



PathologyToday[®]

ASCP's Physician Newsmagazine

ASCP Launches Online Voting for Board Officers and At-Large Directors

ASCP encourages all Fellow and Associate members who are attending the 2005 ASCP Annual Meeting: Pathology Today, October 8-11 in Seattle, WA, to cast your ballot for the official slate of candidates for the Board of Directors at the business meeting.

This year, for the first time, ASCP members who are unable to attend the Annual Business Meeting may vote by proxy for the ASCP Board of Directors' Officers and At-Large Directors online.

The final ballot of candidates for the ASCP Board will be posted at the website along with information about each candidate.

Proxy voting for the Board of Directors will open Friday, September 23, 2005, at www.ascp.org/voting2005. Voting closes at the end of day, Saturday, October 1, 2005.

ASCP Fellow members may only vote for Fellow candidates and Associate members may only vote for Associate candidates. The votes will be tallied and presented at the business meeting as part of the overall vote counts.

Official Slate of Nominees

The current President-Elect, Fred Rodriguez, MD, FASCP, will automatically be installed as President at the business meeting, per the bylaws. The ASCP Nominations Committee prepared the slate of candidates which was reviewed and

approved by the Board of Directors. The Board recommends the acceptance of the entire slate of the following 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, CT(ASCP)
Associate at-Large

Additional Nominations

Instructions for submitting additional nominees are also available at www.ascp.org/voting2005. Additional nominees must be submitted to the Secretary in writing and supported by the signatures of at least 50 ASCP voting members. Nominations for the ASCP Board of Directors must be received by September 18, 2005. The nominations that meet these requirements will be posted in the final ballot. ■

September 2005

Volume 2, Number 5

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ASCP President's Message



Pathology's Challenges

This is my last President's message and I want to comment about some of the challenges facing our profession and what I believe we must do to meet them. Be sure to also read *Creating a New Breed of Pathologist* elsewhere in this month's issue of *Pathology Today* (www.ascp.org/general/member_news/pathologytodaynews.asp). The article is based on a presentation given in March by Bruce A. Friedman, MD, a pathologist and informatics expert at the University of Michigan.

The challenges are many: new and rapidly changing technology including molecular diagnostics; outsourcing of laboratory testing; capability of instantaneously transferring digital images around the world; and medical decisions based on economics, often with little input from pathologists. I could go on...but the result of our changing environment has been that pathologists are becoming more distant from clinicians and from the patient and, therefore, becoming marginalized in health care systems. What can we do to counteract this trend and assure that pathology as a profession will flourish in the future?

Dr. Friedman believes, and I agree wholeheartedly, that anatomic and clinical pathologists must eliminate barriers that separate them from each other and from clinicians. How do we do this? As it turns out, new technology, including molecular diagnostics is already blurring the border between clinical and anatomic pathologists because molecular tools can be applied equally to what we regard traditionally as clinical or anatomic pathology.

By embracing new technology, pathologists can become active partners with clinicians in both diagnosis and treatment decisions and, therefore, be integral to patient care over a wide spectrum of diseases – those that require a tissue biopsy and the vast majority of diseases for which the diagnosis is made by laboratory testing.

Molecular and genetic testing is affecting every area of pathology and has already made a tremendous impact in my own subspecialty of hematopathology. Patient care definitely is enhanced. Although these advances could be viewed as a threat because the “gold standard” of morphology is challenged, pathology is in a unique position to enhance its traditional role of bridging basic science with clinical medicine.

The rapid changes are making laboratory testing highly complicated. Pathology can help – not only by developing and performing testing, but also by participating with clinicians in determining when tests should

be done, interpreting and correlating results with other clinical and laboratory data, and making treatment decisions. Here's a warning: pathology and pathologists need to be leaders in this area because if we aren't, another specialty certainly will step in to fill the void.

To do this, pathology also needs not only to understand the biology of diseases but to be as clinically oriented as it has ever been. I recognize that this may be difficult, and it certainly is time-consuming, but, I must admit, clinical interaction is one of the most rewarding parts of my career as a pathologist.

I was fortunate to have had a mentor who actually “did it.” He went to the patient wards to view charts (no electronic medical records back then), talked to patients, occasionally examined them (eg, check spleen size), and collaborated closely with clinicians in both diagnostic and treatment decisions. I am not suggesting that we do all this, but we can all undertake some things (and be role models in the process).

- We can “reach out” to a clinician when we run across something we think she or he needs to know while treating his or her patient. I have found them to virtually always be receptive and appreciative.
- We can put together presentations that will update colleagues on new technology in the laboratory that impacts diagnosis or therapy.
- We can be active participants in patient care conferences.
- We can use informatics to bring us closer to patient care rather than distance ourselves from it.
- We can work along side of – instead of at loggerheads with – administrators at our institutions. I know from experience that it is not easy in all settings, but if this alliance can be made, a powerful collaborative team is formed. I think it's important to remember that administrative decisions are, more often than not, also medical decisions. We need to be there when the decisions are made.

And lest you think I've forgotten the laboratory professionals in these remarks, let me say that the admonition to embrace and lead the application of new technology and collaborate

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LoAnn Peterson, MD, FASCP
President@ascp.org

Creating a New Breed of Pathologist

Anatomic and clinical pathologists must remove the barriers that separate them both from each other and from clinicians to create a new breed of pathologist that collaborates with clinicians on both diagnosis and treatment decisions, says Bruce A. Friedman, MD, a leading pathology informatics expert from the University of Michigan Medical School and Health System. Advances in molecular diagnostics and pathology informatics will drive and support the change, and professional associations such as ASCP must provide the leadership necessary to make it happen.

In a presentation at the 2005 Lab InfoTech Summit in Las Vegas,¹ Friedman called on pathologists to return to the clinical laboratory and collaborate with clinicians more closely in the day-to-day process of diagnosing and treating diseases. "I believe the clinicians are anxious for this, particularly when laboratory analysis – in this era of genomics and proteomics – is getting much more complicated," he said in an interview after the conference. "Therefore, there's an opportunity here which we need to take advantage of."

What Ails Pathology?

Friedman outlined the ailments facing pathology and laboratory medicine. Many pathologists have retreated from clinical to anatomic pathology, and clinical pathologists have become increasingly distant from the clinical consultations, he noted. Meanwhile, laboratory testing has become a commodity business, driven by laboratory automation and competitive bidding for managed care contracts. As a result, pathologists have become marginalized politically and professionally in health systems and medical schools;

their status as final arbiters in determining cause of death diminished as the number of autopsies being conducted declines. Furthermore, within the next decade, molecular diagnostics will begin to challenge



Illustration by Tom Payne

morphology as the gold standard of tissue diagnosis.

"Right now we're using staining and thin-sectioning technologies that are over 100 years old, although it's becoming increasingly possible to actually do a genetic analysis of tumor cells," he said. "Instead of just looking at the morphology of cells, it's increasingly possible to look at the cellular blueprints, the DNA, and in so doing begin to more accurately predict the biologic behavior of that tumor on the basis of its DNA or the proteins that that tumor produces."

Friedman believes that most clinicians have not been trained to interpret genomic and proteomic results, which creates an opportunity for pathologists. "I would be in favor of having pathologists be more active collaborators with the clinicians in terms of both diagnosis and even treatment," he said. "The area where that is occurring right now is hematopathology."

Hematopathologists not only support routine lab testing in lymphoma and leukemia cases but also provide tissue diagnoses based on histologic examination, blood smear review, and flow cytometry, and then participate in conferences with clinicians to arrive at the appropriate diagnosis and to determine the proper course of treatment, said Friedman. "I would like this to be the model propagated in other pathology practice areas," he said.

LoAnn C. Peterson, MD, FASCP, President of ASCP, said she couldn't agree more with Friedman's call for pathologists to collaborate more with clinicians in making diagnosis and treatment decisions. "This kind of practice is needed now for pathologists to stay relevant," she said. "The hematology and oncology clinicians I work with expect and want this from us, and above all it helps the patient receive better care."

The process of arriving at a diagnosis and choosing a highly specific course of therapy is sometimes referred to as "theranostics." "In this era of molecular diagnostics, and so-called personalized medicine, this is going to become increasingly important," Friedman said. For clinical pathologists, that means re-engaging with clinicians. For anatomic pathologists, that means returning to the clinical side and becoming better versed in molecular diagnostics.

"What I would like to do is beat down the barriers between CP and AP so that a surgical pathologist will be able to examine not only the morphology of tumors but also analyze the chemical nature and biological behavior of tumors as well," he said.

Brian R. Jackson, MD, MS, Medical Director of Informatics at ARUP Laboratories of Salt Lake City, UT, said in a recent online presentation and question and answer session that molecular diagnostics

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Chair's Message, ASCP Resident Council



Resident Review Course "Excellent"

Greetings once again from the Resident Council. I hope all is well as you get into the swing of the new academic year. It's always fun to ascend a notch within the academic caste system!

The Resident Review Course was held April 20-25 in Chicago and led by Co-directors: Michael Laposata, MD, PhD, FASCP, and Barbara McKenna, MD, FASCP. John Turner, MD, Chief Resident at Duke University attended the Course free because he won free admission as a door prize at the ASCP resident reception held in San Antonio during the USCAP meeting.

Dr. Turner had the following things to say about the course, "Somehow, every question that I was uncomfortable with on the RISE was covered in this course. The AP was a great targeted review of high-yield topics. The CP was awesome, and was as complete a review of some CP topics as I have seen as a resident. In addition, the lectures were actually entertaining. Kent Lewandrowski had me laughing out loud during a chemistry lecture – are you kidding me? Coagulation was especially well done, too. The CDs were worth the money, too."

Lydia Christiansen, MD, Chief Resident at the Medical University of South Carolina, felt the course, "was, overall, very excellent! The price was definitely reasonable for all the information you get. The food was also plentiful and very good. Breakfast, snack, and lunch were provided as well as nearly unlimited beverages."

There you go. Good study material and good food. That's what it's all about.

Because my term on the Resident Council expires this October, this will be my last Chair's message. It has been an honor to serve – not only as a member of the council for three years, but also as its Chair. I am also very grateful for the support given by residency director, David Lewin, MD, at the Medical University of South Carolina to pursue all of the activities offered by the Society.

This being said, I'm very pleased that Dr. Alexandra Moore from the University of Mississippi will be taking my place as Chair. I have no doubt she will do a superb job leading the Resident Council.

Thank you again.

Francois Cady, MD

ADVERTISEMENT

Relieve Your Student Loan Burden

Many of today's pathologists have a significant student loan burden resulting in monthly loan payments that can be hundreds or even thousands of dollars. To help members continue their commitment to a pathology career, the ASCP now offers a VIP program with College Loan Corporation to help save time and money on student loans. This program allows participants to get assistance 24 hours a day, 7 days a week, with an elite team of professionals trained and dedicated to serving ASCP pathologists.

Consolidating student loans reduces your monthly payments by up to 50%, which may create significantly more disposable income for you each month. Other benefits of consolidating student loans include locking in low interest rates and potentially improving your credit score. For those pathologists who have already consolidated their loans through the federal consolidation program, there are now new opportunities through the ASCP VIP Program.

Dr. Atilano Lacson, an ASCP member who recently consolidated through the VIP Program, has this advice: "If you have several loans out there that you are paying separately with different rates - go for the consolidation. It makes life a lot simpler." By participating in the program, Dr. Lacson locked in the interest rates on his student loans and became eligible for an exclusive ASCP rebate of 5% cash back.*

"What we are looking to provide," says Bob Wulff, ASCP director of Corporate Development, "is a program for pathologists that gives them elite service and great financial incentives. We have selected the best partner in the industry, College Loan Corporation, to offer this service to our members."

ASCP pathologists are assigned a single point of contact, and paperwork is pre-filled to save you time.

Even if you have already consolidated, you may be eligible for new benefits and incentives through the ASCP VIP Program. For more information, call College Loan Corporation at 888-771-3592 or visit www.collegeloan.com/ascp.

*Borrowers who make 48 consecutive, scheduled payments on time will receive a cash rebate equal to 5% of the principal balance outstanding, up to \$4000. Additional terms and conditions may apply; please contact College Loan Corporation for details.

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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 Filiipiak, Associate Editor,
NadineF@ascp.org

Downing to Receive ASCP Philip Levine Award

James R. Downing, MD, will receive the Philip Levine Award for Distinguished Service at the 2005 ASCP Annual Meeting in Seattle on October 9. This award recognizes researchers who have made a significant contribution to molecular pathology, immunohematology, and immunopathology. The award honors the late Philip Levine, MD, who made many distinguished contributions to clinical medicine, including determining the etiology of Rh hemolytic disease of newborns. Levine was director of Ortho Diagnostic



James R. Downing, MD

Systems, Inc., co-sponsor of the award.

Dr. Downing is Chairman, Department of Pathology, St. Jude Children's Research Hospital in Memphis, TN. He has made major contributions to the understanding of the molecular basis of acute leukemia, particularly in the area of pediatric acute lymphoblastic leukemia (ALL), the most commonly treated pediatric cancer.

With the help of other researchers at St. Jude, Dr. Downing identified the genetic fingerprints of major subtypes of ALL. The research employs high-density gene chips, which include nearly complete coverage of the human genome.

Genetically fingerprinting ALL subtypes holds the promise of helping physicians more accurately diagnose ALL and monitor a patient's response to therapy, as well as developing more effective drugs to treat ALL.

Knowing which subtype of ALL a child has helps determine how aggressively to treat a patient, because each subtype has a different prognosis. Dr. Downing made a presentation on this research at

ASCP's 2003 Annual Meeting. From 1992-2004, Dr. Downing was director of St. Jude's Molecular Pathology Laboratory. His research interests include developmental hematopoiesis and the role of *AML1* in the formation of hematopoietic stem cells; mechanisms of leukemogenesis; mouse genetics; and clinical applications of expression profiling.

Dr. Downing's laboratory focuses on exploring the underlying molecular

pathology of clinical observations in a basic research setting, then translating these basic research observations into a diagnostic approach. The laboratory's work includes investigating the role of chromosomal translocations in the pathogenesis of pediatric malignancies and determining how identifying genetic lesions can aid in the diagnosis and management of pediatric patients.

In 2004, Downing was named St. Jude Scientific Director. In this role, his goal is to build on St. Jude's long tradition of productive interaction among clinical investigators and basic scientists and keep St. Jude at the forefront of science and medicine.

Dr. Downing received his BS from the University of Michigan-Dearborn in 1977 and completed his MD at University of Michigan, Ann Arbor, in 1981. He served a residency in anatomic pathology at Barnes Hospital and the Jewish Hospital of St. Louis from 1981 to 1983. From 1983 to 1985, Dr. Downing completed a research fellowship in hematopathology and surgical pathology at the University of Florida-Gainesville and in surgical pathology and immunobiology study at the University of Alabama

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Don't miss these events at the Seattle meeting!

Fellow Council Town Hall - Join ASCP leaders for a special, free, breakfast panel discussion, open to all ASCP members. Bring your questions and opinions about the issues that concern your practice, pathology and medical care. This open, interactive session is your opportunity to provide input to ASCP leadership on challenges facing your profession.

In addition, you'll hear the latest news on ASCP's activities, including ASCP's Global AIDS Program, our application for cytology proficiency testing, MOC requirements, state licensure of laboratory personnel, and other public policy hot topics that affect YOUR laboratory and practice.

The ASCP Fellow Council Town Hall Breakfast will be held Sunday, October 9, 7:00 AM-8:15 AM. It will be moderated by Mary Ann Sens, MD, PhD, FASCP, Chair, Fellow Council and Gene P. Siegal, MD, PhD, FASCP, Chair-Elect, Fellow Council.

Resident Breakfast - This special GME breakfast meeting is specifically geared to residents and program directors with the primary purpose of facilitating discussion on topics of interest in Pathology Graduate Medical Education. Come join other residents at this informal "Questions-and-Answers" session. This discussion group is free-of-charge and will focus on the Resident In-Service Exam (RISE), fellowships, Resident Review Course and other ASCP GME resources.

The ASCP Resident Breakfast on Graduate Medical Education Issues will be held Monday, October 10, 7:00 AM-8:15 AM. It will be moderated by C. Bruce Alexander, MD FASCP, recent member of the ACGME Residency Review Committee, University of Alabama at Birmingham, Birmingham, AL.

Space is limited for these special events, so reserve your spot now! For more information visit www.PathologyToday.org.



Washington Report

CONGRESS

Senate Appropriations Committee Saves 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 14, 2005. 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 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 once a conference date has been set.

To follow actions on this and other appropriations bills, visit Thomas: <http://thomas.loc.gov/home/approp/app06.html>

ASCP Board Passes Policy on "State Licensure of Laboratory Personnel"

ASCP's Commission on Public Policy (CPP) developed the policy statement, "State Licensure of Laboratory Personnel" after a thoughtful and deliberative process that engaged ASCP's membership and allowed our members to express their views throughout various stages of the process. Under the new policy statement, ASCP will, under certain conditions, support state licensure of laboratory personnel.

To learn more, turn to page 524 in this month's issue of *LABMedicine* or visit www.ascp.org/licensure.asp.

ASCP Members Lobby Congress in CLC Lobby Day

ASCP members took to Capitol Hill June 14th, as they joined members of the Clinical Laboratory Coalition in Washington, DC for the annual "Clinical Lab Coalition Fly-In Lobby Day." Armed with just the facts, ASCP members from Arizona and Georgia joined members of other laboratory organizations to educate members of Congress and their staff on issues important to the laboratory community, including "Thawing the Freeze" on the Medicare clinical lab fee schedule and opposing co-payments for clinical laboratory tests. They also asked members for their cosponsorship of H.R. 2218, the Medicare Laboratory Services Act, and H.R. 1175, the Medical Laboratory Personnel Shortage Act.

ASCP has taken an active role in all of the issues that were advocated for during CLC Lobby Day. If you would like to share your opinion on any of these issues with your representative, please use ASCP's e-Advocacy Center using the link below:

<http://capwiz.com/ascpath/home>

ASCP Signs on; Supports Patient Safety Initiatives

ASCP signed on to letters supporting the development and passage of patient safety legislation in June. Addressed to Senate Majority Leader Bill Frist and House Majority Leader Dennis Hastert, the letters urge the leaders to base their work on the national patient safety issue on the AMA's five General Principles for Patient Safety Reporting Systems (which include suggestions for creating an environment for safety and for addressing data analysis, confidentiality, and information-sharing issues). The letters were dated June 7, 2005.

In other patient safety news, JCAHO plans to expand its National Patient Safety Goals for the clinical laboratories it accredits in its fourth set of published goals set to be released in 2006. One of the more specific goal changes addresses creating a means for patients to report concerns about safety and encourage them to do so. The expanded goals also include standards meant to improve communications between caregivers, standardizing the "hand-off" of patients between caregivers, and encouraging patients to have a more active role in their care.

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Detailed descriptions of the new goals can be accessed by visiting the JCAHO website: <http://www.jcaho.org/accredited+organizations/patient+safety/npsg.htm>

Shimkus Promotes HR 1175

In June, Congressman John Shimkus (R, IL) spoke with optimism about the medical laboratory personnel shortage during a visit to Salem Township Hospital in North Carolina. Shimkus, sponsor of H.R. 1175, the Medical Personnel Shortage Act, said that he hopes that by educating the public on the shortage issue, the issue would be brought to the forefront and hopefully legislation will be passed through Congress. Shimkus detailed the particulars of H.R. 1175, comparing it to the highly successful campaigns against the nursing shortage.

To read a full story of his visit click here: http://www.salem-tc.com/news/2005/0603/Front_Page/001.html

FEDERAL AGENCIES

Labs May Not Provide Free Blood Specimen Supplies or Compensate Clinicians for Blood Specimen Collection, Says HHS OIG

According to a recent advisory opinion by the U.S. Department of Health and Human Services Office of Inspector General, clinical laboratories paying physicians for the collection of blood samples and providing free collection supplies may be violating the federal anti-kickback statute. The advisory opinion was requested by a clinical laboratory seeking OIG guidance about whether it would be permissible to provide free blood collection supplies and compensate physicians for their collection of blood specimens. The laboratory indicated clinicians had requested compensation for col-

ASCP Supports Effort to Revisit Cytology Proficiency Testing

The ASCP is a part of a coalition of many pathology societies and organizations that sent a letter to Health and Human Services Secretary Michael Leavitt formally seeking a review of the federal government's cytology proficiency testing program. This show of unity among national and state pathology societies sends an important message to Secretary Leavitt about our collective resolve on this issue.

For more information go to www.ascp.org/general/cpt-info.asp

lecting blood specimens and that competing laboratories were paying physicians for these services. The advisory opinion noted that the per-patient payments could exceed the \$3 Medicare specimen collection fee. A copy of the advisory opinion can be obtained via the following hyperlink: <http://oig.hhs.gov/fraud/docs/advisoryopinions/2005/ao0508.pdf>

UPDATE ON CYTOLOGY PT RULES

Laboratory Medicine Community Protests Outdated Cytology PT Rules

Late last year, the pathology and laboratory medicine community learned that the Midwest Institute for Medical Education (MIME) had received the only certification issued by the Centers for Medicare and Medicaid Services (CMS) to a nationwide provider of cytology proficiency testing (PT).

The "ripple effect" of this decision was immediate in the laboratory medicine community. Perhaps the biggest "shock" was that the cytology PT rules, which had been around since 1992, had never been enforced because no nationwide provider of such services had ever been approved. But now that CMS had approved a nationwide provider, the world of cytopathology was forced to go back in time to comply with government regulations.

The problem is that the government regulations first promulgat-

ed more than 12 years earlier were outdated and, with advances in medicine, contain no current scientific relevance.

The American Society for Clinical Pathology (ASCP) and many of its sister organizations took immediate action on a number of fronts to address the problems raised by the approval of a single national provider and the outdated regulations.

In December 2004, ASCP (among others) asked CMS for a delay in the implementation of the program while all other options were explored. ASCP leaders also met with top officials at CMS and the Centers for Disease Control and Prevention (CDC) to ask for a delay in the implementation of the requirements and discuss alternatives and options.

In February 2005, ASCP testified before the Clinical Laboratory Improvement Advisory Committee (CLIAC) and stated that "...for more than a decade professional societies, including ASCP, have asked that these regulations be updated to reflect the current science and everyday operations of the nation's laboratories that provide cytology services."

In June 2005, a coalition of 10 national pathology organizations (including ASCP) along with 48 state pathology societies wrote Health and Human Services Secretary Michael Leavitt asking that the CMS regulations be

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Sun to Receive H.P. Smith Award

Tsieh “Jack” Sun, MD, FASCP, will receive the H.P. Smith Award for Distinguished Pathology Educator at the “Pathology Today,” 2005 ASCP Annual Meeting in Seattle on October 9. This award recognizes individuals who have had distinguished careers in pathology and laboratory medicine embracing education, research and administration, as well as service to organized pathology. The award honors the former Fellow and ASCP president H.P. Smith, MD.

Since 1996, Dr. Sun has served as Professor of Pathology at the University of Colorado Medical School. He is also Director of Hematology and Flow Cytometry in the Department of Pathology and Laboratory Medicine at the VA Medical Center in Denver, CO.

Dr. Sun joined ASCP in 1974, after he received his board certification in anatomic and clinical pathology. He was first introduced to ASCP by Dr. Bradley Copeland, Director of Clinical Pathology at New England Deaconess Hospital, where Sun was interning at the time.

Dr. Sun presented his first regional workshop in 1977, three years after completing his residency. Over the past 26 years, he has presented more than 70 workshops for ASCP for both associate and physician members.

“I don’t have a single role model,” said Dr. Sun. “The many

pathologists I became acquainted with who gave workshops at ASCP national meetings are my role models. I love ASCP because it provides me the opportunity to learn from and make friends with national experts and scholars.”

Dr. Sun served on the CCE Council on Special Topics from 1979 to 1984, the National Meetings Activities Committee Abstract Review Subcommittee on Clinical Pathology from 1986 to 1989, and the CCE Council on Microbiology from 1990 to 1993. Since 1996, he has served on the Tech Sample Committee.

He has also authored numerous books and exercises on many aspects of clinical pathology for ASCP. Of all his accomplishments, he is most proud of his book, *Flow Cytometric Analysis of Hematologic Neoplasms*.

Dr. Sun received his MD from Hunan Medical College (Yale-in-China Medical College) in Changsha, China, in 1956, where he taught from 1956 to 1962. From 1963 to 1970, he taught at the University of Hong Kong, where he completed his MS in pathology in 1967.

In 1970, Dr. Sun moved to the United States. He served residencies

in pathology at Boston City Hospital from 1970 to 1971, Kings County Hospital in Brooklyn from 1971 to 1972, and New England Deaconess Hospital in Boston from 1972 to 1974.

Born and raised in Hong Kong, language was a barrier when Dr. Sun first moved to the United States. “The resident’s office at Boston City Hospital had one phone, and people were calling for results all the time,” recalled Dr. Sun. “I was so afraid to answer the phone, that I asked them not to assign

me the desk next to the phone.”

In 1974, Dr. Sun practiced medicine at Montefiore Hospital Medical Center in the Bronx, NY. In 1975, he began practicing at North Shore University Hospital in Manhasset, NY, where he served as clinical pathologist and later chief of clinical pathology until the mid-1990s.

Dr. Sun taught pathology and clinical pathology at Cornell University Medical College from 1976 until the mid-1990s. A dedicated educator, he has received the University of Colorado Health Science Center’s William Hammond, MD, Excellence in Teaching Award for Exceptional

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Tsieh “Jack” Sun, MD, FASCP

President’s Message

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with caregivers in patient care is as relevant for laboratorians as it is for physicians. And it can lead to exciting new career options.

For instance, I’m aware that some laboratorians are serving as hospital infection control practitioners – and why not? Their experi-

ence in the laboratory makes them great problem solvers and all of the patient results come from testing in the laboratory. Some laboratory professionals are making rounds in intensive care units and are welcomed by clinical caregivers.

If we do these things, the

future for pathology and laboratory medicine will look bright, indeed!

Thank you for allowing me the privilege of serving as your President. I look forward to staying in touch and continuing – as an active ASCP volunteer – to advocate on behalf of our profession. ■

Creating a New Breed

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definitely will require more collaboration between clinicians and clinical pathologists. "Most of molecular diagnostics involves rapidly changing technology and rapidly changing indications, which pretty much guarantees that most physicians will fall behind in their knowledge," he said. "I think we should be creative in coming up with forms of consultation."²

Hitting the Sweet Spot

Pathology informatics can provide the tools and processes needed to engage pathologists in what Friedman referred to as "the sweet spot" – the point in time when diagnostic and therapeutic decisions are made by clinicians treating their patients. For example, pathologists provide greater accessibility to their reports for mobile clinicians by posting them on web-based laboratory information systems, allowing a clinician with a browser-enabled cell phone or laptop with wireless broadband access to review those reports and ask questions of pathologists "on the fly." So-called "smart pathology reports" could contain links to other web-based resources such as clinical trials for unusual tumors. "Wired pathologists" can make themselves available to clinicians via cell phone, email or text message for instant communication. It will also be possible for clinicians to press a button on a surgical report to have a conversation with the pathologist across the internet using voice over internet protocol (VOIP). Advances in image integration can enhance the value of the

pathology report. In addition, more sophisticated point-of-care testing and home-based laboratory testing can extend the reach of laboratory professionals into new areas of consultation and support. "These are just some of the tools that IT offers to acquire information and provide the basis for these kinds of consultations," Friedman said.

Friedman and Jackson both suggest that pathologists exploit the huge amount of data that flows into the clinical pathology laboratory. "It's possible to use computers to cull out those patients who are particularly challenging," Friedman said. "This allows the clinical pathologist to approach the treating physician for such patients and say, 'I have something to offer here in terms of working with this patient.'" Jackson said pathologists should routinely review orders and results across a broad spectrum of tests to identify possible problem areas, and he urges pathologists to deliver focused information about known problem areas to targeted groups of clinicians.

Friedman predicts that it may be difficult for some pathologists to make the transition to the new type of pathology practice that he envisions without further training. "This is where we're going to need some high-level leadership from our professional societies to say that we need to change the training programs and we need to recruit different kinds of people in pathology who are interested in this kind of clinical interface," he said. There is also room for continuing medical

education (CME) programs for pathologists in the field who want to enhance the scope of their current mode of practice, he added.

Peterson noted that the ASCP Board of Directors recently created a Task Force on the Future of Laboratory Medicine and Pathology to address these issues. "ASCP will be a leader in developing strategies to help pathologists make the best use of emerging technologies, provide useful patient care input, and collaborate with other health care professionals," she said.

"The bottom line is, many pathologists have retreated from clinical pathology and focused primarily on anatomic pathology, and what I'm saying is that that may not be a totally secure niche over the long run," said Friedman. A viable future for pathology will require major changes to residency and CME programs, as well as "the creation of a new breed of pathologist, so that the specialty boundaries don't impede our ability to understand the entire biological nature of a tumor or other disease processes."

1. "What's Ailing Pathology; Why Informatics Will Provide Strong Medicine," Lab InfoTech Summit, Las Vegas, NV, March 4, 2005. <https://www.labinfotech.org/LIS2005/presentations.php>

2. "Appropriate Use of Laboratory Tests: Role of the Laboratory and Clinical Pathologist," American Association for Clinical Chemistry Expert Access Live On Line, June 7, 2005, <http://www.aacc.org/access/default.stm>. ■

Philip Levine Award

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at Birmingham. He taught pathology at the University of Alabama at Birmingham until joining St. Jude in 1986.

Dr. Downing has written more than 100 articles in journals such as the *New England Journal of Medicine*, *Blood*, *Leukemia*, *British Journal of*

Hematology, and *Nature Genetics*. He serves on the editorial boards of *Leukemia*, *Cancer Cell*, and *Annual Review of Pathology*. ■

ASCP Welcomes New Senior Vice President of Education and Assessment

Suzanne Ziemnik, MEd, has become the ASCP Senior Vice President of Education and Assessment, a newly-created position. She was formerly Director of the Division of Continuing Medical Education of the American Academy of Pediatrics in Elk Grove Village, IL.



Suzanne Ziemnik, MEd

Ziemnik's first two priorities are to lead the ASCP effort in maintenance of certification and to expand the Society's distance learning program. She began her duties at ASCP on August 8.

Ziemnik has a masters in education degree for Adult Continuing

Education and Professional Development from the University of Illinois and her bachelors degree from Northern Illinois University, DeKalb, IL.

She started her career coordinating annual meeting scientific program activities for the American College of Chest Physicians in Park Ridge, IL. There, she developed program schedules, facilitated faculty communication, and worked on marketing plans.

In 1987, she moved to the American Academy of Pediatrics (AAP), facilitating delivery of CME and life support courses, and creating marketing plans. In 1989, she was promoted to Education Specialist/Manager of CME programs. She

mentored course coordinators in educational program design, managed budgets and continued to develop, implement and evaluate educational activities. In 1996, as director, she began integrating appropriate technologies into the educational courses, supervising the accreditation of the programs, and developing new strategies to evaluate the programs' effectiveness on physician performance.

"Suzanne will be a valuable addition to ASCP's education team," said Lee H. Hilborne, MD, MPH, FASCP, chair of the ASCP's Commission on Education. "Education is the key product of the society, and we are committed to producing the best, most cutting-edge CME and CMLE programs for pathologists and medical laboratory professionals." ■

Washington Report

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modernized. The American Medical Association weighed in and called on HHS to delay full implementation of the proficiency testing regulation until after 2007 or until such time as CLIAC can determine the scientific relevance of such a program.

Also in June, a "Dear Colleague" letter began circulating in the US House of Representatives asking HHS to suspend cytology proficiency testing.

ASCP is working with the entire cytopathology community to address the problems posed by the

implementation of this outdated regulation. The message to our government is clear: Work with all of the professional societies concerned with cytopathology to address this problem and begin work on a modernized regulation immediately! ■

H.P. Smith Award

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Commitment to the Education of Pathologists and the ASCP Commission on Continuing Education Distinguished Service Award Honoring George F. Stevenson.

Since 1996, Dr. Sun has lived in the Denver area, where he teaches at the University of Colorado School of Medicine and serves in the lab of

the local VA hospital. "I love Denver because pathologists in this city cooperate with each other," said Dr. Sun. "I also like the outdoor activities such as skiing and golfing."

Dr. Sun enjoys the challenges pathologists face on a daily basis and the rapid progress of new techniques in the lab. Currently, his lab is planning

to acquire a five-colored flow cytometer and incorporate the polymerase chain reaction (PCR) technique for gene rearrangement studies as a routine clinical test.

Dr. Sun will present the course, Current Topics in Flow Cytometry & Molecular Genetics, on October 10 at the ASCP Annual meeting. ■

50 Years After the Fact: The Autopsy of Emmett Till

Mamie Till's decision to display the body of her murdered son in 1955 went down as a pivotal moment in U.S. civil rights history and may also have made it possible 50 years later to identify the body that was shipped to Chicago from Mississippi as 14-year-old Emmett Till; to determine the actual cause of death; and to bring charges against any living accomplices to the crime.

"It was a very important decision made very early in the case," said Edmund R. Donoghue Jr, MD, FASCP, Cook County (IL) Medical Examiner in Chicago, who led the autopsy on the body that was exhumed from Till's grave on June 1, 2005.

The decision prompted AA Rayner & Sons Funeral Home of Chicago to place the body in a steel casket lined with charcoal and straw to absorb odor. They covered the open casket with a transparent plastic lid. After the funeral ceremonies, they buried the casket inside a concrete vault lined with tar and rubber.

"That created an airtight chamber with the charcoal in it to absorb odor, and the charcoal of course also absorbed moisture," Donoghue said. "That's one of the ways that you prevent decomposition. Essentially what we ended up with was a mummified body." The body was embalmed externally but not internally. "They made incisions all up and down the body then put a trocar in there and infused the embalming fluid into the subcutaneous tissues," he added.

The medical examiner had conducted autopsies on exhumed bodies in the past, but never one that was 50 years old. "In most of our cemeteries here in Cook County, the water table is very high," he said. "We usually find that

there's water in the vault and in the casket. (In this case) there was just a little bit of water in the vault, and there was no water in the casket. We were expecting to find just bones, skeletonized remains. We found that the body was entirely covered with flesh and it was in essentially the same condition as when it was buried."



Emmett Till's body had decomposed after spending several days underwater.

At the Exhumation

On June 1, the day of the exhumation, Donoghue was at Burr Oak Cemetery in Alsip, IL, by 5:30 AM. A tent was erected over the grave site to prevent news media flying overhead in helicopters from seeing the proceedings. Donoghue wanted to be present "to make sure that nothing happens to the body while it's being exhumed; that the shovel on the backhoe doesn't go through the lid on the casket." The vault arrived at his office later that morning. "We actually brought the vault in, because we were afraid the casket might fall apart when we took it out," Donoghue said. "It didn't. It held up real well," despite its rusty condition.

At 3 PM the body was taken to Cook County Hospital in Chicago for computerized tomography. Donoghue does not normally have the luxury of performing CT scans in the course of a routine autopsy. "This equipment is very expensive," he said. "We chose to use it when (the hospital offered it) because it is an excellent method of documenting the findings." The full autopsy was performed the following day; it took all day.

"We had three objectives: identification of the body, determination of the cause of death, and the recovery of firearms evidence," said Donoghue. During the trial in 1955, the defense questioned whether the body pulled from the river was indeed that of Till. Donoghue said the body was wearing "a very distinctive signet ring with the initials 'L.T.', which stood for Louis Till, who was Emmett Till's father. There are pictures in books of it. If you see it, it's a one-of-a-kind item." Donoghue also said there were no dental records of Till because he had never had any dental treatment, and there were no fingerprints on file because he had never been arrested.

In the Autopsy Room

About 50 people were involved in the exhumation and autopsy, including 20-30 for the exhumation, Donoghue estimates. At any given time throughout the day, about 15-20 people were in the autopsy room. "We used a variety of specialists," he said, including a forensic odontologist, Sanford Block, DDS, LLB, and a pathologist, J. Scott Denton, MD, both from the

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Emmett Till

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Cook County Office of the Medical Examiner; a physical anthropologist from the Smithsonian Institution, Douglas H. Ubelaker, PhD; and FBI criminalistics specialist, Sandra Koch. The anthropologist looked for closure of growth plates to estimate the body's age; similarly, the odontologist sought to calculate dental age. Both documented whatever trauma was found, Donoghue said. Others involved in the autopsy included radiologists, laboratory technicians, photographers, other representatives of the FBI and its crime laboratory, representatives of the Mississippi Bureau of Investigation, and the District Attorney and Assistant District Attorney from the 4th Judicial District, Greenville, MS.

News reporters contacting Donoghue wanted to know what an

autopsy on a 50-year-old corpse could possibly find. Donoghue didn't want to speculate, because "you can't tell until you open the casket what condition the body's going to be in, because it varies with every exhumation that you do." He said his colleagues in forensic pathology would not have expected the body to have been preserved as well as it was, and "they would all agree that it's worth doing." Because the body was so well preserved, he added, "there were a number of things that people said had happened to the body that we were able to document didn't happen," he said. "I don't want to go into the specifics of it, but when the results are out, you'll see."

Donoghue is awaiting the results of DNA and metallurgy tests from the FBI's crime laboratory in

Quantico, VA, before completing the autopsy report. Metallurgy testing is not something he normally does in autopsies of shooting victims. "I can't tell you why, but there was a need to do some metallurgy," he said. "When it's all done, it will become clear why that was done. I don't want to do anything to jeopardize the prosecution of this case." He expects his report to be about 50 pages long. Homicide autopsies typically run closer to 10 pages, he said. The report will be sent to the District Attorney in Mississippi's 4th district.

For a history of the historic events surrounding the Emmett Till murder, see "Crimeline" on the ASCP web site at www.ascp.org/crimeline.asp. ■

Quick Reminder to Residency Program Directors

Don't forget to distribute the new "ASCP Pathology Resident Handbook" to your residents. Pathology residents are entitled to free membership in ASCP throughout the duration of their residency training.

"By encouraging participation in ASCP, program directors can help their residents meet the requirements of the six ACGME General Competencies," said ASCP President LoAnn Peterson, MD, FASCP. Resident members can take advantage of:

- Significant discounts on ASCP educational programs such as the ASCP Annual Meeting – Pathology Today® – which includes the Resident Research Symposium and Residents' Day on October 10, 2005, in Seattle, WA;
- The ASCP Resident Review

Course (April 20-25, 2006, in Chicago), Audio Teleconferences, and Weekends of Pathology;

- Free online access to the *American Journal of Clinical Pathology* and *LABMedicine*;

- ASCP Subspecialty Grants to study with experts in various fields of anatomic and clinical pathology; and

- Additional benefits described in the Handbook.

This is also a good time to make sure your program has an ASCP Resident Liaison. A list of the current liaisons is in the Handbook. Resident Liaisons serve as the voice of U.S. and Canadian programs within ASCP. If your program is not represented in the Resident Liaison Network, encourage one of your residents to volunteer.

Resident Liaisons:

- Alert colleagues to ASCP events and opportunities;
- Alert ASCP to local issues to be addressed at a national level;
- Expand their professional and personal networks by participating in a highly respected national organization.

To start their membership, all the residents need to do is fill out the form in the back of the Handbook and return it to the ASCP office. Please note: Your signature is required on each resident's application. Please keep a copy of the Handbook for your own reference. And if you have any questions or need additional Handbooks, contact Nancie Noie Thompson, ASCP Director of Membership, at nanciet@ascp.org. ■

Emmett Till

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