



PathologyToday®

ASCP's Physician Newsmagazine

ASCP Members Serve on Front Lines of AIDS War

Of the 40 million people living with HIV/AIDS in developing countries around the world, about 1.2 million of them live in Zambia. In the heart of the "African AIDS belt," the Zambian healthcare system is struggling to fight an epidemic that has infected nearly one adult in five and orphaned as many as 650,000 children in the nation.

The ASCP has been tapped by the Centers for Disease Control and Prevention (CDC) to assist the federal government in developing laboratory training and education programs designed to help address the global AIDS epidemic. This historic opportunity will involve a partnership with both the CDC and the Association of Public Health Laboratories (APHL).

Several ASCP volunteers have been playing a major role in the training sessions and will continue to do so in the future.

Candace Golightly, MLT(ASCP), clinical assistant professor at SUNY Stony Brook University and John R. Snyder, PhD, MT(ASCP)SH, dean and director of the Lima campus of Ohio State University, recently returned from a teaching mission to Zambia. They represented ASCP in a collaborative train-the-trainer expedition intended

to help laboratory professionals in the hardest hit nations to improve HIV/AIDS screening, diagnosis and therapy monitoring.

When the two arrived, together with representatives of the CDC and the APHL, they found a sobering situation. Golightly reports, "These are laboratory professionals who have no instrumentation, little equipment. Sometimes they don't even have a continuous supply of electricity. Their specimen collection resources and supplies are very limited. Things like latex gloves were nowhere to be found or are in extremely short supply. You know, you go in saying, 'Yes, things will be sparse, don't expect conditions like we have here.' But when you

continued on page 7



John R. Snyder, PhD, MT(ASCP)SH (left) and the Zambia lab team

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Contents

AIDS War	1
President's Message	2
Digital Glass Slides	3
Chair's Message	4
Annual Meeting	5
Washington Report	6
San Antonio Winners	7
Educator Finds Hot Spot	8
New Certification	9
Lance Peterson	11
CPT Coding	11
Direct Access Testing	12
Pathology Today®	13
ASCP Committees	14

ASCP President's Message



Medscape: Nirvana for the Medically Curious

One of ASCP's 2005 goals is to reach out to its membership and enhance the image of the profession and ASCP members.

The recent launch of the ASCP Pathology and Lab Medicine section on Medscape (<http://pathology.medscape.com>), the nation's finest and largest physician and public healthcare website, provides an incredible opportunity to improve our communication to members and emphasize our critical role in the healthcare community.

We launched the site in October and we've promoted it in our own publications, on www.ascp.org and to Medscape's half-million-plus registered users. However, every now and then I'll hear one of my colleagues say he or she doesn't know about the site.

So, let me see if I can't tickle your intellectual and medical curiosity a bit (not to mention saving you some time) by pointing out some of the things I like best about the Pathology and Lab Medicine section:

It's extremely "customizable." One of the first things I did after registering to use Medscape was create a personal profile for myself (access to the site is free but you do have to register before all the features will be available to you). I like being able to choose the kind of information that flows from Medscape to my computer.

I have chosen Pathology and Lab Medicine as my primary Medscape specialty, but I also find the information on Medscape's Hematology-Oncology section is important in my practice.

My preferences can be changed easily. Every time I log on to Pathology and Lab Medicine, I'm welcomed by name and right there, next to my name, is a link to my "Account Settings" page where I can update basic and professional information, set up Medscape's CME Tracker to monitor credits I earn through Medscape (and other sources), subscribe to a variety of newsletters and other e-communications, and if I wanted to, even create a website for myself (or my practice).

I like the fact that almost every Friday, Dr. George Lundberg, one of my ASCP presidential predecessors, and the editor of the Medscape General Medicine (MedGenMed) section produces a video editorial about some subject of interest to him. George's opinions are always thought-provoking and often challenge convention. You can access MedGenMed from the top of the Pathology and Lab Medicine page.

Medscape is also an efficient way to keep up with

what's going on in other areas of medicine. I do this by checking out the conference coverage sections – not just for ASCP, but other specialties, too. I have found this to be an incredible source of up-to-the-minute information relevant to my practice and teaching responsibilities.

Members say they want space online to discuss topics of interest with other ASCP members. Check out "Discussions" on the bar at the top right of the Pathology and Lab Medicine screen.

Because none of us has time to read every medical journal in print, one of the features I like best about Medscape is its extensive – more than 90 MEDLINE®-indexed journals – library. Medscape's editors do a great job of publishing only the most important articles from each journal so readers don't have to electronically "thumb through" each issue to find topics of interest.

I also like Medscape's sophisticated search feature (right at the top of our page). I can search for topics of interest in three major databases: MEDLINE®, Medscape and DrugInfo.

The public has also discovered that Medscape is a valuable source of accurate information and they're turning to it more and more as they work to improve their personal health. Thus, Pathology and Lab Medicine not only helps us put our best face forward to our members and the rest of the medical community, it also lets us promote an accurate reflection of our image to all the other visitors who find the Pathology and Lab Medicine pages a reliable source of medical information, as well.

With our new collaborative website, we have a wonderful opportunity to position ourselves alongside the rest of medicine's specialties. This site allows us to disseminate information about Pathology and Lab Medicine as we take our seat at the Medscape table with the rest of medicine's major specialties.

I hope you'll do your part by telling your colleagues and patients about ASCP's Pathology and Lab Medicine on Medscape.

Then, when you run across something you particularly like on the site, take a moment to let me know by sending an e-mail to president@ascp.org and I'll share your favorites in upcoming messages.

LoAnn Peterson, MD, FASCP
President@ascp.org

ASCP Educational Course Pilots Innovative Digital Glass Slide Technology

At the ASCP's "Contemporary Hematolymphoid Diagnostic Pathways" program, pathologists used virtual glass slides as part of an innovative, case-oriented learning approach to the World Health Organization (WHO) Classification, the revolutionary system for classifying and recognizing lymphoid and myeloid proliferations. This was ASCP's first in-depth educational course to employ virtual glass slides, and it represents the association's continued dedication to staying on the forefront of using this new technology. Of course, the ASCP plans to use similar virtual slide technology in upcoming programs (see end of article).

The successful pilot took over a year to plan and was co-directed by Cherie H. Dunphy, MD, FASCP and Peter M. Banks, MD, FASCP.

Digital glass slide technology allows glass slides to be scanned digitally and stored on a CD-ROM or a server. The new technology has become available only in the last few years because of the enormous amount of information on the glass slide. "Being able to compress this digital image scan into a size which is manageable within a standard computer system has been the challenge," said Banks. "But to a large extent the challenge has been met and now it is available."

Using navigational and magnification software tools, users are able to view the images as if they were using a conventional microscope. "The pathologist evaluates slides

using a microscope on a regular basis, so it's important that we used a method which is easy to use and closely simulates the day-to-day experience of microscopy," explained Banks.

Before the course, each participant received a set of approximately 60 virtual slide cases on CD-ROMs, so they could formulate their thoughts on the diagnosis ahead of time. By preparing in advance, participants were able to maximize dialog time with the faculty.

The case samples were representative of diverse disease categories, included body fluid smears (including bone and marrow), cytology aspiration or imprint preparations, and tissue sections that were scanned and digitized at diagnostic resolution.

The technology allows duplication of one-of-a-kind glass slide cases, which are very difficult to duplicate otherwise. "Some of the cases involved material not practically reproducible in large numbers," explained Nancy Zabel, MT(ASCP), director of ASCP educational programs. "If you have only one or two slides on a patient, the digital slide technology allows you to make them available to people across the country. It gives us a chance to present really rare cases to pathologists, and we're able to simulate exactly the way a pathologist gets a case and looks at it under a microscope."

Previously, the only way to reproduce glass slides in large numbers was using static 35mm slides,

requiring multiple images at various magnifications in order to represent the experience of a pathologist's slide review in making a diagnosis. "The virtual glass slide technology is really moving pathology to a new level of application in terms of education that we haven't seen before," said Zabel.

The seminar received an outstanding response. Ninety-two percent of 83 registrants rated the course "excellent." Many participants commented very favorably on the virtual slide format and CD-ROM images.

"Participants very much embraced the technology and could see the potential for it in the future," said Zabel. "Most of the attendees felt the technology was good enough to make a diagnosis from. Even people who are not enamored with computers were impressed by the digital image exercises."

The technology is continuing to evolve to make it even more valuable as an educational tool.

Digital glass slide technology will be used again when the Hematolymphoid Diagnostic Pathways course is repeated on May 2-6, 2005, in Savannah, Georgia. The technology will also be employed at the Update in Pulmonary Pathology course, March 30-April 1, 2005, in New Orleans, Louisiana. Small cellular specimens of bronchial washings have been digitized for the program. For more information on these and other ASCP course offerings, visit www.ascp.org. ■

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Chair's Message, ASCP Resident Council



Greetings again; I hope all is well as you are approaching the end of the second quarter of the academic year. By now, junior residents have acclimated themselves to the rigors of the “grossing rooms” and the senior residents have become accustomed to the junior residents *doing* the grossing!

I had the distinct pleasure of attending ASCP's Annual Meeting, Pathology Today®, in San Antonio in October and got to meet many residents from all over. There was an especially feisty group of French-Canadians present from Québec who truly enhanced the atmosphere.



ASCP Resident Council Chair Francois Cady, MD (left) speaks with Juan Rosai, MD, FASCP, at the luncheon, *Everything You Always Wanted to Know about Surgical Pathology, But Were Afraid to Ask... An Informal Chat with Dr. Juan Rosai*

The 2004 *AJCP* Sheard Sanford Resident Research Symposium was held on Saturday, October 9th. This year, 15 residents each made platform presentations to a panel of judges (one resident gave two) based upon original research. The competition was fierce, but Dr. Kimiko Suzue from the University of Chicago prevailed with her presentation on “Decreased Expression of Alpha-Methylacyl-CoA Racemase in Prostatic Adenocarcinoma Following Hormone Therapy.” Dr. Suzue's winning presentation was announced before the general meeting audience and she was awarded a Nikon microscope immediately before Dr. Elvio Silva's keynote address about “Serous Tumors of the Ovary.”

After the Symposium, we were whisked to the annual resident luncheon hosted by the Resident Council for a presentation by our special guest, Dr. Juan Rosai. Members of the audience submitted questions and after lunch Dr. Rosai addressed the crowd. He first spoke about the powerful influence Dr. Lauren V. Ackerman played on his early training and the important role mentors play today.

Dr. Rosai described Dr. Ackerman as a clinician who used pathology to care for his patients. He then shared stories about his wife (a gynecologic pathologist), sons, and one grandson. One resident asked Dr. Rosai to name his favorite tumor and he quickly responded: appendiceal carcinoid. He said he has always been amazed by the ability of a tumor the size of a pencil eraser to cause harm and yet have such a pleasant histologic appearance. Dr. Rosai then sheepishly admitted to not caring for epithelial tumors, especially those in the gynecologic realm.

When asked about his proudest moment as an educator, he simply stated that it was “the book.” Dr. Rosai said he feels honored that so many people across the world have used his textbook to enhance their practice of pathology.

Dr. Rosai enthusiastically answered many questions and ended by humbly saying how fortunate we are to train in a country that offers so much opportunity for professional growth and development.

In the preface to the ninth edition of his book, *Rosai and Ackerman's Surgical Pathology*, Dr. Rosai admits that he wrote the book using only pencil and paper. So, as a token of the Resident Council's gratitude for speaking to us at the luncheon, Dr. Rosai was given a Waterman pencil engraved with the words, “Juan Rosai, MD, ASCP Residents' Choice.”

He was very flattered by the gesture and promised to write the tenth edition with that very same pencil.

All in all, it was a great meeting. The courses were superb, the atmosphere was collegial, and San Antonio was wonderful in October.



Francois Cady, MD

Excitement Felt by All at the 2004 Pathology Today®: ASCP Annual Meeting!

The ASCP is well-known for its knowledge-dense meetings, and this year's meeting ranks among the best. The 2004 ASCP Annual Meeting, Pathology Today®, was held at the Hyatt Regency in San Antonio, Texas, October 7-10. More than 1000 people attended!



Internationally-renowned diagnostic surgical pathologist Juan Rosai, MD, FASCP presents the keynote, Through a Glass Darkly: Lessons from the GIST Saga

Bringing the opening keynote address was **Juan Rosai, MD, FASCP**, an internationally-known authority on surgical pathology. Dr. Rosai spoke on "Through a Glass Darkly: Lessons from the GIST Saga," a knowledgeable, witty, and very well-received assessment of changing views of gastrointestinal stromal tumors (GISTs). Following that address was the opening reception—intended to be held on the grounds of the Alamo but moved indoors because of a threat of rain.



Attendees enjoy the President's Reception

No less festive, though, for its being indoors, with colorful wall hangings, piñata-like buffet line decorations, and strolling Mariachi musicians, the reception offered many opportunities for "connecting" and networking late into the evening.

Throughout the four days, more than 100 courses were taught by the distinguished faculty; many of these courses were new this year. Also held were lunch roundtable discussions, microscope tutorials, slide seminars, and poster presentations. Special sessions included the presentation of the Society's prestigious awards for distinguished service, education and outstanding research and the annual business meeting, with the installation of the ASCP's new president, **LoAnn Peterson, MD, FASCP**. The scientific keynote address on Friday afternoon was given by **Lance A. Liotta, MD, PhD**, on the topic "Proteomics: The Next Revolution in Molecular Medicine." Saturday afternoon, **Elvio G. Silva, MD, FASCP**, delivered the Arthur Purdy Stout Society Keynote Address: "Serous Tumors of the Ovary."

Dr. Rosai spoke at two other sessions: an informal luncheon just for pathology residents on Saturday, and a general course which he entitled "Mistakes in Surgical Pathology: A Personal Perspective." About 100 residents attended the Saturday luncheon, and Dr. Rosai answered questions from the group on his background, the value of mentoring, his best successes, and more. In his "Mistakes . . ." session, also well



A Mariachi band greets attendees at the Pathology Today: ASCP Annual Meeting opening reception

attended, he analyzed sources of error in surgical pathology and, with the support of many slides, presented cases that were not as they initially appeared to be.

Exhibitors included reference laboratories, publishers, and instrument and reagent manufacturers. Two much-appreciated and well-used services sponsored by vendors were the coffee breaks, sponsored by

DakoCytomation, and the Cyber Café (a room of computer stations), sponsored by Roche. ARUP Laboratories sponsored Dr. Rosai's presentations as well as the tote bags given to all registrants;

Olympus sponsored the Anatomic Pathology Slide Seminar; Nikon donated the microscope prize for the Pathology Resident Award competition; Sysmex sponsored a "Lunch and Learn"; and Abbott Diagnostics contributed to the Guide to the Meeting.

Enhancing learning at this year's meeting were two technological advances: 1) A **CD-ROM** given to each attendee containing the



ASCP poster presentations

continued on page 13



Washington Report

Society News

ASCP Adopts New Policy Statements: Fee Splitting, Workforce Shortage and Training for Bioterrorism Addressed

At its October meeting, the ASCP Board of Directors passed three new policy statements by unanimous consent. The statements drafted by the Society's Commission on Public Policy focus attention on three important issues facing the field of pathology and laboratory medicine. The issues outline ASCP's strong opposition to fee splitting, mark-ups and related practices; the need to better train the clinical laboratory workforce to prepare for bioterrorism; and the need to address the medical laboratory personnel shortage.

"Fee Splitting, Markups and Related Practices" describes the practices of fee splitting, and compliments similar policies that have been adopted by the American Medical Association and the College of American Pathologists. These practices can have a number of different permutations. In general, these involve clinicians or other health care providers referring patient specimens to clinical laboratories or pathologists for analysis on the basis of an understanding that the referring practitioner or healthcare practice receives a financial or other benefit for referring patient specimens. Numerous states, including Louisiana, California, New York, New Jersey, and Nevada, have banned the practice of fee splitting by requiring that clinical laboratories directly bill the patient for services performed. The Society developed this policy in light of a growing number of providers using these highly unethical techniques. These practices can also adversely affect clinical laboratories and patient welfare, and have been found to inflate the cost of laboratory services for patients, federal and state governments, and other payers.

"Bioterrorism: The Role of the Clinical Laboratories and the Workforce" acknowledges the critical role that the clinical laboratories play in bioterrorism preparedness. The statement includes strategic recommendations designed to better prepare clinical laboratories and our workforce in the event of a bioterror attack. These recommendations include strengthening communication lines between clinical laboratories and govern-

ment laboratories and support for training the clinical laboratory workforce to become fully prepared. Since the September 11, 2001 tragedy and the anthrax attacks that occurred in the fall of 2001, the federal government has better prepared public health laboratories and their workforce for bioterror attacks but needs to pay more attention to clinical laboratories. The clinical laboratory community also needs to take initiatives in order to be fully prepared for an attack.

"The Medical Laboratory Personnel Shortage" calls on the Federal government to produce and sustain incentive programs that will help alleviate the shortage of qualified medical laboratory personnel. The clinical laboratory community is facing a critical and growing shortage of qualified laboratory personnel. This shortage hampers the ability of clinical laboratories to meet patient testing demands, which may pose problems for patient health and welfare. ASCP feels that tools and incentives, including grants and loan programs, will help spark interest in professions within the laboratory. The Society has been very active on this issue, working with Congressional leaders to sponsor H.R. 623, the Medical Laboratory Personnel Shortage act, in the 108th Congress.

Federal Agencies

ASCP Participates in High Level Meeting on Quality Practice

ASCP president LoAnn Peterson, MD, FASCP, attended the inaugural partners meetings of the Institute for Quality in Laboratory Medicine (IQLM) on October 14, 2004 in Atlanta, Georgia. The IQLM is a new public-private partnership organization being formed to engage the health care community in improving the use of laboratory tests and services. The IQLM seeks to bring together clinicians, laboratory professionals, patients, manufacturers, government and accrediting bodies to work on advancing substantial improvements in quality, effectiveness, safety and appropriateness over the broad spectrum of laboratory testing.

More than 40 health-related associations, professional societies and government agencies gathered together to

continued on page 10

San Antonio Winners!

At the recent Pathology Today® Annual Meeting in San Antonio...

AJCP and Nikon presented the AJCP Sheard Sanford Pathology Resident Award to Kimiko Suzue, MD for her research, "Decreased Expression of Alpha-Methylacyl-CoA Racemase in Prostatic Adenocarcinoma Following Hormone Therapy." Dr. Suzue received a microscope as part of the award.

ASCPSTAR raffled off a \$350 gift card donated by REI Incorporated, good for any bicycle at any REI Store, including REI.com. The winner was Bobbi Pritt, MD of Burlington, Vermont.

Gant Travel, ASCP's official travel agency, sponsored an airline ticket drawing. Beatriz Setrini, MD, FASCP of Morris, Illinois and Anna Moran, MD won free airline tickets.

The ASCP Resident Council raffled off a 20GB Apple iPod. The winner was Lian A Bonds, MD, MBA from the University of New Mexico.

ASCP also raffled off two \$850 ASCP Resident meeting stipends sponsored by Geico Direct. The winners were: Sameh S. Geha, MD and Darly Knoedler, MD. ■

AIDS War

continued from front page



Lab workers in Zambia

actually see it, and realize that they're trying to get through the day doing the same type of testing that we do here in the United States, but doing it all manually, it was ... it was something to see. It was a shock. I was surprised by the dedication of the laboratory personnel to improve their conditions."

Snyder adds, "It's clearly a serious situation and clearly the laboratory people that we worked with are very concerned about it. We found dedicated professionals who truly want to do a better job with their testing. They have a great interest in moving from the manual procedures that they were used to doing, to some form of automation. Until they do, they just don't have the capacity to do the volume of testing that is requested of them."

ASCP's efforts are part of the President's Emergency Program for AIDS Relief (PEPFAR), a \$15 billion effort to provide prevention and treatment and humane care in developing nations afflicted by AIDS. ASCP's goal is to significantly enhance laboratory services in select targeted countries by implement-

ing comprehensive laboratory quality assurance programs and conducting laboratory training in these countries. The most immediate need is to provide well-designed training programs for chemistry, hematology, and CD4 testing.

The ASCP is planning training sessions in Ethiopia this month and other future targeted nations include Botswana, Ethiopia, Ivory Coast, Kenya, Mozambique, Namibia, Nigeria, Rwanda, South Africa, Tanzania, Uganda, Haiti, Guyana, and Vietnam.

About 40 laboratory science professionals attended the workshop at the

Endola School of Biomedical Sciences. Golightly reports that the reception was more than warm. "For all the time and energy you put into a project like this, you get so much more back. It was such a rewarding experience, to get out there and see other laboratory personnel, what they're doing, what they have to deal with, the conditions they have to deal with, to share whatever knowledge and expertise we have."

Snyder, who also went on to Ethiopia to participate in another workshop, agrees. "It was truly a great start. If there's one thing that I carry away from this, it is an appreciation for the dedication of laboratory professionals around the world, to do the right thing despite what would seem to be overwhelming circumstances." ■



John R. Snyder, PhD, MT(ASCP)SH and the Zambia lab team

ASCP Educator Finds Hot Spot in Middle East

The State of Qatar (pronounce it like “cutter,” not like “guitar”) is in the very heart of the Persian Gulf, on a peninsula a bit smaller than the state of Connecticut, with a total citizenry that numbers just a bit more than the population of Boston. Dwarfed as it is by its neighbors—Saudi Arabia to the south, Iran across the Gulf to the north—many Americans might be hard pressed even to find this independent Arab nation on the map.

So how did ASCP member Powers Peterson, MD, FASCP find herself there? “I couldn’t say ‘no’ to this chance,” she says.

Peterson explains, “The Emir of Qatar is a very progressive, very forward-thinking leader, committed to bringing the best of the world to his people and the best of his people to the world. Part of that plan is the establishment of a branch campus of Weill Medical College of Cornell University in Education City, near the capital city of Doha. It’s an exciting project, the first time that an American university has offered its medical degree overseas. I’m here as a member of the Cornell faculty.” Carnegie Mellon University, Texas A&M University and Virginia Commonwealth University also have established branches in Education City.

Laboratory facilities in Education City, she reports, are state-of-the-art. “We’re doing digital microscopic imaging, without traditional slides, without traditional microscopes. This is technology that is not only a great teaching tool, but has tremendous application in the clinical setting, in telemedicine,”

reports Peterson. “There is nothing backward here. Everything is progressive, everything is moving forward.”

Peterson has seen first-hand the progress in education in Qatar. As is



Powers Peterson, MD, FASCP instructs a student at the Weill Cornell Medical College in Qatar (www.qatar-med.cornell.edu)

traditional in many Arab societies, Qatari students have long been segregated by sex, with female students often taking lower priority. “The current Emir of the State of Qatar, Sheikh Hamad bin Khalifa Al Thani, only came to power in 1995. In 2003, he appointed the first female cabinet member in the country’s history, Mrs. Sheikha Mahmood, as minister of education and teaching. One of the Emir’s goals is for Qatar to have co-ed schools, not only at the university level, but eventually at all levels.” The Cornell program was the first co-ed higher education program in the nation; 70 percent of the first pre-med class was female.

In fact, the experience of a Western woman living and teaching in an Arab country has been “eye-opening, in many ways,” says Peterson. “Like lots of Westerners, I came here with a good many—I don’t want to say ‘prejudices’—

‘preconceptions’ is more accurate. I’ve left those preconceptions behind. My colleagues and students in Qatar are just like colleagues and students in the United States. Yes, many of them wear the *abaya* and *shaila*, but many don’t. The culture is very different in many ways; the customs are different, that’s to be expected. But the people are the same.”

She’s had the opportunity to meet a wide variety of people and, she says, “I’ve learned to be very open to this experience. I’ve been horseback riding with the

Emir’s daughter, a charming young woman who would be perfectly comfortable with any group of teenage girls anywhere in the West. I’ve visited the homes of several Qatari families, where I was made to feel very comfortable and very much welcomed.”

And her students? Peterson laughs, “They’re just like students anywhere else. Exactly. They give you the same thrill when they get it, the same frustrations when they don’t. They’re just as bright, just as curious, just as eager and just as exasperating.”

Peterson makes no predictions about how long she’ll stay in Qatar: “The situation in this part of the world is obviously fluid. But for now, I can’t pass up this opportunity. Some don’t ever get a chance like this; others might pass it up because this is the Persian Gulf. I just couldn’t miss this chance.” ■

ASCP BOR Offers New Certification for Pathologists' Assistants

The official acceptance of a Memorandum of Understanding (MOU) between the ASCP Board of Registry (BOR) and the American Association of Pathologists' Assistants (AAPA) ushers in a new BOR certification for pathologists' assistants. The MOU makes the AAPA the eighth participating member of the BOR Board of Governors. It also provides the opportunity for all AAPA Fellows to apply for immediate certification. Starting in October 2005, other qualified candidates will be eligible to take the ASCP BOR certification examination for pathologists' assistants.

Although the total number of pathologists' assistants is unknown, most are probably AAPA members, each of whom had to pass a membership qualification exam and meet strict training and experience criteria to qualify for AAPA Fellow status. "Although AAPA Fellows are eligible for BOR certification without taking the usual certification exam, it is not automatic," stressed Patricia Ellinger, MEd, MT(ASCP)SBB, chair of the ASCP BOR Board of Governors. "They will have to submit an application to the BOR requesting certification no later than Dec. 31, 2005. AAPA Fellows who do not apply by December 31, 2005 will have to pass the BOR exam just like other qualified applicants in order to attain certification."

The Pathologists' Assistant Certification will have multiple routes, similar to other BOR certifications, Ellinger added. BOR examination applicants must be graduates of a pathologists' assistant education program accredited by the National Accrediting Agency for Clinical Laboratory Science (NAACLS) or be able to demonstrate that they meet specific training and work experience requirements. As of this writing, there are only six NAACLS accredited programs (see sidebar).

National certification for pathologists' assistants is the realization of a long-held dream, explained AAPA member James W. Moore, MHS, who worked closely with the ASCP BOR to establish the certification. Until recently, he was the acting executive director of the National Commission on Certification of Pathologists' Assistants, a body organized to identify and evaluate various options for national certification. "In 1972 when the AAPA was formed, its primary purpose was to establish and maintain appropriate educational and professional standards for those working in the field and to seek national recognition and certification for its members," he said.

"Pathologists' assistants are physician extenders much like physicians' assistants," added AAPA Board of Trustees Chair Thomas L. Reilly, BHS. "We are extensively trained and educated to provide complex anatomic pathology services under the supervision and direction of licensed, board-certified pathologists. It is not within our scope of practice to render a diagnosis," he stressed. "That is the responsibility of the pathologist."

"The profession as we know it today began with a pilot training program developed in 1969 at the Veteran's Administration Medical Center in Durham, NC," Moore observed. "They were trying to compensate for a pathologist shortage by training people to take over some of the pathologist's non-diagnostic tasks. The concept has gradually spread."

Some pathologists initially resisted the use of pathologists' assistants, observed AAPA Board of Trustees Chair Thomas L. Reilly, BHS. However, continuing pathologist shortages and a history of positive experiences have brought growing acceptance. "Many pathologists have found that having a pathologists'

NAACLS Accredited Pathologists' Assistant Education Programs

Bachelor's Degree Program

Wayne State University, Detroit, MI

Master's Degree Programs

Duke University, Durham, NC

Quinnipiac University, Hamden, CT

University of Maryland, Baltimore, MD

Ohio State University, Columbus, OH

Rosalind Franklin University of Medicine and Science, North Chicago, IL

NAACLS Accreditation Pending

Indiana University-Purdue University-Indianapolis, IN

Drexel University College of Medicine, Philadelphia, PA

assistant on staff frees them up to spend more time on diagnostic activities and handle a larger case load," he said.

Mark Stoler, MD, FASCP, the ASCP liaison to the National Commission on Certification of Pathologists' Assistants, agrees. "Concerns about the effect pathologists' assistants might have on the quality of patient care or pathologist job security have proved unwarranted," he commented. "The reality is that most pathologists are increasingly busy. Using a pathologists' assistant enables them to work more efficiently and increase their capacity."

Ellinger expects demand for pathologists' assistants to increase over time. "If the patient population continues to grow as expected, demand for laboratory services and

continued on page 13

Washington Report

continued from page 6

discuss the future vision for the IQLM. Dr. Peterson expressed the Society's desire to improve the quality of laboratory tests and services for all Americans. Dr. Peterson pointed out, "We must make very effort to offer patients the highest quality pathology and laboratory services and the IQLM effort can contribute a quality agenda for our nation's laboratories and overall health system."

The Society is pleased that the IQLM has selected one of the nation's leading experts on health care quality, Lee Hilborne, MD, FASCP to chair the quality indicators workgroup as well as serve on its executive committee. Dr. Hilborne is a member of ASCP's Board of Directors and is Chair of the ASCP Commission on Education.

Meeting participants suggested that the IQLM pursue several goals, including improving the interpretation of laboratory test results; developing patient-centered laboratory reports; working collectively on the total testing cycle; ensuring the quality of laboratory personnel; and broadening the process of patient care to include all phases of laboratory testing to help bridge the gap across the quality chasm using quality measures.

"It was a remarkable first step," noted Robert Martin, DrPH, (Acting) Director of the Office of Public Health Partnerships at the CDC, who welcomed participants to the meeting. "We are pursuing an independent, non-regulatory organization to improve the use of laboratory tests and services. The expert contributions received from this diversity of organizations will speed this development."

The first IQLM conference, "Recognizing Excellence in

Practice," is scheduled for April 28-30, 2005 in Atlanta, Georgia.

ASCP Opposes CPT Re-coding Proposal

ASCP has opposed an effort to change the CPT code for the review of gynecologic slides using the Cytyc ThinPrep Imaging System (TIS), a location-guided screening technology. Several proposals have been put forward to create a new code for TIS-examined slides. The proposals come from TriPath, a competitor to Cytyc, the College of American Pathologists, and an independent clinical laboratory. The proposals are expected to lower reimbursement for this procedure. Currently, the CPT code for the examination of cytology slides using the TIS is 88175, which is eligible for a maximum reimbursement of \$37.01.

The proposals to change the code for TIS-examined specimens focused on the wording of 88175, which reads: "Cytopathology, cervical or vaginal (any reporting system) collected in preservative fluid, automated thin layer preparation; screening by automated system and manual *rescreening* (emphasis added), under physician supervision." Those calling for a change to the TIS reimbursement code claim that "screening," means a review of 100 percent of the specimen, and so *rescreening* would also require an examination of the entire specimen. Some opposed to the coding change have indicated that "rescreening" can mean less than a full review of the specimen. The Cytyc system relies on automated screening and manual *rescreening* of at least 22 of 120 fields of view, with the option to review more fields of view, or the entire specimen, if deemed necessary

by the cytotechnologist. Regardless of the extent of the cytotechnologist's examination, 88175 is deemed to be the appropriate CPT code.

However, when the CPT Editorial Panel established the 88175 CPT code, it did so with the intent that the code would be adaptable to new technologies. During the panel's deliberations, it discussed the next expected technological advance, "location-guided screening," on which several vendors, including Cytyc, were then working. Members of the panel sought to ensure that these new technologies would be eligible to use these new codes.

In a letter to Dr. Tracy Gordy, Chair of the CPT Editorial Panel, ASCP argued that the panel's intent was clear that these technologies would be able to use these codes. ASCP also noted that in creating the codes, the panel sought to ensure that they would not be vendor-specific. Both of the proposals to recode TIS would appear to result, at least temporarily, in 88175 becoming vendor-specific. ASCP suggested that if clarification of the coding language is necessary that the phrase "field of view screening" be included.

Capitol Hill

Cummings Legislation Would Establish Whistleblower Protections and Unannounced Surveys

U.S. Representative Elijah E. Cummings (D-MD) introduced legislation on October 8th to establish whistleblower protections for clinical laboratory staff and mandate that standard clinical laboratory surveys be unannounced.

continued on page 11

ASM Awards Lance Peterson, MD, FASCP

Lance Peterson, MD, FASCP was selected to receive the American Academy of Microbiology's (ASM) 2005 BD Award for Research in Clinical Microbiology. His award will be presented at the ASM General Meeting Awards Dinner, on Monday, June 6, 2005, in Atlanta, Georgia. The ASCP congratulates Dr. Peterson! ■

CPT CODING 2005: WHAT'S NEW?

- Are you interested in learning more about the new CPT coding for 2005?
- Do you want to learn how to apply the new CPT codes?
- Are you interested in the pitfalls of applying the new codes?

If you answered "Yes" to any of these questions, then you must plan on attending this special ASCP Town Hall Audioconference - to be presented on Wednesday, January 19, 2005, from 1:00 PM - 2:15 PM CT by Mark Synovec, MD, FASCP.

Visit:

www.ascp.org/Downloadables1/WebTextItems/7601.asp

Washington Report

continued from page 10

Congressman Cummings introduced the Clinical Laboratory Compliance Improvement Act of 2004 (HR 5311) to address concerns emanating from two congressional hearings earlier this year about testing problems at Maryland General Hospital, which is located in his congressional district. An investigation brought about by a whistleblower at the hospital's laboratory revealed that at least 450 HIV and Hepatitis C test results were reported, even though there were indications the test results might be invalid. During the hearing, several members of the House Government Reform Committee expressed their surprise to learn that clinical laboratory surveys are generally scheduled in advance.

During those hearings, several individuals testified, including Dr. Mary Kass, president of the College of American Pathologists, on the need for whistleblower protections and better communication between private accreditation organizations and federal and state regulators.

Dr. Kass explained that CAP was in the process of requiring clinical laboratories it accredits to post notices alerting staff how to file complaints for noncompliance with federal law. HR 5311 would incorporate such a requirement into federal law. The legislation would require clinical laboratories to post information on filing a complaint or grievance regarding compliance with federal law, such as deficiencies pertaining to testing, quality, or inadequately trained staff.

HR 5311 would also provide legal protections to individuals filing noncompliance complaints or assisting in the investigation of a provider or clinical laboratory. The bill protects employees from adverse employment actions such as failure to promote or provide other employment; adverse evaluations or decisions made relating to certification, credentialing or licensing; or adverse personnel actions. The measure enables employees who have suffered adverse treatment to seek relief through U.S. district courts.

Employees may be entitled to reinstatement, reimbursement for lost wages and benefits, and reasonable attorney's fees and costs.

The Cummings bill also requires the organization receiving the complaint of noncompliance to notify the Secretary of Health and Human Services and other investigative organizations involved within three days. During the congressional hearings on Maryland General Hospital, Dr. Kass stated that CAP did not receive a copy of the whistleblower's complaint until after reading about the laboratory's problems in the paper.

HR 5311's unannounced survey requirement mandates that applicable providers or clinical laboratories "shall be subject to a standard survey, to be conducted without any notice to the provider or laboratory." The bill does not address the frequency of these surveys. The measure would also impose a fine for notifying a "provider or laboratory of the time or date on which such a survey is scheduled to be conducted." ■

Direct Access Testing—Its Pros and Cons: A Pro DAT Perspective

by Dr. Kenneth Emancipator, MD, FASCP, Director of Medical Affairs, Bayer HealthCare LLC



The following article is the second in a series of articles concerning the issue of direct access testing. The

November 2004 article, written by

Dr. David F. Keren, raised concerns about direct access testing. This article expresses the opinion of the author only and does not reflect the opinion of his employer or ASCP.

One of the objectives of the National Cholesterol Education Program is “to increase the proportion of Americans who know their blood cholesterol levels.”ⁱ What better way to do this than through Direct Access Testing (DAT)? Many individuals will take advantage of this convenient means of checking their cholesterol (total, LDL, and HDL), who otherwise would not see a physician for this purpose. DAT offers laboratory quality results, a distinct advantage over home tests.

A man traveling on business has a terrible sore throat. He does not plan to see a physician about it. However, he finds a collection station for a commercial laboratory offering DAT and decides to get a throat culture to make sure he doesn't have strep throat. Presumably, he will seek medical attention if the throat culture is positive. A good customer-friendly DAT lab should report positive results as: “Positive for Group A Streptococcus. It is essential you seek medical care to be treated with antibiotics.” Even if the patient fails to see a physician, he is no worse off than if he had not been tested.

DAT improves access to health-care by offering a convenient, albeit nontraditional, means of obtaining a diagnosis. Controversy arises largely because it involves a self-diagnosis, yet the very existence of over-the-counter (OTC) drugs is predicated on the concept that self-manage-

ment — treatment and diagnosis — is safe, at least for some conditions. Self-management requires patients possess a certain degree of knowledge. It is not for everyone. Patients may consult a physician for an upper respiratory infection despite the availability of cold remedies at the pharmacy. Similarly, patients may check their cholesterol via a physician despite the availability of DAT. With DAT, laboratory professionals can help patients choose and interpret tests, just as pharmacists help patients choose OTC drugs.

The controversy fundamentally is about the degree to which individuals can take responsibility for their own health. This controversy is not unique to laboratory testing. The debate becomes more passionate when making prescription drugs available over the counter.ⁱⁱ The trend clearly favors giving individuals more opportunities to manage their own health. Many OTC drugs available today required a prescription several years ago. Current norms even recognize a role for patient self-selection of drug therapy even when physician supervision is required. This is the rationale for direct-to-consumer prescription drug advertising.

Is this trend toward self-management good? I think so. In fact, I think in 20 years it will be hard to believe DAT was a matter of debate. DAT, prescription-to-OTC conversions, and direct-to-consumer advertising are the latest stages of an even larger trend. Ethical medical standards have been moving steadily toward individual responsibility and self-determination for decades. Today, it would be unimaginable for a surgeon to operate without informed consent, or for an internist to refrain from telling a patient about his or her terminal prognosis. Yet such practices were acceptable, subject to the physician's discretion, a few decades ago. Today, societal norms not only allow, but require patients make deci-

sions about their own health.

There is certainly a profit motive for laboratories that offer DAT, but I do not see this as inappropriate.ⁱⁱⁱ After all, the profit motive is the foundation of a capitalist society. It drives delivery of new products and services that improve everyday life. While most people working in healthcare want to improve human health, few can do it for free.

The laboratory community needs to consider new testing paradigms. When self-monitoring of blood glucose (SMBG) became available, many believed patients could neither perform their own tests reliably nor utilize this data appropriately. Actual experience has shown that empowered diabetics can use SMBG data effectively to improve their own prognosis.

I think DAT can have a similar impact on the diagnosis and treatment of other disorders. A good example is hypercholesterolemia. The disease is defined by the laboratory test (LDL cholesterol). The first line of treatment, diet and exercise, is completely under the patient's control. Faced with the knowledge their LDL cholesterol is dangerously high, and that they have been unable to lower it with lifestyle changes, more patients will go to a physician seeking a prescription for anti-cholesterol drugs. Perhaps some day, anti-cholesterol medications may be available OTC in the US. This may be a scary thought for some, but a low-dose form of Zocor[®], an anti-cholesterol drug in the statin class, is already available in the UK without a prescription.^{iv}

ⁱ National Cholesterol Education Program. Program Description. www.nhlbi.nih.gov/about/ncep/ncep_pd.htm.

ⁱⁱ Kolata G. There's a Blurry Line Between Rx and OTC. *The New York Times* 2003 [Dec 21]; Sec 4, p 3.

ⁱⁱⁱ Young K. Direct-access Testing Debate Includes Patient, Laboratory Interests. *Laboratory Medicine* 2004;35:391-2.

^{iv} Alvarez L. Britain to Start Direct Sale of an Anti-Cholesterol Drug. *The New York Times* 2004 [May 15]; Sec A, p 10. ■

Pathology Today[®]: The ASCP Annual Meeting - *Learning at a Higher Power*

Planning is already underway for the 2005 Pathology Today[®] ASCP Annual Meeting, October 8–11 in Seattle. The line-up will include world-renowned faculty, cutting-edge topics and concepts, a wide variety of educational formats, interactive and dynamic courses, tons of networking opportunities, social events, and more!

Bernard A. Harris, Jr., MD, former NASA astronaut, will give the Opening Keynote Address, a compelling presentation on the medical and scientific issues of long-duration space flight.

Eric D. Green, MD, PhD will present “The Genomic Revolution: Bringing Genes to Life.” The next phase of genomics research will focus on connecting genomic data and technologies to biology, to

health, and to society. In the coming decades, it will likely also change biomedical research and the practice of medicine in profound ways.

Saul Suster, MD, FASCP will present the Arthur Purdy Stout Society Keynote Address: Primary Thymic Epithelial Neoplasms. Significant advances in the understanding of primary thymic epithelial neoplasms have been made in recent years. Yet, the biology of these tumors remains elusive and controversies continue to exist regarding their classification and prognosis.

Pathology Today[®]: The 2005 ASCP Annual Meeting will be held in the scenic Pacific Northwest. Seattle is home to many recreational activities. Among the most popular urban attractions are the Space

Needle, Pike Place Market, the Hiram Chittenden Locks, Woodland Park Zoo, Seattle Aquarium, waterfront, lakeside and sound beaches, Pioneer Square, and local wineries and breweries—just to name a few! Outdoor activities include boating, fishing, golf, water sports, hiking, biking, mountain climbing, and skiing. Seattle is situated on the shores of two large lakes and Puget Sound, with remote wilderness less than an hour away, and is flanked by two major mountain ranges (Olympics and Cascades), with Mount Rainier in full view. Nearby are the San Juan Islands, Pacific Ocean beaches, and major rivers.

Visit www.pathologytoday.org for further updates on the meeting. ■

Annual Meeting

continued from page 5

electronic handouts and selected images from all 100+ courses (a boon to all), and 2) an “**Audience Response System**” (ARS)—a wireless device enabling course participants to communicate instantaneously with faculty.

And surrounding all of the learning, technology, and network-

ing was San Antonio: The Alamo, with its solemn history; the River Walk—right outside the door of the Hyatt—with its one-of-a-kind sights, sounds, and tastes; as well as the unlimited shopping, night life, and wide variety of choices in recreation and entertainment.

Next year’s meeting will be October 8–11, 2005, in Seattle. You won’t want to miss it. Visit www.pathologytoday.org for more information. For more photos from the 2004 meeting, visit www.pathologytoday.org/events/highlights.asp. ■

New Certification

continued from page 9

pathologists’ assistants will too.” Reilly agrees with her. “We are producing fewer pathologists than we used to,” he commented, “which is fueling the need for pathologists’ assistants. I expect national certification to increase our visibility and

possibly create additional demand.” The retirement of a large number of pathologists over the next 10 years is expected to increase demand for pathologists’ assistants as well.

For more information or to find out how to apply for patholo-

gists’ assistant certification, contact the ASCP BOR by e-mail at applicantactivities@ascp.org or call 1-800-621-4142, extension 1139 or go to www.ascp.org/bor. ■

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continued on page 15

Committee Appointments

continued from page 14

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This list was produced December 1, 2004. Updates and revisions can be viewed in the online version of this list at www.ascp.org/general/feedback.asp.

Call for Board Nominations

The ASCP Nominations Committee seeks your assistance in identifying potential nominees for service as a Member at-Large on the ASCP Board of Directors. New members would begin their service in October 2005. The Directors are the stewards of the organization and responsible for the Society's governance activities, which represents the interests of 140,000 pathologists and laboratory professionals. The ASCP Board develops the strategies and policies that govern the operation of the Society. Additionally, the Board monitors the finances, programs and overall performance of the organization.

"I would encourage you to take a leadership role in ASCP," David F. Keren, MD, FASCP, Immediate Past President and Chair of the Nominations Committee said. "We need strong leaders who will ensure continued growth and excellence in education, certification and service to our members."

The ASCP Board of Directors meets three times a year for a day and a half. The fall Board of Directors meeting is held in conjunction with Pathology Today®: The ASCP Annual Meeting. Qualified candidates must be ASCP Fellows or Associates in good standing. More importantly, qualified candidates must also be willing and able to serve an initial term of three years, which may be renewed one time.

LoAnn C. Peterson, MD, FASCP is the current ASCP president and chairs the Board of Directors, which is composed of the following ASCP members:

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Mark H. Stoler, MD, FASCP, Secretary
Benjamin Lichtiger, MD, PhD, MBA, FASCP, Treasurer
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Susan R. Besaw, SCT(ASCP)
Karen A. Brown, MS, MT(ASCP)
John A. Bryan, MD, FASCP
Russell K. Brynes, MD, FASCP
Francois M. Cady, MD
JoAnne B. Edwards, MEd, MT(ASCP)
Patricia J. Ellinger, MEd, MT(ASCP)SBB
Linda L. Fell, MS, MT(ASCP)SH
Lee H. Hilborne, MD, MPH, DLM, FASCP
Barbara J. McKenna, MD, FASCP
Mary Ann Sens, MD, FASCP
Jan F. Silverman, MD, FASCP
John R. Snyder, PhD, MT(ASCP)SH
John E. Tomaszewski, MD, FASCP

To be considered by the Nominations Committee as a candidate for the ASCP Board of Directors, please send a copy of your curriculum vitae, and a one-page personal statement that briefly highlights your professional skills and capabilities in the areas of leadership, medical education, technology, finance, and advocacy. Please include informa-

tion on your participation in ASCP activities and committee service.

The deadline for nominations is **March 1, 2005**. Please address nominations to the ASCP Nominations Committee Chair, at 2100 West Harrison Street, Chicago, IL 60612 or fax to: ASCP Executive Office 312.738.9798 or email to: ascp-nominations@ascp.org Members of the ASCP Nominations Committee are:

David F. Keren, MD, FASCP, Chair
Dorothy M. Adcock, MD, FASCP
Michelle L. Best, MT(ASCP)
Francois M. Cady, MD
Linda L. Fell, MS, MT(ASCP)SH
Cynthia S. Johns, MSA, MT(ASCP)SH
David N. B. Lewin, MD, FASCP
Kathleen Szama, MD, JD, FASCP ■

ASCP Congratulates New ABP Diplomates

Congratulations to the residents who were successful in passing the American Board of Pathology (ABP) exams administered from February 26, 2004 through September 16, 2004.

Visit www.ascp.org/Downloadables1/WebTextItems/8110.asp to see the list of people who passed. ■