



PathologyToday[®]

ASCP's Physician Newsmagazine

ASCP Announces Move to New Headquarters Location

ASCP is on the move - literally. The organization announced it will move ASCP headquarters location to 33 West Monroe, Suite 1600, in downtown Chicago late this fall.

"ASCP headquarters buildings were not designed for our current staff and programming needs," said John R. Ball, MD, JD, ASCP Executive Vice President. "We're looking forward to the new space because it consolidates our offices into a more efficient layout and allows us to focus our energies around the disciplines ASCP does best: education, certification, and advocacy."

"The truth is, there is a lot of wasted space in our current facility," explained Steven Ciaccio, Vice President of Finance and Administration for ASCP. "At least half of our current 93,000 square feet of space is unused or outdated."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 no longer uses or outsources. Mr. Ciaccio added, "Today ASCP offers more than 400

quality educational programs in a wide range of formats, across the country and on line, to meet the needs of pathologists and laboratory professionals. What we do to

present these programs and our award-winning publications has changed dramatically over the past 40 years." The original facility was designed to house 200 people, while ASCP currently has 114 full-time staff to oversee daily operations.

Cost is another significant factor affecting the decision to make the move. "We expend roughly \$75,000 a year in capital improvements to maintain our current facilities. The elimination of this and other costs translates into about a \$150,000 savings per year by moving to the new space," Mr. Ciaccio continued. "We'll be able to apply these savings directly to programs that

serve our members better."

The exact date of the move depends on the closing negotiations with the Illinois



33 W. Monroe

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Contents

New Headquarters	1
President's Message	2
2004 Annual Meeting	3
Online Voting	3
Chair's Message	4
Laposata	5
Washington Report	6
Linder	8
Laboratory Innovation	9
New ABP Diplomates	10
Members in the News	11

ASCP President's Message



The Past Need Not Be Prologue

It's hard to argue with Shakespeare, but when it comes to the laboratory personnel shortage, I'm going to disagree with the Bard and side instead with Thomas Jefferson.

"I like the dreams of the future better than the history of the past," he said.

Your letters about my April Message (No Silver Bullet for the Lab Shortage) prove there's no shortage of passion about the subject. And it will be that passion that serves us best as we move toward a future that accommodates the reality of 21st century laboratory practice.

Here's some of what I heard:

From a pathologist: "I would have a difficult time staying in the lab if I were not a pathologist. I always said cross training a few people was a great idea, but [now] I feel it has backfired. [We saved a few bucks, but lost] in-depth experience."

From a technologist: "I have been a medical technologist for over 35 years. I absolutely love my job and the work I do, but I have not encouraged any of my children to enter the field. Instead, I have encouraged them to go into a two-year nursing or radiology program. When they graduate, they will make more money than I make."

From a technologist: "Many people think that increased remuneration is the answer; I don't think so. What we need most is recognition that we are contributing to the welfare of the patient. Not many people realize we can't make ANY mistakes – they could cost a patient his or her life. Maybe we should ask the lab products industry to help us conduct an advertising program similar to those being sponsored for nursing."

From a technologist: "Sometimes we are our own worst enemies. Our behind-the-scenes roles have turned us into a faceless workforce unrecognized and underutilized by physicians and nurses."

So where do we go from here? I know I don't have all the answers. But I do know that for a laboratory to

make the most accurate diagnoses, the expertise of highly trained laboratory personnel and pathologists is crucial. And I know we will solve the problem only when we work together to develop creative solutions.

I also know that there are some glimmers of hope:

- ASCP's Wage and Vacancy Survey (**LABMEDICINE**, March, 2005) shows some improvement in the personnel shortage.
- In some organizations salaries are increasing and sign-on bonuses are being offered.
- ASCP's E-Advocacy efforts on behalf of program closures are helping keep programs open.
- ASCP BOR recently certified its 400,000th medical technologist – Lisa McWilliams – and she is so excited about the profession that she's working hard to recruit others.

And, we do have the support of industry. For instance, the logo on this page was provided by EQual Diagnostics. If you'd like a copy, in the form of a sticker, send an e-mail to greatmds@ascp.org and we'll get it right out to you. (We appreciate EQual Diagnostics' support of the profession and for providing the stickers to us for you!)

I was encouraged by your passion and now I'd like to ask you to write to me again – this time, channel that passion into sharing your best thoughts and ideas for improving the personnel shortage situation. I'll collect your ideas, share them with ASCP's Board of Directors and see to it that we find ways to implement the best of them wherever possible.

I'm also going to send a copy of this message to all the people in my organization who can help us to ensure that laboratory professionals are recognized and rewarded for their value to America's healthcare.

Maybe you could do the same thing. It's a small step, but one that will help us achieve those dreams of the future!



LoAnn Peterson, MD, FASCP
President@ascp.org

2004 Annual Meeting Delivered All This, and More

The reviews are in on the educational programs offered during the 2004 Pathology Today® ASCP Annual Meeting in San Antonio. Here are some excerpts from course evaluations.

Peter A. Humphrey, MD, PhD, FASCP was described as a “great speaker, very knowledgeable, (with) lots of useful information.” He taught “Surgical Pathology of the Prostate” in 2004 and this year will co-teach “Update on Pathology of the Prostate” with Lawrence D. True, MD, FASCP. Another attendee enjoyed the program’s “combination of clinical information and its direct application to the tissue sample.”

“Great format and great demonstrations of problem-solving strategies,” wrote one attendee of “Stump the Stars: Problem Solving in Clinical Pathology.” “Do more of these,” another evaluator urged.

“Just Another Day on the Gastrointestinal Biopsy Service” by Barbara J. McKenna, MD, FASCP and Henry D. Appelman, MD, FASCP took a creative approach that wowed most of its audience. “This is the best course I attended here,” said one evaluator. “Excellent format with case presentations and audience participation,” added another. “I really enjoyed the audience voting aspect. Drs. McKenna and Appelman interacted well with each other and the audience.”

A third evaluator described the information presented as “top notch, up-to-date, and clinically relevant—a must for any pathologist who sees GI biopsies on a regular basis.” Based on the overwhelmingly positive response to this session, you can bet you will have a chance to catch this program again in Seattle.

George Rogers, MD, PhD, received high marks for his presentation, “Case Discussions in Hemostasis.” Several attendees appreciated his “practical solutions to a variety of clinical situations” and his “clinical real world focus.”

Noel Weidner, MD, taught “Pathologic Prognostic Factors for Patients with Breast Carcinoma: Which Factors are Important?” One attendee described Dr. Weidner as an “extremely articulate speaker who focuses on evidence-based medicine and practicality.” “As a resident, I found this course to be of immense practical value,” added another. “Excellent presentation of complex and somewhat controversial subjects.”

Attendees also liked the case-based scenarios presented by Chantal Harrison, MD, in “Update of Clinical Blood Banking & Transfusion Medicine.” “Very practical but very important information,” one attendee wrote.

Many attendees appreciated the glass slides presented in “Diagnostic Problems in Body Cavity Fluid Cytology” by Merce Jorda, MD,

FASCP and Parvin Ganjei-Azar, MD, FASCP. “I arrived late and was quite surprised – pleasantly – to see that the forum was not what I expected,” wrote one evaluator. “The interactive/active learning format using actual glass slides is the best for education and I commend the course organizers for using it.”

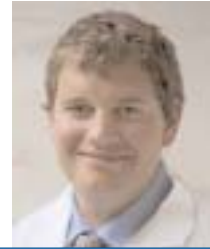
The “Cervical Cancer Symposium” by Mark H. Stoler, MD, FASCP, Walter K. Kinney, MD, and Thomas C. Wright Jr, MD “provided clinically relevant information essential for anyone involved in Pap testing today,” one attendee said. And several conference attendees commended Juan Rosai, MD, FASCP for sharing “His Best Mistakes”: “Very candid presentation. Bravo. Even the best can make mistakes. No one is infallible.”

Finally, William M. Murphy, MD, FASCP made a lasting impression during his presentation of “Practical Approaches to Bladder Cancer in the Information Age.” Wrote one reviewer: “Excellent and precious. Dr. Murphy has not only made me diagnose urothelial cancer but has made me a better scientist, a better pathologist, and a better human being.”

Some of these courses will be offered again by the same instructors at the 2005 meeting, October 8-11 in Seattle. For more information and to register, visit www.pathologytoday.org. ■

ASCP to Launch Online Voting for Board of Directors

Watch the next issue of *Pathology Today* newsmagazine (September) for information about online voting for the ASCP Board of Directors. For the first time, ASCP members will be able to vote online for candidates seeking to serve on the Board. The system will work much like the online voting process that was introduced last year for the ASCP Associate, Resident, and Fellow Councils.



Chair's Message, ASCP Resident Council

Survey, Subspecialty Grants, and Seattle

Greetings once again from the Resident Council. I trust all is well as you glide into the final months of the academic year and enjoy the spring sunshine. Very shortly, the current graduating residents and fellows will each receive the 2005 ASCP Resident Council Job Survey. I urge each of you finishing training to complete the survey. It provides the only data of its kind that tracks the numbers of job interviews and jobs offered to graduating residents. Other questions address salary, geography, and overall job decision making. Last year's results were analyzed and written up by superstar Dominique Coco, MD, Resident Council Secretary and are available at www.ascp.org/member/resident/surveys/job-survey-04.asp.

Lately, the Council has directed much of its attention to the subspecialty grant program. The first four recipients were recently announced and are currently scheduling their away electives. Each has expressed much gratitude and excitement to the Society for offering such an outstanding educational opportunity. For 2005-06, we will be doubling the number of grants awarded to eight. We have also invited numerous additional faculty to broaden the types of electives offered. For instance, we are very excited that Dr. Allen Gown, director of Phenopath Laboratory in Seattle, Washington, has agreed to offer a one month elective of intensive exposure in Immuno-histochemistry. Additional disciplines include pediatric pathology, molecular pathology,

clinical chemistry, microbiology, and transfusion medicine, among others.

Also, you should know about the resident events at ASCP's Annual Meeting: Pathology Today, coming this October in Seattle. There will be a luncheon with a panel discussion addressing the transition from resident to practicing pathologist. Numerous pathologists representing academia, commercial labs, and community practice will participate. It should certainly be a lively discussion (with free lunch). The AJCP Resident Research Symposium will be held on the same day. Sixteen resident finalists will deliver papers on original research. A panel of judges will award the best presenter a Nikon microscope.

As always, an exciting program of continuing education in virtually every subspecialty will be available at the meeting. Also, numerous companion societies will gather for sessions at Pathology Today.

For more information about the Resident Breakfast on Graduate Medical Education with C. Bruce Alexander, MD, FASCP, *AJCP* poster sessions, and the Resident Reception, visit www.PathologyToday.org.

Make your plans now as residents enjoy access to the entire meeting and all of its educational activities for only \$69.



Francois Cady, MD

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Laposata is 2005 Ward Burdick Award Recipient

Michael Laposata, MD, FASCP, PhD has been named the 2005 winner of the Ward Burdick Award for Distinguished Service to Clinical Pathology. The award, which will be presented to Dr. Laposata at the 2005 ASCP Annual Meeting in Seattle, WA, on October 9, recognizes an ASCP member who has made a significant contribution to pathology through sustained service to the profession and the Society.

Dr. Laposata is on the faculty of Harvard Medical School in Cambridge, MA, and serves as the Director of the Clinical Laboratory at Massachusetts General Hospital. He has held both posts since 1989.

He received his BS degree from Bucknell University in Lewisburg, PA and both his MD and PhD from Johns Hopkins University School of Medicine in Baltimore, MD. He then trained in pathology at Barnes Hospital in St. Louis, MO, and served a research fellowship at Washington University School of Medicine, also in St. Louis.

His service to ASCP began when he joined the Society in 1991. Soon after, he says, "I was asked to be on an ASCP committee for the Matrix Meeting. I then gave workshops at the Annual Meeting. The most attractive aspects of the Society are the personalities and dedication of the ASCP staff – some of the *classiest*

people I have met, and that is from a guy who spent a lot of time meeting people in a barber shop."

Dr. Laposata's father was a barber whose shop was attached to the family home in Johnstown, PA. "All of us in the family met hundreds of customers and friends as we wandered into the barber shop at one moment or another for a conversation."

Although Dr.

Laposata's involve-

ment in ASCP and various other aspects of pathology, particularly education and the mentoring of younger pathologists, is important, you don't have to spend much time with him to know that there are other passions in his life.

Baseball, for instance. "I am a serious baseball card collector. My wife wants to know how a piece of cardboard with a picture of Mickey Mantle on it could cost as much as a piece of fine jewelry. God bless my mother who never threw out the old cards I was smart enough never to throw against a wall or stick in a bicycle's spokes."

On a more serious note, Dr. Laposta also ranks "the intensity of the academic medicine enterprise in Boston" high on his list of good things about his current position. "The biggest challenge in my work is improving quality – to move toward the 'zero error' target. There are so many laboratory tests now that many doctors

are confused about which tests to order and how to interpret the results for their individual patients."

He recently received one of the inaugural awards from the Centers for Disease Control's new Institute for Quality in Laboratory Medicine. It recognizes the innovative steps taken at Massachusetts General Hospital to greatly increase the likelihood that a physician will order the correct tests and understand their clinical significance on a case-by-case basis.

In 2002, Dr. Laposata authored the text *Laboratory Medicine: Clinical Pathology in the Practice of Medicine* for the ASCP Press.

One of the things Dr. Laposta values about his ASCP membership is the organization's role as "the principal arm of national education in the field. As one who so very much enjoys educating others, I have always felt that ASCP is my conduit to educate those who want to make a significant contribution in their professional lives.

Dr. Laposata's wife, Martha is a former hospital administrator. They have three children. And he says, "Family life is my top priority. If I am not at work, I am doing something with family or friends.

"I would like to be remembered as a person who changed the field of laboratory medicine, which every clinician uses nearly every day, in a way that saved many lives and reduced the burden of disease." ■



Michael Laposata, MD, FASCP, PhD



Washington Report

CONGRESS

CLC Unites to Support Medical Laboratory Personnel Shortage Act

ASCP is working with Representative John Shimkus (R-IL) to gather organizational support for HR1175, the Medical Laboratory Personnel Shortage Act. At the request of Congressman Shimkus, ASCP has contacted organizations that are part of the Clinical Laboratory Coalition (CLC) and others to enlist their support for the legislation. To date, the following groups have signed on as supporters of HR1175.

- AABB (formerly American Association of Blood Banks)
- American Association of Bioanalysts
- American Association for Clinical Chemistry
- American Clinical Laboratory Association
- American Medical Technologists
- American Society for Clinical Laboratory Science
- American Society for Clinical Pathology
- American Society for Microbiology
- Association of Public Health Laboratories
- Clinical Laboratory Management Association
- College of American Pathologists
- Laboratory Corporation of America
- Ortho-Clinical Diagnostics, a Johnson & Johnson company
- Quest Diagnostics Incorporated

This legislation will ease our workforce shortage by developing programs (scholarships, loan forgiveness, academic faculty support) and fund public service announcements to focus needed attention on the work of our nation's laboratory professionals. The Congressman plans to send out a "Dear Colleague" letter to all members of the House of Representatives asking for their support for the legislation in the coming weeks. The letter will list all of the groups listed above as supporters.

Legislative Action Alert Unites Pathologists and Technologists/Technicians on SGR Issue

In response to an ASCP membership-wide Action

Alert, pathologists, technologists, and technicians sent letters to Congress demanding a fresh look at the formula by which physicians are reimbursed for Medicare services. Under the current system, the Sustainable Growth Rate, or SGR, reimburses services performed by physicians for Medicare patients. However, updates to the SGR are driven by a flawed formula, set by federal law. For the last 13 years, Medicare payments have failed to keep up with increases in medical practice costs. Letters sent to lawmakers by members pointed out that, if adjustments are not made, more and more physicians will stop accepting Medicare—leaving seniors fewer options for quality care.

"We are more than pleased to see the entire laboratory team unite on an issue that is important not only to physicians but to the nation's health care system. It is a demonstration that the entire laboratory team can unite to make the case for quality laboratory medicine," said Jeff Jacobs, vice president for public policy at ASCP.

In recent days it has become even more important that everyone take action on the SGR issue as Congress is working on budgetary issues and ASCP legislative staff have learned that efforts to fix the SGR have stalled. Visit <http://capwiz.com/ascpath/home/> for more information.

STATE ISSUES

California Bill to Expand Pharmacist Testing Authority Withdrawn

Two bills that were the focus of a recent ASCP e-Advocacy action alert have been withdrawn from consideration for the year. The two measures could be reconsidered by the legislature next year, however. California Assemblywoman Barbara Matthews (D-Stockton) introduced two bills, Assembly Bills 896 and 1370, which would add pharmacists to the definition of "laboratory director" and allow them to direct clinical laboratories providing "routine patient assessment procedures." ASCP opposed the bills.

continued on page 7

Washington Report

continued from previous page

ASCP Opposes Pennsylvania Initiative to Implement Laboratory Copayment

A proposal by the Pennsylvania Department of Welfare to apply copayments for laboratory services was the impetus of Pennsylvania member action this month on the ASCP e-Advocacy Center. The proposal would require that a copayment be applied for all testing of recipients of the state's Medicaid-run Medical and General Assistance programs. However, this proposal would lead to significantly higher costs to laboratories, while keeping their reimbursement rates to the current levels. To counteract this proposal, which is opposed not only by ASCP but also the Clinical Laboratory Coalition, ASCP issued an Action Alert to all ASCP Pennsylvania members, urging them to write their representatives to oppose this proposal.

Montana Government Signs Direct Billing Measure into Law

On April 15, 2005, Montana Governor Judy Martz (R) signed into law legislation to require anatomic pathology procedures to be billed by the performing laboratory. ASCP congratulates the Montana State Pathology Society and the College of American Pathologists for leading the effort to ensure that clinical laboratories are appropriately compensated for the work they perform. ASCP supports direct billing of pathology services. The bill signed into law was SB 479, which would establish direct billing for anatomic pathology services. The Montana Senate approved SB 479 unanimously. The bill also sailed through the Montana House of Representatives, where only one of the House's 100 members opposed the bill.

Getting Licensed in New York

Early this year, ASCP reported that New York Governor George Pataki had signed into law legislation to license medical laboratory personnel. While the state has yet to promulgate implementing regulations for this bill, questions have been raised about New York's likely requirements for licensure. While an exact picture of these requirements cannot realistically be provided until the implementing regulations have been released, ASCP wanted to review the statutory licensure requirements for its membership so that prospective New York licensees can prepare for the state's upcoming personnel licensure requirements.

The New York Clinical Laboratory Technology Practice Act licenses medical technologists, categorical technologists, cytotechnologists, and medical laboratory technicians. For medical technologists and categorical technologists, New York requires a baccalaureate degree in medical technology or the equivalent and passage of an approved examination. Alternatively, the recently enacted statute allows for licensure on the basis of a baccalaureate degree with a yet-unspecified number of credit hours in the sciences, successful completion of an accredited medical technology program or a program determined by the Department to be "the substantial equivalent" and passage of an approved examination. It is impossible to say at this point how much scientific coursework will be required, although other licensure states have usually required the equivalent of a major in an appropriate academic science. Also unclear is whether the statute could be

interpreted as allowing for work experience as an alternative to completion of an accredited training program.

For licensure as a cytotechnologist, the statute requires licensees to possess a baccalaureate degree in cytotechnology "from a program registered by the Department or determined by the Department to be the substantial equivalent" and pass an approved examination. Alternatively, it allows for cytotechnologist licensure on the basis of a baccalaureate degree with a yet-undetermined number of hours in the sciences, completion of "an accredited cytotechnology program or a program determined by the Department to be the substantial equivalent," and passage of an approved examination. Since the federal Clinical Laboratory Improvement Amendments of 1988 (CLIA) currently requires newly-trained cytotechnologists to either complete a training program in cytotechnology or be certified by the ASCP BOR in cytotechnology, it is unlikely that the state could allow these individuals to satisfy the training requirement with work experience.

For medical laboratory technicians to obtain state certification (essentially the same thing as licensure), a prospective certificant would need to complete an "associate's degree from an approved clinical laboratory technician program registered by the Department or determined by the Department to be the substantial equivalent" and pass an approved examination. Again, until the implementing regulations are released, it is unclear what

continued on page 10

Linder is 2005 Israel Davidsohn Award Recipient

James Linder, MD, FASCP, a past president of ASCP, will be honored with the ASCP 2005 Israel Davidsohn Award for Distinguished Service. The award recognizes an ASCP member who has made a significant contribution to the Society by participating in a variety of roles throughout their careers.

Dr. Linder is Senior Vice President and Chief Medical Officer of Cytoc Corporation, Boxborough, MA, and Professor of Pathology and Microbiology at the University of Nebraska Medical Center, Omaha, NE. He earned his medical doctor degree from the University of Nebraska Medical Center. After residency training in pathology at Duke University, he returned to the University of Nebraska, where he has been on the faculty since 1983. During this time he held many administrative positions, including Vice Chair of Pathology, Director of Surgical Pathology and Cytopathology, Associate Dean for Academic Affairs, and Interim Dean of the College of Medicine. He was visiting professor at the Peter Kiewit Institute for Information Science and Technology to develop interdisciplinary programs in biomedical technologies.

Dr. Linder joined the ASCP in 1982. He served on and later chaired the Commission on Continuing Education, the New Technology Committee, and the Research, Development and Planning committee. He also chaired the ad hoc Colorado Springs Planning and Program Committees from 1990 to 1992.

He served in various capacities on the Commission on Graduate Education in Pathology including the Commission's Council on Resident Training from 1989 to 1991, and he chaired the Commission's Conjoint

ASCP/CAP/APC Committee for Pathology Residency. He then served as Deputy Commissioner, then as Commissioner from 1993 to 1996.

He also served as Associate Editor then Editor-in-Chief of ASCP's *Pathology Patterns* from 1991 to 1999.

He served on and later chaired the ASCP's Planning Committee, served on the Educational Materials Advisory Committee, the Finance Committee's ad hoc Fundraising Committee (later the Development Committee), the Finance Committee itself from 1996 to 2000, the Internet Advisory Committee, the ad hoc Internet Volunteer Advisory Group, the ad hoc Task Force on Information Systems, the ad hoc Task Force on National Meetings, and the Board of Directors from 1993 to 2000. He also represented the ASCP on the Conjoint Committee for Pathology Enhancement and represented the ASCP on the Cytopathology Education Consortium, the American Registry of Pathology, and the International Liaison Committee of Presidents.

Dr. Linder successively served the ASCP as Vice President, President-Elect, President (1998-1999), and Immediate Past President. He then chaired the Nominating Committee and served on the Publications Advisory Committee, the Web Development Committee, and chaired the Patient Safety Initiative Task Force. Since 2002, he has served on the editorial board for the *American Journal of Clinical Pathology*.

He has authored over 130 publications and five textbooks including the 10th edition of *Anderson's Pathology*. He is an editor and member

of several journal editorial boards. In addition to the ASCP, he led numerous professional organizations, including the Executive Board of the American Society of Cytopathology, the Residency Review

Committee for Pathology, the Executive Board of the American Registry of Pathology and the Council of the United States/Canadian Division of the International Academy of Pathology. Among his awards are the Distinguished Teaching Award of the University of Nebraska, the Award for Excellence in Medical Publications from the American Medical Writers Association, and he is listed among the Best Doctors in America.

Dr. Linder's academic interests have centered on the application of new technology in medical diagnostics, including immunochemistry, molecular diagnostics, computer-aided instruction, cellular imaging, and the use of automated techniques in cytopathology. He has been affiliated with Cytoc Corporation since 1995, and now serves as Senior Vice President and Chief Medical Officer, leading the company's efforts in diagnostic product development, clinical affairs, and medical education and laboratory support.

He is married to Wendy Linder, MD. They have three children, Emily, Kari and Eric. ■



James Linder, MD, FASCP

Clinical Laboratory Innovation Means Better Health, Longer Lives

Today, Americans are living longer, healthier lives. According to estimates, the average age of death has increased by four years between 1979 and 1998, or about two years per decade. No doubt, innovations in medical goods such as new drugs have played an important role, but how specifically have laboratory innovations influenced this change?

In a recent econometric study, Frank Lichtenberg, Ph.D., Courtney C. Brown Professor of Business, Columbia University Graduate School of Business, investigated the impact of new clinical laboratory products on longevity and quality of life. He estimates that clinical laboratory innovation has increased the mean age of death by 0.44 years during this period, representing approximately 12 percent of the total increase. Lichtenberg also estimates that in absence of any laboratory innovation during 1982-1996, 4.4 million more people would not have been able to perform their major activity (for example, work) in 1996.

Lichtenberg is an economist who focuses on health care. "For my entire career, I have been interested in the impact of technological change on economic progress, broadly defined," says Lichtenberg. "About a decade ago, I began to focus on the role of medical innovation in improvements in health."

He hypothesizes that clinical laboratory innovations have improved the quality of information about medical conditions for patients and physicians, making possible more appropriate, effective treatment. To test his hypothesis, he analyzed the impact of new clinical laboratory products using a longitudinal, disease-level research design on a cross-section of approximately 100 different disease groups including heart disease, diabetes, and asthma.

For each disease, Lichtenberg identified the types of tests typically used in the treatment and diagnosis. "Laboratory tests tend to be disease specific," explains Lichtenberg. "Different kinds of tests are performed on people with different diseases. For example, the test most frequently performed on diabetics is a glycosylated hemoglobin test. The most frequently performed test for hypertension is a lipid panel."

Combining historical FDA data and health insurance claims data, Lichtenberg was able to construct disease-specific measures of laboratory innovation. These data helped Lichtenberg pinpoint when important innovations occurred with regard to particular kinds of tests. "There have been some very important innovations in hemoglobin testing since the 1970s, and using FDA data, I've been able to

identify the dates when those innovations occurred," he says.

By comparing the aggregate data on clinical laboratory innovation with longevity data, Lichtenberg found that diseases with greater rates of laboratory test innovation experienced above-average increases in the mean age of death. Lichtenberg also found that expenditures on new laboratory innovations are very cost-effective when compared with the economic value of this longevity benefit.

"Economists put an economic value on how much people are willing to pay to live an additional year – the consensus estimates range from \$50,000 to \$100,000 per life year," Lichtenberg explains. "The average cost of a new laboratory test is lower than the longevity benefit." The study estimates that the upper-bound estimate of the cost per life-year gained from laboratory innovation is \$19,340, which is well below the cost-effectiveness thresholds of most medical decision-makers.

That doesn't necessarily mean that every single new laboratory test is worth the cost, according to Lichtenberg. Some innovations such as genetic testing are very expensive, but the benefits may only be marginal.

continued on page 11

New Headquarters

continued from front page

Medical District. ASCP's current headquarters is located within the district, requiring their oversight and agreement on changes to any enterprises in the district.

"In the past year, it became clear to ASCP leadership that moving our headquarters made good economic and business sense," commented Dr. Ball. "We explored all the alternatives, and this move puts

us in the best position to meet our short- and long-term objectives. And," he stressed, "the timing helps us continue to build on the momentum that is moving ASCP into a position of greater value and relevance to the membership and profession."

The new 32,170 square-foot office space is located in the heart of Chicago's vibrant Loop.

It 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.

Watch for more information about ASCP's move in upcoming editions of *Pathology Today* and other ASCP publications. ■

ASCP Congratulates New ABP Diplomates

Congratulations to the following residents who successfully passed the American Board of Pathology (ABP) exams administered from September 17, 2004 through December 31, 2004.

*Denotes ASCP member

Mini G. Abraham*
Asad Hayat Ahmad*
Israh Akhtar*
Salah Khalid Al-Waheeb*
Ali Mohammed Al-Za'abi
Joseph Michael Anderson
Cesar Augusto Angeletti
Horea Alexandru Baila*
Richard Lynn Bardin*
Peter Kazeryu Bauer*
Rabei Wajjeh Bdeir*
Gail Bentley
Karin Diane Berg*
Robert H. Blesloch
Marilyn Yuanxin Ma Bui*
Julio Cabrera
Lingli Cai*
Ning Cai*
Li Chai*
Cui Chen*
Lian-Song Chen*

Farbod Darvishian
Monica Elizabeth de Baca
Ramona Christina Decuseara*
Brigitte Harms DeMoss*
Hu Ding*
Veronica Carmen Dinu
Lisa Ross Dixon*
Huijun Dong*
Russell Kenneth Dorer
Ola Ahmad El-Zammar*
Lyska Leigh Emerson*
Yisheng Vincent Fang
Liliya A. Feldman*
Susan Victoria Fernandez*
Yimin Ge
Adrian Corneliu Gologan*
Lemuel Durrell Gorden*
Steve D. Groshong
Sava D. Grujic*
Julie Elizabeth Guerrero-Vitko*
Fusun Gundogan*
Kapil Gupta*
Meenakshi Gupta*
Ines Gutgemann
Photini Haliotis
Kimberly McCoy Helms
Heng Hong
Min Huang*
Nusrat Hussain

Many of these individuals have accepted our offer of free membership to the ASCP. If you are on this list and haven't already filled out your ASCP Membership form, do it today!

Anthony John Iafrate
Petronela Gica Iorga*
Marina Ivanovic
Shawn Barrett Jackson*
Lawrence John Jennings*
Cameila D'Silva Johns*
Eiad B. Kahwash*
Heba Samir Kamal
Loveleen C. Kang*
Nadine Pierre Kelly*
Young Sun Kim*
William Jefferis Klump*
Irina B. Knezevic-Maramica*
Cynthia Lynn Kucher*
Nils W. G. Lambrecht*
Michael Benjamin Lehman*
Gang Li
Ling Li*
Jefferson Bo-Zi Lin
Jun Liu

continued on back page

Washington Report

continued from page 7

specifics will be required. The state may allow 60 semester hours as an alternative to an associate's degree. Assuming the state follows the CLIA high complexity testing personnel requirements, it would likely require technicians to complete 24 semester hours of academic science, including 6 semester hours each in biology and chemistry. These CLIA standards would not appear to support the use of work experience as a means of meeting the state's training program requirement.

It should be noted that those individuals who apply for licensure when the state first begins licensing laboratory personnel might be eligible for a license in their current position even if they don't meet the usual licensure requirements for that position. This allowance, commonly referred to as a grandfathering provision, would, for example, allow an individual with five years of work experience as a medical technologist or categorical technologist to be licensed in that capacity. Separate grandfathering provisions also exist

for cytotechnologists and medical laboratory technicians. Prospective licensees should be aware that the grandfathering provisions expire on September 1, 2008. Thus, individuals applying for licensure after this date will not be able to utilize the grandfather provisions.

It is unclear exactly when the state will begin licensing laboratory personnel. That said, the effective date for the Clinical Laboratory Technology Practice Act is September 1, 2006. ■

ASCP Members in the News

University of Illinois Alumni Association honors Hirsch

One of the nation's leading forensic pathologists is a 2005 recipient of the University of Illinois Achievement Award from its Chicago campus. Charles Hirsch, MD, FASCP was a featured speaker at the 2003 ASCP Annual Meeting and has been an active ASCP



Charles Hirsch, MD, FASCP

member for a long time. As chief medical examiner in New York City, Hirsch and his office have helped bring closure to the families who lost loved ones in the World Trade Center tragedy of Sept. 11, 2001. Visit www.ascp.org/Downloadables1/WebTextItems/9859.asp to read more.

Pathologist Dr. Keith Nance focuses on fast, accurate disease diagnosis

Keith V. Nance, MD, FASCP of Raleigh NC, has won a Health Care Hero award

in the physician category for his tireless work as an advocate for women's health issues.

"I am proud that we have been able to develop the cervical cancer screening program at Rex into one of the best anywhere," says Nance. "We pride ourselves on using state-of-the-art techniques as well as providing rapid turnaround of results. We are also always available for questions by doctors and patients. The

Rex Breast Care Center, of which I am a part, is also one of the best. One of the things I am most proud of is our lab's involvement with free cervical cancer screenings offered by the Medical Alliance Ministry under the leadership of Dr. Susan Weaver." Visit www.ascp.org/Downloadables1/WebTextItems/9859.asp to read more.

AMA Foundation honors emerging leaders in medicine

Amit Lamba, MD, FASCP of

Tiburon, CA, has been named a recipient of the American Medical Association Foundation's 2005 Excellence in Medicine national Leadership Award. This award honors and provides medical students, residents/fellows, young physicians and international physicians from



Dr. Lamba receives the award from the President of the AMA, Dr. John Nelson. Also seen are the president of the AMA Foundation Dr. Krishna Sawhney (far left) and the Director of Pfizer Medical Humanities Dr. Mike Magee (far right).

around the country special training to develop their skills as future leaders in organized medicine.

Visit www.ascp.org/Downloadables1/WebTextItems/9859.asp to read more. ■

Clinical Laboratory Innovation

continued from page 9

The study also examines the effect of clinical laboratory innovation on quality of life. Using data from the National Health Interview Survey (NHIS), the principle source of information on the health of the civilian non-institutionalized population in the United States, Lichtenberg was able to correlate disease-specific changes in quality of life with laboratory and pharmaceutical innovations.

He found that diseases that had higher rates of clinical laboratory innovation also had higher rates of improvement in quality of life; laboratory innovation reduced activity limitations and disability days.

Without laboratory innovation, the probability that people would be unable to perform their major activity would have been 1.7 percentage points higher (6.4 percent instead of 4.7 percent). The value of the reduction in disability attributable to laboratory innovation appears to greatly exceed the cost of new laboratory procedures, according to the study.

Lichtenberg has also conducted extensive research on the impact of new drugs on life expectancy. "I have applied a similar approach and methods to laboratory innovation and results were consistent with the hypothesis that laboratory and phar-

maceutical innovation have made important contributions to the longevity and quality of life of Americans," says Lichtenberg.

After circulating the paper for comments and suggestions, Lichtenberg plans to revise it and submit it for publication in a peer-reviewed journal. He would like to conduct further research, at either the disease level or the individual level, on the health impact of laboratory innovation, using additional data sources. He welcomes receiving leads and suggestions about the measurement of laboratory innovation.

Contact him at frank.lichtenberg@columbia.edu. ■

New Leadership Staff Hired at ASCP

ASCP names Executive Director for Board of Registry

E. Blair Holladay, PhD, CT(ASCP) has been named to head the ASCP Board of Registry. Holladay is formerly the director of the Center for Cytopathology and Molecular Diagnostics at the Medical University of South Carolina. He began his new duties on July 1.

Holladay is a graduate of College of Charleston (BA, Biology), Medical University of South Carolina (BS, Cytotechnology) and Ohio State University where he received his MS in allied medicine and his PhD in pathology.

He has served in several positions at the Medical University of South Carolina since 1991. He is a member of numerous professional organizations including ASCP, the American Society of Cytopathology, the American Society of Cytotechnologists and the New York Academy of Science.

He is a frequent contributor to professional journals and is the

author of two editions of *Cytopathology Review Guide* (published by ASCP).

Holladay has received funding for more than 50 scientific research grants and more than 100 scientific corporate contracts totaling more than \$4 million. The Center for Cytopathology and Molecular Diagnostics was recently named a Center of Excellence by the American Society of Cytopathology. Only five other facilities (of 3,200) have received such recognition.

Nancie Noie Thompson named Director of Membership at ASCP

Nancie Noie Thompson has become the Director of Membership for the ASCP. She began her new duties on March 14.

Thompson joins ASCP after serving as president of Nancie Noie & Associates, a healthcare consulting firm specializing in services to healthcare associations. Thompson's previous experience includes

serving as director of the American Hospital Association's Division of Medical Affairs; vice president for marketing and external relations at the Joint Commission on Accreditation of Healthcare Organizations, and executive director of the Alliance of Independent Academic Medical Centers. She has also worked for several healthcare executive search organizations.

Thompson is a graduate of the University of Wisconsin. She is a member of the Women Health Executives Network and a past member of the board for the University of Chicago Women's Business Group and the Neuroscience Nursing Foundation. In 2004, she served as a member of the Joint Commission's Task Force on Leadership Standards. ■



Nancie Noie Thompson

New ABP Diplomates

continued from page 10

Lanting Liu*
Christopher-Allan K. L. Lum
Yupo Ma
Raafat Farag Makary*
Bernadette Kempton
McLaren*
Mihai Merzianu*
James Thomas Molina*
Shannon Marie Mulholland*
Alessandra Filgueira
Nascimento*
Mansoor M. Nasim*
Kim-Anh Thi Nguyen*
Andrew H. Oliff
Yi Ouyang
Lakshmy Parameswaran*
Kara L. Partridge
Ian Daniel Paul
April Yvette Platt*

Robert Watson Pollock*
Sonam Prakash*
Raghuraj Singh Raghuwanshi*
Dinesh Rakheja*
Michael G. Rhode*
Anjali Abhay Satoskar*
Cynthia Anna Schandl*
Jeffrey Andrew Schrager*
David Joseph Sedlock*
Lamia Mohamed Shagrun*
Bisma Shahid Siddiqi
Monica Srodon
Jennifer Renee Stratton*
Norbert Sule
Yanyu Sun*
Jihong Tang*
Shalini Tayal
Andrew David Thompson
Marta Torres-Quinones*

Henry Chung-Hsien Tsai
Erik Janos Uhlmann
Ayce Dikmen Unal
Jan Nalinee Upalakalin*
Frances Barbro Vice
Milena Vuica-Ross*
Gordon Guan Wang
Min Wang
Lamont Aaron Wettstein*
Jianhua Wu*
Yaping Wu*
Philip Qianxun Xiao*
Min Xu*
Hong Yin
David Carroll Young
Gordon Guangyuan Zeng
Roy Ren-yi Zhang ■

New ABP Diplomates

continued from page 10

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