



PathologyToday[®]

ASCP's Physician Newsmagazine



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Reshaping Pathology and Laboratory Medicine for a Flat World

Does your society have more memories than dreams or more dreams than memories? Three-time Pulitzer Prize-winning journalist Thomas L. Friedman poses that question in his bestselling book, *The World is Flat*.

"In societies that have more memories than dreams, too many people are spending too many days looking backward," Friedman wrote. "They see dignity, affirmation, and self-worth not by mining the present but by chewing on the past."

The American Society for Clinical Pathology's Task Force on the Future of Pathology and Laboratory Medicine is mining the present, imagining a better future, and laying the groundwork to make that future a reality. Last year, under the leadership of 2006-07 President John S.J. Brooks, MD, FASCP, the task force prepared a report outlining the major trends facing Pathology and Laboratory Medicine, and drew up plans for the ASCP's response to assist its members in the challenging times ahead. This year, under President-Elect Lee Hilborne, MD, FASCP, another task force will continue to tackle similar themes and develop blueprints for action.

"The whole process has taught me that ASCP has made a difference in the past and can make a difference in the future, provided we understand what our members need and

where they need to go," said Brooks. "That was the fundamental reason for the task force."

Like a topographical map, the report charts the contours of the global terrain in which the professions operate. In this landscape, patient safety and quality issues have come to the foreground. Pathologists and laboratory professionals who have typically worked in the background can now step forward. (The as-yet-unpublished report will receive further review and analysis by a follow-up task force in 2007.)

The pathologist of the future will need to be more clinically active, providing interpretative services to further improve our image and add value to patient care.

Capitalizing on our Strengths

Data and standardized processes—the stock-in-trade of the laboratory professions—will provide the answers to patient safety issues. "Laboratory professionals have the potential to teach the rest of the health care professions how to standardize the approach to the patient and to systematize the care process," states the report.

Technological advances present themselves on the landscape like so many tempting

Brooks Installed as New ASCP President

John S. J. Brooks, MD, FASCP, was installed as the new president of the ASCP at the Society's Annual Business Meeting on Thursday, October 19, 2006, in Las Vegas, NV. He has served in various capacities for the ASCP, including Vice President and Member-At-Large on the Board of Directors.

Brooks is Professor of Pathology and Laboratory Medicine at the University of Pennsylvania, and Chair of Pathology at Pennsylvania Hospital of the University of Pennsylvania Health System in Philadelphia.

In the past few years, Brooks served on the ASCP Finance Committee, the International Liaison Committee, the Nominating Committee, and he chaired the ASCP Task Force on the Future of Pathology and Laboratory Medicine.

As chair of the ASCP

Commission on Public Policy in 2004, Brooks presented testimony to the Centers for Medicare and Medicaid Services on the Medicare Prescription Drug - Improvement & Modernization Act, opposing the implementation of competitive bidding for clinical diagnostic laboratory services.

Brooks had the honor of meeting in closed session with President George W. Bush on January 16, 2003, on behalf of the ASCP. At the time, Brooks, an internationally recognized expert in cancer diagnosis, suddenly found himself temporarily unable to obtain medical liability insurance upon moving to Philadelphia. Brooks discussed concerns with the medical liability situation, especially how it has affected the field of pathology.

In the nineties and early 2000s, Brooks did much work with the

ASCP's Commission on Continuing Education (CCE) and served as chair of the ASCP Council on Anatomic Pathology. He also served as an ASCP Check Sample® editor, chair of the Educational Course Committee, presented the fall 1998 Anatomic Pathology Slide Seminar, and received a 1998 CCE Distinguished Service Award.

Before moving back to his birthplace, Philadelphia, in 2002, he spent almost 10 years as Professor and Chairman of Pathology and Laboratory Medicine at Roswell Park Cancer Institute, in Buffalo, NY.

Read his president's message in this issue. ~

New Board Members Announced

The list of newly-elected board members is available at ascp.org/aboutus/leadership/.

Reshaping

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oases. Pathologists and laboratory professionals must know which ones are mere mirages, and which worth the time and energy to pursue. The Society's task force report provides the guideposts. All signs point to the revolutionary advances in molecular pathology, digital imaging, and nanotechnology.

"If we choose to incorporate these technologies into our daily practice, we will be central to patient care," the report states. "If we do not transform ourselves, we will be peripheral players at best."

Morphologic identification will be refined by digital imaging and molecular identification. How will this affect conventional microscopy? Interpretation through digital images has the potential to replace the time-honored glass slide approach to diagnosis.

The recent approval of a vaccine for cervical cancer raises the question: Will there still be a need for Pap cytology services? Certainly, but some of the things cytologists do today will be replaced by different types of tests over the next decade. While the full implications of the human papillomavirus (HPV) vaccine have yet to be

felt, the profession needs to lead the way toward a new reality in this field.

In the mid-1970s, hardly anyone in the U.S. steel industry imagined its demise. In the late-1980s, who expected to witness the fall of the Berlin Wall, or to see democracy sweep the globe? In 2005, did you know that Americans would fly to India for heart bypass surgery for a fraction of the cost of having the surgery in the United States?

In *The World is Flat*, Friedman says tectonic shifts have "flattened" the world to the point that institutions in developing countries can out-compete those in developed countries. Individuals anywhere in the world can compete nimbly with well-established institutions. Management hierarchies have flattened. The Internet, work-flow software, community-developed software, outsourcing, and off shoring, among other factors, have accelerated globalization exponentially.

"For the anatomic pathologist, the threat is from beyond the region to global challenges, since images can

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Weekend of Pathology

Take advantage of the opportunity to attend ASCP Annual Meeting quality courses in one weekend!

ASCP's Weekend of Pathology offers you a compilation of the most popular, best-attended ASCP courses in surgical pathology. The weekend consists of a selection of several half-day courses which provide the most important, practical information in surgical pathology. All are taught by the same world-renowned ASCP Annual Meeting faculty!

February 8-11, 2007 • Las Vegas, NV • Aladdin Resort & Casino/Planet Hollywood

For more information, visit ascp.org/education/LiveEvents/WeekendsOfPathology.aspx.

Enroll Now for ASCP Gynecological Cytology Proficiency Testing

ASCP remains dedicated to providing the pathology community with the services it requires to comply with existing regulations for gynecological cytology proficiency testing.

ASCP offers ASCP GYN PT™, a stand-alone GYN proficiency testing program, and ASCP GYN PT and Lab Comparison™, which fulfills all GYN PT testing and laboratory accreditation requirements. ASCP GYN Assessment™, is a GYN cytology glass-slide interlaboratory comparison program that meets accreditation requirements and provides a detailed educational component. ASCP offers non-GYN products as well. These products include the ASCP STAR Non-GYN glass-slide program, and the ASCP STAR Non-GYN Static Image program.

ASCP continues to work with the Centers for Medicare and Medicaid Services (CMS) to improve and modernize the testing standards and ASCP applauds the recent work of the Clinical Laboratory Improvement Advisory Committee (CLIAC) in regard to the cytology proficiency testing regulation included in the Clinical Laboratory Improvement Amendments (CLIA) of 1988. The federal advisory committee to the Secretary for Health and Human Services convened in Atlanta on June 20-21 and succeeded in developing consensus recommendations. These recommendations will form the framework for fast-tracking a revised regulation. At the meeting, Thomas Bonfiglio, MD, FASCP (ASCP past president and current medical director for PT) presented the ASCP advocacy position regarding revisions to the cytology PT regulation.

ASCP staff met on August 28 with staff from the CMS and the Centers for Disease Control and Prevention (CDC) as part of the process used to draft the Notice of Proposed Rule Making (NPRM) applicable to cytology proficiency testing. Staff shared their insights and

recommendations with the CMS and CDC with the goal of improving PT program processes and implementation.

"The bar has been set high," according to Bonfiglio, because "ASCP believes that patients have a right to be assured that laboratories are doing their best to insure accuracy and that laboratory professionals have a right to be assured that any mandated proficiency testing is fair and reliable. Such assurances are a professional responsibility of the Society and its members."

"Among the things that make our program unique," Bonfiglio said, "is that we can guarantee 100% of the kind of prep that a lab needs—conventional, ThinPrep®, or SurePath®. We also guarantee no defective slides. They're all new, obtained solely for testing, field validated and continuously monitored as to performance to ensure quality."

Another advantage to the ASCP GYN PT program is the ease with which laboratories can schedule their test dates. At the time of enrollment, a laboratory can select three dates of its own choosing, in order of priority, for its PT test date. "But," cautioned Jennifer Clark, SCT(ASCP), Product Development Manager for cytology assessment programs, "the year is quickly drawing to a close and if labs want their best choice of dates, they need to enroll as soon as possible. We urge them to contact us through the appropriate enrollment process online." (www.ascp.org/ProficiencyTesting/)

In a recent report the ASCP announced that its gynecological cytology proficiency testing (PT) program meets or exceeds all regulatory requirements for quality assurance while providing fair, accurate, and scientifically sound tests for the cytopathology community. To see the entire report, visit ascp.org/ProficiencyTesting

ASCP President's Message



Navigating Uncharted Waters

If you're a sailor, as I am, you know how exhilarating it is to watch the America's Cup races. I'm endlessly intrigued by the fact that the outcome of this most prestigious sailing race depends not on one factor, or even two. Taking home the Cup depends on near-perfect performance in *multiple* areas.

Speed's important, of course, but so is strategy; brains and brawn both matter. There's a lot to consider: which side of the course to be on, how many tacks to take on a particular segment, and, above all, anticipating wind direction and strength.

Equally important: well-informed *leadership* at the helm. That's always a characteristic of Cup winners – the helmsman and captain have to be able to anticipate the occasional wind gusts and chart a course to gain the best advantage.

And sometimes, even when all of those factors are perfect, if execution and/or performance fall short, it all may have been for naught. Execution requires coordinated *teamwork* by the crew – those whose brawn handles the winches and performs the tacks and sail changes. Smart strategy, the right leadership, and great teamwork win out every time.

The America's Cup is an apt metaphor for the state of pathology today. How can we fashion a winning strategy in our ever-changing marketplace without anticipation of future trends, the winds of change, so to speak? How can we truly master new technology without teamwork for proper execution?

ASCP's new governance structure finds us more organized than ever and like a sailor reading the skies and testing the winds, we are *anticipating* the future and our responses to it. We're focusing on areas where ASCP can have the most impact: patient safety and quality, technology, information systems, globalization and its implications, our roles in the health system, and changing demographics.

For example, there is a national effort toward an electronic medical record (EMR) and, thus, we all need further education and solutions based in information technology (IT). Can we truly take command of extant information, reformat it into synthesized reports, thereby providing new *services*? Yes, if we are prepared.

The concept behind maintenance of certification efforts, both the American Board of Pathology's Maintenance of Certification program (MOC) and the ASCP Board of Registry's Certification Maintenance Program (CMP), is that through education, all physicians and laboratorians will remain not only certified, but current on the latest tools and techniques needed to keep abreast of changes in our profession. What impact these efforts will have on all of us remains to be seen, but your Society will be at the table influencing the direction and discussions, and providing new products to assist you.

Despite having the largest array of educational and assessment products in the profession, the ASCP envisions new workshops, courses, and methods of delivery, fashioned precisely to respond to future trends.

Our roles in the health system are bound to change too – for the better if we are prepared to assist and lead our organizations as they implement change inside and outside the lab. Pathologists and laboratory professionals already have many of the skills needed to effect change and can lead organizational initiatives with skills that are especially well suited to broader arenas. (N.B: Such activity, already being demonstrated in many organizations, also does wonders for our image.)

Just as the America's Cup match isn't a leisurely Sunday afternoon sail, forecasting the future isn't a thoughtless guessing game. Failure to respond to future trends in pathology and laboratory medicine could leave our laboratories, their pathologists, and laboratory professionals far behind the rest of medicine and gasping for wind.

The way we ensure that does *not* happen, to keep the laboratory from being marginalized, and to stem the commoditization of laboratory testing is to never, ever stop proving our value to our organization's leaders and showing – through repetitive demonstration – that what we do is a truly needed and valued **service**.

As we plan for and respond to the future, our success depends upon teamwork and proper execution by everyone on the lab team. Help us get the message out: the pathology laboratory, with its dedicated personnel, cares for patients and provides great service to our clinician colleagues in countless ways, everyday.

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ASCP Faculty Profile: David T. Yang, MD

This is the fourth in a series of articles profiling rising stars among ASCP's Educational Course faculty.

Mentors of David T. Yang, MD, guided him into a career in internal medicine, but science drew him back to pathology.

It was in high school that Yang first started thinking about the possibility of going to medical school. "I just liked my science courses and had some good science teachers, and ended up going to McGill University as a science major," he said.

In college, he came to that fork in the road that leads either to a doctorate in science or to medicine. "The reason I chose medical school was, I had a few mentors who were physicians – friends of the family – and they more or less talked me into going to medical school," he said. "It seemed like a pretty natural transition."

Coming out of medical school, Yang was already interested in pathology, "but all of my mentors were internists. Working with patients just seemed a little more rewarding for them than strictly working in the laboratory."

So Yang headed down that path. He did an internship and residency in internal medicine, and he enjoyed working with patients. "That gave me a pretty good grounding with patients, and an understanding of primary care," he said. Yet something was missing.

"The science part of it was calling back to me again," said Yang. "Being in primary care, you get away from basic science, and I really started to miss that."

After completing his internal medicine residency, Yang did a pathology residency then a fellowship in a combined anatomic pathology (AP)/clinical pathology

(CP) program at the University of Utah in Salt Lake City.

"I chose hematopathology because not only does it merge the two disciplines, AP and CP, but it also has a good tie-in to the clinical realm of the patient," he said. "It also has instrumentation that I enjoy fiddling with, as well as providing the opportunity to scrutinize the morphology of diseased tissues. It pulls it all together."

During his fellowship, Yang spent about half of his time on-service, looking at consult cases – bone marrow, lymph nodes, peripheral smears. "Other times I'm usually doing flow cytometry, coagulation, molecular diagnostics, cytogenetics, or trying to finish up some research projects," he said. "We also read out osmotic fragilities – testing for hereditary spherocytosis – which isn't done in very many places. It's a nice variety."

Yang appreciates the opportunities he had at Utah to work with pathologists who helped him grow in many areas. He did coagulation studies with George M. Rodgers III, MD; clinical-pathological correlation studies with Sherrie Perkins, MD, PhD, FASCP; molecular studies with Kojo S.J. Elenitoba-Johnson, MD, and Megan S. Lim, MD; and flow cytometry research with David Bahler, MD. "There's been tremendous mentorship in all the realms of hemepath," he said.

Indeed, it was Perkins who asked Yang to fill in for her as a faculty lecturer in his first ASCP Educational Course, "Hemato-lymphoid Diagnostic Pathways," which ran in May 2006 in San Antonio. Perkins, who was unavailable to teach the course this



Training and Fellowships

- Hematopathology Fellow, University of Utah, Salt Lake City, 2005-present
- Pathology Resident (AP/CP), University of Utah, 2001-2005; Chief Resident, 2004
- Internal Medicine Resident, Medical University of South Carolina, Charleston, 1995-1997
- Internal Medicine Intern, Medical University of South Carolina, 1994-1995

Education

- Doctor of Medicine, Loma Linda University School of Medicine, 1990-1994
- Bachelor of Science in Microbiology and Immunology with Great Distinction, McGill University, Montreal, Quebec, 1986-90

Appointments

- Clinical Assistant Professor, Dept. of Internal Medicine, University of Wisconsin – Physicians Plus, Madison, 1997-2001
- Research Student, Parasitology Dept., Dept. of Fisheries and Oceans Canada, Nanaimo, British Columbia, 1987-1989

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Chair's Message, ASCP Resident Council



Comments on the Future of Pathology

In 2005, ASCP formed the Task Force on the Future of Pathology and Laboratory Medicine to assess the future of our profession, undoubtedly the subject in which we residents should have the greatest interest. After all, it is in the future where we will spend our professional careers as practicing pathologists. We're all banking that the future and pathology will provide us with stable, rewarding careers.

I am certain that there is a cornucopia of reasons why we chose to pursue careers in pathology. I do not pretend to know all – or even most – of them, but I'll bet they share one common thread: our perception of the field is based on our relationships with practicing pathologists. By working, interacting, and talking with those in the profession, we have developed our own ideas and concepts about the scope of the profession.

For this reason, I found that reading the Task Force report was a sobering experience. Why? The contention of the Task Force is that the current scope of pathology may have to change to maintain, not to mention enhance, its role in the healthcare system. Initially, this was difficult for me to accept because I have spent the last three years working hard to develop my skills in pathology based on my current expectations of the field.

If the scope of our field and our practice were to change, does that mean the expectations, and ultimately our skill sets, also have to change?

The answer is "Yes," we will face changes, but, fortunately not everything about this profession will change. Reading further, I realized the changes recommended by the Task Force were not radical to the fundamentals of our field and could be applied without making impractical leaps. Importantly, though, many of the recommended changes would ultimately require not only our willingness to adapt, but to play active roles in making the changes. In other words, as the future changes, it will be we – today's resident pathologists – who will play a major role in creating that future.

As with many specialties in healthcare, the Report states, the role of the pathologist is changing – and doing so faster than most because of globalization, the rapid development of molecular technology, and our relative isolation from direct patient contact.

Globalization

The Task Force suggests that globalization has increased economic competition in our profession just as it has in every other segment of our world. Consolidation, regionalization and national laboratories are more of a reality than ever before. Furthermore, continuing advances in digital technology will likely make routine remote analysis of anatomic specimens a reality in the very near future.

Molecular Technology

The Report points out that there is an ever-expanding role for the use of genetic analysis and proteomics for prognostic and diagnostic purposes today than ever before – and this technology is still in its infancy. New molecular techniques have improved accuracy and cost of performance. Additionally, many clinical specialties have embraced this technology and are demanding access to it. While histologic morphology still comprises the backbone of our diagnostics, molecular biology will likely play a bigger role in the future.

Isolation From Direct Patient Care

While there are always brilliant exceptions to the general perception that we are laboratorians rather than clinicians, the Task Force points out that that perception may be based on the unfortunate reality that many of the services we perform are perceived as commodities at a time when collegial interaction is at an all-time low.

Creating Our Own Future

It is our duty, as the next generation of pathologists, to understand these trends in healthcare and our world at large. Most importantly, however, it is imperative that we use this understanding to shape our profession by embracing these trends and actively being part of making the right changes to the profession for the right reasons. The risk of doing otherwise is unthinkable: if we wait and are forced to react rather than respond to the demands of our clinical colleagues, then we only increase the probability of losing their respect and being further marginalized.

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eCourses: Flexible Learning: Access to Expert Insights

Excellence in online education has come to pathology and laboratory medicine. ASCP brings leading experts directly to your computer to help you learn and earn CME/CMLE credits at your convenience.

ASCP currently offers seven courses. Topics and presenters include:

- Lymphoid Disorders in Blood and Bone Marrow in Children and Adults by Kathy Foucar, MD, FASCP;
- Fine-Needle Aspiration Cytopathology of Lymph Nodes with Paul Wakely, Jr., MD, FASCP;
- The Clinical Laboratory Standards Institute (CLSI) and the Microbiology Laboratorian: Putting Guidelines Into Practice by Gerri Hall, PhD, SM(ASCP) and Richard VanEnk, PhD;
- New Aspects of Cardiac Risk Factors by Martin Kroll, MD, FASCP.
- A Practical Approach to Dermatopathology of Inflammatory Skin Disease: Inflammatory Diseases With Prominent Epidermal Change by Steve Billings, MD;
- A Practical Approach to Dermatopathology of Inflammatory Skin Disease: Inflammatory Diseases of the Dermis and Subcutis by Steve Billings, MD;
- Red Cell Morphology: A Necessary Tool for Rapid and Accurate Assessment of Anemias by Robert V. Pierre, MD.

The eCourses provide 1 or 2 continuing medical education (CME) or continuing medical laboratory education (CMLE) credits.

Each course includes an online, multimedia presentation with audio, animations, images, text, and review questions with feedback. Interactive course content is presented in short learning segments, so learners can proceed as time permits. Participants also have an opportunity to interact with fellow learners to enhance their learning experience.

Prices start as low as \$29. Note that the CLSI course supported by a cooperative agreement awarded to ASCP by the U.S. Centers for Disease Control and Prevention (CDC), is only \$15. The chemical emergency response preparedness series will also be underwritten by the ASCP/CDC agreement.

Visit the ASCP eLearning Center at www.ascp.org/education/eLearning/ regularly to see which eCourses are available for you.

Chair's Message

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Along with defining the trends, some of which I have not mentioned here (i.e., patient safety and quality, medical informatics, and demographics), it provides an outline for the kind of changes that can be made.

A new Task Force with the same name has been convened to formulate a more definitive outline for possible changes to our profession's scope. And that, too, is great news for residents because ASCP wants resident input to this process.

Your Society recognizes very well that we are the future of this profession. I will be a participating member of this Task Force and I want – and need – to hear your comments, questions, and concerns regarding this topic.

My e-mail address is below.

I promise that if you provide the input, I will be your advocate on the Task Force and will publish some of your questions and the Task Force responses in future columns.

It's going to be an exciting year and I look forward to serving as your Chair.

Dominique Coco, MD
Department of Pathology
University of Florida
cocod@pathology.ufl.edu

Washington Report



FEDERAL

2007 Physician Fee Schedule Released: Good and Bad News for Pathology

The Centers for Medicare and Medicaid Services (CMS) recently released the proposed physician fee schedule for 2007. The proposed rule contains a negative 5.1% update due to the sustainable growth rate (SGR) formula under Medicare. ASCP will work with the laboratory/pathology community and other medical organizations, such as the American Medical Association (AMA), to prevent implementation of this update. ASCP is also pleased to report that CMS will make changes to prevent billing abuses by “pod” or “condo” labs.

SGR — Ripple Effect Hurts Pathologists and the Laboratory Team

The negative 5.1% update is worse than CMS' earlier projection. If the SGR is implemented, it will have a devastating effect not only on pathologists but the entire laboratory team and patients. The ripple effect of a decrease in Medicare payments of this magnitude is hard to estimate, but this would mean fewer dollars for laboratory medicine and possibly reduced access to testing services as some physicians may reduce or terminate the number of Medicare patients they serve.

CMS' Proposed PFS Rule Targets Contractual Joint Ventures, “Pod” Laboratories

CMS responded to concerns from ASCP, College of American Pathologists (CAP), and other laboratory organizations regarding “pod” or “condo” laboratories. These contractual joint ventures enable non-pathologist physicians and other entities to secure revenues resulting from the referral of pathology services. In its proposed 2007 physician fee schedule, the agency outlined several changes to end these potentially abusive billing arrangements. It clarifies that the reassignment of benefits rules pertaining to contractual arrangements are subject to program integrity safeguards relating to the right of payment for diagnostic testing.

Pod Laboratories Exploit a Loophole in Medicare's Assignment of Benefit. In 2005, CMS relaxed the requirement that an independent contractor physician or non-physician could reassign Medicare billing privileges to a health care entity. In response, ASCP and other

pathology and laboratory organizations urged CMS to closely monitor reassignments for program abuse. ASCP wrote CMS asking it to monitor reassignments to detect and deter fraudulent or abusive practices and to clarify that these business practices are not exempt from existing self-referral and anti-kickback prohibitions. ASCP warned that these business arrangements also appear to violate the Stark anti-referral provisions.

The newly proposed physician fee schedule will amend regulations for payment of the technical component to deter abuse. As a result, when a reassignment involves a contractual arrangement with a physician or other supplier who performs the test, payment may not exceed the lowest of the following amounts: the physician or other supplier's net charge to the billing physician or medical group; the billing physician's or medical group's actual charge; or the fee schedule amount for the service that would be allowed if the physician or other supplier billed directly.

CMS will also require that when billing for the technical component, the billing entity must perform the interpretation. CMS believes, and ASCP certainly hopes, these changes will make it prohibitively expensive for pod laboratories to continue operating.

Technical Component (TC) “Grandfather” Provisions To Take Effect

CMS indicated in the rule that it will terminate the TC grandfather provisions on December 31, 2006. This is a follow-up to previous CMS intentions to pay only the hospital for the TC of physician pathology services furnished to hospital patients. ASCP will object to this change in its comments and join with the CAP to urge a legislative fix to this problem.

CONGRESS

Senate Holds Hearing on Direct Access Nutrigenetic Testing

On July 27th, Senator Gordon Smith, chair of the Senate Select Committee on Aging, held a hearing on “At Home DNA Tests: Marketing Scam or Medical Breakthrough?” The hearing revolved around a Government Accountability Office report titled, “Nutrigenetic Testing: Tests Purchased from Four Web

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Washington Report

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Sites Mislead Consumers.” GAO examined the results from four direct-access (Internet-based) genetic testing kits and found that all four companies “mislead consumers by making predictions that were medically unproven and so ambiguous that they do not provide meaningful information to consumers.”

Senate Aging Committee staff consulted ASCP’s Washington Office on direct-access testing. ASCP’s *LabMedicine* published a story in 2001 on direct-access testing and state law. ASCP’s policy statement on direct-access testing is available at www.ascp.org/Advocacy/policyStatements/directAccessTesting.pdf. The GAO report can be accessed at www.gao.gov/new.items/d06977t.pdf.

STATES

Massachusetts Enacts Direct Billing Law

ASCP congratulates the Massachusetts Society of Pathology and CAP for their work in securing direct billing for anatomic pathology services in Massachusetts. The bill, HB 4812, was signed into law on July 24th by Governor Mitt Romney. It requires that all anatomic pathology services be billed by the physician or clinical

laboratory performing the testing. It also helps reduce opportunities for unethical fee splitting and markups. HB 4812 went into effect in October.

Michigan Governor Signs Bill Opposed by ASCP, CAP

Michigan Governor, Jennifer Granholm signed into law HB 5063 on August 9th. The measure requires clinical laboratories to calculate a patient’s estimated glomerular filtration rate (eGFR) when performing serum creatinine testing. ASCP and CAP joined forces to oppose the legislation and requested a gubernatorial veto when the bill was approved by the legislature. ASCP wrote Governor Granholm on August 3, arguing that the legislation would mandate that laboratories provide the patient’s providers information that may not be reliable. ASCP noted that one study found that the MDRD methodology may be off by 30 percent for 4 of 10 patients. The patient’s provider, ASCP argued, is in the best position to determine the best beneficiary from this estimate of renal function.

ASCP and CAP have successfully fought a number of bills mandating the performance of eGFR. HB 5063 is the first one to be enacted this year. ~



Teleconferences: **Cost-Effective Continuing Education**

Continuing medical education conferences are great, but not when the travel budget is tight. Create your own on-site technical conference with the help of ASCP’s audio Teleconferences. Twenty-three one-hour teleconferences are available this fall for presentation right in your own conference room. For \$199 each, even a small group can make a teleconference cost-effective.

Choose several teleconferences in one field, such as molecular diagnostics or general laboratory operations, or select from a variety of areas for cross-training purposes.

Each course is offered on a different date, at noon or 1 PM Central Time.

Each teleconference includes a live audio lecture and discussion (available for purchase on audio CD), a Microsoft® Power Point presentation, supplemental handouts, instructions for seminar managers, and instructions for obtaining continuing education credit.

ASCP now provides toll-free access, so you won’t incur any long-distance charges on your telephone bill.

To register go to <http://www.ascp.org/Education/teleconferences> or call Customer Services at 800.267.2727 or 312.541.4890

Matsen receives ASCP Ward Burdick Award

John M. Matsen, MD, FASCP, received the ASCP Ward Burdick Award for Distinguished Service to Clinical Pathology at the ASCP 2006 Annual Meeting in Las Vegas in October. The award recognizes an ASCP member who has made a significant contribution to pathology through sustained service to the profession and ASCP.

Matsen joined the ASCP in 1973 and soon became active in the Society. He served on the ASCP Commission on Continuing Education (CCE) Council on Microbiology, the Joint Liaison Committee for the ASCP and the American Society for Microbiology (later the Joint ASCP-ASM Education Committee). He received an ASCP CCE Distinguished Service Award in 1993.

He served on the Commission on Graduate Medical Education in Pathology (CGMEP) governing board, served on the CGMEP's Con Joint Committee for the Basic Science Symposia, the Con Joint Committee for Pathology Residency Program Directors' Conference and chaired the CGMEP Council on Education and Research.

A medical graduate of UCLA, Matsen joined the University of Utah in 1974 as a Professor of Pathology and Pediatrics. He has served as Director of Clinical Laboratories, Head of the Division of Clinical

Pathology, Associate Dean for Academic Affairs, and for nearly 12 years as Chair of the Department of Pathology and as the Senior Vice President for Health Sciences.

Known for 12-15 hour work-days, six days a week, he retired in 1998. "John Matsen has been a superb overseer of our health sciences center during very turbulent times," said Bernie Machen, President of the University. "He has successfully navigated the uncharted waters of health care reform. ... The entire health sciences center—its finances, patient care, research and student programs—has never been stronger, due in large measure to John Matsen's vision and hard work."

Matsen was instrumental in organizing the university-owned clinical laboratory, Associated Regional and University Pathologists, Inc., (ARUP) in 1984. Matsen has been President, Chief Executive Officer and Chair of the Board of ARUP, which has more than 1,600 employees, generates over \$250 million in annual revenue, and has a laboratory testing hospital and reference clients in all 50 states.

In May 2006, he received an Honorary Doctor of Science degree from the University of Utah.

He has also been the President of the Academy of Clinical Laboratory Physicians and Scientists, the President

of the Association of Pathology Chairmen, and the recipient of numerous awards, including the Becton Dickinson Award given by the American Society for Microbiology and the Gerald T. Evans Award given by the Academy of Clinical Laboratory Physicians and Scientists.

The author of 214 scientific articles and 122 abstracts, Matsen is a member of 23 professional societies, having served in leadership positions in a number of them. He has served on the editorial boards of the most prestigious journals in his specialty, including the *Journal of Clinical Microbiology* and the ASCP's *American Journal of Clinical Pathology*. In the community, he has served on numerous boards including the Brigham Young University Alumni Association and the Utah Medical Association.

He has ten children, 24 grandchildren, and an appreciation for vintage cars. ~



Faculty Profile

continued from page 5

year, saw Yang teach in a surgical pathology workshop offered at their hospital and decided to ask him to lecture in her place at the May course. He delivered the lectures on myelodysplastic disorders, World Health Organization classification of hematopoietic disorders, acute

myeloid leukemias, and precursor cell lymphomas.

Yang said he enjoys teaching and hopes to get more opportunities to teach ASCP continuing medical education courses. In the meantime, he will accompany his wife, who does molecular research in the field of speech pathology, to the University of Wisconsin at Madison. Yang will

be working with Shigeki Miyamoto, PhD, in the Dept. of Pharmacology on a training grant to investigate the NF-kappa B signaling pathway in mantle cell lymphoma.

From his start in internal medicine, Yang has found his way back into the laboratory, doing the kind of scientific research that drew him to medicine in the first place. ~

Discussions Continue Toward a Single Certifying Board

Talks aimed toward forming a single certifying board continue between the National Credentialing Agency for Laboratory Personnel (NCA) and the Board of Registry (BOR) of the ASCP.

In April, representatives of the two organizations met with representatives of their sponsoring organizations, the American Society for Clinical Laboratory Science (ASCLS), the Association of Genetic Technologists (AGT), and the American Society for Clinical Pathology (ASCP). At that meeting, the parties drafted a consensus document outlining, among other things, the design and name for a new certifying agency. Between May and July, each organi-

zation's governing board reviewed and voted on the proposal.

The most recent meeting held July 28 in Chicago focused on reviewing the response of each board to the proposal and seeking to reconcile differences. Recognizing the importance of the outcome, the parties are moving methodically toward building trust and gaining additional insights.

The next step is for the NCA and the BOR to present explanations/clarifications of yet-unresolved issues. The parties plan a phone conference to present more information on those yet unresolved issues and continue to work toward consensus. It will be the sixth meeting of the

organizations since December 2005.

It is important to note that both NCA and BOR Boards entered into this process with great respect for the history and traditions of both organizations and determination continues in good faith on both sides to preserve and promote both the common and unique strengths and potentials of each organization. The ASCP appreciates the support and patience of the constituents during the current decision-making processes and hopes that all will join us in our enthusiasm for the future.

For more information visit www.ascp.org/certification/News/. ~

Maintenance of Certification Update

With the announcement by the American Board of Pathology (ABP) that all of its Diplomate certificates issued this year – and in the years to follow – have a definite expiration date (e.g., Certificates issued in 2006 are only valid through December 31, 2016), it's important for pathologists to stay abreast of the requirements for participation in the ABP's Maintenance of Certification (MOC) program.

ASCP continues to monitor developments and is committed to keeping members informed about MOC requirements through its publications, electronic communications and Website.

But another useful source is the ABP's website itself – perhaps the most comprehensive resource for pathologists who are navigating the still fluid requirements of the ABP's MOC program. Check it often: www.abpath.org/MOCindex.htm

That said, ASCP's Commissions on Education and Assessment are also developing new programs to help members meet and track the completion of their MOC requirements for continuing medical education (CME) credits. While the development of standards for self-assessment, cognitive expertise and evaluation of performance in practice are under way, for ASCP members it's easy to get a leg up on meeting the life-long learning requirement, which specifies that every two years, pathologists must complete 50 CME credits and two self-assessment units.

As the profession's largest provider of CME credit activities, ASCP has a wealth of educational programs – everything from the Annual Meeting (where you could earn as many as 44.5 CME credits), Weekends of Pathology, Educational Courses, teleconferences, self-study continuing education programs (such as *Check Sample*), e-Courses, and Online Case Studies – conveniently designed for the busy practitioner to begin accumulating CME credit to meet the ABP's MOC life-long learning requirements.

For complete information about ASCP's CME offerings, check the educational offerings calendar at www.ascp.org/education/.

Reshaping

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be transmitted at the speed of light,” the Society’s report states. Digital micrographs taken at hospitals in the United States can be read overnight anywhere in the world. Automation has endangered laboratory professions because they are no longer seen as indispensable. Unfortunately, laboratory results are becoming viewed as a commodity and not a service, and commodities can be produced by the lowest bidder. Brooks said active advocacy coupled with energetic education of hospital and government leaders must occur to dispel this misconception and replace it with a sense of the true service we provide the nation’s patients.

Adding Value for Our Patients

“Opportunities abound to change these situations and to become indispensable, but they will require time, imagination, and energy,” the task force reported. Like general practitioners, anesthesiologists, and pharmacists, pathologists and laboratory professionals must reinvent themselves by providing indispensable service directly to patients. Laboratory professionals could become the patient’s best source of information about laboratory test results. They could become the health care team’s go-to guys on what tests to order and how to interpret them. Using informatics, pathologists could mine and manage medical data to develop evidence-based practice guidelines.

“Transforming the profession, however, will require both a change in the training programs and a change in the activity of laboratory professionals,” the report states. More direct patient contact and increased interaction with clinicians should be stressed in training programs, placing all of us in a more central role in patient care. “I do see that happening and hope it happens more,” said Brooks. “This is an era of personalized medicine, and becoming more actively involved, perhaps with some direct patient contact, might be in the cards for future pathologists and laboratory professionals. It is quite

Uncharted Waters

continued from page 4

In a “perfect” race, the best thing a sailor could ask for is calm seas and a following wind, but it seldom happens in competitive racing, and navigating pathology’s future won’t be easy either. That’s exactly what all of our planning, strategizing, teamwork, leadership, and tacking

appropriate for us to say what we mean [in the pathology report], and explain it in lay terms that the patient can understand. So we need to develop that capability among our members.”

The task force states that clinical consultant models already exist for those in pathology and laboratory medicine — in hematopathology, transfusion medicine, coagulation medicine, and microbiology, in which the laboratory is highly visible to clinicians.

“The skill sets needed to become effective consultant members of the health care team are different from those we currently use everyday to run an automated laboratory or accurately interpret a frozen section,” the task force notes. “Management and interpersonal skills will become increasingly necessary, including the ability to communicate clearly.” Perhaps most importantly, the pathologist of the future will need to be more clinically active, providing interpretative services to further improve our image and add value to patient care.

The Society’s Board of Directors in July approved the task force’s report, on one condition: that another task force continue these deliberations, under President-Elect Hilborne, for an unprecedented second year. Its charge: to build a new edifice for pathology and laboratory medicine, one better contoured to the new, flat world.

“It’s going to be in a sense a brave new world out there and we want to be sure that our society is in step with our members and has the products and the assessment procedures in place to allow them to grow in the way they wish to grow,” said Brooks.

Members of the 2005-06 task force were: Brooks; C. Bruce Alexander, MD, FASCP; Karen A. Brown, MS, MT(ASCP); Jo Anne B. Edwards, MEd, MT(ASCP); William Finn, MD, FASCP; Alexandra Shaye, MD; Gene P. Siegal, MD, PhD, FASCP; Jan Silverman, MD, FASCP; and John R. Snyder, PhD, MT(ASCP). The task force was staffed by John R. Ball, MD, JD, MACP, and Linda Tyson, MPA. ~

is about: helping us weather the inevitable storms just over the horizon. Please let me know what you think of the course we’ve chosen. ~

John S. J. Brooks, MD, FASCP

Send comments to President@ascp.org

BOD Passes Patient Safety Public Policy Statement

At its July 2006 meeting, the ASCP Board of Directors unanimously passed a new policy statement related to one of the Society's top public policy-related goals -- Patient Safety and the Role of the Laboratory.

The statement "Quality Laboratory Practice and Its Role in Patient Safety" was developed by the Society's Commission on Public Policy and Government Relations (CPP) chaired by John A. Bryan, MD, FASCP. Members of the CPP include laboratory professionals and pathologists. The important issues addressed in the statement include: the Clinical Laboratory Improvement Act of 1967 (CLIA) and Amendments of 1988; Personnel Standards; Proficiency Testing; Laboratory Accreditation and Regulatory Compliance; Health Information Technology; Pay for Performance; and Regulatory and Legislative Initiatives to Protect Patient Safety.

To access a copy of the ASCP public policy statement, visit www.ascp.org/Advocacy/policyStatements/new-07-25-cf-Patient-Safety-Policy-Statement--BOD-Approved.pdf.

Book Review: **Efficient Tumor Immunohistochemistry**

ASCP Press recently published *Efficient Tumor Immunohistochemistry: A Differential-Diagnosis Driven Approach* by Mehrdad Nadji, MD.

ASCP is proud to share excerpts from a review by the renowned Richard N. Eisen, MD, FASCP.

The text contains a very in-depth review of the types of solid tumor differential diagnoses in which IHC is useful. It is concisely written using numerous photomicrographs to illustrate the most useful short panels of antibodies in solving common and some uncommon problems in neoplastic surgical pathology. The authors' intent is just that: to provide a "tailor made approach" to these problems using their personal experience over the last 25 years. The text is also useful to shorten IHC panels to the most efficient and cost-effective ones and assist in tumor diagnosis using a proper differential diagnosis and evidenced-based approach. In this way, long and expensive "shotgun" panels can be avoided, helping conserve cost to the laboratory and patient and to avoid potential pitfalls or misdiagnoses when such an approach is taken.

The text is easy to use and provides quick reference for the practicing pathologist encountering these problems or differential diagnoses. The majority of the photomicrographs are excellent. For those situations in which the differential may

include 3 or more tumor types, one may have to combine the panels illustrated in different portions of the text. Only rarely, is a certain antibody or particular application of an antibody missing.

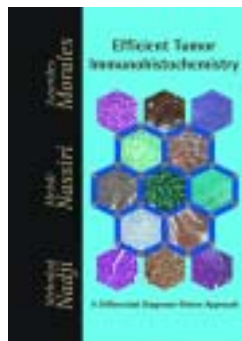
The text is conveniently organized by organ system or differential diagnosis. The index also provides easy reference by diagnosis or antibody.

The simplified tables of antibody results and helpful hints in each section are brief, yet useful and to the point and nicely placed adjacent to the pertinent photomicrographs.

The text provides a quick reference for the most useful antibodies in an IHC panel to help solve a given problem or differential diagnosis in solid tumor diagnosis. . . . It would be useful to practicing diagnostic pathologists, particularly those in community or commercial lab practices and for residents preparing for their board exams.

It is a useful, practical and quick reference guide for applying IHC to specific diagnostic problems in solid tumor diagnosis. Properly used, per the author's instructions, . . . the text is a welcome addition to the diagnostic pathologist's bookshelf.

Eisen is president of the Society of Applied Immunohistochemistry and Assistant Clinical Professor of Pathology, Yale University, New Haven, Connecticut. For more information, or to order, visit ascp.org/aboutus/newsroom/articles/memberUpdateArticle_NadjiBook.aspx.



ASCP Honors Appelman with H.P. Smith Award

Last month at the ASCP 2006 Annual Meeting, in Las Vegas, Henry David Appelman, MD, FASCP, received the 2006 ASCP H.P. Smith Award for Distinguished Pathology Educator.

Appelman is a professor of pathology at the University of Michigan with teaching responsibilities for medical students, house officers in pathology and postgraduate pathologists. He has co-authored five books and has a long list of papers and abstracts published in the *American Journal of Clinical Pathology* (AJCP) and other journals.

Appelman received his MD from the University of Michigan Medical School, interned at Wayne County General Hospital, Eloise, Michigan, and did a residency in pathology at the University of Michigan Department of Pathology, Ann Arbor, Michigan. He went to the Skin and Gastrointestinal Branch of the Armed Forces Institute of Pathology for two years, then he joined the faculty at Hahnemann Medical College in Philadelphia before returning to the University of Michigan Medical Center as an Assistant Professor in 1969. He was promoted to Associate Professor of Pathology in 1971 and Professor of Pathology in 1975.

In 1997, Appelman was appointed the University of Michigan M.R. Abell Endowed Professorship in Surgical Pathology in honor of the former executive vice president of the of the American Board of Pathology.

A regular presenter at ASCP Annual Meetings for many years, Appelman is a world-renowned and respected gastrointestinal (GI) pathologist and lecturer with more than 35 years of contributions to the teaching of GI pathology.

He has been an ASCP member for more than 40 years. He became an ASCP faculty member in 1979 and continues to present popular seminars at national meetings today. He co-conducted the ASCP Fall Anatomic Pathology Slide Seminar in 1989, has presented microscopic tutorials, he has been a featured presenter, speaker and faculty member at the annual six-day ASCP Pathology Update course, authored *Check Sample* exercises, and served for many years as a faculty member for the educational course, Surgical Pathology of the Gastrointestinal Tract.

At this year's ASCP Annual Meeting, he presented "Just Another Day on the Gastrointestinal Biopsy Service," directed the video

microscopy tutorial "Everything You Wanted to Know About GI

Biopsies and More," and moderated the roundtable discussion "Anything That You Want to Talk About in GI Pathology That Bugs You."

Dr. Appelman is an active member of numerous professional societies, and serves on the editorial boards for several scientific publications. In 1999, Appelman received an ASCP Commission on Continuing Education Distinguished Service Award Honoring George F. Stevenson, MD.

He is the husband of Harlene, the father or stepfather of five adult children, and the grandfather of two. He enjoys concerts, plays, ethnic food, cooking, traveling, rooting for University of Michigan athletic teams ("no matter how bad" as he says), and he is known for his sense of humor.

The ASCP's H.P. Smith Award was initiated in 1974 to honor former Fellow and ASCP president H.P. Smith, MD.



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Results of ASCP's Electronic Election of Council Members

In August, ASCP members cast their votes for members of the ASCP Fellow, Resident and Associate Councils. Votes were accepted only through the ASCP Website. All Associate, Fellow, and Resident ASCP members were eligible to vote for their Council's members. The newly elected Council members assumed their offices at the Annual Meeting in Las Vegas in October.

Elected to positions on the ASCP's Fellow Council were:

- David F. Chhieng, MD, MBA, MSHI, FASCP, Birmingham, Alabama
- Lynn E. Ezell, MD, FASCP, Atlanta, GA (re-elected for a second 3-year term)
- Janice Kenney Jesse, MD, FASCP, Richmond, VA (re-elected for a second 3-year term; Council Chair-elect 2006-2007)
- Jeffrey S. Warren, MD, FASCP, Ann Arbor, MI (re-elected for a second 3-year term)

Continuing Fellow Council members include:

- William E. Schreiber, MD, FASCP, Vancouver, BC, Canada (Council Chair 2006-2007)
- James L. Wisecarver, MD, PhD, FASCP, Omaha, NE
- Gene Philip Siegal, MD, PhD, FASCP, Birmingham, AL
- Mary Ann Sens, MD, PhD, FASCP, Grand Forks, ND
- Gregory N. Sossaman, MD, FASCP, New Orleans, LA
- Alexandra Shaye, MD, Houston, TX (ex-officio 2006-2007)

Elected to positions on the ASCP's Associate Council were:

- Patricia A. Knebel, MT(ASCP), Iowa City, IA (re-elected for a second 3-year term; Council Chair 2006-2007)
- Christina P. Nickel, MT(ASCP), Grand Island, NE
- Teresa Harris, MT(ASCP)SBB, Winthrop, WA

Continuing Associate Council members include:

- Karen A. Brown, MT(ASCP), Salt Lake City, UT (ex-officio 2006-2007)
- Barbara M. Bianco, MLT(ASCP), New York, NY
- E. Susan Cease, MT(ASCP), Medford, OR (Council Chair-elect 2006-2007)
- Kelvin G. McMillan, MLT(ASCP), Marietta, OK
- Lynnette Chakkaphak, MS, MT(ASCP), Orange Park, FL
- Junell Petersen, MS, MT(ASCP)CMSHCM, Clara City, MN
- John E. Shalkham, MA, SCT(ASCP), Madison, WI

Elected to the Resident Council were:

- Jeremy W. Henderson, MD, Birmingham, AL
- Jonathan Koehler, MD, Clinton, MS
- Mary Brooke Maher, MD, Philadelphia, PA
- William David Payne, Jr., MD, Houston, TX

Continuing Resident Council members include:

- Dominique P. Coco, MD, Gainesville, FL (Council Chair 2006-2007)
- Anna M. Moran, MD, Hershey, PA (Council Chair-elect 2006-2007)
- Robyn M. Potts, MD, Dallas, TX
- Ahren Rittershaus, MD, Richmond, VA
- S. Joseph Sirintrapun, MD, Los Angeles, CA

ASCP 2006 Resident Council Fellowship & Job Market Survey

In an effort to draw a more complete and accurate picture of the national pathology job and fellowship markets, the ASCP Resident Council administered its Annual Job Market Survey to residents in their final year of training in conjunction with the annual Resident In-Service Exam (RISE), which also is administered by the ASCP.

Using this unique association to reach as many residents as possible, the participation increased from 67 responses in 2004 and 52 in 2005 to a record 742 this year. In short, this was the most complete assessment of the current pathology job and fellowship markets that has ever been undertaken.

The initial five questions were open to all pathology residents and fellows while the remainder, dealing with the job and fellowship markets, were open only to those in their final year of training, including residents and fellows.

To see the full report, visit ascp.org/careerlinks/pdf/2006jobmarketsurvey.pdf. ~

Urologists and Gastroenterologists Want Your Money: Gray Areas of Compliance

At the ASCP's 2006 Annual Meeting in Las Vegas, Robert E. Petras, MD, FACP, FACG, FASCP moderated "Urologists and Gastroenterologists Want Your Money: Gray Areas of Compliance and Why You as a Surgical Pathologist Need to Care!"

Did you miss it? Well, here's your second chance to catch it! The program will be presented again at the March 2007 USCAP meeting, in San Diego, California.

Speakers are Robert E. Petras, MD, Robert L. Michel, Jane Pine Wood, Esq., and John S. J. Brooks, MD, FRCPath.

This symposium will deal with gray areas of compliance such as gifting, kickbacks, inducements, discounted client-billing, "condominium" laboratories, sham group practice arrangements, and insurance exclusions. These business approaches erode the practice of surgical pathology and subvert the ethical foundation of our profession. The speakers will discuss these major threats to surgical pathology while offering guidance on how to compete when everyone else seems to be cheating.

Visit uscap.org for more information or to register.



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