joined the faculty as associate professor of neurology and director of the Neuroimmunology/Multiple Sclerosis program.

Dr. Mattson's ultimate goal is to build a comprehensive Indiana University Multiple Sclerosis Center, where an interdisciplinary program involving coordinated care by neurology, physical therapy, occupational therapy, urology, social work, and nursing will be used. The clinic also will be a site for multiple sclerosis clinical studies.

Dr. Mattson received his medical degree from the University of Chicago Pritzker School of Medicine and completed his residency at the University of Pennsylvania.

Charles Flippen II, M.D., has joined the department as a visiting clinical instructor of neurology.

His primary clinical and research interests are in hormonal influences on migraine headaches and the economic and societal impact of headaches.

Dr. Flippen received his medical degree from the University of Michigan in Ann Arbor. He completed his neurology training at the University of Maryland Medical System in Baltimore.

Dr. Flippen recently completed a research fellowship studying headaches at the Henry Ford Health Sciences Center in Detroit, Mich.

Both physicians will see patients in the new Mark L. Dyken Neurology Outpatient Center at Indiana Unversity Hospital of Clarian Health.

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August 18, 1997

IU Neurology Department Consolidates Clinic Sites; Open House Set At Indiana University Hospital

INDIANAPOLIS -- The Indiana University School of Medicine Department of Neurology will dedicate its new outpatient facility in Indiana University Hospital at Clarian Health on Friday, Aug. 22. The ceremony is scheduled for 5:30 p.m. with tours of the facility beginning at 3 p.m.

The center, which is located in rooms 1710 and 1711 on the first floor of the hospital, will be named after Mark L. Dyken, M.D., who served as chairman of the I.U. Department of Neurology for 23 years, retiring in 1994.

The Mark L. Dyken, M.D., Neurology Outpatient Center will serve as a comprehensive center for the gamut of neurological diseases and disorders. I.U. specialists will see patients at the center from 8 a.m. to 5 p.m., Monday through Friday.

Specialty clinics include among others: stroke programs for both adults and children, sleep disorders, movement disorders including Parkinson's disease, multiple sclerosis, neuromuscular disorders, brain tumors, dementia including Alzheimer's disease, neurologic problems related to chemotherapy and radiation, nervous system infections, headaches and pain.

"The opening of the Mark L. Dyken, M.D. Neurology Outpatient Center is the culmination of many, many hours of work and careful planning by members of the department," said Jose Biller, M.D., chairman of the Department of Neurology and professor at the I.U. School of Medicine.

"It is important patients should feel comfortable with their care," Dr. Biller said. "The combination of subspecialty neurology programs will give patients easier access and state of the art diagnosis and treatment. Patients will benefit because consultations among subspecialty neurologists and their colleagues will be more readily accessible in the combined clinical setting."

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August 7, 1997

Researchers Find Genetic "HOT SPOTS" Of Manic-Depression

INDIANAPOLIS-- The largest linkage sample to date for bipolar illness has been completed in a collaborative effort by researchers who say the information may have a large impact on treatment of the disease which affects thousands of Americans.

The National Institute of Mental Health Genetics Initiative Bipolar Group is composed of researchers from Indiana University, John Hopkins University, the National Institute of Mental Health Intramural Research Program and Washington University. The group is chaired by John Nurnberger Jr., M.D., director of the Institute of Psychiatric Research at the Indiana University School of Medicine.

Manic-depression, also known as bipolar affective disorder, is characterized by severe swings in high and low mood states that generally last weeks or months. It is estimated to affect 3 percent of Americans. Approximately 75 percent of all manic-depressives have at least one close relative with manic-depression or severe depression.

"We are finding areas on several different chromosomes that seem to be important for bipolar disorder, not only chromosomes 18 and 21, which were reported before, but also 1, 6, 7, 10 and possibly some other areas, said the group's chairman, John Nurnberger Jr., M.D., director of the Indiana University Institute for Psychiatric Research.

"This seems to be a very complex condition, genetically. However, the sample sizes we are able to study now give us hope for sorting out the different types of bipolar illness in terms of their specific chemical causes, and in the future developing treatments targeted to each type," he added.

Nurnberger is a psychiatrist who treats many manic-depressive patients, in addition to chairing this long-term research project.

In a paper published in Neuropsychiatric Genetics, the group reports initial data from a genomic survey of 540 individuals from 97 families; 230 of the individuals suffered from Bipolar I, the most severe form of manic-depression. The majority of families had at least one affected sibling pair.

As with hypertension, diabetes and Alzheimer's disease, bipolar disease is thought to involve more than one gene. The new studies provide powerful evidence for complex inheritance and evidence against single-gene explanations.

The research group is composed of researchers from Indiana University, Johns Hopkins University, the National Institute of Mental Health Intramural Research Program and Washington University. The group continues to investigate the genetics of bipolar disorder and is currently studying a second large group of families to try to confirm their initial results.

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July 29, 1997

IU School of Medicine Faculty Receive Appointments

INDIANAPOLIS -- Two faculty members in the Indiana University Department of Neurology recently have received appointments to national boards.

Jose Biller, M.D., professor and chairman of the Department of Neurology, has been reappointed for a second term as a director of the American Board of Psychiatry and Neurology. His new term begins Jan. 1.

Mark L. Dyken, M.D., professor emeritus and former chairman of the Department of Neurology, has been appointed to the governing body of the Accreditation Council for Graduate Medical Education as a representatiave of the American Board of Medical Specialties. The ACGME sets the criteria and certifies all medical graduate education programs nationwide. The two-year appointment begins Jan. 1.

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July 23, 1997

Study Shows Alternative Tests Effective in Monitoring AIDS Progression In Patients; Underdeveloped Countries Could Benefit From Findings

INDIANAPOLIS-- Underdeveloped countries, in which 80 to 90 percent of the world's HIV- infected patients reside, should identify less costly ways to monitor the immune status of HIV-positive patients according to researchers at Indiana University School of Medicine, Indiana University School of Dentistry, the University of Panama and Social Security Hospital in Panama. Their study appears in this month's issue of Clinical and Diagnostic Laboratory Immunology.

The study evaluated the effectiveness of alternative immunological tests in monitoring the progression of AIDS. The most common test used to evaluate disease progression is the CD4 lymphocyte count. Researchers found that serum levels of Beta2- microglobulin, total serum IgA and total lymphocyte counts can also be used as predictors of disease progression because of their independent predictive values. The study showed the best predictive value, excluding the CD4 cell count, was obtained when total lymphocyte count and Beta2-microglobulin were analyzed together. Evaluation of p24 antigen levels were also included in the study, but found to be less predictive of disease progression.

According to **Gerald McLaughlin, Ph.D.**, associate professor of pathology at the IU School of Medicine and part of the research team, the findings are significant because they suggest a less complicated and less expensive means of monitoring the disease progression in HIV-positive patients. This could be very beneficial for underdeveloped countries with large HIV-positive patient populations.

Currently, most patients in Panama (the patient population used for this study) who are HIV-positive are monitored every three months with a CD4 cell count test. The test is significantly more expensive ($50-$150) than the total lymphocyte count ($2-$6), serum Beta2-microglobulin ($8-$15) and total IgA ($8-$15) tests. These alternative blood tests are also easier to perform and produce results quicker. The Beta2-microglobulin and IgA can be performed without electricity.

McLaughlin noted that since the CD4 cell count is generally only performed every three months, there is the possibility that patients' disease can progress rapidly during the quarterly interval. The alternative tests could potentially be performed more often, allowing physicians to follow the AIDS disease progression more closely.

Although this study shows the alternative tests to be effective monitoring tools, further evaluation is needed before definite recommendations can be made about the reliability of the tests. If additional studies confirm the data, the findings could impact the care given to all HIV-positive patients in both underdeveloped and developed countries.

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July 3, 1997

Link Found Between Severe Obesity And Numerous Chronic Diseases Among African-American Women

INDIANAPOLIS-- A recent study in the American Journal of Epidemiology showed a strong correlation between the severity of obesity and the likelihood of chronic disease. The study found that being moderately obese did not increase the likelihood of chronic disease while being severely obese increased the odds of chronic disease significantly.

Studying data from 1,150 African-American women, the authors of the study also reported that the high rates of mobility difficulty observed among the severely obese appear to be a result of the relatively high chronic disease prevalence and severity. Authors Daniel O. Clark, a medical sociologist at the Regenstrief Institute for Health Care and assistant professor of medicine at the Indiana University School of Medicine, and Simon M. Mungai, MP a research assistant at the Regenstrief Institute for Health Care also noted increased pain in the severely obese.

"Obesity prevalence continues to increase in the U.S. and it is most prevalent among African-American women. Whether moderate obesity affects quality of life can be and is debated, but there is little doubt that severe obesity has a substantial negative consequence for health, function, and quality of life among African-American women," said Dr. Clark.

In this group of women, those who were severely obese were 3 times more likely to have diabetes, 1.5 times more likely to suffer from cardiopulmonary disease, 2.5 times more likely to have cancer, 1.6 times more likely to have hypertension, 2.5 times more likely to have heart disease, 2.5 times more likely to have heart disease, 2.5 times more likely to suffer congestive heart failure, and 1.5 times more likely to have arthritis than all females in the general population.

Rates of severe obesity are nearly two times greater among African-American women than among white females. Chronic disease prevalence is generally much higher as well. Even in comparison to African-American women of moderate weight, the severely obese African-American women were at significantly greater risk of chronic disease. Hypertension was 1.5 times more prevalent within the very high category in comparison with the medium body weight category. Diabetes was two times more prevalent, heart disease 1.9 times more prevalent and arthritis 1.6 times more prevalent among those who were severely obese. Interestingly, despite being one-third less likely to currently smoke thatn those in the medium body weight category, those in the very highest body weight category were nearly 1.5 times more likely to report having been told that they have chronic obstructive pulmonary disease or asthma.

Nationwide, a majority of African-American women over the age of 50 are obese. They have at least one chronic disease and experience mobility difficulty. Previous studies have shown that obesity elevates the risk of severity of osteoarthritis of the

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knee in all women by increasing the mechanical stress that is placed on the knee.

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June 13, 1997

1997 Children's Miracle Network Telethon Raises Record Amount for Riley Hospital for Children

INDIANAPOLIS--Two firsts made this year's Children's Miracle Network Telethon one to remember for Riley Hospital for Children -- a record $3.5 million in donations and the addition of live broadcasts from the hospital.

The Children's Miracle Network Telethon raises money for 165 children's hospitals in 200 media markets throughout the United States and Canada. The 1997 national grand total for the Children's Miracle Network Telethon was $152,888,045. The money raised in each market from corporate and individual donors benefits the local hospital(s). Donations to Riley increased $400,000 from the 1996 telethon.

Major donations to Riley were from Indianapolis radio station WENS 97.1, which raised $300,000 during its second annual 97-hour radiothon, Kids Caring and Sharing, a group of more than 700 elementary and secondary schools from around the stqte, which raised $501,000, and Walmart/Sam's Club, which contributed $500,000. This was the second consecutive year that Kids Caring and Sharing raised more than half of a million dollars.

Making this year's local telethon coverage especially unique were the live broadcasts from Riley Hospital during the local portions of the telethon. WTHR - Channel 13, the local television sponsor, set-up a mini television studio in tghe lobby of Riley as well as remotes from various units in the hospital. As a result staff and families were a more integral part of the telethon broadcast.

WTHR news personalities Anne Ryder, John Stehr, Lis Daily and Bob Gregory were joined by Indianapolis talk show host Amos Brown, Randy Moore of WTVW - Channel 7 in Evansville, Jane Hersha of WPTA - Channel 21 in Fort Wayne, and Patrece Dayton of WTHI - Channel 10 in Terre Haute. TCI of Michiana broadcast the telethon in the South Bend area.

Riley Hospital for Children thanks every individual and organization that donated their time or money to make this year's telethon a success.

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June 13, 1997

Link Between Gestational Diabetes And Adult Onset Diabetes Strengthened

INDIANAPOLIS -- Every year over 100,000 women in the United States develop diabetes during pregnancy. Called gestational diabetes mellitus, it is usually diagnosed by a screening for high blood sugar between the 24th and 28th weeks of pregnancy.

Co-authors of the paper were Chunfu Qui, Ph.D.; Barbara Amerman, M.S., R.D.; Beverly Porter M.S.N.; Naomi Fineberg, Ph.D.; Saleh Aldasouqi, M.D., and Alan Golichowski, M.D., all of the Indiana University School of Medicine.

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Editor's Note: Women who have or have had gestational diabetes may call the NIH Diabetes Prevention Program hotline at 1-800-JOIN-DPP.

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June 6, 1997

Lawson Named Chief Of Psychiatry And Mental Health At VA

INDIANAPOLIS**--** William B. Lawson, M.D., Ph.D., has recently been named chief of psychiatry and mental health at the Roudebush VA Medical Center and a professor of psychiatry at Indiana University School of Medicine.

Dr. Lawson is one of only two African-American chiefs of psychiatric service in the 110 VA hospitals nationwide.

Prior to coming to Indiana University School of Medicine, Dr. Lawson served as chief of the chronic mentally ill section and the medical director of the Schizophrenia and Substance Abuse Program at the VA Medical Center of North Little Rock, Ark.

Dr. Lawson was recently appointed to the scientific advisory board of the National Depression and Manic Depression Society and to the board of directors of the Marion County Health Department. He is the immediate past president of the Black Psychiatrists of America.

Dr. Lawson, a native of Richmond, Va., received his bachelor's degree from Howard University, his master's degree from the University of Virginia, and his Ph.D. from the University of New Hampshire. He later received his medical degree from the Pritzker School of Medicine at the University of Chicago.

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June 6, 1997

Regenstrief Institute For Health Care Earns Award Of Excellence

INDIANAPOLIS**--**The Regenstrief Institute for Health Care is a recipient of the 1997 Nicholas E. Davies Computer-based Patient Record (CPR) Recognition Award of Excellence. This award recognizes the outstanding efforts of health care providers who use a computer-based patient record system, which improves health care delivery.

The Regenstrief Institution's medical record system, developed by Clement McDonald, M.D., distinguished professor in the IU School of Medicine and a scientist at the Regenstrief Institute of Health Care, promotes a more effective and efficient method of serving its patients.

The presentation of the award will take place at the Computer-based Patient Record Institute (CPRI) Third Annual Nicholas E. Davies CPR Recognition Symposium, June 19-20 in Washington, D.C. J. Marc Overhage, M.D., Ph.D., associate professor in the IU School of Medicine and a Regenstrief Institute scientist, and Dr. McDonald will accept the award and present a demonstration of their system on behalf of the Regenstrief Institute.

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June 6, 1997

Riley Physician Certified In Sleep Disorder Medicine

INDIANAPOLIS**-- Deborah Givan, M.D.,** clinical associate professor of Pediatrics at the IU School of Medicine and director of the Children's Apnea Program and Children's Sleep Disorders Center at Riley Hospital for Children, recently completed the certification program to become a member of the American Board of Sleep Medicine.

Dr. Givan is now one of ten pediatricians in the country and the only pediatrician in Indiana certified in sleep disorders medicine.

The certification requires extensive documentation of experience in sleep and the completion of Part I and II of the Board Examination for Sleep Medicine, which covers sleep physiology, clinical problems related to sleep in adults and children, and the interpretation of adult and pediatric polysomnograms.

Riley's Sleep Disorders Center is one of the largest and most modern in the country. It recently performed its 11,000th study.

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May 23, 1997

CLARIAN HEALTH
Methodist-IU-Riley

LaPorte Hospital Becomes Part of Clarian Health

227-Bed Hospital Remains Locally Governed

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The board of directors of LaPorte Hospital and its parent organization, Lakeland Health Corp., have signed a letter of intent to become part of Clarian Health Partners Inc.

"We are taking this decisive action now to ensure the viability of our organization in the future," said Timothy F. Larson, chairman of the board of directors of LaPorte Hospital. "We've chosen what we believe to be the strongest possible partner for our hospital".

By pooling our resources with Clarian Health, we can help to assure that those served by LaPorte Hospital will continue to have access to the kind of high-quality, full-service health care services they deserve."

Clarian Health is a private, not-for-profit organization formed last year when three Indianapolis based hospitals -- Methodist, Indiana University Hospital and Riley Hospital for Children - came together. Clarian Health is now one of the largest hospitals in the country.

Under the terms of the proposed agreement, assets of LaPorte Hospital, Lakeland Area Health Services, and VNA Home Care and Hospice would continue to be locally governed. But, as part of Clarian Health, those entities would have access to Clarian's greater resources and expertise.

The management at LaPorte Hospital would remain in place, with Clarian Health naming three of the 16 members of the Lakeland Health Corp. board. It is anticipated that the transaction will close by end of year.

As an initial collaboration, Clarian Health will provide an advance of up to $4 million, and LaPorte Hospital an additional $1 million, to develop new programs and services, to expand existing services and to expedite joint efforts.

"We're honored that LaPorte and Lakeland Health Corporation have chosen to join the growing Clarian Health family," said Clarian Health Board Chairman John Walda. "By choosing Clarian Health, LaPorte health care leaders have shown they share our commitment to Indiana-based ownership and locally-based health care decision making."

Clarian Health President and CEO Bill Loveday explained why his organization was

eager to work with Lakeland:

From Clarian's perspective, we gain a high quality, financially strong, Northwest Indiana health partner in our quest to stgrengthen health care by Hoosiers, for Hoosiers."

Dr. Hester Muller, chairperson of the Lakeland Health Corp. Board of Directors, said the decision to become part of Clarian Health was the result of more than three years of careful evaluation and negotiation.

Dr. Muller indicated that she and her fellow board members felt the tremendous clinical resources of the Clarian Health organization and the Indiana University School of Medicine would be of significant benefit in assuring that the local health care system will offer area residents the highest quality of cost-effective health care.

LaPorte Hospital was created in 1966 by a merger of Holy Family Hospital and Community Hospital.

LaPorte Hospital President and CEO Leigh Morris said teams made up of employees, physicians and board members will soon begin planning how the transition to the new relationship should occur. Morris said none of the hospital's current programs or services will be affected during the transition period.

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May 20, 1997

Possible Predictor Of Breast Cancer Survivability Identified

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INDIANAPOLIS--Researchers at the Indiana University School of Medicine have studied 280 women and identified a factor which may indicate why some patients with metastatic breast cancer live longer than others. The results were presented Tuesday, May 20, at the annual meeting of the American Society of Clinical Oncology (ASCO) in Denver.

Michael Stender, M.D., an oncology fellow, and George Sledge, M.D., Ballve-Lantero Professor of Oncology at the Indiana University School of Medicine, studied the level of Her-2 in a group of patients enrolled in an Eastern Cooperative Oncology Group (ECOG) study of patients with metastatic breast cancer. Her-2 is a protein produced by a specific gene found in some breast cancer cells. Those patients who had a moderate to high level of Her-2 did significantly less well than patients with minimal or undetectable levels (Her-2 negative). Patients who were Her-2 negative lived an average of 30.2 months. Those with positive Her-2 levels survived 17.7 months.

Previous studies have shown that breast cancer patients who are estrogen receptor positive (hormone sensitive) often survive longer than those whose estrogen receptors are negative because they are more likely to respond to certain types of therapy.

The new Indiana University study found that women who were hormone sensitive and Her-2 negative had prolonged survival. Hormone sensitive patients with positive Her-2 levels did no better than estrogen receptor negative women.

Thus, Her-2 expression may explain why not all hormone sensitive patients do as well as expected. Patients whose breast cancer produces the Her-2 protein do not appear to benefit from being hormone sensitive.

"The results of this study suggest that a simple blood test may predict patients who may be candidates for biological therapy such as antibody treatments instead of chemotherapy," said Dr. Sledge. Studies up to this time have not described a particular chemotherapy which seems to overcome the negative effects of Her-2 expression.

No association was found between the presence of Her-2 in the blood and response to either Taxol or Adriamycin, two drugs commonly used to treat breast cancer. Further studies are needed to determine whether there is a link between Her-2 levels and other chemotherapy agents.

"It is exciting to think that a blood test to determine Her-2 level could be used to help physicians provide optimal treatment for breast cancer patients and possibly prolong life while minimizing toxicity," said Dr. Stender.

Dr. Stender has been awarded an ASCO achievement award for this study in

recognition of outstanding research by a physician in fellowship training. In a plenary lecture at the same meeting, Dr. Sledge is presenting data on the national multi-center ECOG Taxol versus Adriamycin study. Other members of the research team are Donna Neuberg of the Dana Farber Cancer Institute and William Wood of Emory University.

The study was supported, in part, by an unrestricted grant from Bristol-Myers Squibb Oncology. Chiron Diagnostics of East Walpole, Mass., provided the assay used to measure the level of Her-2 in the patient's plasma.

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May 19, 1997

Results Of Taxol-Adriamycin National Study Released At ACOG

INDIANAPOLIS--Results of a large three-year nationwide clinical trial evaluating Taxol and Adriamycin to treat advanced breast cancer indicate the two drugs are equivalent in effectiveness when used as single therapy agents. The results were presented Monday, May 19, during the 33rd annual meeting of the American Society of Clinical Oncology (ASCO) in Denver.

In a plenary address at the meeting, George Sledge, M.D., Ballve'-Lantero Professor of Oncology at Indiana University School of Medicine and principal investigator for the Phase III multi-center randomized clinical trial, said the study looked at three ways of treating advanced or metastatic breast cancer. Patients were either (1) treated initially with Adriamycin, a chemotherapy agent which has been used in breast cancer treatment for more than 20 years and previously considered the most active single agent in metastatic breast cancer, (2) initially given Taxol, a new chemotherapeutic agent which was approved for the treatment of breast cancer in 1994, or (3) administered a combination of the two drugs.

The findings indicate that while Taxol (paclitaxel) and Adriamycin (doxorubicin) are equally active single agents in metastatic breat cancer combining the two agents significantly increased the overall response rate and time to treatment failure, Dr. Sledge said. Also, when a patient received both Taxol and Adriamycin as single agents consecutively over the course of treatments, survival was as good as occurred using the two drugs in combination therapy. It did not matter which of the two drugs was administered first.

"When we looked at overall survival, all three were the same," he said. "The more intensive therapy, in this case the drug combination, did not improve quality or length of life." Median survival rates for metastatic breast cancer patients enrolled in the study was about 22 months.

The trial looked at response rates and time-to-treatment failure for the three different therapies. The time-to-treatment failure or the length of time until disease progression occurred was 6.0 months for patients on Adriamycin, 5.9 months for those on Taxol and 8.0 months for those receiving the combination therapy.

The trial involved 739 women with stage 4 metastatic breast cancer and was the first large randomized study to evaluate these drugs in the United States.

Additionally, the study showed that the side effects for Taxol or Adriamycin as single agents were basically the same, although Adriamycin was slightly more toxic in terms of mortality.

"This study is important because it places a new drug (Taxol) in context," said Dr. Sledge. "It tells us that this drug is fully the equivalent of the best current drug for treating breast cancer."

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Adriamycin is a chemotherapy agent which affects the DNA of the cancer cell. Taxol targets the infrastructure of the cell. Adriamycin is a slightly less costly drug than Taxol.

The nationwide trial, the first to compare Taxol and Adriamycin, was funded by the National Cancer Institute, and carried out by physicians in the Eastern Cooperative Oncology Group (ECOG), Southwest Oncology Group (SWOG) and the North Central Cancer Treatment Group (NCCTG).

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(Please Note: Accompanying this release is one on a subsequent study to be presented Tuesday, May 20, by Michael Stender, M.D., during the metastatic breast cancer session.)

May 8, 1997

The Many (Graduating) Faces Of The IU School of Medicine

INDIANAPOLIS--Indiana University School of Medicine will graduate 260 physicians during ceremonies Sunday, May 11, at the RCA Dome and Convention Center.

The processional for students receiving degrees from the Indiana University-Purdue University at Indianapolis campus begins at 2:30 p.m. and is estimated to conclude about 5 p.m. Ceremonies for the IU School of Medicine will follow immediately on the floor of the RCA Dome.

The majority of the graduating class are Hoosiers, but 18 students from other states and five from foreign countries will be receiving medical degrees from IUSM.

Different backgrounds, different interests in medical science, different aspirations, all contribute to the strength of the IUSM student body and its educational experience.

It would be impossible to pick just one student representative of the Class of 1997. So, here are several that exemplify the strengths and diversity of this year's graduating medical school class. Look for them Sunday when they make the transition from student to physician.

-- Kathleen Bohnke: She is a non-traditional student, returning to college after her children were almost grown. Kathleen will share the joy of receiving a diploma this spring with her daughter, Jevne, who is graduating from North Central High School in Indianapolis, and her son, Nathan Hatton, who is graduating from Hanover College with an eye toward medical school. Kathleen is a native of Auburn and spent many years in Angola. Hometown: Indianapolis. She can be reached at 317-329-0143.

-- Richard Ha: A concert-level pianist with a bachelor's degree in biology and economics from Brown University. Hometown: Evansville. He can be reached at 317-630-4240.

-- William (Eric) Heath: One of the first graduates selected for a 1993 state tuition reimbursement program to encourage young physicians to return to underserved rural areas to practice medicine. Hometown: Farmersburg. He can be reached at 317-859-9595.

-- David Magnusen: He will serve as a role model for his patients in physician medicine rehabilitation. David has a severe hearing loss and uses implants. Hometown: Mishawaka. He can be reached at 317-291-8492.

-- Chantel Miller: After her residency training in pediatrics, she will return home to practice at Methodist Hospital of Gary. She was selected by the hospital for a unique program that paid a portion of her expenses in exchange for her services at the hospital following completion of her training. Hometown: Gary. She can be reached at

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317-479-0641.

-- Matthew Nofziger: The son of a physician whose sister graduated from IUSM in 1996. He is interested in missionary work and has spent many hours working in Indianapolis homeless shelters and doing missionary work in Haiti and elsewhere. He is the recipient of the Mary Jean Yoder Scholarship which recognizes students for community service activities. Hometown: Paoli. He can be reached at 812-723-4136.

-- Jeffrey Rediger: Medicine is a second career for Jeffrey who is an ordained minister. He received his divinity degree from Princeton Theological Seminar and has done counseling in prisons, with at-risk families and at a Menonite psychiatric hospital in Pennsylvania. He is the second medical student selected as an Otis R. Bowen Scholar. Hometown: Columbia City. He can be reached at 317-839-2136.

-- Brian Sloan: By all accounts Brian, at 6-foot-8-inches, is a standout in his medical school class. He is the son of Utah Jazz coach, Jerry Sloan, and played basketball at IU for Bobby Knight from 1985 to 1989. Hometown: McLeansboro, Ill. He can be reached at 317-726-1439.

-- Ann Wojtalik: Ann has some first-hand experience in the field she has selected -- pediatrics. A 1988 Cathedral High School and 1992 Notre Dame graduate, Ann also is the mother of a 3-year-old daughter, a 21-month-old son, and a little girl born April 11. Hometown: Indianapolis. She can be reached at 317-726-1764.

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For Immediate Release
April 29, 1997

Rehab 1,2,3(tm) Opens April 30 At Riley Hospital For Children; Interactive Rehabilitation Unit Is A Mini Playland For Kids

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INDIANAPOLIS-- Its bright colors and moving parts make Rehab 1,2,3(tm) look like an attraction at an amusement park. But Rehab 1,2,3(tm) is actually an interactive physical therapy rehab system at Riley Hospital for Children. Lights, musical sounds and air-activated floor sections that move up and down help set the stage of Rehab 1,2,3(tm), which opens on April 30 in the Riley Rehabilitation Services Unit.

The new free-standing system has the appearance of a life-size, three dimensional game board. And physical therapy is the name of the game as children work on balance, communication, fine motor skills, gait-training, problem solving, range of motion, strength, endurance and socialization in a fun and challenging environment. Evaluations and treatments are disguised as activities of play and sport, encouraging children to travel various pathways found within the environment such as crawling through a tunnel, sliding into a bath of balls, scaling a rock wall, or jumping on a trampoline.

News media open house is scheduled at 2 p.m. on April 30. Patient families and Riley physical therapists will be present for interviews and demonstrations following a brief check presentation by the Rehab 1,2,3(tm) donors.

A special feature of Rehab 1,2,3(tm) is the Mr. Pipes(tm) control station. Reminiscent of a grand organ, transparent pipes produce surprises for patients as they successfully perform cognitive tasks. The pneumatic (air activated) system provides additional therapy opportunities with pop-up stepping stones and a balance beam that rises from the floor.

Riley Hospital's custom designed version of Rehab 1,2,3(tm) also includes a working television studio where gait analyses can be conducted. The Riley in-house television station, CCTV - Channel 5, will also use the studio to develop programming to broadcast throughout the hospital.

Regardless of the type of therapy, Rehab 1,2,3(tm) invites interaction among patients, their family members and therapists. Children learn by focusing on their abilities rather than disabilities.

Rehab 1,2,3(tm) was designed to fit into Riley Hospital's existing Rehabilitation Services Unit by Guynes Design, Inc., the architectural firm that created the innovative therapeutic setting. The firm's founder, David Guynes, fractured his back at

the age of 15 and was told he would never walk again. His triumphant full recovery led him to designing physical and occupational rehabilitation environments, first for adults, then for children.

The Rehab 1,2,3(tm) system at Riley Hospital is only the third installation in the United States.

Funding for Rehab 1,2,3(tm) was made possible by the RCA Championships, the Indiana League of Credit Unions and private donations made through the Riley Memorial Association.

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For Immediate Release
April 24, 1997

Rehab 1,2,3(tm) Opens April 30 At Riley Hospital For Children; Interactive Rehabilitation Unit Is A Mini Playland For Kids

Media Advisory

Photo/Video Opportunity

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What

Media Tour/Open House for Rehab 1,2,3
Come see the latest patient care innovation at Riley Hospital for Children -- Rehab 1,2,3.

When/Where

Wednesday, April 30, 2 p.m.
Riley Hospital for Children
702 N. Barnhill Drive, Indianapolis
(meet at Riley atrium lobby)

How

Resembling a brightly colored game board, Rehab 1,2,3 is a freestanding, interactive rehab system that has been incorporated into the existing Riley Rehabilitation Unit. Rehab 1,2,3 uses sport and play activities that are accentuated by flashing lights, musical sounds and air-activated floor sections that move up and down to make physical rehabilitation fun for children.

Crawling through a tunnel, sliding into a bath of balls, scaling a rock wall or jumping on a trampoline are just some of the adventures patients have during a therapy session at Rehab 1,2,3.

Patients and their families will be present to demonstrate Rehab 1,2,3.

Note

If this date/time is not convenient for you, please contact Ellen Gullett at 274-7722 to schedule another time to see Rehab 1,2,3.

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April 21, 1997

Link Found Between Pain, Immune, And Reproductive Systems

INDIANAPOLIS-- For the first time a link has been established between the pain system, the immune system and the reproductive system. These findings go far beyond the known pain relief role of pain receptors.

A team of scientists at the Indiana University School of Medicine led by Lei Yu, Ph.D., professor of medical and molecular genetics and a principal investigator at the Walther Oncology Center, has been studying the mu opioid receptor, the body's most significant pain gateway. The mu receptor, named after morphine's initial letter, is the body's biological switch that mediates both the pain-relieving and the euphoric effects produced by morphine and heroin. Dr. Yu's team was responsible for cracking the genetic code for this receptor in 1993. And now, they have made new discoveries about the mu receptor, by studying genetically modified mice in which the function of the mu receptor has been disabled.

The new findings, published in the April 21, 1997, issue of the Journal of Experimental Medicine, suggest a novel role for the mu opioid receptor in both hematopoiesis (the creation and proliferation of cells in the body's blood and immune system), and the reproductive system. "These results indicate that the mu receptor is involved in a range of diverse biological processes in addition to its known involvement in pain relief," said Dr. Yu.

The observation of increased proliferation of "mother" (hematopoietic progenitor) cells which defend the body against infection came as a complete surprise to Dr. Yu and his colleagues. "This is the first time that the mu receptor has been linked to hematopoiesis," said Dr. Yu. Understanding how the link is made ma, lead to the development of new treatments, such as enhancing blood cell production in cancer patients who receive bone marrow transplant, or modulating the immune system in fighting HIV infection.

The observed link between the mu receptor and the sexual function was equally surprising. I.U. researchers noticed that the mutant male mice showed less interest in copulating with receptive females, as well as decreases in sperm count/motility and smaller offspring litter size. Dr. Yu and his colleagues speculate that this discovery may suggest new treatments for impotence and reproductive dysfunction in males.

"These observations in the mouse model correlate with anecdotal accounts about opioid consumption in humans influencing one's immune functions and sex drive, and thus may serve as a model to further study the underlying biology," said Dr. Yu.

In addition to Dr. Yu, other Indiana University researchers on the study were Mingting Tian, Hal E. Broxmeyer, Yi Fan, Zhennan Lai, Shengwen 7hang, Susan Aronica, Scott Cooper, Robert M. Bigsby, Rosemary Steinmetz, Sandra J. Engle, Anton Mestek, Jonathan D. Pollock (now at the National Institute on Drug Abuse), and Jay A. Tischfield. Michael N. Lehman, Heiko T. Jansen, Moyin Ying, and Peter J.

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Stambrook of University of Cincinnati College of Medicine also participated the study.

Yu's research was funded by the National Institute on Drug Abuse (NIDA), part of the National Institutes of Health. NIDA is the primary federal agency for the conduct and support of research to increase knowledge and develop strategies to deal with health problems and issues associated with drug abuse and addiction.

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For Immediate Release
April 15, 1997

New Form Of Inherited Dementia Identified

INDIANAPOLIS-- Researchers at the Indiana University School of Medicine and the Medical Research Council of Great Britain have identified an autosomal dominant inherited dementia which first appears in individuals in their forties and fifties and is both pathologically and clinically different from Alzheimer disease. They report their findings in a paper published in the April 15 issue of the Proceedings of National Academy of Sciences.

These findings also will be presented at the American Academy of Neurology meeting in Boston on April 17 by Bernardino Ghetti M.D., a neuropathologist and senior author of the PNAS paper. Two of the papers co-authors will also make presentations at the AAN meeting. Martin R Farlow, M.D. will discuss the clinical aspects of the disease. Jill R. Murrell Ph.D. will describe the search for the gene causing this type of dementia. All three are members of the IUSM faculty.

The researchers have named the newly identified brain disorder familial multiple system tauopathy with presenile dementia. The name reflects the characteristics of the disease. It has an early onset, is inherited, and involves both the cortical and subcortical systems of the brain In addition, tau, a microtubule associated protein found in the brain, is abnormal in these patients.

The cortex is the outer layer of gray matter of the cerebrum and cerebellum of the brain. The subcortical system is the part of the brain beneath the cortex. Tau is responsible for the maintenance of the microtubules that in turn are important for transport within brain cells.

Dr. Ghetti noted that the study of tau had led to the discovery of the new dementia. "We don't yet know why tau becomes abnormal in patients with this disease, but we do know that it becomes abnormal in a different way than it does in patients with other types of dementia including Alzheimer disease."

This is the first hereditary disease in which the tau abnormality is present in glial cells as well as nerve cells. Examining the brains of nine affected members of an extended family, Dr. Ghetti found that this disease is characterized by abundant filaments of tau protein in the neurons and glial cells. The filaments in the neurons are twisted. These tau deposits differ in diameter and spacing from the paired filaments found in the nerve cells of Alzheimer disease patients. No detectable amyloid plaque deposits were found in the brains of individuals with this newly identified dementia. Amyloid plaque deposits are characteristic of Alzheimer disease-affected brains.

Using electrophoresis to isolate the protein, the researchers noted 3 bands of biological markers in this disease, unlike the 4 bands which characterize Alzheimer disease.

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"We now have in front of us a challenge to find a new gene that may have an extremely important role in the maintenance of the central nervous system," said Dr. Ghetti. The IU researchers have localized the gene to chromosome 17, the same chromosome on which the tau gene is found. Clinical symptoms of the newly identified disease include short term memory deficit, eye movement alterations, disequilibrium, and Parkinson disease-like neurological characteristics including rigidity and gait problems. These symptoms are reflected in the wide spectrum of changes in brain structure affecting both the cortical and subcortical regions seen during post-mortuary examination.

Affected individuals live an average eleven years after onset of the disease.

Other members of the research team are molecular biologists Maria Grazia Spillantini, Michel Goedert and electron microscopist R. Anthony Crowther. Al1 are with the Medical Research Council of Great Britain and have studied tau for many years.

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For Immediate Release
April 10, 1997

First Indiana Clinic To Serve Children And Young Adult Stroke Patients Opens At IUSM

INDIANAPOLIS-- The effects of stroke on the young are unique from those experienced by older individuals so neurologists at Indiana University School of Medicine have opened a stroke clinic for children and young adults, the first in Indiana and one of only a handful nationwide.

Jose Biller, M.D., chairman of the Indiana University Department of Neurology, and Bhuwan Garg, M.D., professor of neurology and director of pediatric neurology at Riley Hospital for Children, are co-directors of the stroke clinic, which opened April 3.

Little research has been done among children and young adults who have suffered strokes so their current treatments are based on research done in adults. Drs. Biller and Garg and their colleagues are embarking on new research on stroke in children and young adults to determine if the current diagnostic evaluations and treatments are appropriate.

Stroke is more common among the young than heart attacks but is still considered rare with only about 5 to 10 young people per 100,000 suffering strokes each year. Approximately 15 to 20 new stroke patients are seen each year by pediatricians at Riley.

Forty-five percent of strokes in young people are due to hemorrhages in the brain compared to 15 percent to 20 percent in older adults. The remaining 55 percent are ischemic strokes meaning blood flow to an area of the brain was disrupted.

The primary causes of stroke in the young are cardiac disorders, blood vessel disorders not related to atherosclerosis, and a variety of blood and metabolic disorders. Smoking, drugs and alcohol abuse also contribute to the incidence of stroke in the young. In older adults, stroke is caused by atherosclerosis (hardening of the arteries) in the majority of cases.

The IU Stroke Clinic for Children and Young Adults will see patients between the ages of 7 and 45. For an appointment, call 317-274-2372.

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For Immediate Release
April 1, 1997

IU Research Links Dieting Habits With Risk For Estrogen-Responsive Cancers

INDIANAPOLIS-- It's still a bit premature to burn all diet books and disavow all attempts to lose weight, but Indiana University School of Medical researchers have completed initial research showing there may be a link between weight loss and some forms of cancer.

Preliminary studies reported in the March 1 issue of the journal, Cancer Research, "suggest a woman's dieting habits may become an important factor for determining risk of estrogen-responsive cancers," said Robert M. Bigsby, Ph.D., principal investigator.

Some environmental contaminants, such as DDT and forms of lindane, contain man-made estrogenic compounds, known as xenoestrogens. These contaminants, which are pervasive in nature, are fat soluble, meaning they are "stored" in fat cells. Dr. Bigsby and his colleagues looked at what happened to the xenoestrogens in female mice when the number of fat cells were reduced through weight loss.

Dr. Bigsby said that the xenoestrogens in DDT and lindane may be linked to the incidence of estrogen-responsive cancer. When the number of fat cells are reduced, the xenoestrogens stored there are released into the body. Some of the xenoestrogens lodge in adjacent fat cells, while others are released into the blood so that they can go to epithelial cells in the uterus, breast or other areas with estrogen sensitive tissue, Dr. Bigsby said. Epithelial cells are the cells in an organ that most often form tumors.

The research underway by Dr. Bigsby, an associate professor of obstetrics and gynecology and of physiology and biophysics at the IU School of Medicine, and his team also is concerned with the effect of these xenoestrogens on estrogen-sensitive tissue, such as that of the uterus. The study shows a marked change in the uterus of mice following periods of fasting.

This study demonstrated that when beta-HCH, a compound in lindane, is released from fat it has a larger effect on the uterine tissue than did DDT-- a now-banned insecticide-- but DDT did have some estrogenic effect on uterine tissue.

Beta-HCH is less fat soluble and therefore more water soluble than DDT so it can get into the blood and travel to the breast, uterus and liver.

In a December 1996 study in Cancer Research, Dr. Bigsby and his colleagues showed that beta-HCH and DDT stimulated the growth of breast tumor tissue that was grafted into mice. Since the epithelial cells of the breast are surrounded by fat cells the effect of a diet-induced loss of fat may be of special concern with regard to the release of these xenoestrogens.

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The question that remains to be answered is whether these compounds can actually cause the growth of malignant cells.

It will take additional testing to determine if yo-yo dieting may be a culprit behind some forms of cancer, Dr. Bigsby said. The study results indicate that researchers now need to look at women and their blood levels before and after fasting, he said.

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For Immediate Release
April 1, 1997

Ovarian Cancer Seminar Slated For April

INDIANAPOLIS-- Bess Myerson, an ovarian cancer survivor and Miss America 1945, will be the keynote speaker at a free informational seminar on the disease dubbed "The Silent Killer."

The Town Meeting on Ovarian Cancer will be from 3 to 5 p.m. Tuesday, April 15, at the Hyatt Regency Indianapolis. The Town Meeting, for the general public, is being held in conjunction with a program for physicians at which local and national experts on ovarian cancer will speak. That part of the program will be from 9 a.m. to 3 p.m., also at the Hyatt Regency.

Organizers of Ovar'coming Together: An Indiana Initiative on Ovarian Cancer will share important information with physicians and the general public to assist them in being more aware of treatment options and the early warning signs of ovarian cancer. If detected early, five-year survival rates for ovarian cancer patients are as high as 90 percent. However, the disease often goes undetected until it has progressed, significantly reducing survival rates. Nationally, each year 26,000 women are diagnosed and nearly 15,000 die from the disease.

Those involved in planning the programs are the Indiana University School of Medicine's Division of Continuing Medical Education and the Department of Obstetrics and Gynecology; the Indiana State Department of Health; Eli Lilly & Company, and Ovar'coming Together, an Indianapolis association of ovarian cancer survivors and advocates.

For additional information or to register for Ovar'coming Together: An Indiana Initiative on Ovarian Cancer, call 317-274-8353.

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For Immediate Release
March 18, 1997

Program Designed To Attract More Doctors To Indiana's Rural Areas

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TERRE HAUTE, Ind. More than one-fourth of Indiana's 92 counties have a shortage of primary care physicians according to federal guidelines, despite an increase in the number of primary care graduates in Indiana during the past five years.

The Rural Health Initiative, a new joint degree program announced today involving Indiana State University, Indiana University School of medicine, and administered by the IUSM's Terre Haute Center for Medical Education, is expected to change that.

The pilot Baccalaureate/Doctor of medicine program, which starts this fall, is interested in recruiting students from rural areas who have shown a desire to practice medicine in a similar small-town setting. To aid recruitment efforts, Indiana State University is offering qualified students full-tuition waivers for the undergraduate portion of the program.

"We believe that students from rural communities are more likely to return to rural settings to practice medicine," said Roy Geib, assistant dean of IUSM and director of the Terre Haute Center for Medical Education at ISU. "The goal of this program is to nurture students who have expressed an interest in practicing medicine in rural communities and provide them with career-related experiences throughout their undergraduate and medical school programs."

To help fill gaps in Indiana's rural health care delivery system, collaborators for the Rural Health Initiative plan to recruit approximately 10 students each year. Recruitment efforts will focus on students from rural communities with populations of less than 10,000 or from rural counties having a shortage of medical practitioners.

"For people living in underserved counties, finding medical care can be challenging, especially in emergency situations," said Robert W. Holden, dean of [USN1. "Physicians practicing in underserved areas are often overworked and unable to meet the needs of all of the residence in the areas they serve. We expect this program to provide an answer to this problem for Indiana."

To be eligible for the program, students must achieve at least 1,200 on the SAT and a cumulative GPA of at lease 3.5. Each student must take part in an interview, write an essay about his or her interest in medicine, and submit professional and personal letters of recommendation.

"Among the things that will set this program apart from other physician training programs is that students will begin to study rural medicine early in their undergraduate curriculum," said Joe Weixlmann, dean of ISU's College of Arts and Sciences. "Undergraduate students in this program will have mentoring opportunities, direct access to professionals connected with IUSM and ISU, and contact with active rural health care providers."

The program will offer students the opportunity to work alongside rural physicians, participate in summer internships at rural clinics, take part in a rural health seminar series, and gain patient experience during third-and-fourth-year preceptorships (internships) with rural hospitals or clinics.

Students admitted to the program will have a guaranteed seat in the IU School of Medicine upon completion of their undergraduate degree from ISU, provided they maintain certain academic standards. A minimum undergraduate GPA of 3.5 and an MCAT score equal to the average of that year's entering class will be required.

"We are committed to attracting top-notch students to ISU and to helping prepare them for the challenges and rewards that rural medicine can offer," said ISU President John W. Moore. "The importance of the program is to funnel these graduates into areas that are at-risk as far as health care delivery is concerned."

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For Immediate Release
February 28, 1997

IU First To Isolate Method To Track Blood Flow To Optic Disc, Nerve

INDIANAPOLIS-- Researchers at the Indiana University School of Medicine are the first to discover a consistent method to measure and quantify blood flow to the optic nerve and optic disc, information that may revolutionize the treatment of glaucoma.

Glaucoma, one of the leading causes of blindness in the U.S., was thought for l 00 years to be caused by pressure buildup in the eye. Research now shows that nearly 60 percent of individuals with glaucoma have normal eye pressure. Since that discovery considerable research has focused on circulation in the eye as a possible contributing cause for the disease. During the past 10 years researchers have developed the precision instruments necessary to measure and quantify blood flow to the retina. But, until recent research at IU, the procedures for measuring blood flow to the minute optic disc and optic nerve remained elusive.

By developing special software and customizing a laser optical system, Alon Harris, Ph.D., director of the Glaucoma Research and Diagnostic Center at IU, and his team were able to utilize an argon laser to scan the most tiny vessels in the eye, measure the blood flow and quantify the circulation to the optic nerve, disc and retina. An infrared laser and dye are used to measure deeper into the eye, penetrating the choroid which is located behind the retina and optic nerve and a major site of blood flow to the eye. Previously, researchers were unable to accurately quantify blood flow in these vessels.

Dr. Harris, who is an associate professor of ophthalmology and of physiology and biophysics at the IUSM, said the discovery could lead to the restoration or improvement of vision in some glaucoma patients. He will present the findings at the upcoming meeting of the Association for Research in Vision and Ophthalmology, May 1 1- l 6, in Ft. Lauderdale, Fla.

"Up until now, we didn't have an accurate way to quantify the blood supply to the optic nerve and, a key point is, that is a site of damage in glaucoma," Dr. Harris said. "With existing technology and other technology, we have found a way to quantify the blood flow."

The IU research will allow physicians to pinpoint the affected area of the eye and be able to prescribe the appropriate medications, such as calcium channel blockers, to stimulate blood flow to the involved vessel and tissue.

The tools used to measure ocular blood flow for glaucoma patients also may be applicable in the treatment of other eye diseases such as macular degeneration, and those caused by diabetes and AIDS, Dr. Harris said.

Dr. Harris said approximately 3 percent of the U.S. population has glaucoma; 65 percent of those are over the age of 65. Glaucoma results in the "cupping" of the optic

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disc which results in a loss of vision. The vision loss worsens as the "cup" becomes deeper over time eventually leading to blindness.

Dr. Harris cautioned that the "eye puff" test which is commonly administered at many eye care practitioners offices may give individuals a false sense of security. Since that test only measures pressure in the eye, over half of all glaucoma patients would not be detected since eye pressure is not a symptom for them.

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