

PathologyToday®



ASCP's Physician Newsmagazine

2005 ASCP Annual Meeting: Pathologists Embrace Advances in Molecular Technology

Advances in molecular technology will outpace our ability to know what to do with it, said Eric D. Green, MD, PhD, of the National Human Genome Research Institute, during his keynote address at the ASCP 2005 Annual Meeting in October in Seattle. Pathologists, he added, have an opportunity to play an important role in helping to determine why some people are responsive and others resistant to pharmacotherapies.

Green gave a historical perspective and a glimpse into the future of genome research and applications. In April 1953, Watson and Crick published their seminal paper on the double-helix structure of DNA. Fifty years later, the International Human Genome Sequencing Consortium announced the successful sequencing of the 3 billion DNA letters of the complete human genome. CNN declared the mapping of the human genome the No. 1 health story of the past 25 years.



Eric D. Green, MD, PhD

are clinically relevant. One approach involves searching the code for sequences that are consistently conserved through evolution across species. Comparative sequence analysis is under way on the mouse, rat, chimpanzee, cow, dog and other species. Another approach involves comparing the genetic sequences of different individuals to identify shared genetic variations, he said.

As research and discovery on the human genome continues to advance at an unprecedented pace, he said, "We must continue to examine the ethical, legal and social implications. You don't want to be screwed by genetic information."

Kenneth Emancipator, MD, FASCP, of Bayer Diagnostics, declared that the theme of his course, "Breaking News in Clinical Chemistry" was "Molecular Technology Comes of Age." He tipped his hat to Roche Diagnostics and Affymetrix for their collaborative development of the CYP 2D6 "lab on a chip." The Food and Drug Administration-approved device incorporates more than 15,000 probes that may be used to tailor drug therapy by providing useful information about an individual's metabolism. He said that while the test is not likely to eliminate traditional therapeutic drug monitoring, it will help determine an appropriate initial dose.

The next challenge is learning to interpret the genome to determine which genes

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ASCP President's Message



Putting a Face on ASCP

It's the month of the Roman god Janus (January), the month that marks the beginning of a new calendar year. A quarter of my presidential year is already over and I'm pleased to report that what began three months ago proceeds at an exciting and dynamic pace.

I took the photograph on this page from the podium of the annual business meeting in Seattle right at the end of my inaugural speech. The bright enthusiastic faces you see in it **are** the ASCP.



These are your faces – the faces our clinical colleagues, patients and the public see. These are the faces of the physicians, laboratorians and staff that create the image of pathology and laboratory medicine, and do the work of the Society. They are all “Janusian” faces looking forward – not faces looking back. These are faces looking for opportunities. These are not faces satisfied with the status quo.

A major goal for the Society in 2006 is to “improve the image of laboratory professionals among healthcare professionals, employers, and the public.” It's up to every member of the Society to play the extremely important role of ambassador for the profession of pathology and laboratory medicine (as well as for ASCP, itself).

Improving the image of laboratory professionals among healthcare professionals, employers, and the public begins with the image projected by each pathologist and laboratorian. Take a closer look at this photograph. Notice the dynamic energy that's clearly evident on the faces of your colleagues. It's also a look of optimism for the future – one that I hope is on your face, too.

You can and should be proud of your profession and your Society. For instance, you can be enormously proud that ASCP is the lead professional society for the

President's Emergency Program for AIDS Relief (PEPFAR). ASCP members are active on a global scale promoting and supporting PEPFAR.

ASCP pathologists are leaders in a broad spectrum of academic and private enterprises. ASCP Board of Registry (BOR) certification is the “mark of excellence” for laboratorians. Every volunteer serving on BOR committees and boards is committed not just to sustaining but to advancing this standard of excellence. All bearers of an ASCP BOR certification can and should be proud of what their certification means.

ASCP volunteers and staff are “reaching out” to promote ASCP products and services both within and outside of the profession. There is broad-based activity within the Society to put the ASCP “brand” in front of other healthcare professionals, government officials, employers, and the public.

“Branding” is an important part of “outreach.” When someone says “Cartier,” you automatically think of fine jewelry. When someone says “BMW,” you instantly think of a finely engineered car.

Part of the goal of ASCP's outreach is to brand the Society, so that when someone says “ASCP,” healthcare professionals, government officials, employers, and the public will think of excellence in education, certification, and advocacy on behalf of patients, pathologists, and laboratory professionals.

Accomplishing this goal cannot be achieved without the dynamic enthusiasm of every ASCP member. Look again at the faces (ie, your faces) in the photo taken at the annual meeting. Remind yourself of who you are, what you are, and to what Society you belong. Check the faces of your colleagues. If you don't think they seem to project the same enthusiasm that you and the people in the photo do, talk to them about why you are proud of the profession and the Society.

Be proud to be a member of ASCP. Be proud to be “moving forward” with ASCP.

For more of Dr. Rodriguez' Annual Meeting photographs, visit:
<http://www.ascp.org/flrpic>



Fred H. Rodriguez, Jr, MD, FASCP
President@ascp.org

Traceability, Safety of Transplant Tissue Improving Under New Rules

Much-needed changes in Federal regulations and accreditation standards for improving traceability and safety of transplant tissue took effect in 2005, experts say, and more changes are to come.

On May 25, 2005, the Food and Drug Administration (FDA) issued its Current Good Tissue Practice for Human Cells, Tissues, and Cellular and Tissue-Based Products. The regulations require tissue centers to recover, process, store, label, package and distribute tissue products in a way that prevents the introduction, transmission, or spread of communicable diseases. Furthermore, these establishments must maintain complaint files, evaluate complaints, investigate adverse reactions involving communicable diseases, and report such events to the FDA.

“That changed the regulations and made it mandatory for manufacturers to do the things that they had been doing voluntarily as members of the AATB (American Association of Tissue Banks),” said A. Bradley Eisenbrey, MD, PhD, chief of Transfusion Medicine Services at William Beaumont Hospital in Royal Oak, MI, and chair of the American Association of Blood Banks (AABB) Tissue Committee.

“The FDA regulations do not apply to hospitals. The regulation, 21CFR 1271, stops at the acceptance of tissue into the hospital. So it’s up to the accreditation agencies to carry the standards into the hospital. Both JCAHO (the Joint Commission on Accreditation of Healthcare Organizations) and AABB have standards now that require the tracking and traceability of the tissue within the hospital.”

The AABB has standards for keeping track of transplant tissue

that apply to AABB-accredited, free-standing blood banks as well as hospital-based blood banks. On July 1, 2005, the Joint Commission issued its Revised Standards (QC.5.300, QC.5.310, and QC.5.320) on Tissue or Implant Tissue Storage and Issuance Applicable to Laboratories. At the same time, it also issued New Standards (PC.17.10, PC.17.20, and PC.17.30) Applicable to Hospitals.

“Instances of tissue-borne infection in recipients are well documented,” said Klaus Nether, MT(ASCP)SV, associate project director, Division of Standards and Survey Methods at the Joint Commission. “Plus, the number of tissue transplants that are done now compared to 10 years ago has tripled. That was the basis for us to look at the safety and quality concerns with tissues.”

Under the new Joint Commission standards, both laboratories and hospitals must validate that facilities supplying tissues are licensed by state agencies or registered as a tissue establishment by FDA, or both. Records must permit the traceability of all tissues from the donor or source facility to all recipients or other final disposition. Unique identifiers for each tissue product must be maintained at all times.

“One of the big expectations (for the new standards) is the bi-directional traceability,” said Nether. “It’s not just from the source facility all the way to the recipient, but the back track. We’re hoping with these standards that we’re really closing a loophole.”

The new JCAHO standards also require accredited facilities to have centralized oversight of the tissue program. In most hospitals, tissues are delivered directly to the surgeon who requests them, so there is no

central record-keeping repository. “The delivery of tissue directly to the operating room by the vendor will no longer meet the standards,” said Eisenbrey.

D. Michael Strong, PhD, MT(ASCP), BCLD(ABB), executive vice president of Operations at the Puget Sound Blood Center in Seattle and AABB president-elect, said hospital-based blood banks are the logical choice to provide the centralized oversight.

“They’re the ones with the most experience in managing products and tracing and record keeping,” he said. “They have freezers and temperature monitoring. They maintain daily records—all the things that JCAHO has in its standards. It doesn’t mean a surgical department can’t do it, but it’s generally not the thing they’re focused on or strong at.”

Nether said the Joint Commission suggests that hospitals use the blood bank as a resource, either to provide centralized oversight or guidance to another department charged with that responsibility, “because the blood bank does have similar requirements for blood products.”

The problem for hospital blood banks is that they are overworked and understaffed, said Strong. Few would say they are ready to take on another major responsibility. The blood bank in Eisenbrey’s Beaumont Hospital, however, serves as a model for other blood banks. About 10 years ago, Beaumont assumed responsibility for managing all transplant tissue and kidney donations. Today one full-time employee manages more than 3,000 pieces of transplant tissue each year. To cover the costs, the blood bank charges a

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Chair's Message, ASCP Resident Council



Two questions I am often asked by my resident colleagues are “Why join ASCP?” and “What does ASCP do for residents?” They’re two questions I have no trouble answering. I can attest that the ASCP values its resident members and demonstrates its support by providing us with many tools for education, advocacy, our successful future practice, and, of course, by making it all available to residents free!

First of all, ASCP provides residents with a forum to attend educational courses, present research, browse exhibits and network with pathologists from across the nation at the ASCP Annual Meeting, which was held in Seattle this past October. ASCP Resident members are able to attend the annual meetings for a universal registration fee of just \$49.

Our Residents’ Day festivities included a breakfast seminar moderated by Dr. Bruce Alexander, a member of the ASCP Board of Directors and liaison to the Resident Council, and Dr. Barbara McKenna, also a member of the Board of Directors and chair of the Resident In-Service Exam (RISE) Committee. Issues regarding graduate medical education and the RISE were addressed in this open forum.

Later, at the Resident Luncheon, a panel of five pathologists from both academia and private practice answered some great questions from resident attendees about “how to get a job in the real world.” Residents from many different regions of the United States and Canada presented posters at the Resident Research Symposium, which also took place on Residents’ Day. Dr. Martine Perigny from L’Hotel-Dieu Hospital of Quebec won a Nikon microscope for her presentation entitled “Prognostic Significance of Matrix Metalloproteinase MMP2 and MMP11 Expression by Immunohistochemistry in Ovarian Cancer.” I apologize again for mispronouncing her beautiful name at the event!

We finished off the night with a fabulous reception in a swanky room on the top floor of the Seattle Sheraton Towers, where three lucky residents walked away with some great door prizes. Dr. Beth Rutland from the

University of South Alabama won a \$500 American Express gift card, Dr. Jianhong Zhou from the MetroHealth Medical Center, Strongsville, OH won an iPod, and Dr. Fan Chen from the New Jersey Medical School won an all-expenses paid pass to an ASCP Weekend of Pathology this spring. There was also a fortuitous Danny Glover sighting.

Dr. Francois Cady (past Resident Council chair) and I represented the ASCP resident members at the ASCP Board of Directors meeting which took place just before the annual meeting began. Residents are actively involved in the executive functions of the ASCP, and our input was sought out on many issues. After all, we are the future of pathology and the ASCP.

We have received funding for the second year of our Subspecialty Grants project. Nine positions will be available for residents who desire intensive exposure in an area of pathology not afforded at their training institution. Grants ranging from \$750 to \$1500 (depending on the length of study) are available. Awardees will be named at the USCAP meeting in February.

Finally, I want to mention how thankful I am for the active role ASCP took in helping the residents from Louisiana State University and Tulane University who were displaced by Hurricane Katrina. In addition to tracking the residents down with help from the AAMC, PRODS and ACGME early on in the wake of the tragedy, ASCP provided all of the residents with replacement textbooks for the ones they had lost.

I’ve received a thank you note from Dr. CeCe Jackson, the chief resident at Tulane University, telling me that their books had recently arrived. Efforts like these make me proud to be a member of ASCP now, and affirm my decision to retain my membership after my residency is over. It feels good to be a part of an organization that strives to, and successfully helps, its members.

Alexandra N. Shaye, MD



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ASCP Headquarters Moves to 33 W. Monroe

This month the ASCP will complete its move to 33 W. Monroe, in the heart of Chicago's vibrant downtown "Loop" area.

Construction of ASCP's new 16th floor offices is scheduled to be completed by January 13, 2006. The move will take place on Friday, January 20, and the first full day in the new building will be Monday, January 23.

The new 32,170 square-foot office space features all the amenities expected of a large corporate center, such as a complete digital infrastructure, 24-hour security and easy access to multiple forms of transportation. Once located in the outskirts of Chicago's medical district, ASCP will now enjoy the benefits of being in the central hub of the city.

During the process of the move, there will be no break in the services ASCP provides its members. There will be some new telephone numbers to learn, but the ASCP's toll-free telephone number will stay the same (1-800-621-4142) and ASCP's "312" area-code telephone numbers will be forwarded to the new facility.

"ASCP is moving forward in many ways," said John R. Ball, MD, JD, ASCP Executive Vice President. "We're looking forward to a fresh start in the new space, because it both consolidates our offices into a more efficient layout and allows us to focus on producing quality products and services."

"The truth is, there was a lot of wasted space in the Harrison Street facility," explained Steven Ciaccio, Vice President of Finance and Administration for ASCP. "At least half of the 93,000 square feet of space was unused and outdated." This includes a 75-seat auditorium, an education center, an offset printing shop, video production space, four trucking distribution bays and laboratories – all functions the organization now outsources. The facility was designed to house a staff of 200 full-time staff, while ASCP currently has 114 full-time equivalents. ASCP leaders plan to sell the Harrison Street building to the Illinois Medical District at market value.

"We were expending roughly \$75,000 a year in capital improvements to maintain our old head-



quarters," explained Ciaccio. "The elimination of this and other costs translates into about a \$150,000 savings per year by moving to the new space. We'll be able to apply these savings directly to programs that serve our members better." ■

2005-2006 ASCP Resident Pathology Subspecialty Grant

The American Society for Clinical Pathology is currently offering resident grants during the academic year 2005-2006 to defray the cost of doing elective rotations at outside institutions in fields of pathology in which the resident desires intensive exposure. The time period of study will vary between two and four weeks, and the ASCP grant will provide a \$750 or \$1500 stipend according to the length of study.

If you are interested in applying for a grant, please send to the ASCP:

- 1) a completed grant application form, 2) confirmation letter from residency program director,
- 3) letter of interest (no more than 500 words) indicating your desire and preferences, and
- 4) current CV.

Awardees will be named at the USCAP meeting, February 11-17, 2006.

Application deadline is January 2, 2006. For full instructions and to download an application form, visit www.ascp.org/member/resident/grant.asp.



FEDERAL AGENCIES

Revised Practice Expenses Stripped from Medicare Physician Fee Schedule, Hurting Pathologists, Clinical Labs

The Centers for Medicare and Medicaid Services (CMS) announced November 2nd it will not adjust the physician practice expense (PE) component of the Medicare Physician Fee Schedule (PFS), as it had proposed in 2005. The announcement was a blow to pathologists and independent clinical laboratories, which were counting on the PE adjustments to, at least partially, offset proposed reimbursement cuts caused by the flawed sustainable growth rate (SGR). CMS has announced that average physician reimbursement will be decreased by 4.4 percent in 2006. Congress is currently working on legislation to avert this decrease and instead provide a 1 percent increase. ASCP is continuing to urge Congress to fix the SGR so that pathologists receive reasonable annual updates.

CMS declined to implement its proposed change to PE relative value units (RVUs) in 2006 because of comments raising concern that the agency had not provided sufficient information on the proposed changes to the methodology used to calculate practice expenses. The agency indicated that it plans to provide additional information in January 2006 to begin the process of ensuring that the data and methodology are better understood by the medical community prior to the 2007 proposed rule next summer.

The practice expenses that CMS had outlined in an August 1, 2005 proposed rule would have provided significant increases for pathology and independent clinical laboratories. The August proposed rule would have increased the practice expense for pathologists by 5.3 percent over a four year period. Independent clinical laboratories would have received a 28 percent update for independent laboratories, also over four years.

The proposed practice expense adjustments would have lessened cuts in average reimbursements from 4.4 percent to 3.1 percent for pathologists. Independent clinical laboratories would have received a 2.0 percent increase.

CMS' decision not to implement the proposed changes to the PE RVUs also affects proposed changes for flow cytometry (88184 & 88185). In the August 2005 proposed rule, CMS indicated that cuts made in the 2005 PFS would be revised. The final rule, however, indicates that because the agency is making only limited changes to the PE RVUs for the 2006 PFS, so the

agency plans to rely on the 2005 PE RVUs for flow cytometry procedures.

ASCP, Coalition Speak Out on MedPAC Laboratory Initiative

ASCP and the Clinical Laboratory Coalition (CLC) recently testified on factors that increase spending on clinical laboratory services at an October 6 MedPAC meeting. The testimony also addressed problems associated with client billing, and reiterated calls for CMS to crack down on "pod" or "condo" laboratories that engage in fee splitting activities.

The CLC wrote a letter in advance of the meeting in order to correct a briefing document that did not provide an accurate overview of the clinical laboratory fee schedule payment updates or growth in laboratory spending. The CLC's letter noted that increased volume of testing services can be traced to a variety of reasons, including the growth in the number of Medicare enrollees, increased adherence to clinical practice guidelines, benefit changes mandated by Congress, and defensive medical practices.

CONGRESS

Senate Bill Would Restore AFIP Functions; National Pathology Center Proposed

The Senate Health, Education, Labor and Pensions (HELP) Committee recently completed a mark-up of S.1873, the "Biodefense and Pandemic Vaccine and Drug Development Act of 2005." The bill, meant to prepare and strengthen the biodefenses of the United States, includes a provision that would preserve key functions of the Armed Forces Institute of Pathology (AFIP). The fate of the AFIP is currently in question due to the President's endorsement of the recommendations of the Base Closure and Realignment Commission (BRAC) to close Walter Reed Army Medical Center and disestablish most AFIP functions. S 1873, if passed, would create a National Pathology Center (NPC) that would include all the current functions of the AFIP. The legislation puts the NPC under the direction of the National Institutes of Health (NIH), in the Department of Health and Human Services.

ASCP Washington office staff is in discussion with key Senate staff about the NPC provisions. ASCP was proactive in early 2005 by launching a campaign to "Save

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Washington Report

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the AFIP." Thousands of concerned ASCP members wrote the BRAC urging the commission to preserve the AFIP.

To join the ASCP Campaign to Save the AFIP, visit: http://capwiz.com/ascp/ath/mail/oneclick_compose/?aletrid=8171231.

Federal, State Budget Climate Adversely Affecting Health Care

Currently, Congressional leaders are crafting a budget reconciliation package to address looming financial strain associated with Hurricane Katrina and the wars in Afghanistan and Iraq. The Senate and House of Representatives are working separately on budget packages that, if passed, would cut at least an additional \$35 billion over five years from Federal budget expenditures, including as much as \$10 billion in Medicare and Medicaid funding. The resulting substantial budget cuts will likely have serious implications for the health care industry.

This does not bode well for health care providers, particularly those hoping Congress will address stagnating provider reimbursement rates and restore funding for the Title VII allied health professions programs. ASCP is hopeful that Congress will ultimately restore funding for the Title VII programs, but it is unlikely Congress will address the SGR anytime soon. Momentum is gaining in Congress for a 1 percent increase in the Medicare physician fee schedule. While less than ideal, this increase seeks to at least partially address the negative 4.4 percent update that will occur if Congress fails to act.

ASCP urges members to use the e-Advocacy Center (<http://capwiz.com/ascp/ath/home/>) to join its ongoing campaign to save Title VII programmatic funding.

States are also looking for ways to contain rising health care costs. According to the Kaiser Commission on Medicaid and the Uninsured, all 50 states froze or reduced Medicaid payments to health care providers for the 2005 and 2006 fiscal years. Among the strategies being adopted by states are restrictions in eligibility, benefit cuts, and increased co-payments. States are also working on plans to re-structure their Medicaid and state children's health insurance programs. For example, the state of Florida just received such a waiver from HHS allowing it to make sweeping changes to the way its Medicaid program works. Under Florida's plan, the state will shift from a defined benefit program to a defined contribution plan, which will enable private health plans, rather than the government, to decide what benefits will be covered.

ASCP POLICY

ASCP Board of Directors Passes New Policy Statements

ASCP's Board of Directors passed two new policy statements during the ASCP Annual Meeting October 8th in Seattle.

In the first policy statement ASCP explained its position on "Direct Access Testing." Here, ASCP recommends that patients choosing direct access testing should select a CLIA certified laboratory and review all results with their physicians. To see the entire direct access testing policy statement, visit: <ftp://ftp.ascp.org/Grab/PDFs/Direct-Access-Testing-01-02.doc>.

The second newly adopted policy statement is entitled "Informed Consent and Research." ASCP's policy is that scientific advances in disease research should maintain a proper balance between patient confidentiality and the needs of the scientific community to access stored human blood, body fluid and tissue samples. To see the entire informed consent policy statement, visit: <ftp://ftp.ascp.org/Grab/PDFs/Informed-Consent-and-Research-96-01.doc>.

ASCP's policy statements are developed by the Commission on Public Policy and voted on by the Board of Directors. Policy statements are used by the Washington Office and ASCP membership to educate politicians, their staff, and other organizations about the issues that are critical to ASCP members. To see a list of all current ASCP policy statements, visit: <ftp://ftp.ascp.org/Grab/PDFs/POLICY-STATEMENT-LIST.doc>.

RESEARCH

New Vaccine May Prevent Cervical Cancer

The first major study of a new vaccine meant to prevent cervical cancer was found to be 100 percent effective, according to manufacturer Merck & Co. The vaccine, Gardasil, works to prevent sexually transmitted forms of the human papilloma virus (HPV) types 16 and 18 and the lesions caused by the virus from developing. HPV 16 and 18 cause about 70 percent of all cervical cancer cases. Gardasil, according to the study, also reduces infection by the HPV 6 and 11 strains, which cause 90 percent of all genital warts cases.

Merck plans to seek US Food and Drug Administration approval to sell its vaccine by year's end. The vaccine is said to have a more real-world efficacy rate of around 97 percent, as patients will sometimes miss follow-up shots and tests.

ASCP member Dr. Mark Stoler was instrumental in the vaccine's development.

About 20 million Americans have some form of HPV. Cervical cancer is the second most common type of cancer in women, and the number two cause of cancer-related deaths (around 3,000 in the US and 300,000 world-wide each year.)

For more information on the progress of Gardasil, visit: http://www.merck.com/newsroom/press_releases/research_and_development/2005_1006.html. ■

“Lymphocyte Disorders in Blood and Bone Marrow” ASCP eCourse Available Online

The ASCP is introducing a new Web-based format for the delivery of continuing medical education. *Lymphocyte Disorders in Blood and Bone Marrow in Children and Adults* presented by Kathryn Foucar, MD, FASCP, is the first ASCP eCourse to be presented in the new, interactive, audio-visual format.

About the Format

ASCP eCourses are self-paced educational activities that use a variety of media (sound, animation, images, movies, text, etc) in a web-based format to deliver educational content on a topic in pathology or laboratory medicine.

The course by Dr. Foucar will be the first to be released in this format, but others will soon follow. Each course will be approximately 60 minutes long, and organized into short sections that can be completed in 10 to 15 minutes — an automated bookmark feature helps learners keep track of progress in a course. All courses will include section review questions with immediate feedback including aggregate, peer comparison data for each question. A graded course review section will allow users to assess their understanding of the subject matter.

About the Content

The intended audience for *Lymphocyte Disorders in Blood and Bone Marrow in Children and Adults* is pathologists, residents, doctoral scientists, medical technologists, medical laboratory technicians, and students.

Dr. Foucar will help participants identify morphologic features of constitutional and reactive lymphoid disorders; appreciate the impact of patient age and other hemogram features on the approach to lymphoid disorders; and develop strategies for review of abnormal lymphocytes in blood and bone marrow, including assessment of the full hematologic picture and appropriate utilization of specialized techniques.

Hematology technologists, pathology trainees, and practicing pathologists are often challenged in the review of abnormal blood smears containing increased numbers of lymphocytes or morphologically abnormal lymphoid cells. The hematology laboratory staff plays an essential patient-care role in the identification of cases in which an abnormal lymphoid population requires further assessment. In pediatric patients, this can be particularly challenging because immature-appearing lymphoid cells are physiologically normal in this age range. In addition, constitutional disorders with abnormal lymphocyte morphology are also manifest in infancy and early childhood.

In order to approach lymphoid disorders in blood and bone marrow in a logical algorithmic fashion, normal ranges by patient age, including morphologic features and predicted immunophenotype of lymphoid cells in blood and bone marrow, are presented. This information provides the framework for determining when a lymphoid population in blood and

bone marrow is abnormal. Clues to the identification of both physiologically normal processes and neoplastic processes are presented along with a practical approach for the application of more specialized testing such as immunophenotyping and genetic assessment. The various causes of reactive lymphocytosis in children and adults are reviewed, along with key features useful in distinguishing a reactive lymphocytosis from a neoplastic disorder.

Medical technologists play an essential role in the review of peripheral blood smear morphology and the identification of cases in which further evaluation is required. Strategies for enhancing the laboratory professional's role in the critical process will be presented. Participants should have a working familiarity with automated hematology and blood smear review. Although bone marrow morphology will also be included, it is not essential that participants have a background in the interpretation of bone marrow specimens. The utility of other technologies such as immunophenotyping and genetic testing in the assessment of abnormal lymphoid populations will be included.

For more information, or to take the course today, visit www.ascp.org/eLearning.asp. ■

Call for Board Nominations - Deadline is February 24, 2006

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 2006. 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," LoAnn C. Peterson, 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 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 twice.

Fred H. Rodriguez, Jr., MD, FASCP is the current ASCP President and chairs the Board of Directors, which is composed of the following ASCP members:

John S. J. Brooks, MD, FASCP, President Elect

Lee H. Hilborne, MD, MPH, FASCP, Vice President

Mark H. Stoler, MD, FASCP, Secretary

Benjamin Lichtiger, MD, PhD, MBA, FASCP, Treasurer

LoAnn C. Peterson, MD, FASCP, Immediate Past President

C. Bruce Alexander, MD, FASCP

Susan R. Besaw, SCT(ASCP)
Karen A. Brown, MS,

MT(ASCP)
John A. Bryan, MD, FASCP

JoAnne B. Edwards, MEd,
MT(ASCP)

Patricia J. Ellinger, MEd,
MT(ASCP)SBB

Patricia K. Knebel, MT(ASCP)
Barbara J. McKenna, MD,

FASCP
Alexandra Shaye, MD

Gene P. Siegal, MD, PhD,
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 information on your participation in ASCP activities and committee service.

The deadline for nominations is February 24, 2006. Please address nominations to the Chair, ASCP Nominations Committee at 2100 West Harrison Street, Chicago, IL 60612 or fax to: ASCP Executive Office 312.738.9798 or email to: ascpnominations@ascp.org.

Members of the ASCP Nominations Committee are:

LoAnn C. Peterson, 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 ■

Prescriptions for an Ailing Profession

Bruce A. Friedman, MD, the pathologist-turned-informatics guru from the University of Michigan Medical School, presented his diagnoses and prescriptions for what ails pathology and laboratory medicine at a November meeting of ASCP volunteer leaders in Chicago.

"The seeds of the decline of pathology have already been sown," he said at the Nov. 11 Matrix Meeting, pointing to numerous trends. One is the impending vac-

cine against HPV, which has the potential to significantly decrease the cytology workload by eliminating cervical dysplasia and carcinoma of the cervix. Another is the potential to offshore surgical pathology and clinical pathology for those tests where labor costs comprise a significant component of total test costs and the use of digitized images becomes the norm in surgical pathology. Other trends include increasing pressure on test margins

by third party payers, and the emergence of the electronic medical record as the dominant integrated clinical system with a corresponding decline in the influence of laboratory information systems.

The Matrix Meeting is ASCP's annual assembly of volunteer leaders of the society's commissions: Membership, Assessment, Public Policy, and Education. The

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handling fee, which is passed on to the patient.

“We’ve been very happy with it as a function within the blood bank,” said Eisenbrey. “Our hospital customers have been very happy with it. At one point as part of a budget review, we tried to see if we could pass (responsibility for tissue management) back to the surgical services, and they told us, ‘No way.’ So it’s working just fine.”

Next Step: Uniform Labeling

Eisenbrey said that the next critical step to improving traceability and safety is implementation of uniform labeling standards. The ISBT 128 – an international information standard for transfusion and transplantation – is in widespread use for blood labeling in Europe. The AABB will require its accredited blood banks to implement the ISBT for labeling blood products by May

1, 2008. The United Kingdom is already applying ISBT 128 to tissue products.

The need for international standardization arose during the first Gulf War, said Pat Distler, MS, MT(ASCP)SBB, technical director of ICCBBA, Inc., which manages the ISBT 128. Blood was being shipped to hospitals from countries all over the world, and hospital staff could not read the labels.

“It became obvious that blood now crosses international borders,” she said. “So do tissues and so do cellular therapy products. We need to be able to have standardized bar coding, so if we bring in something from Sweden, even though we can’t read Swedish, when we scan that barcode, we know exactly what’s in the bag.”

Applying label standards on tissue products in the United States will be more difficult than in the

United Kingdom, because the US market has a greater variety of tissue processors – both for-profit and not-for-profit – and tissue products, whereas the UK market is operated by a national organization, said Distler.

“A lot of for-profits have gotten involved, and that’s part of the problem,” said Strong. “When the for-profit motive takes over, that sometimes leads to abuse. They see it as a money-making operation, and it clearly is when it’s not being controlled.”

In October 2005, the FDA announced a voluntary recall of human transplant tissue from Biomedical Tissue Services, Ltd., Fort Lee, NJ, because the tissue had been procured from donors without proper medical and social histories. The agency said that some of the

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Prescriptions

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Publications Commission did not meet at this session.

“I believe that significant changes are necessary in pathology and lab medicine to respond to these and other challenges despite the obvious strengths of the discipline.” Here is his approach to change:

Diagnosis 1: The practice of pathology has become too narrow and too focused. Prescription 1: Break down the barriers between anatomic and clinical pathology and train residents broadly in both the molecular and morphologic basis of disease. Get pathologists involved with clinicians on a day-to-day basis in formulating diagnoses and treatment regimens.

“I hark back to the very name ‘clinical pathology,’ which was initi-

ated within this society,” he said.

“The goal of this name was to emphasize the clinical goals of laboratory medicine and the clinical expertise of clinical pathologists.”

Diagnosis 2: Pathology lacks influence and power. Prescription 2: Begin dialogue with radiology and consider creating integrated departments of diagnostic medicine or a closer collaborative relationship. Resolve differences between professional societies with the use of outside mediation to bridge historical differences.

Diagnosis 3: Product line in pathology needs expansion. Prescription 3: Facilitate translational research to increase the transfer of new tests from the bench to the laboratory. Create a national, integrated, collaborative network of tissue

banks affiliated with academic pathology departments. Embrace all forms of testing including home testing and point-of-care.

“The common rejoinder for suggestions such as these is, ‘We don’t get reimbursed for (home testing),’” said Friedman. “I think it’s important for us to be proactive. The reimbursement may flow after we stake out this new territory. We need to innovate in areas of home care because home-lab testing will rapidly evolve through the use of small analyzers that will transmit data generated in the home setting back to the hospital wirelessly or via telephone lines. We will see nurse clinicians or pathologists or pathology residents monitoring home-

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Annual Meeting

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RNA testing and genotyping have a role in diagnosis and treatment plans for people with hepatitis C virus (HCV), Emancipator said. Qualitative HCV RNA testing can help confirm an active infection and assess the effectiveness of therapy six months after treatment. Quantitative HCV RNA testing can help determine treatment intervals and assess therapy effectiveness during treatment. The genotype and pre-treatment viral load can provide information about a patient's likely rate of response to treatment. "This is a neat example of the value of the lab [that uses both] molecular testing and traditional amino acid assay testing in determining treatment," Emancipator said.

Big Impact on Clinical Laboratory

Wayne W. Grody, MD, PhD, FASCP, director of the Molecular Pathology Laboratory at the University of California at Los Angeles School of Medicine, said the rapid pace of technological discovery in molecular diagnostics has exerted a tremendous impact on the clinical laboratory. Molecular pathology, he said, is being applied in infectious disease, neoplastic disease, genetic disease, identity testing,

human leukocyte antigen (HLA) typing, and pharmacogenetics. Molecular genetic testing can be used for disease diagnosis, carrier screening, prenatal diagnosis, newborn screening, and presymptomatic diagnosis. Molecular genetic diagnostic techniques range from Southern blot, dot blot/reverse dot blot, and Northern blot to polymerase chain reaction (PCR), denaturing gradient gel electrophoresis (DGGE) and single-stranded conformational polymorphism (SSCP), real time PCR, DNA sequencing, invader assay, and fluorescent in situ hybridization (FISH).

Technological discovery is outpacing the number of people entering medical genetics, Grody told the pathologists and technologists in attendance, "so you're the one who's going to be called when the clinician has a question, especially if there is no medical genetics department in your facility.

"As pathologists, even if you don't do the tests, you will be triaging them to reference laboratories," he added. "You will be the gatekeeper. The implications are huge." Pathologists must stay informed about the technical, ethical and regulatory issues that are "being debated and updated as we speak."

Informed consent is one ethical issue under debate. "Ethicists have become very concerned that since you can now analyze DNA from essentially anything, how are we going to prevent people from doing predictive genetic tests on patients who have not given their consent?" said Grody. "Do we need some kind of informed consent? We've been debating with the ethicists because they've proposed some very Draconian measures for consent the patients would have to give every time they give a DNA sample."



Mary Lowery Nordberg, PhD

Technical debates rage over such issues as whether to consider the genotype or the phenotype in HIV testing and treatment, and whether to use molecular testing in blood screening for HIV, added Emancipator.

Pathologists also must be prepared to play their part on the medical genetics team, which is comprised of genetics counselors and medical geneticists; laboratory

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Prescriptions

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generated laboratory test results and the status of those patients in their home. For example, it has been clearly shown that if you are proactive with home care delivery and testing, you can prevent costly hospital admissions of patients with congestive heart failure."

Diagnosis 4: Pathology informatics tends to be short-changed in pathology departments though information technology is a major

value-adding process in laboratory access and reporting. Prescription 4: Elevate pathology informatics to a division parallel with anatomic and clinical pathology. Develop a data integration model within pathology and assume responsibility for management of test data regardless of where it is generated. Emphasize informatics in training programs and practice. View informatics as a critical component of practice for residents.

Diagnosis 5: Insufficient managerial and entrepreneurial skill set among pathologists to facilitate reform and expansion of the field. Prescription 5: Encourage pathologists to get complementary degrees in business administration or public health and reward entrepreneurship.

Diagnosis 6: Pathology training and education needs revamping.

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Report of the Treasurer - Fiscal Year 2005

By Benjamin Lichtiger, MD, PhD, MBA, FASCP



Benjamin Lichtiger, MD, PhD,
MBA, FASCP

I am very pleased to inform you that the American Society for Clinical Pathology experienced a successful financial performance for the second consecutive year. For the fiscal year ending June 30, 2005, results of operation are as indicated:

Total Revenues	\$21,292,631
Net Income	\$1,502,716
Net Assets	\$9,709,963

The income from operations was more than \$1.2M greater than the budget for the year. This successful financial result was predicated on achieving revenues that were 1% greater than budget while expenses were reduced by 4.7% when compared to budget. Of critical note, the income from operations improved by more than \$1M when compared to fiscal year 2004 results of operations.

Detailed financial statements for the year ending June 30, 2005 can be viewed at the ASCP website, www.ascp.org/member/minutes/treasurer05.asp.

Auditors Blackman Kallick completed the audit and management letter in August 2005 and supplied all information to the board for review. I am pleased to report that the Society has met all generally accepted accounting principles and that there were no outstanding issues of interest. The Society audit is available to any member upon request.

Fiscal Year 2006 Preview

The Fiscal Year 2006 Budget was approved at the Board of Directors meeting held in June 2005. The 2006 budget is projected to produce the following financial results:

Total Revenues	\$21,357,542
Net Income	\$ 585,625

Budget preparation for Fiscal Year 2006 was based upon the following board approved goals:

Outreach: Reach out to the membership, enhance their substantive image and put a recognizable face on ASCP;

Enhance Governance; and
Enhance Management.

ASCP will focus its efforts on the development of key strategic plans which will focus on the Society's promise to promote excellence in education, certification and advocacy for and on behalf of our members.

Finance Committee Oversight

The financial strength of the Society is the responsibility of the Finance Committee of the Board of Directors. This committee meets regularly to ensure that: actual financial results are performing

according to budget; investment portfolios are performing well compared to market; and to ensure that overall financial policies and procedures are in place and functioning. The efforts put forth by this committee are vital to the success of ASCP and we thank them for their commitment.

Investment Portfolio

The ASCP Investment portfolio is currently managed by UBS Financial Services Inc and the Van Acker Financial Group who oversee various fund managers. As part of management oversight of the investment portfolio, the ASCP Investment Policy was updated to identify absolute and relative objectives. Asset allocation target ranges were also established to represent a long term view and allow the fund manager flexibility in managing ASCP funds. A statement was also added that gives the Finance Committee final approval of all rebalancing before implementation.

ASCP maintains an investment portfolio that includes cash, equities and fixed income components. This investment portfolio ensures the long term financial strength of ASCP and has grown to more than \$14M.

Summary

ASCP efforts in the last several years have produced a renewed and re-invigorated financial performance that reflects the quality of its commitment to provide excellence in education, certification and advocacy on behalf of patients, pathologists and laboratory professionals. ■

Resident Awarded for Research

The 2005 *AJCP* Poster Presentations and Resident Research Symposium were held October 10, 2005, at the ASCP Annual Meeting in Seattle, WA.

Martine Périgny, MD, from L'Hotel-Dieu Hospital of Quebec, won the *AJCP* Sheard Sanford Resident Research Award with her paper titled "Prognosis Significance of Matrix Metalloproteinases MMP2 and MMP11 Expression by Immunohistochemistry in Ovarian Cancer."

ASCP President Fred Rodriguez, MD, FASCP, and Nikon representatives Paul Barron and Ray Denogean presented Dr. Périgny with a Nikon microscope. Dr. Périgny was assisted in her research by Isabelle Harvey, Bernard Têtu, Michel Beauchemin, François Harel, Isabelle Bairati, and Marie Plante.

All of the finalists' abstracts can be found in the October 2005 issue of the American Journal of Clinical Pathology.

The deadline for submitting abstracts for the 2006 *AJCP* Poster Presentations and Resident Research Symposium is April 15, 2006. The Competition and Poster Presentations will take place at the ASCP Annual Meeting in Las Vegas, October 19-22, 2006.

The *AJCP* Poster Presentations and Resident Research Symposium is exclusively sponsored by *AJCP*.

Visit www.ascp.org/ajcp/abstract.asp for submission information or call 1-800-621-4142 for information.

Transplant Tissue

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tissue may have been implanted into patients from early 2004 to September 2005. The FDA and the Centers for Disease Control and Prevention (CDC) recommended that implanting physicians offer to provide patients access to infectious disease testing, including HIV-1 and 2, hepatitis B virus, hepatitis C virus, and syphilis. Strong said potentially

thousands of patients have received improperly screened tissues.

For-profit tissue vendors are expected to resist moving to standardized labeling. "It's going to take a requirement from FDA, unless the vendors decide that in order to sell in Europe they're going to have to meet that standard and do it voluntarily," said Eisenbrey. He added that

it may only be a matter of time before FDA's regulations extend into hospitals.

"One of the reasons FDA got involved is there were errors where they could not track from patient to recipient or from recipient to patient," Distler said. "They had lost that traceability, and that's a big error. It's enough to scare people." ■

Prescriptions

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Prescription 6: Assign "real work" to residents rotating through clinical laboratories, including reestablishment of pathology rounds. Have residents in academic centers spend time in genomics, proteomics, and translational research to improve their recognition and appreciation of the molecular basis of disease.

In January 2006, ASCP's *LABMEDICINE* began publishing

a series of columns by Friedman titled, "Reinventing Pathology and Laboratory Medicine." Friedman and co-author Jules J. Berman, PhD, MD, recently retired Program Director of the Pathology Informatics Cancer Diagnosis Program at the National Cancer Institute, present specific strategies that employ cutting-edge informatics to move pathology and

laboratory medicine in a new direction. The first strategy is to rethink the value and purpose of the classic autopsy. Second is to look to the hematopathologist as a model for the pathologist of the future. And third is to transform laboratory reports into web-based "smart reports." ■

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2005-2006

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(This list was last revised 11/10/05) ■

Annual Meeting

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professionals who work in molecular testing, biochemical genetics, nurses, social workers, and dietitians; surgeons and dentists; and psychiatrists, neurologists, obstetricians, and physical therapists.

Teaming with Clinicians on Molecular Testing and Treatment Plans

In cancer diagnosis, it is critical for pathologists to get out of the laboratory and engage with clinicians and other medical professionals. "This is the future of pathology," said Allen Gown, MD, medical director and chief pathologist at PhenoPath Laboratories in Seattle.

"The paradigm shift to molecular-based classifications will accelerate and play a larger role in tumor diagnosis. We need to be participating in what tests are done and in determining treatment."

Gown said pathologists need to heed the warning. "Medicine is changing and as we move from morphologic to phenotypic and genotypic-based diagnosis, are we going to be participating, or are we going to be the next dinosaur? This is the single biggest issue facing pathology today."

Mary Lowery Nordberg, PhD, of the Louisiana State University Medical Center in Shreveport,

spoke at the course on "Current Topics in Flow Cytometry and Molecular Genetics" with Tsieh "Jack" Sun, MD, FASCP, of the Veterans Affairs Medical Center in Denver.

"We gave this workshop several years ago and a lot of pathologists said, 'Oh, this stuff is really cool, but it's really not related to my practice.' I think now, about five or six years later, that's totally different," Nordberg said. "A lot of you, whether you are cytopathologists, cervical pathologists, or anatomic pathologists, whatever role you are in, molecular is becoming very important." ■

ASCP 2005 Job Market Survey

Again this year, the ASCP Resident Council conducted its Annual Job Market Survey of fellows and residents in their final year of training. Questions regarding graduating trainee's experiences with the job market are always the highlight and focus of the survey. Surveys were distributed via email to all of the residents and fellows who participated in the May 2005 Pathology Resident In-Service Examination (RISE). A total of 52 responses were received.

To see the results of the survey, visit www.ascp.org/member/resident/survey05.asp.

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