

# Ψ PATH TO THE FUTURE

A Publication of the Department of Pathology and Laboratory Medicine at Indiana University School of Medicine

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June 2008

## FACULTY HONORS

### Dr. Ghetti Receives Lifetime Achievement Award in Alzheimer's Disease Research



Photo provided by the Alzheimer's Association

Bernardino Ghetti, MD was presented with the Henry Wisniewski Lifetime Achievement award at the 2008 International Conference on Alzheimer Disease (ICAD). This prestigious award is given to recognize the work of distinguished Alzheimer researchers who have made significant contributions to further the Alzheimer's Association vision of a world without Alzheimer's disease.

Dr. Ghetti is the director of the division of neuropathology for our department and director of the Indiana Alzheimer Disease Center. Here at Indiana University, he holds the titles of Distinguished Professor and Chancellor's Professor. Since his faculty appointment in 1976, Dr. Ghetti has served as a professor of pathology, psychiatry, medical and molecular genetics, and neurology.

Along with his colleagues, Dr. Ghetti has contributed greatly to the understanding of how certain genes and mutations in them can lead to various types of dementia. Since the discovery of a mutation in the APP gene in 1991, Dr. Ghetti's work has investigated numerous familial forms of Alzheimer's

disease and clarified the nature of the amyloid protein that accumulates in plaques in the brain. In addition, Dr. Ghetti's work has produced seminal research on the protein that makes the neurofibrillary tangles, believed to be a cause of the onset of many dementias.

The Wisniewski life-time achievement award is significant to Dr. Ghetti, since the late Dr. Wisniewski was a mentor to him during a fellowship at Albert Einstein College of Medicine in New York.

We are honored to have a faculty member be presented with such a prestigious award and we, as well, honor Dr. Ghetti's diligent work on behalf of the millions affected by Alzheimer's.

The International Conference on Alzheimer Disease will now be an annual event to keep pace with the quickly changing Alzheimer research field. The 2009 conference will be held July 11th through the 16th in Vienna, Austria. For more information visit [www.alz.org](http://www.alz.org).

### Dr. Ulbright Recognized by America's Top Doctors for Cancer

The most recent edition of America's Top Doctors for Cancer recognized 20 Indiana



University School of Medicine physicians practicing at the Indiana University Melvin and Bren Simon Cancer Center and Clarian Health. Included in this distinguished list is our own Dr. Thomas M. Ulbright. Dr. Ulbright is

listed as one of the nation's most outstanding physicians for the diagnosis and treatment of cancer in adults and children.

"Recognition from a source, such as America's Top Doctors for Cancer, is always appreciated", said D. Craig Brater, dean of the IU School

*Faculty Honors continued on page 8*



## HISTORY OF THE DEPARTMENT OF PATHOLOGY AND LABORATORY MEDICINE

Written by Dr. Kathleen Warfel Hull

### Department of Pathology: 1962-1979

Continuation from the Summer 2008 issue of Path to the Future. Last installment ended with Dr. Vellios named as chairman of the department in 1965.

#### A Tumultuous Time for the Lab and School

This was a tumultuous time for the department. The clinical laboratory faced significant challenges and was considered by many on the campus to be inadequate. A letter from one of the candidates for the chairman's position offers insight into the problems. It notes that clinical pathology had pressing needs; though it was doing a reasonably good job, given its cramped and unsatisfactory space, (at least double the space might be adequate) and, the lab needed an aggressive director to reorganize attitudes and structure. It needed pathologists or Ph.D.s with expertise to be in charge of clinical lab subspecialties, and these individuals would need sufficient staff and time for test development and for meeting with clinicians. The lab also needed medical technologists to remain after training. Reportedly, the reason our own well-trained medical technology graduates did not remain was



Dr. John Hickam - 1965

largely because there was no room for them in the small laboratory space available. The head of the Pathology Search and Screen Committee was the chairman of the Department of Medicine, Dr. John Hickam.

He also noted in documents that the Department needed additional professional personnel and substantial increases in research and training grants. At this time the chemistry, hematology, microbiology and phlebotomy office, and administrative offices all were still on the fourth floor of Fesler Hall, very crowded indeed. Blood bank was on the first floor in Fesler Hall.

It should be noted that although Dr. Culbertson had created a central interdepartmental laboratory for Indiana University School of Medicine in the 1930's, by the 1960's many clinical service diagnostic tests again were being done by labs in the departments of Biochemistry, Microbiology, Medicine, Pediatrics, etc. In general, these small departmental labs functioned only from 8 AM – 4 PM on weekdays, generating income for the departments but leaving the undersized and understaffed main clinical laboratories of the Department of Pathology to cover the STAT requests for tests on nights, weekends, and holidays. There also were still small laboratories on the patient floors in which students, residents,

and clinicians performed their own blood smears, Gram stains, urinalyses, and other simple tests.

One of the problems encountered in trying to improve the laboratory was the bureaucracy of the hospital administration's relationship to the university; this relationship impeded advancements in budgeting and planning for personnel, space, and equipment. As one person put it, "The Medical Center has itself caught in the coils of the Bloomington bureaucracy...operationally it appears that the basic inefficiency of the Indianapolis physical plant plus the time and understanding gap between the parent and the step-child combine to obfuscate progress." At the time, although the



Kenneth E. Penrod, Ph.D. - 1965

faculty reported to the Indiana University School of Medicine Dean's office, the head of the clinical laboratories reported, not to the dean, but to the director of the hospital, who in turn reported to Mr. Franklin, the treasurer of Indiana University in Bloomington. In the mid-1960's, Indiana University president Elvis J. Stahr appointed Kenneth E. Penrod, Ph.D. as a new Provost for the Indiana University Medical Center (vice president for health affairs) in Indianapolis so the medical campus could report to someone close at hand. Unfortunately, this did not solve the problems.<sup>1</sup>

This also was a tumultuous time for the school, and the dean's office was considerably smaller than it grew to be over the next four decades. The leadership of the school had their hands full with a variety of ongoing projects, namely the following:

- The Council of Curricular Affairs introduced Phase IV of "the ultimate curriculum," requiring changes such as a new course (Introduction to Medicine) in the second year and a three-month return to the basic sciences for each student sometime during the last eighteen months of school.
- A new faculty committee was formed to deal with the new "Regional Medical Programs," Phase I of the Statewide Medical Education Plan in which additional internships in the State were funded and required supervision. The school was also dealing with resisting political pressures to create a second medical school in the State.
- The federal Medicare legislation had just been passed in 1965, requiring adaptation to new regulations.

<sup>1</sup> Finally, in 1971, Dean Irwin was given charge of the operating budgets for the university hospitals as well as for the School of Medicine. Dr. George Lukemeyer was appointed executive associate dean, and hospital administration then reported to the dean's office through him.

- Phase I of University Hospital and a large new addition to Riley Hospital were well underway.
- The Student-Employee Health Service was started.
- The nascent Indiana University-Purdue University at Indianapolis campus was developing (the campus officially began in 1969).

It was perhaps understandable that solving the problems of the clinical laboratory was not first on the list of things for the Dean to tackle.<sup>2</sup>

Although he was a brilliant diagnostician, as chairman Dr. Vellios did not succeed in maintaining the strong departmental legacy of Dr. Ed Smith. His decision-making reportedly was erratic at best, and his poor communication and rapport with his departmental colleagues and others in the school was faulted by many. Within six months of his officially taking the helm, five of twelve faculty members in the department had left and others were seeking employment elsewhere. Five residents and several laboratory technicians also left. The neuropathology group in the department isolated itself, dissociating as much as possible from the influence of Dr. Vellios. The head of anatomic pathology, Professor Dale Schulz who had come with Dr. Smith and the original WUMS contingent, was among those who departed. He went to practice anatomic pathology and teach residents at Methodist Hospital in Indianapolis, though after leaving the department as a full-time faculty member, he received a small stipend for continuing to give C603-C604 lectures and teach in the medical student pathology laboratories.<sup>3</sup>

#### Dr. Vellios and the Clinical Laboratories

Before proceeding with the story of the tribulations in the clinical labs, it is important and only fair to emphasize the outstanding work that Dr. Vellios did in the departments. The following paragraphs contributed by Dr. Ronald Rhatigan, who was a resident in pathology at Indiana University 1961-65, create a vivid picture of the importance of Vellios in the department at the time:

*"I feel that it is not enough to say that Frank Vellios was 'a brilliant diagnostician'. We spent our first year in autopsy pathology and were exposed to Drs. Smith, Beamer, Schultz and Hubbard. Each was a very knowledgeable pathologist with high standards, but Frank Vellios was separate and distinct. He was the department's only surgical pathologist. As such, he provided the diagnosis for all biopsies received in the department, all frozen sections, and all specimens removed in surgical procedures. He also provided lectures and conferences in OB-GYN Pathology to the department of Obstetrics and Gynecology and medical student lectures. It was widely believed that the textbook of Pathology by Smith, Beamer, Vellios and Schultz was written*

<sup>2</sup> Another strain was the fact that Associate Dean John Mahoney died, leaving the Admissions Office and Student Promotions to be handled by those remaining in the dean's office.

<sup>3</sup> A letter written by Dr. Schulz on January 4, 1966 noted that two full professors, one associate professor, and two assistant professors left without being replaced and others planned to leave as soon as possible. The letter describes in some details the unproductive administrative style of Dr. Vellios.

primarily by Vellios.

*Residents spent an entire year in surgical pathology under Dr. Vellios. Residents dictated the gross exam of all specimens and were required to provide a hand written microscopic description of each case and a written diagnosis. The following day, each resident, in turn, entered Dr. Vellios' office with the slides and reports assigned to him or her. One sat next to Dr. Vellios as he reviewed the slides from each case and read the microscopic description and diagnoses. There were no dual viewing or multi-headed microscopes, but Dr. Vellios would make sure that you saw, through his microscope, those features important for the diagnosis and any of your oversights or misinterpretations. He read carefully each microscopic description and corrected each one or wrote his own if he was totally dissatisfied. He had extremely high standards, and it was a rare day when a resident left Dr. Vellios' office with any degree of self satisfaction. It is said that we learn more from our mistakes than our successes and Frank Vellios made sure a resident's mistakes were well known to him. In other words, he was a difficult man to please and seemed to know that each of us needs to be pushed a little further to excellence each day. After 6 months under his tutelage, and if he thought you ready, you were allowed to perform frozen section diagnoses 'on your own'. By the way, frozen sections then were done on a sliding microtome after the tissue had been frozen with liquid CO<sub>2</sub>. There were no cryostats then. He reviewed the slides and diagnosis after the resident had provided the frozen section diagnosis to the surgeon. This was a 'rite of passage' for each resident and essentially meant that Frank Vellios had put his stamp of approval upon you.*

*Having finished a year in surgical pathology under Frank Vellios, a resident knew that he could approach any problem in surgical pathology with more than a reasonable chance of success and resolution. This fact was well known to many pathologists practicing solo in various cities in Indiana. Residents, approved by Dr. Vellios, often did locum tenens for those pathologists while they were on vacation or at meetings.*

*There are two diseases which were first described by Vellios; lipoblastomatosis and adenofibroma of the uterus. The latter is indicative of his strong interest and abilities in gynecologic pathology. Vellios' reputation as an outstanding academic surgical pathologist was widely known. When the Indiana University School of Medicine's first full-time chief of dermatology (Victor Hackney) arrived sometime around 1963; he and Frank Vellios became friends and together established a twice monthly dermatopathology conference. Dr. Hackney had been one of the first Osbourne fellows at the AFIP under the renowned Elson Helwig, MD (a Hoosier by the way). I remember Dr. Hackney telling a group of us residents that Helwig had told him that Vellios was one of the top five academic surgical pathologists in the country.*

*The bottom line is that Frank Vellios was the 'main man' in the department and the role model for many of my era. Most of us knew that he would probably not be successful as chairman. But even to this day I often put my name to the report of a difficult and challenging case hoping that my efforts might be acceptable to Frank Vellios."*

One of the first things Dr. Vellios did as chairman was to remove Dr. John Lynn Arbogast as director of the Indiana University Medical Laboratories and appoint assistant professor Isabelle Buehl, MD as acting director of the



laboratories for 1965-66.<sup>4</sup> Arbogast had served as director of clinical laboratories since 1946. Dr. Vellios also removed associate professor Ralph Lingeman from his responsibilities in the lab. Lingeman had been on the faculty for five years and was particularly interested in electronics and computer science as they related to clinical labs. Dr. Lingeman and his wife, assistant professor of pathology Dr. Carolyn Harvey Lingeman, left soon thereafter.<sup>5</sup>

Dr. Vellios hired Professor Dr. Paul J. Alexander in 1966 from the University of Southern California and University



Dr. Vellios, Lehman, Alexander, Culbertson, Buchl and Arbogast - ca. 1960

of Minnesota to serve as director of the central laboratories. During 1966-67, four individuals were recruited for positions in the lab. These were assistant professor Amritlal Parekh, MD; associate professor Arnold Tammes, MD; assistant professor Ajit Sanghvi, Ph.D.; and Instructor Wie Shing Lee, Ph.D.<sup>6</sup> but, in August 1967, Dr. Vellios peremptorily relieved Alexander of his position as director and assumed that title, himself. After a short period, the newly hired Dr. Tammes began to serve as acting director of the lab, though this was not widely announced to staff or faculty. Feeling unsupported by the department and the school, both Alexander and Tammes left in 1968. After Dr. Tammes, assistant professor Dean Lusted, MD (faculty in 1968-69) may also have been acting director of the lab for a short time. Dr. Lusted is listed as medical director of the Medical Technology Program for one year, and in that era the director of the lab generally served as director of the program.

Before leaving, Drs. Alexander and Tammes outlined the dire problems the department faced. In short, the

4 Dr. Arbogast left the lab as of August 31, 1965 and became director of the Division of Allied Health Sciences at Indiana University School of Medicine, succeeding Aaron Andrews, who had directed that division from its inception in 1959.

5 The Lingemans resigned effective December 31, 1965 and moved to Washington, DC, where Ralph worked at the Veterans Administration Hospital laboratory in DC and was on the faculty of the George Washington School of Medicine. Carolyn was a pathologist at the National Cancer Institute, where she worked for 19 years. Ralph had a career-long interest in blood banking, ever since working in the Marion County General Hospital blood bank during his medical school days. In 2006, Carolyn gave the department a generous endowment gift in memory of her husband. The Lingemans had married on December 3, 1955.

6 Parekh left in July 1970, Sanghvi left in June 1970, and Lee left c. 1971.

department needed staff, space, and equipment. Nationally, developments in laboratory technology were moving ahead quickly and nearly passing Indiana University School of Medicine by. This was a time when clinical laboratory testing in leading institutions had been doubling every three to five years, while the complexity and variety of tests and the need for instrumentation was increasing as well. In their letters, Drs. Alexander and Tammes stressed the need for personnel with expertise to develop new tests in this era of emerging technology and reiterated the current chairman's misguided leadership. Inefficiencies in purchasing were cited as a major problem as well. The hospital Purchasing Department rather than the pathologists had control. There was a lack of blanket orders leading to delays, a lack of direct contact between lab experts and vendors, and a process for equipment bids that was terribly slow. Under the existing system, pathologists lacked control over the personnel in the lab, choice of supplies, choice of methods, levels of use, pricing, and other critical issues in lab management. It is no wonder that pathologists lost heart and chose not to stay.

Unfortunately, the department was in this muddle at a time when many changes were developing in pathology at the national level.<sup>7</sup> For example,

1965	Federal Medicare legislation enacted
1967	National Committee for Clinical Laboratory Standards founded
1967	First CAP Surveys-validated reference materials (SVRMs) available
1967	Surveys participation requirement for Laboratory Accreditation Program
1967	Clinical Laboratories Improvement Act of 1967 (CLIA-67) passed
1967	JCAH adopts CAP Laboratory Accreditation Standards
1969	First enzymology and instrumentation Surveys offered
1969	First regional laboratory inspection workshop offered
1970	Workload Recording Method inaugurated
1971	Quality Assurance Service(QAS) inaugurated
1971	First toxicology and virology CAP Surveys offered
1971	CAP proficiency in nuclear imaging began

The faculty in the clinical departments grew frustrated with Dr. Vellios and the state of the laboratory. A letter from a clinician in 1967 expressed the faculty's grave concerns about the timeliness of service, the attitude of laboratory personnel, the lack of quality control, and even the doubtful accuracy of lab test results themselves, at least as they appeared after being copied into patients' charts by hand.<sup>8</sup> In this letter it was noted that "at a time when all other laboratories

7 Listing adapted from CAP History Timeline at [www.cap.org](http://www.cap.org). Another item of note in 1967 was the formation of the American Association of Medical School Departments of Pathology (now the Association of Pathology Chairs).

8 William DeMyer, MD, Professor of Neurology, December 14, 1967

in the city have become automated so that at Methodist, for example, a blood profile of the patient, consisting of 12 tests, can be run on an auto analyzer at a cost of \$12 to the patient with an automatic printout of results, we are still doing many of these tests individually and copying the results laboriously by hand on the charts, with the many errors inherent in that method." The Department of Medicine was considering even setting up its own automated lab to do testing on its patients, thereby circumventing the problems in the central laboratories.

Finally, in 1968, Dean Glenn W. Irwin, Jr. decided to make



Dean Glenn W. Irwin, Jr. and Dr. George Lukemeyer - 1970

new arrangements for the Department of Pathology.<sup>9</sup> During that year, the laboratory was overseen by a committee chaired by Dr. George Lukemeyer in the Dean's office.<sup>10</sup> In making decisions about the lab, Dr. Lukemeyer worked with Mr. Acton, a hospital administrative assistant on loan to the clinical laboratories. Dr. Vellios was offered a position as chair of surgical pathology but chose to leave. He went to the University of Texas Southwestern Medical School in 1968, taking the *American Journal of Clinical Pathology* with him.<sup>11</sup> By the time Vellios left, Dr. Hubbard was nearly the only full-time teaching faculty member remaining.<sup>12</sup> He did surgical pathology and performed all the autopsies with the help of a diener named Tony Neece.

9 Dr. Glenn Irwin, Jr. was dean of Indiana University School of Medicine 1965-73. He also became the chancellor of IUPUI after the retirement of the first chancellor, Maynard Hines. IUPUI was created in 1969. Irwin served as chancellor 1973-86.

10 George Lukemeyer, MD was a 1947 graduate of Indiana University School of Medicine. He did one year of pathology residency (autopsy and surgical pathology) at Emory University School of Medicine and later did a medicine residency at Indiana University. He became a faculty member in the Department of Medicine. He joined the dean's office and eventually became the Executive Associate Dean in 1971.

11 In 1964, Vellios became associate editor of *AJCP* here at Indiana University School of Medicine, while Dr. Beamer was still editor-in-chief. In 1965, Vellios became editor-in-chief and continued in that role until 1979. In 1968, while the journal was still here at Indiana University, Charles S. Petty became associate editor (1968-69). In 1970, the journal and Vellios moved to the University of Texas Southwestern Medical School in Dallas, and in 1979 the journal and Vellios moved to the University of Oregon Health Sciences Center in Portland, Oregon. In 1980, Myrton F. Beeler took over as editor-in-chief of *AJCP*. Dr. Vellios served as president of the ASCP, 1982-83.

12 In 1967-68, the faculty list in the *Bulletin* also includes professor Wilens. No more is known of this individual. The list also includes associate and assistant professors who were probably in full-time private practice at non-university hospitals; for example, Drs. Lester Hoyt, William Hurteau, and Ed Pontius at Methodist Hospital.

To be continued in the Summer 2009 Issue of "Path to the Future"

## FARWELL TO FACULTY

### Dr. Strate Retires



On June 19, 2008 a reception was held for Dr. Randall W. Strate, Associate Professor of Clinical Pathology and Laboratory Medicine. Dr. Strate retired after 32 years of service with both Methodist Hospital and Clarian Health Partners. His wife, Dr. Bonnie Strate (pictured above on right) also retired from her family practice in 2008. The couple plans to spend their retirement years traveling, and splitting their time between their Indianapolis and Tucson, Arizona homes.

## INDIANA UNIVERSITY MELVIN and BREN SIMON CANCER CENTER

Opened in August 2008



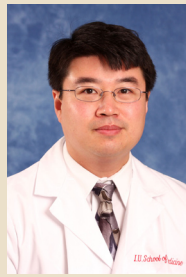
The Indiana University Melvin and Bren Simon Cancer Center patient care building was formally dedicated on August 21, 2008. The new facility combines the latest in cancer therapies in one

location, including inpatient and outpatient care. The new 405,000-square-foot facility is located at the corner of West Michigan Street and University Boulevard and is connected to Indiana University Hospital. A partnership between the Indiana University School of Medicine and Clarian Health, this collaboration will expand resources in cancer-related care, research, and medical education.

Inside the center, patients and their families are surrounded by a serene natural environment, pointing to the power of nature as an affirmation of life. Light is also used to inspire hope and meditative spaces were included to provide peace and nurturing. The inpatient floors have a family focused environment, with family laundry and shower rooms. All inpatient rooms have

IU Cancer Center continued on page 8





**Jay-Hsin Chen, MD, PhD –  
Surgical Pathology and  
Hematopathology,  
Assistant Professor**

Dr. Chen joins the department from Massachusetts General Hospital. Dr. Chen received his medical degree from Mayo Medical School in 2003. That same year he earned a Ph.D. in Molecular Neurosciences from Mayo Graduate School. Dr. Chen completed his residency in Anatomic Pathology in 2005 at Brigham and Women's Hospital then a Clinical Fellowship in Hematopathology in 2006. He completed a Clinical Fellowship in gastrointestinal pathology in 2008 at Massachusetts General Hospital. Subsequently, he was a graduate assistant in Gastrointestinal Pathology since 2007 at Massachusetts General Hospital.



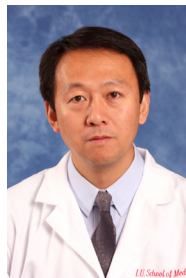
**Muhammad Idrees, MD, MBBS –  
Surgical Pathology and Cytopathology,  
Assistant Professor**

Dr. Idrees joined our department from the Mount Sinai School of Medicine in New York where he was an Assistant Professor of Pathology. Dr. Idrees received his medical training at the University of Punjab in Lahore, Pakistan followed by internships in General Surgery and Internal Medicine in Lahore, Pakistan's Services Hospital. His residency in Anatomic and Clinical Pathology was also completed at the Mount Sinai Medical Center in 2004. Dr. Idrees completed fellowships at Mount Sinai School of Medicine in Gynecologic Pathology (2005), Surgical Pathology (2006) and Cytopathology (2007).



**Ramesh Ramanathan, MD –  
Clinical Pathology,  
Associate Professor**

Dr. Ramanathan joins us from the VA Medical Center in Memphis, Tennessee. Dr. Ramanathan received his medical degree from the University of Madras/Stanley Medical College, India in 1974. He completed a residency in Pathology and Bacteriology in 1976 at Gujarat University in India. Following his residency, he was an Instructor then an Assistant Professor in Pathology at the Cancer Institute in Ahmedabad, India from 1976 to 1983. In 1988 Dr. Ramanathan completed a residency in Anatomic & Clinical Pathology at University of Wisconsin. In 1989 he completed a fellowship in Surgical Pathology at the University of Minnesota. Dr. Ramanathan completed a fellowship in Cytopathology here at Indiana University School of Medicine in 2008. He will be at the Clarian Arnett Hospital in Lafayette performing both cytopathology and surgical pathology.



**Rong Fan, MD –  
Pediatric Pathology,  
Assistant Professor**

Dr. Fan joins the department out of fellowship at Harvard Medical School. Dr. Fan received his medical training at Beijing Medical University in 1991, later to become a Lecturer for the University. Arriving at Ohio State University in 1995, Dr. Fan completed a Master of Science in Pharmacology in 1997 and later an Externship in General Medicine in 2003. Dr. Fan completed a residency in Anatomic and Clinical Pathology at the University of Illinois at Chicago in 2007. He completed a Pediatric Pathology Fellowship at Harvard Medical School with the Children's Hospital Boston in 2008.



**Leticia Miravalle, MS,  
PhD, CLSp(CG), NCA –  
Molecular Pathology,  
Assistant Professor**

Dr. Miravalle joined our department from the Department of Medical and Molecular Genetics here at Indiana University School of Medicine. Dr. Miravalle received a M.S. in Biochemistry in 1996 and Ph.D. in Biochemistry in 2002 from the National University of La Plata in Buenos Aires, Argentina. Dr. Miravalle first joined our department in 2000 as a Research Associate and then as an Assistant Scientist. Recently she completed a Post Doctoral Fellowship in Clinical Cytogenetics and Molecular Genetics in the Department of Medical and Molecular Genetics at Indiana University School of Medicine.



**Kathryn Rizzo, DO, PhD –  
Hematopathology,  
Assistant Professor**

Dr. Rizzo joins us out of fellowship from the National Institute's of Health's (NIH), National Cancer Institute. Dr. Rizzo received her medical training at the University of Medicine and Dentistry of New Jersey where she earned a D.O. in 2003. That same year Dr. Rizzo completed a PhD in Molecular Biology from the Graduate School of Biomedical Sciences (2003). Dr. Rizzo split her residency training in Anatomical Pathology starting at Virginia Commonwealth University / Medical College of Virginia and completing at National Institute's of Health's, National Cancer Institute (2006). She completed fellowships in Hematopathology (2007) and in Cytopathology (2008) at the National Institute's of Health's, National Cancer Institute.



**Steven F. Gregurek, MD –  
Transfusion Medicine,  
Assistant Professor**

Dr. Gregurek joins the faculty after a fellowship in Transfusion Medicine. Dr. Gregurek received his medical degree from Wayne State University in Detroit, Michigan in 1998. Previously, he received a B.A. from Harvard University in 1992. Dr. Gregurek completed a Pediatric Residency at Wilford Hall Medical Center in San Antonio, Texas in 2000. He was also a Captain in the United States Air Force from 1998 to 2004 where he served as a Flight Surgeon. Following the Air Force, Dr. Gregurek completed a Pathology Residency at Ball Memorial Hospital in Muncie, Indiana and was named Chief Resident in 2007. Recently, he competed a fellowship in Transfusion Medicine here at Indiana University School of Medicine in 2008.



**Mehdi Nassiri, MD –  
Hematopathology,  
Assistant Professor**

Dr. Nassiri joins the department from the University of Miami where he was an Assistant Professor in the Department of Pathology since 2004. Dr. Nassiri attended medical school at the University of Tehran completing in 1991. The University of Miami is also where Dr. Nassiri completed his residency and fellowships at Jackson Memorial Hospital. Dr. Nassiri completed a residency in Anatomic and Clinical Pathology in 2000, a fellowship in Hematopathology in 2001 and a Post-Doctoral fellowship in Molecular Pathology and Informatics in 2004.



**Simon J. Warren, MD, MBBS –  
Dermatopathology,  
Associate Clinical Professor**

Dr. Warren joins our department as Director of Dermatopathology services for Clarian Pathology Laboratory. Dr. Warren received his medical degree from Guy's and St Thomas' Medical School at the University of London, England in 1993. Dr. Warren's residency in Pathology was completed at St. Luke's Medical Center from 1995 to 1996 and the Medical College of Wisconsin from 1997 to 1998. Prior to that, he completed a fellowship in Cutaneous Immunopathology at the Medical College of Wisconsin in 2000. He then completed a fellowship in Dermatopathology at the University of Texas Southwestern Dallas in 2001. Previously, Dr. Warren was an Associate Pathologist at Global Pathology, a specialty dermatopathology lab in Miami, Florida.

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*Path to the Future* is published bi-annually for alumni and friends of



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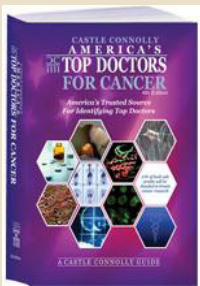
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*Mission Statement-*  
*The Department of Pathology and Laboratory Medicine will be an international leader, training outstanding physicians, scientists, and laboratory professionals, advancing understanding of mechanisms of disease and improving medical practice through research, and providing out patients and clinical colleagues with advanced diagnostic services, on-time and at low cost.*

Faculty Honors continued from page 1



of Medicine. “It further confirms that our dedicated faculty physicians are highly regarded by their peers and their patients.”

The guide contains detailed profiles of America’s leading cancer specialists across more than 40 medical specialties

The doctors are selected by a physician led research team. The team bases their decisions on comprehensive national surveys of physicians.

Congratulations Dr. Ulbright for earning recognition for his outstanding contributions.

IU Cancer Center continued from page 5

boutique hotel style rooms with large bathrooms.

Philanthropists Melvin and Bren Simon donated \$25 million to the building project and \$25 million for cancer research at the center in memory of their son Joshua Max Simon.

Cancer center growth:

1999	142,000 square feet
2008	405,000 square feet after opening of IU Simon Cancer Center in 2008.
2009	612,000 square feet after opening of Cancer Research III building in 2009.

## PATHOLOGY GRADUATION 2008



From left to right, 1<sup>st</sup> picture - Dr. John Eble, Dr. Magdalena Czader and Dr. Nahid Nanaji. 2<sup>nd</sup> picture - Dr. Mumtaz Sajjad, Dr. Jonathan Tongson, Dr. Gabreila Gheorghe and Dr. Jill Ferguson, 3<sup>rd</sup> picture - Dr. John Eble, Dr. Harvey Cramer and Dr. Jeff Rogers. 4<sup>th</sup> picture - Cedric D'Hue (husband) and Dr. Zandra D'Hue. 5<sup>th</sup> picture - guests seated for dinner on the White River Canal at the Indiana Historical Society.



# INDIANA UNIVERSITY

DEPARTMENT OF PATHOLOGY  
AND LABORATORY MEDICINE

School of Medicine

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