



PathologyToday®



ASCP's Physician Newsmagazine

Dr. Rodriguez Becomes New ASCP President During Annual Business Meeting

Fred H. Rodriguez, Jr., MD, FASCP was installed as the new president of the ASCP at the Society's Annual Business Meeting on Saturday, October 8, 2005, in Seattle, WA. Dr. Rodriguez has served in various capacities for the ASCP including Vice President, Secretary, Member-At-Large on the Board of Directors, and Governor on the Board of Governors of the Board of Registry of the ASCP.

Dr. Rodriguez is the National Director of Pathology and Laboratory Medicine for the Department of Veterans Affairs in Washington, DC, as well as the Director of Pathology and Laboratory Medicine at the VA Medical Center in New Orleans. He is also Professor of Pathology and Medical Technology at the LSU Health Sciences Center in New Orleans.

Dr. Rodriguez has been a dedicated educator for ASCP for several years, presenting various workshops and seminars. He worked with the ASCP Board of Registry (BOR) to develop the BOR's qualification program in flow cytometry. He served as acting chair for the BOR Council of Committee Chairs meeting in 1999. He also

served on the BOR's Board of Governors for eight years. Last year, Dr. Rodriguez was appointed as the ASCP representative to the National Accrediting Agency for Clinical Laboratory Sciences (NAACLS) Futures Conference.

Dr. Rodriguez was honored with the 2001 ASCP BOR Distinguished Service Award for his many years of service upholding the mission of the ASCP Board of Registry. In addition to his work with the BOR, he has also served for many years on the ASCP Advisory Council, and as an assistant editor of *LABMEDICINE*.

Dr. Rodriguez was raised in Metairie, LA (a suburb of New Orleans), where he still resides. He graduated from St. Martin's Episcopal High School (1968) and received a BS degree in biology from the University of New Orleans (1972). He received his MD degree from the LSU School of Medicine in New Orleans (1975) and completed his residency training in pathology at Charity Hospital in New Orleans (1978). He is a member of several



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ASCP President's Message



Janusian Reflections, Part II – Positioning ASCP for the Future

Last month, I began a three-part series of articles based on the Janusian (after the Roman god Janus) concept of beginnings and endings. I suggested that all of us – individuals and organizations – ought to pause every once in a while and ask, “Where have we come from; where are we going?”

As you may know, my home is New Orleans, so for the past several months I've been thinking more about Jupiter (the Roman god of sky, weather, wind, rain, storms, thunder and lighting) than Janus. My family and I are well, with minimal losses and we thank you for your many expressions of concern. [See page 9 for more information about our perspective on Hurricane Katrina.]

Now, let me turn my attention to what has brought ASCP to where it is today. Since its founding in 1922, ASCP has never lost sight of its mission to provide current, relevant scientific education for the continuing education needs of laboratory professionals.

We are the oldest and largest pathology and laboratory medicine organization and the only one to include in its membership both pathologist physicians and non-pathologist professional laboratorians. It is this “inclusive” nature of ASCP that sets it apart from all other pathology organizations. The diversity of ASCP gives it strength, and our diversity brings with it the important responsibility for being the unifying force and voice for *all* of laboratory medicine.

We haven't rested on our laurels, however. In 2001, we changed the name of the organization from the American Society of Clinical Pathologists to the American Society for Clinical Pathology to more appropriately reflect our inclusive character.

On the heels of our name change came a new governance structure (implemented in 2003), which resulted in expanding the membership of the Board of Directors so non-pathologist Associate members could participate in setting the direction for the Society.

At the same time, the Society was organized into five Commissions that better reflect the mission and products of the Society. The new Commissions on Membership, Education, Assessment, Publications, and Public Policy (with attendant Councils and Committees) also accomplish the work of the Society more efficiently.

In 2004, the Board of Directors adopted the comprehensive report of the task force on the Focus of the Society which resulted in rewriting our mission and vision statements. The new vision statement, “To provide excellence in education, certification, and advocacy on behalf of patients, pathologists, and laboratory professionals,” clearly expresses the purposes of the Society. The report of the task force on Focus also includes guidelines for establishing collaborative relationships with other organizations. The Board remains open to establishing relationships with any other societies when the relationship is mutually beneficial to both organizations.

This past summer, I chaired the task force on Volunteers which examined the recruitment, retention, and recognition of volunteers, the relationship of member volunteers to staff, and the role and purpose of ASCP's traditional “resource councils.”

As a result of the work of the Organizational Structure and Mission/Vision task forces in 2003 and 2004, we have laid the foundation for moving forward and reaffirmed our philosophy.

That's a short summary of a lot of work by a lot of dedicated members and staff. The accomplishments of the past five years have set the stage for the next phase of this Janusian journey – moving forward into the future.

There's one more thing we have to do in moving forward: Implement (during this year) the recommendations of the task force on Volunteers to create new opportunities for volunteers, and better define the roles, relationships, and responsibilities between volunteers and staff.

I think it's important to remind ourselves that while ASCP exists primarily for the benefit of its members, all the products and services the Society produces and/or provides – the “tangibles” of ASCP – are the work product of the collaborative effort of member volunteers and staff. The contributions of both, I am hopeful, will lead to a renewed, energized, and dynamic “élan” throughout the society.

Next month, a look at the work that lies before us in 2006. In the meantime, don't forget to visit the web page where some of the photographs from my year as your President are displayed: www.ascp.org/fhrpics/.



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

Molecular Testing Raises New Questions for Transfusion Medicine

While molecular testing is beginning to be used in transfusion medicine to resolve difficult questions of blood compatibility, the practice raises questions about informing patients of genetic defects that may be discovered in the testing process.

“If we have a patient with sickle cell disease who’s been transfused many, many times and now has antibodies to six antigens – that’s not something a routine laboratory would want to deal with, to locate compatible blood,” said Kathleen Sazama, MD, JD, FASCP, Professor of Laboratory Medicine at the Anderson Cancer Center, University of Texas. “Compatible blood would be blood that lacks the antigens to which the person has an antibody. So, if they have six of them, you’d have to find all six of those antigens missing from the cells that are the right group and type to give to this person. Reference laboratories are beginning to apply molecular methods to answer these questions, and in the process they are acquiring information beyond the primary question.

“I do not think that the average person – even a multiply transfused person such as a sickle cell patient – expects that when we do testing for them to get compatible blood, that

we might also be acquiring information that has consequences for them beyond their blood type,” said Sazama, who also is past president of the American Association of Blood Banks. “What is our responsibility ethically to patients once that capability is readily available to all?”

“I do not think that the average person expects . . . that we might also be acquiring information that has consequences for them beyond their blood type.”

Policies for informed consent have been developed for genetic testing in reproductive medicine, but not yet in transfusion medicine. “There is a need for the transfusion, hematology and pathology communities to set some standards here,” said Arthur Caplan, PhD, director of the Center for Bioethics at the University of Pennsylvania, and past chair of the Advisory Committee on Blood Safety and Availability at the US Dept. of Health and Human Services. He suggests looking at the policies in genetic and reproductive testing and translating them for the issues particular to blood transfusion. “It doesn’t extend naturally, but there are things to look at that would be useful.”

“I would say the policies, if anything, are local; they’re not national,” said Theresa Nester, MD, Assistant Medical Director, Puget Sound Blood Center, and Assistant Professor in the Dept. of Laboratory Medicine at the University of Washington. For instance, each blood center or laboratory or physician may decide for themselves whether, when and how to inform patients of additional findings.

Connie M. Westhoff, PhD, MT(ASCP)SBB, Scientific Director of the American Red Cross, said the general hospital consent for diagnostic and clinical testing covers molecular testing of patient’s blood. “For other applications, like the testing of fetal DNA to predict the possibility of hemolytic disease of the newborn or neonatal thrombocytopenia, the consent policy being applied at the physician office level is the same as for any genetic testing,” she said. “I don’t see any new issues or new applications that require specific new policy. The molecular diagnostics and genetic testing policies apply nicely to those test procedures we are doing in transfusion medicine.”

Caplan said the problem with locally developed practices is that

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The Crisis in America’s Laboratories: It’s Every Physician’s Business

Dr. LoAnn Peterson, 2004-2005 president of the ASCP, is featured in a Medscape Video Editorial in which she speaks about the shortage of laboratory professionals. To see the video, go here: www.medscape.com/viewarticle/510198.

(You may be asked to “register” as a Medscape user to be able to see the videotutorial, but it’s a simple – and free – process. After you’ve registered, you’ll also have access to all the information on the ASCP/Medscape Pathology and Lab Medicine section.)

Chair's Message, ASCP Resident Council



Katrina, Pathology Residents and ASCP

I am excited to be writing my first Resident Council Chair's message, but because of publishing schedules, I am writing it in September, just a few weeks after Hurricane Katrina struck two states with which I'm very familiar.

I am saddened by the turn of events in New Orleans. I was born and raised in Metairie, LA, a New Orleans' suburb many of you probably had not heard of until recently. I grew up listening to the sounds of the lakefront pumping station that was about one-quarter of a mile from my house.

Growing up in New Orleans was a wonderful experience. The city was so full of life and culture – I have so many wonderful memories of the Audubon Zoo, the New Orleans Museum of Art, the French Quarter, and of course the music and restaurants.

I received an exceptional undergraduate education at the University of New Orleans, a beautiful campus on the southern shore of Lake Pontchartrain. After graduation I moved "up north" to Shreveport, to attend medical school at Louisiana State University Health Sciences Center, leaving behind many friends and fond memories.

Currently I am a fourth-year resident at the University of Mississippi Medical Center in Jackson, just a two and a half hour car ride north of New Orleans. No matter how much time I spend away, I always consider New Orleans my hometown. In fact, I was in Metairie just two days before Katrina hit the coast of southeastern Louisiana, visiting one of my best friends who had just bought her first home. At this time, I have not yet heard from her as to whether or not her home still exists.

Katrina hit Jackson Monday afternoon. People were sent home from work early to weather the storm with their loved ones. Many people, including my parents who now live here in Jackson, provided shelter to friends who had fled from the coast. Although Jackson is located about 170 miles from the Mississippi coast, we experienced hurricane

conditions, with winds reaching up to 100 miles per hour in some areas.

As Katrina blew down power lines and trees, I couldn't help but wonder what was happening to New Orleans and the beautiful coastal areas of Louisiana and Mississippi. After power was restored to my neighborhood, I began to watch the television footage coming in from New Orleans, Slidell, Pass Christian and Biloxi. The suffering people and destruction were very difficult to watch.

I read an email message from Dr. Fred Rodriguez, the President of the ASCP Board of Directors, describing the conditions he was experiencing while stranded on the fifth floor of Ochsner Foundation Medical Center in New Orleans. He also wrote about the conditions his son was facing as a resident at Charity Hospital in downtown New Orleans.

I felt guilty for complaining about losing power for several days, and about the tree that had landed on my house, merely causing minor roof damage.

I'm proud to know that as a pathology community, we are rallying around the pathologists and laboratory professionals uprooted by this tragedy. As a resident, I am especially focused on helping the New Orleans pathology residents from Louisiana State University and Tulane. I want our resident members to know that the ASCP has been involved since the early stages of this disaster in communicating with the ACGME, PRODS and other organizations, helping to accommodate our colleagues. At my department in Jackson, we have been aggressively working toward opening positions for them, having been contacted early on by some residents concerned about the future of their programs.

Although it will take time, I have faith in my native city. I know we will rebuild and make it through this.

Alexandra Moore, MD

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AMERICAN SOCIETY FOR CLINICAL PATHOLOGY
2100 West Harrison Street
Chicago, IL 60612-3798
www.ascp.org

Phone 800-621-4142
(In Illinois, 312-738-1336)

Fax 312-738-9798

Dan Kotheimer, Managing Editor,
DanK@ascp.org

Nadine Filipiak, Associate Editor,
NadineF@ascp.org

ASCP Receives Approximately \$1.5 million in CDC Funding for Continuation of PEPFAR Efforts

The US Dept. of Health and Human Services Centers for Disease Control and Prevention (HHS/CDC) has awarded approximately \$1.5 million to the ASCP to continue its cooperative agreement program to support laboratory training and quality improvement for diagnosis and laboratory monitoring of HIV/AIDS patients in resource-limited countries in Africa as part of the President's Emergency Plan for AIDS Relief (PEPFAR). Ultimately, this program will serve to enhance laboratory testing practices, and enhance the quality of laboratory testing services, in order to improve the effectiveness of HIV diagnostic, care, and treatment services and interventions.

For more information or to read about ASCP's past PEPFAR endeavors, visit: www.ascp.org/Downloadables1/WebTextItems/10299.asp.

New Directions in the Life of a Pathologist

The word *retired* is not in his vocabulary. Raymond F. Maguire, MD, FASCP, prefers the word *redirected* instead. Throughout his 30+ years as a pathologist he was always interested in motivating people to take charge of their own health and use good health practices to prevent disease. Now, with those years behind him, and with more available time, his mission in life is to teach anyone who will listen how to maintain good health and prevent disease by using just a few simple strategies.



In April 2005 Dr. Maguire ran in a half-marathon in Oklahoma City.

Now living in Warrenton, VA, Dr. Maguire speaks to school groups in that town, as well as in his hometown, Jersey City, where he visits frequently, and has found children and teens to be especially receptive to his presentations—so much so that many then enthusiastically go home and teach their parents. He also speaks to civic and community groups of all kinds; and with older audiences, he addresses the issues of preventing falls in the elderly and of maintaining good prostate health. His presentations to older audiences he entitles, “It’s Not Too Late.”

On a larger scale, Dr. Maguire corresponds with public officials at all levels—from police chief to Governor—asking them to implement legislation that fosters good health. A frequent request: the banning of public smoking. He has begun a health maintenance program for the residents of Jersey City, and to multiply his effectiveness, he has trained 5 pre-med students at St. Peter’s College to educate teenagers in healthcare issues.

The following are topics Dr. Maguire presents as important components of health maintenance:

- **Eat right.** Understand the relationship between caloric intake and weight. Learn to read food labels and avoid unhealthy foods. Avoid extra pounds and all the inherent problems.

- **Stay active.** “Walk, run, bike ride, skate, swim,” advises Dr. Maguire, “and doing these things with others makes you more civil.” He adds, “Lots of walkers and bikers make a city more friendly.”

(Practicing what he preaches, he’s an avid runner, with more than 80,000 documented miles since he started keeping records. He has vacationed in a number of countries around the world and takes his running shoes everywhere he goes. In April 2005 he ran in a half-marathon in Oklahoma City, finishing in 5th place for his age group.)

- **Don’t smoke.** Dr. Maguire describes for his listeners what smoking does to lungs and blood vessels. (Also important: Don’t breathe second-hand smoke.)

- **Take care of your teeth.** They should last forever if properly

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Washington Report

FEDERAL AGENCIES

CMS Releases 2006 Physician Fee Schedule; ASCP Pleased that Cuts to Flow Cytometry Addressed

According to a proposed rule released in August, the Centers for Medicare & Medicaid Services (CMS) would phase-in a 5.3 percent increase in pathology practice expenses and a 28 percent increase in practice expenses for independent clinical laboratories over four years.

Under the phase-in outlined in the proposed rule, pathologist practice expenses would increase over current levels by 1.3 percent in 2006, 2.6 percent in 2007, 3.9 percent in 2008, and 5.3 percent in 2009. For independent clinical laboratories, the practice expenses would increase over current levels by 6.4 percent in 2006, 13.1 percent in 2007, 20.8 percent in 2008, and 28 percent in 2009.

These proposed increases will clearly affect revenues. Proposed increases in pathology practice expenses will partially offset decreases caused by the projected negative 4.3 percent update factor for 2006 resulting from the sustainable growth rate (SGR). Overall, the proposed rule indicates that for 2006 the estimated reimbursements for pathologists will decrease by approximately 2.8 percent and increase 2.3 percent for independent clinical laboratories. Additionally, the proposed rule would also increase the technical component payment for surgical pathology code 88305 to \$68.22, an increase of 11.1 percent, and cytopathology code 88141 to \$25.39, a 13.6 percent increase.

The increases in the pathology practice expenses come as a result of advocacy by ASCP and the laboratory community and supplemental practice expense data.

It remains to be seen whether Congress will intervene to prevent the negative 4.3 percent update from occurring. ASCP, as well as other medical specialty societies, have been advocating for an increase as well as replacement of the SGR with an update that more accurately reflects increased physician costs. Several bills have been introduced to provide a modest fee increase.

ASCP is pleased to report that some of the cuts affecting flow cytometry services have been revised in the 2006 proposed rule. ASCP had urged CMS to reex-

amine the final assigned values for compensation to ensure that all facets of flow cytometry procedure are taken into consideration. The 2006 rule would increase practice cost inputs units for the technical component for flow cytometry services. ASCP worked with the American Clinical Laboratory Association and other members of the laboratory community to help address flow cytometry reimbursement.

ASCP Speaks Out at CMS Forum on Competitive Bidding

On August 24th, the Centers for Medicare & Medicaid Services (CMS) convened an Open Door Forum to outline its recommendations to implement the Medicare Competitive Bidding for Laboratory Services Demonstration Project that was mandated by Section 302(b) of the Medicare Modernization Act, passed in 2003.

ASCP is opposed to the competitive bidding scheme because of potential negative effects on patient health and compromises in the quality of laboratory services. Nevertheless, ASCP has been working with CMS and other members of the clinical laboratory community to ensure that the demonstration project is implemented fairly and that the data generated by the project will be able to be analyzed to determine the project's viability as a national program.

During the meeting, Jeff Jacobs, ASCP vice president, public policy, thanked CMS for the open process that the agency has pursued in the implementation of the project. However, he expressed grave concerns about the criteria that the contractors have recommended regarding the yet-determined site selection for the two demonstration locations that will be chosen for the project—noting that the criteria the contractors have proposed would implement the project in two very similar areas (e.g., size of population, laboratory market structure, geographic similarities). By choosing two similar geographic areas, Jacobs said that the data generated by the project will not be as robust as if two very different areas were selected. ASCP has many additional concerns but will continue to work with CMS and the community to ensure that the health of Medicare beneficiaries is not compromised.

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Washington Report

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FDA Approves New Test to Help Treat Colorectal Cancer

On August 22nd, the Food and Drug Administration (FDA) approved a new drug test designed to help doctors determine correct drug doses for individual Colorectal Cancer patients. Named Invader *UGT1A1* Molecular Assay, the test allows doctors to determine how much of a chemotherapy drug is effective by detecting changes in the patient's *UGT1A1* gene. During chemotherapy, *UGT1A1* produces the enzyme UDP-glucuronosyltransferase—essential in the metabolism of chemotherapy drugs.

BRAC Closes Walter Reed; AFIP Future Uncertain

On August 25th, the Base Realignment and Closure Commission (BRAC) voted to close the Walter Reed Medical Center. This action will result in the “disestablishment” of the Armed Forces Institute of Pathology (AFIP), leaving its many services to be either absorbed in other Department of Defense, Federal or civilian activities and facilities, or eliminated altogether.

To address the future of the AFIP tissue repository, a consensus conference was convened in Washington, DC, on August 30–31, 2005. Dr. Gene P. Siegal, M.D., Ph.D., FASCP, the incoming Chair of the Society's Fellow Council, testified that ASCP believes that “the single most important entity within the AFIP is its tissue repository.” At this meeting, ASCP put forward the following proposal regarding the future of the tissue repository:

A plan should be developed to ensure a smooth transition of the tissue repository to a new location and home. This plan should include specific logistical details.

Under no circumstances should the millions of important slides, blocks and demographic material held within the repository be consigned to warehouse storage.

A scientific advisory panel should be commissioned to shepherd the transfer of the tissue repository to its new home and to sort through the many complex issues that will arise regarding a transfer to a new home. This panel should be empowered to make key decisions to preserve the integrity of the repository. It could include the members of the current scientific advisory board but also should include experts in some of the administrative issues involved in the transfer and stakeholders including representatives from organized medicine.

ASCP Signs on to Excess Specimens Letter

On August 16th, ASCP urged the Food and Drug Administration (FDA) to reexamine its policy regarding requirements of informed consent when using excess

specimens. The letter specifically addressed the issues surrounding requirements for informed consent for use of preexisting, residual biologic samples for 510(K) submissions and the adverse impacts this could have on research and evaluation.

Current FDA policy states that all human research data submitted to the FDA must be obtained under informed consent, including preexisting, excess biological samples. ASCP believes that excess residual biological samples should not be included among the types of samples that require informed consent because they have been obtained for routine diagnostic testing and not for specific research. Excess blood, urine, swabs and body fluids gathered for diagnostic testing are then stored by a laboratory and eventually discarded. Instead of being discarded these samples can be coded and used for additional research.

CMS Proposes Mandatory Flu and Pneumonia Vaccinations for Long-Term Care Patients

Flu and pneumonia vaccinations may be mandatory for all Medicare and Medicaid recipients in long-term care facilities (LTCs) if a new CMS-proposed rule takes effect.

Announced August 12th, facilities would be required to administer flu vaccinations between October 1st and March 31st each year, and administer one lifetime immunization against pneumococcal disease in order to receive any funds from the Medicare and Medicaid programs. Additionally, LTCs must examine all patients and determine them medically fit before administering the vaccinations. Patients and their legal guardians would have the right to refuse the vaccinations if they chose. Medicare and Medicaid are hoping to achieve a 90 percent vaccination rate of this population, saving an estimated \$35 million and preventing more than 2300 deaths each year.

CONGRESS

ASCP Works to Save Title VII Funding

The Senate Appropriations Committee rescued Title VII Allied Health Professions Programs from total elimination when it approved the Labor-Health and Human Services-Education appropriations measure on July 14th. The measure provides funding for all Title VII programs at FY 2005 levels, with the exception of a 1 percent increase in funding for Primary Care Medicine and Dentistry and a 6 percent reduction in funding for geriatric education centers and training. The allied health

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Members in the News

Holladay Receives ASC President Award

E. Blair Holladay, PhD, SCT(ASCP)^{CM} receives the American Society of Cytopathology (ASC) Presidents Award at this month's ASC annual scientific meeting in San Diego, CA. The award is presented annually to a pathologist or cytotechnologist in recognition of his or her contributions to the ASC. "I am truly humbled by this honor," said Holladay. Holladay recently became Executive Director of the Board of Registry of the ASCP and ASCP Vice President.

Baden Authors Forensic Crime Novel

New York forensic pathologist Michael M. Baden, MD and his wife, Linda Kenney, a civil rights lawyer, have collaborated on a novel, *Remains Silent*, which was recently published. Baden and Kenney's novel deals with skeletons found

near an abandoned mental hospital and a political cover-up cracked by a scholarly, disheveled pathologist and a zealous, fashion-obsessed lawyer. The characters are younger, more dashing versions of their creators. Baden is 71; Kenney is 51. Since 1994, Baden has hosted HBO's documentary series, *Autopsy*.

Message in a Bottle from New Orleans

Shortly after Hurricane Katrina hit, some were able to send messages from the front giving the rest of the country its first glimpse of the devastation from people who were actually there. A popular message from Gregory S. Henderson, MD, PhD, FASCP can be found posted on several websites. In his message, dated September 1, he says "The first floor of all downtown buildings on Canal Street, is underwater... Bodies are still being recovered floating in the floods. We are

worried about a cholera epidemic... We hear gunshots frequently. Most of Canal Street is occupied by armed looters who have a low threshold for discharging their weapons..." The complete message can be found at www.rense.com/general67/email.htm.

ASCP wants your press clippings. *If you have a news article mentioning the ASCP, an ASCP member or your laboratory, we would like to see it. Topics could include members receiving local awards, serving as spokespersons on topics of concern, presenting local lectures, Lab Week stories, lab improvements, job trends, obituaries, etc. You name it, we're interested! Please send clippings to Dan Kotheimer (dank@ascp.org), ASCP, 2100 W. Harrison, Chicago, IL 60612. Or fax them to 312-738-9798. Please include the name, date, section and page number of the publication. Also, if you know a member has appeared on TV or radio, or will appear in the near future, drop us a line, or e-mail. ■*

Molecular Testing

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legal liability can be created inadvertently. "Let's say five of the major blood collection centers say, 'We routinely disclose all clinically relevant risk factor information that we find out,'" he said. "That will create liability, because then you're starting to shift the standard of care. So the field has to decide how it wants to handle testing, and it's certainly prudent to keep on eye on liability and areas that have uneven practices, because you could be creating liability for some places inadvertently."

For Marion Reid, PhD, who heads the Immunohematology and Immunochemistry Laboratories at the New York Blood Center, informed consent is not the issue; accurate interpretation of results is. Molecular testing is "very powerful

and it's very useful, but the genotype is not the phenotype," she said. "There are going to be instances in which the genotype will tell you one thing and the phenotype is different. So, there are possibilities where you can misinterpret, so you'd have to be very careful."

Nester agrees. "I think that is true," she said. "I think it's a new enough field as far as the red cell molecular testing that we may not actually know how it's going to manifest. We know what the defect is at the gene level, but I don't think we can always predict what that's going to manifest as far as symptoms."

Caplan thinks the transfusion industry may be best served by not informing patients of genetic findings in the first place. "At most I

think what you might want to do is refer people," he said.

"I'd have to think a lot more about it, but certainly that would be the most straightforward way to go," said Nester.

Sazama would like to see more discussion of the issue. "We have an affirmative obligation to have the right discussions in a public forum that allows patient perspective and the technical perspective and the scientific and medical ones to inform a policy that permits us to do the right thing," she said. "We need to get our ducks in a row. If all we can do is sound an alarm to our colleagues not to let our methods get ahead of humanity, if we can somehow signal that, that's what I'm trying to do." ■

Home on the Road for Displaced ASCP President Rodriguez — Hurricane Katrina Survivor

ASCP President Fred H. Rodriguez, Jr, MD, FASCP, planned a heavy travel schedule this fall, and it's just as well. Since Hurricane Katrina hit New Orleans and the Gulf Coast region, Dr. Rodriguez' house in New Orleans has had no power or running water, and the Veteran's Administration (VA) Medical Center where he works is closed pending damage assessment. Life on the road never looked so good.

Dr. Rodriguez and his wife, Susan M. Rodriguez, BSN, RN, weathered the storm in New Orleans' Ochsner Clinic Foundation, which stayed open and functioning during and immediately following the Aug. 29 hurricane. As Physician Practice Standards Development Director at Ochsner On-Call, a nursing triage program, Susan essentially was on duty for seven days and seven nights, beginning Sunday, Aug. 28.

Meanwhile, their son, Rusty, a resident of pediatrics and internal medicine, spent the week on duty at Charity Hospital, which experienced power outages, flooding, and gunfire.

"We managed to get both of our mothers, who are in their late seventies, out of town by air Saturday before the hurricane," Susan said in an interview on Monday, Sept. 6, conducted in the ASCP offices in Chicago. "The night of Sunday, August 28, and the morning of

Monday, August 29, stong winds and heavy rain pounded the buildings. However, we felt that the building we were in was both secure and on high ground, and we turned out to be right."

Located immediately adjacent to the levee on the Mississippi River in Jefferson Parish, Ochsner had its own back-up generators and water well, which kept power and water running throughout the crisis. Air conditioning went out for a couple of days. Private helicopters evacuated critically ill patients immediately following the hurricane.

"The city being a bowl, the highest points are adjacent to the river and adjacent to the lake," said Fred. The Rodriguez' house is located adjacent to the levee along Lake Pontchartrain. It incurred no water damage. Trees and power lines were down all around.

For a couple of days after the hurricane, Fred and Susan could not reach their son at Charity. "We had been in touch during the week, but at the end of the week we just couldn't get through to each other for whatever reason," she said. "It was very upsetting. Once I knew he was safe, I was fine."

At Ochsner, Susan oversaw the nursing triage program, which fielded phone calls from hospital clients who had evacuated the area but needed information from their medical



Hurricane Katrina affected many ASCP members including newly installed President Rodriguez.

records. Two nurses staffed the phone lines, rotating their shifts – 12 hours on and 12 hours off – for seven days and nights.

"My other role during that week was to assist the pastoral care with support groups for the employees who were there," she said. "Many of them had not heard that their families were safe. So we did some prayer and share kind of groups three times a day, plus we were available for one-on-one counseling of employees who were

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New ASCP President

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national honor societies including Alpha Omega Alpha and Phi Kappa Phi, and Phi Kappa Sigma Fraternity (Beta Xi '72). He has published numerous scientific medical articles, and he is board-certified in Anatomic Pathology, Clinical Pathology, and Immunopathology. He and his wife Susan are the parents of four children (Alison, Fred III, Kathryn, and David).

Slate of Nominees Presented at Annual Business Meeting

Also at the Annual Business Meeting, the ASCP Board of Directors recommended the acceptance of the following slate of candidates:

John S. J. Brooks, MD, FASCP –
President Elect
Lee H. Hilborne, MD, FASCP –
Vice President

C. Bruce Alexander, MD, FASCP –
Fellow at-Large
Barbara J. McKenna, MD, FASCP –
Fellow at-Large
Jan F. Silverman, MD, FASCP –
Fellow at-Large
Susan Besaw, SCT(ASCP) –
Associate at-Large

The new list of board members is now on the ASCP website. ■

ASCP Resident Council Offers Subspecialty Grants

The American Society for Clinical Pathology is currently offering resident grants for the academic year 2005–2006 to defray the cost of elective rotations at outside institutions in fields of pathology in which the resident desires intensive exposure, especially in the form of consult material.

Grants of \$750 for two-week rotations and \$1500 for four-week rotations will be awarded. The grant would allow residents to broaden their training experience by exposing them to material that is not currently available at their institutions

and by allowing them to work with prominent pathologists in the chosen field.

Last year, Michelle K. Zimmerman, MD, used her grant to work in soft tissue pathology with John R. Goldblum, MD, FASCP, of the Cleveland Clinic Foundation. “I deeply thank the ASCP Resident Council for allowing me this extraordinary educational experience and strongly encourage all residents to apply for this grant,” she said.

Kurt R. Mathews, MD, worked with Saul M. Suster, MD, FASCP, of

the Ohio State University Hospital in Columbus, OH. “Dr. Suster provided insight into numerous diagnostic dilemmas of not only thyroid and mediastinal pathology, but also challenging consultation cases from around the world,” said Mathews. “The time spent at the scope was invaluable... Experiences like this are just one reason my membership to the ASCP will be lifelong.”

The Grant application deadline is January 2, 2006. For more information and to download an application, visit the website at www.ascp.org/member/resident/. ■

Washington Report

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and other programs account, which provides funding for the establishment or expansion of medical laboratory training programs, was essentially eliminated in the House version of the bill, passed in June 2005.

The legislation will now be reconciled in upcoming conferences between House and Senate Appropriations Committee Members this fall. House Appropriations Chairman Ralph Regula (R-OH) indicated he would work with Senate leaders to try to restore funding for Title VII programs. ASCP will be urging conferees to accept the Senate version of the legislation, and will issue action alerts after a conference date has been set.

Senate HELP Committee-Lead Roundtable Focuses on Passage of BioShield

Senator Orrin Hatch (R-UT) urged a Senate Roundtable to pass S. 975, the Project BioShield II Act, and S. 3, Protecting America in the War on Terror Act. Both bills contain provisions aimed at strengthening the country's ability to respond to a host of biological terrorist attacks and infectious diseases. Hatch said that he is disappointed in the pharmaceutical industry's lack of response in developing countermeasures to emerging threats. The roundtable was the second on the subject.

Draft Measure Would Move NIH Funding Into Four Areas

Some members of the US House of Representatives announced a plan to introduce legislation that would

consolidate the NIH's 27 institutes and centers into four appropriation areas based on mission or scientific specific categories at the House Energy and Commerce Committee hearing held July 19th. The legislation would also create a trans-agency fund that would give the NIH authority to allocate part of its own appropriation. No date has been set for bill introduction, but it is a high priority for the committee chairman.

The draft legislation would also create a new division of program coordination, planning and strategic initiatives, which would serve as a coordinating office for evaluating the progress of science in public health priorities.

STATE

North Carolina Legislature Approves Anti-Markup Legislation For Anatomic Pathology Services

On August 22nd, the North Carolina legislature approved legislation to discourage physicians from marking up the costs for pathology services. The bill, HB 636, was unanimously approved by both the North Carolina Senate and House of Representatives, and would require clinicians to disclose to patients or third party payers the cost of pathology services paid by the clinician if the amount billed exceeds the amount charged by the laboratory. The bill also requires clinicians to disclose the name and address of the performing laboratory. ASCP congratulates members of the North Carolina Society of Pathologists and for their work on this measure. ■

Hurricane Katrina Survivor

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feeling very upset and distraught at not knowing.”

Susan said she had some training in counseling during her baccalaureate nursing program, “plus, after having raised four children through adolescence, I have plenty of experience in therapeutic communication,” she said. “It was very gratifying to be able to help.”

Meanwhile, Fred offered to help Robert (Bobby) Rodwig, MD, head of the pathology department at Ochsner. When the air conditioning stopped working, the heat-sensitive chemistry analyzers shut down. They moved their most heat-resistant analyzer to the hallway, kept a fan blowing air onto it, and managed to keep it operating.

“The laboratory at Ochsner remained sufficiently operational to meet whatever needs the patients had,” Fred said. “They weren’t doing anything fancy, but they were doing the essential kinds of lab tests they needed to do.”

Susan said the experience pointed out to her the important role that a

pathologist plays as a clinical advisor to others who are giving direct patient care. “Based on the data we can generate for you, you can have an adequate amount of information to make appropriate clinical decisions — that was part of the message that Bobby was going around the hospital talking about as well,” added Fred.

Fred is Director of Laboratories at the VA Medical Center, is on the faculty of the Louisiana State University Health Science Center Department of Pathology, and is national director of pathology for the VA pathology and lab medicine community. As of mid-September, the medical center, which was evacuated after the hurricane, was still paying its employees.

After a brief family reunion in Cincinnati, Susan returned to Baton Rouge to work from Ochsner’s Clinics there.

“New Orleans is home,” Susan said. “I don’t know what the VA presence is going to be,” added Fred, “but Ochsner’s up and running. We’re not going to go away. New Orleans will

be a smaller city. It’ll be a cleaner city. It will be newer.”

Fred said he has no intention of letting the hurricane slow his duties as president of ASCP this year. “ASCP still has a focus,” he said. “The speech that I have written [for the ASCP Annual Meeting in October] addresses the strategic goals that the board has set for the Society for the coming year. That’s above and beyond and apart from what has happened in New Orleans.”

To all of those who have offered Fred and Susan expressions of concern, solace, and refuge, they say “Thank you.” “In response to people who ask, ‘What can we do?’ I say, show your compassion and empathy with contributions to your faith-based organizations and other good organizations, either local or national,” Fred said. “And when the city opens again, if you have good memories of New Orleans, the city needs you to come back, to have a good time, and to spend your money. That’s something you can do—speak with your feet and dollars.” ■

New Directions

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cared for. Daily brushing and flossing remove bacterial products that destroy enamel.

• **Wash hands properly** in order to prevent hand-to-mouth transmission of pathogens—especially in restrooms. How do you wash hands properly? Besides the obvious, leave the water running while drying hands with a paper towel; then use that paper towel to shield your hand when you turn off the water. Use the paper towel again to shield your hand when you open the restroom door. Then discard the paper towel in the first trash receptacle you find after exiting the restroom. Why the extra precautions? Dr. Maguire emphasizes, “Many people don’t wash their hands at all after

using the restroom, so there are countless pathogens on the door handles.”

• **Avoid excessive sun exposure.** Dr. Maguire is, additionally, a master gardener and speaks to gardening enthusiasts about all things botanical, but he also cautions his listeners about the dangers of too much sun.

In a recent personal letter, the Governor of Arkansas complimented Dr. Maguire on his efforts and wrote, “It’s always good to hear from people like you who were paying attention to health and diet issues so many years ago. Obviously, you were way ahead of your time!”

Dr. Maguire welcomes communication from anyone with similar

interests. He can be reached at his home via e-mail: ranganoa@hotmail.com, or by phone: (540) 428-7023.

Dr. Maguire grew up in Jersey City, NJ, graduated from St. Peter’s College in Jersey City, and from Georgetown University Medical School in Washington, DC. Board-certified in Anatomic and Clinical Pathology, as well as in Hematology and Blood Banking, his pathology experience includes New England Deaconess and New England Baptist Hospitals in Boston, with teaching at Harvard University Medical School. From 1973-2002, he worked as a pathologist and Medical Director of Transfusion Services at St. Francis Hospital in Tulsa, OK. ■

ASCP Welcomes New Director of Marketing

Elizabeth Park has accepted the position of Director of Marketing at the ASCP. She began her duties on July 5th.

Park comes to ASCP with more than nine years of health care marketing experience working for nonprofit as well as Fortune 100 companies. In her collaboration with thought leaders in the health care field she developed programs to enable professionals to more effectively deliver health care. She brings a disciplined



approach to the marketing department and will work with the organization to help streamline internal processes, reinvigorate the ASCP brand, and work on cross-functional teams to help address members' most pressing concerns.

"I look forward to working with Elizabeth who will bring an enthusiastic and diligent attitude in

approaching her responsibilities at ASCP," said Steven F. Ciaccio, CPA, CAE, Vice President of Finance & Administration at the ASCP.

Park has a MA in English and a MBA with a focus on marketing. She is an experienced product manager with a strong record of contributions to the marketing, strategic planning, and brand management of health care consumables. Park comes to ASCP from Cardinal Health in McGaw Park, IL, and before that, she was with Steris Corporation in Mentor, OH. ■

ASCP Ships Textbooks to LSU Pathology Residents

The ASCP has donated approximately 50 pathology textbooks valued at over \$8,000 to the 14 pathology residents at Louisiana State University (LSU) School of Medicine at New Orleans. Becky B. Whittemore, MD, a senior resident in the LSU pathology residency training program, informed ASCP shortly after the hurricane that most of the residents had lost all of their belongings in the hurricane and subsequent flooding of the city. She and five other senior residents are

preparing for Board examinations.

The donated textbooks include multiple copies of the *Atlas of Forensic Pathology*, *Flow Cytometry in Clinical Diagnosis*, *Art and Science of Cytopathology*, *Practical Principles of Cytopathology*, *Handbook of Clinical Pathology*, *Case Studies in Transfusion Medicine*, and *Parasites in Human Tissue*. In addition to the textbooks, which will be shipped to the residents' temporary location by ASCP, the Society offered the LSU program's fellow in cytopathology, Dr.

Ruodan Zhang, a complimentary subscription to the ASCPSTAR Non-GYN Cytology Static Image-Based assessment program.

The LSU pathology senior residents are Melissa Taggart, Elise Occhipinti, Becky Boyd Whittemore, Nancy Kang, Stephanie Richard, Jennifer Jastram-Belcher, Tracy Dewenter, Rebecca Murray, Adrienne Nelson, Claudia Cohn, Erin Stein, Gershon Norfleet, Farrukah Gill, and John Joseph. ■

Did You Renew Your ASCP Membership?

You recently received a reminder in the mail to renew your ASCP membership. Did you put it aside and forget about it? Is it by the phone? Is in the pile of papers next to the computer?

Make a point to renew your commitment to the ASCP today. Being a member of the ASCP means you have a voice in Washington, DC – a powerful ally that speaks on behalf of you and your fellow pathologists and laboratory professionals.

Being a member of the ASCP also means you get great opportunities to attend quality educational events that can help you advance your career and where you can network with others who can provide solutions to problems you are experiencing.

As a member, you also receive ASCP publications like *LABMedicine* and *AJCP*. These respected journals keep you on the cutting edge of the quickly-changing world that is the medical laboratory.

You don't want to miss a thing! Renew your membership today! Visit www.ascp.org/member/info/ or call the ASCP at 1-800-621-4142 (press option 2) to renew by phone.