

ASCP Acquires Complete Cytology Product Line of MIME To Serve Patients and Pathology Community

The American Society for Clinical Pathology (ASCP) acquired the complete cytology product line of the Midwest Institute for Medical Education (MIME) and now offers CMS-approved gynecological cytology proficiency testing and education. The ASCP GYN PT[™] Committee's cytology professionals will oversee every aspect of ASCP GYN PT[™], assuring the validity of the testing and the quality of the slides.

The ASCP believes that patients have a right to be assured that the results of their laboratory tests are accurate, and that assurance is a professional responsibility. In addition, ASCP believes that proficiency testing must be scientifically valid and fair.

"ASCP supports methods that would advance the science and practice of cytology and help ensure the highest quality of laboratory testing," said ASCP President Fred H. Rodriguez, Jr., MD, FASCP. "We remain committed to protecting the public's health and safety, and providing the pathology community with the services they require to comply with existing regulations."

The Centers for Medicare and Medicaid Services (CMS) has mandated that each cytotechnologist and pathologist examining gynecologic preparations be enrolled in an approved proficiency testing (PT) program in 2006. With this acquisition,

ASCP can now offer gynecological cytology proficiency testing that will serve its members' needs to meet that requirement by offering a PT program that will be scientifically valid and fair.

"As long as PT is required by law, ASCP will support our members by providing the best available testing solutions," said Rodriguez. "We still have concerns about these regulations, however, and will continue to work with professional coalitions in urging CMS to modernize PT testing to better reflect current science and actual laboratory conditions."

The comprehensive cytology product line now available from ASCP includes:

- ASCP GYN PT[™], a proven CMS-approved gynecological cytology proficiency testing program leveraging the experience gained from 13,000 individual tests as well as the collective knowledge of ASCP leadership
- ASCP GYN PT and Lab Comparison[™], a solution that fulfills all gynecological cytology proficiency testing and laboratory accreditation requirements*

The new ASCP products are available for enrollment. To enroll, or for further product information, go to www.ascp.org/proficiencytesting/ or contact ASCP Customer Service at 800-267-ASCP (2727), option 2.

*Meets CAP accreditation requirements for interlaboratory comparison.

May 2006

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ASCP President's Message



May – A Month, a Request and a Mandate

A recurring theme in these columns this year has been “beginnings.” We tend to think of January as *the* month of beginnings, May is *also* a month of beginnings. May is the month of graduations (ie, “commencements”). May is when the doldrums of winter are cast aside, and the expectant energy of spring rises in each of us. May is when graduating student laboratorians and pathology residents conduct job searches in earnest.

Workforce shortage issues in pathology and laboratory medicine are well documented and well known to the profession. But neither the shortage nor the adverse effects a shortage has on the delivery of quality healthcare are well known to the public.

There's a lot of talk in May about the weather – but not much anybody can do about it. Fortunately, there's a lot of talk *and* many things we can do about the lab workforce shortage. But let me assure you: if we don't take action for ourselves, no one else is going to take action for us.

First, channel the renewed sense of energy and enthusiasm that accompanies this season and be active about increasing the awareness among the public and other nonlaboratory professionals. Inform them about what pathologists and laboratorians do. Highlight the qualifications and training high-quality laboratory services require. Build on last month's National Medical Laboratory Professionals Week. Follow-up to see if the goals you set for that week were achieved. Take every opportunity to show how inadequate or unavailable laboratory services result in poor healthcare.

A message delivered only once and not repeated (and repeated again) is seldom heard. The public needs to hear how a lack of laboratory professionals compromises the quality of healthcare.

Second, participate in job fairs, science fairs, and career days at local schools. Make it a point to be part of community health events. While job fairs and career days require time and resources, no amount of advertising can substitute for one-on-one personal contact. You are the face of the profession, so show it off.

Third, contact local allied health schools and become a clinical affiliate for their program. Again, while this will require some time and resources, there is no more efficient way to recruit and retain young, qualified laboratorians than to have them acquire their training in your lab. You get to know them. They get to know you. Upon graduation, they can commence their service in your lab without needing a prolonged (and costly) orientation.

May 2006 is the year of the “double” graduating pathology resident class. Because of the elimination of the fifth year of residency training, 2006 is the year when the *last* class of five-year residents and the *first* class of the new four-year residents finish training simultaneously.

Given the workforce shortages, none of the resident graduates should expect any difficulty in acquiring a job. Even those who follow the trend of continuing their training with a fellowship will find that their services will be in demand when they are ready to enter the job market.

Pathology and laboratory science compete with other medical specialties and many other occupations for the talents of highly intelligent and motivated men and women of integrity.

Intelligence, motivation, and integrity may not show up on recent graduates' resumes, but young women and men with these traits have almost limitless career choices. They are the kind of people who will assure the future of pathology and laboratory medicine.

Those of us currently active in the profession must engage them, intrigue them, and draw them into the profession or they'll turn elsewhere. It's May, a month characterized by bloomin' optimism – and there's no time like the present to renew our efforts to address the workforce issues of our profession. And if you haven't done so in the past, May is a great month to begin.

Failure to sow the seeds for a new crop of pathology and laboratory medicine professionals will affect not only the public's health but also our profession's future health as well.

“May” the force of our efforts be successful.

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

2nd Year Med Student Award Aims To Attract Stars to Pathology

Each year ASCP asks pathology department chairs to nominate sophomore medical students who show the greatest general academic excellence and promise for the ASCP Award for Academic Excellence and Achievement. The purpose of the award is to encourage the best and brightest of today's second-year medical students to select careers in pathology.

Award winners each receive a copy of the *Quick Compendium of Clinical Pathology*, by Daniel D. Mais, MD. The compendium covers issues in clinical chemistry, blood banking and transfusion practice, hematopathology, microbiology, immunology, molecular pathology, and special topics. It was published in March 2005 by ASCP Press.

In a letter to department chairs soliciting nominations in February, ASCP President Fred H. Rodriguez,

Jr., MD, FASCP, said the award is part of an on-going effort to recruit outstanding candidates to pathology and laboratory medicine. The nomination deadline for the 2006 award is May 15, 2006.

Pedram Argani, MD, was a 1991 recipient of the award. He now is an associate professor of Pathology and Oncology at the Johns Hopkins Medical Institutions, and Director of Breast Pathology. He does research and has a clinical practice in surgical pathology with interests in breast pathology, renal tumor pathology, and pancreatobiliary pathology. He also teaches Johns Hopkins medical students and pathology residents.

"I enjoy the diversity that my work brings me; I do not do the same thing every day," he said. "Some days I do a lot of teaching, some days I do a lot of service, some days I do a lot of research, but most days I do

some of each. I particularly enjoy the teaching component of my job, as we are blessed with wonderful, enthusiastic medical students and residents at our institution."

Argani suggests that talented second-year medical students who are considering a career in pathology do a month-long rotation in surgical pathology. "There, one will find that the common perception that pathologists merely do autopsies which do not impact living patients is completely wrong," he said. "Rather, one will see that nearly every decision/diagnosis that a pathologist makes has dramatic clinical consequences, and how patient care – particularly in oncology – revolves around diagnoses made by pathologists."

For more information about the award or for a nomination form, contact eos@ascp.org.

Call for ASCP Council Nominations

The ASCP Commission on Membership seeks your assistance in identifying ASCP members to fill vacancies for at-large positions on the Fellow Council, Resident Council, and Associate Council.

Nominees are required to be ASCP members of the respective membership category (Fellow, Resident, or Associate) in good standing.

Qualifications for membership on the Councils include leadership interest and potential, proven experience in ASCP activities, and the ability to attend two face-to-face meetings each year.

The at-large nominees will be elected by majority electronic vote of their respective membership category in early August for appointment in October. For further information, please visit the Web site at www.ascp.org/AboutUs/leadership/commissions.aspx.

You may e-mail nominations, including a current curriculum vitae or resumé, to ASCP's Director of Membership, Nancie Noie Thompson, via membership@ascp.org, fax to 312.541.4767, or mail to Nancie Noie Thompson, c/o ASCP; 33 West Monroe, Suite 1600; Chicago, IL 60603 no later than **June 16, 2006**.

**Nomination Deadline:
June 16, 2006**

Chair's Message, ASCP Resident Council



Transitions

I have reached yet another time of transition in my academic life. Soon, my fellow graduating residents and I will be leaving our nests in the comforting groves of academe and move on to fellowships and, even more scary, real jobs. It seems like just yesterday that I was starting medical school, thinking, "Yep, I'm old." Eight years later, I'm thinking, "Thirty is the new 20, right?"

I'm really going to miss being a resident. It's such a nice feeling to know that an attending is going to check behind you to make sure there really isn't perineural invasion or tumor in that lymph node, or to find that one lonely acid-fast organism swimming in a sea of necrosis.

What's going to happen to those shameful occurrences, when you could have sworn there were no eosinophils until, magically, thousands appear the second your attending puts the slide on his or her microscope stage? Of course this usually occurs after you have permanently documented your erroneous findings (and with the attending you strive to please the most).

I keep wondering, "When we finish our residencies, are we secretly awarded a magic microscope through which all diagnoses become obvious? Are we suddenly able to write the most elegant prose about the most annoyingly ambiguous specimens? Will I someday win the Pulitzer Prize for my description of dry gangrene?"

We begin to feel that security blanket disappear after our first year, when the reasoning that "It's okay, I'm only a first year. I haven't learned that yet" starts to wear off – and wear thin, too.

Then there's second year, when you've learned your way around the department, you've acquired a nice

foundation of knowledge, and you still have the luxury of not being a senior resident.

By the time third year rolls around, we've gotten a bit cocky (Yes, you were too! Just admit it!). You've got those translocations and immunohistochemical profiles down; you can diagnose more complicated tumors; and you get the answers right at conference.

Then it happens. All of a sudden it's your last year and you come to the painful conclusion that you know ... nothing. How did you go from knowing everything to knowing nothing? When did it happen? I suspected that I was losing brain cells while watching "The Bachelor," but this is ridiculous!

I love my department at the University of Mississippi. We're a family. My journey from residency to fellowship is bittersweet. I'm unbelievably excited about beginning this new phase of my life – it's exactly the fellowship I've wanted since I started my residency, and I'm very proud of achieving it.

At the same time, however, the thought of leaving my residency is almost unimaginable. But, one thing that I take comfort from is the fact that I know that in addition to new colleagues and new mentors, ASCP will travel along with me to my next career stop. The critical information in the journals, the cutting-edge knowledge gained at meetings (don't forget the 2006 Annual Meeting is coming up in October in Las Vegas) won't go away just because I make this next move.

So I leave my residency with this piece of sage advice: Take advantage of every day you spend as a resident. Make mistakes and learn from them.

Just don't throw cassettes in the garbage (oops).

Alexandra N. Shaye, MD

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The 2006 ASCP Annual Meeting

It is almost impossible to write about ASCP's 2006 Annual Meeting in Las Vegas, October 19-22, without resorting to the use of cliché: The odds are that this is the best Annual Meeting. Ever. You can bet on it. Hands down. An educational jackpot!

But sometimes clichés are the best—and most succinct—way to get the message across and in the case of this year's meeting, they're all apt.

There's one that isn't true, though: What Happens in Vegas Stays in Vegas. Instead, think of this meeting as one that, while taking place in Las Vegas, will provide learning and networking experiences that will stay with you throughout your career, and with your colleagues.

The meeting gets underway in earnest at noon on Thursday, October 19, with the ASCP Business Meeting where new board members are installed and those leaving the board are bid a fond farewell.

Thursday's opening Keynote presentation by Louis J. Ignarro, PhD on "The Road To Stockholm" sets the stage for—and the quality of—the rest of the meeting. Ignarro shares the 1998 Nobel Prize in

Physiology and Medicine with two other colleagues for three major discoveries involving nitric oxide as a unique signaling molecule for vasodilatation in the cardiovascular system. He'll provide a unique look at the work that led him to medicine's highest honor.

Ralph L. Nachman, MD, Professor and Chair of the Department of Medicine at Weill Cornell Medical College will present this year's Scientific Keynote, "To Clot or Not To Clot: A Clinical Challenge." A master speaker who has received 26 national and international named lectureships, Nachman will address hypercoagulable states from their molecular biology to their clinical consequences.

You'll not want to miss this year's Arthur Purdy Stout Keynote by Ralph H. Hruban, MD, Professor of Pathology and Oncology at the Johns Hopkins Medical Institutions. A thorough understanding of the pathology of the pancreas is critical to the proper management of patients with pancreatic disease. Hruban's Keynote will be a broad overview of the pathobiology of pancreatic neoplasia.



The lexicon for pathology educational conferences includes symposia, companion society programs, round-tables and slide seminars and the 2006 Annual Meeting in Las Vegas will feature them all.

Plus, there's plenty of time and space allocated to exhibits, networking and entertainment. The exhibit hall will open Friday morning and stay open through Saturday.

The AJCP Resident Research Symposium is a prominent morning "happening" on Saturday and at lunchtime, the winner of this year's research award will be announced.

All in all, this conference looks to be one of the greatest ever. So if you haven't made your travel plans or registered for the conference, be sure to do so at www.ascp.org/annualMeeting/. (It's also a terrific resource for all the details about this year's meeting.)

Weekend of Pathology

Take advantage of the opportunity to attend ASCP Annual Meeting quality courses in a single weekend in June!

ASCP's Weekends of Pathology offer you a compilation of the most popular, best attended ASCP courses in surgical pathology. This weekend consists of a selection of 6 half-day courses that provide important, practical information in surgical pathology and are taught by the same renowned ASCP Annual Meeting faculty.

For course titles and speakers, visit

www.ascp.org/Education/liveEvents/weekendsofpathology.aspx.

Chicago, IL
June 16-18, 2006

Washington Report



ADMINISTRATION

Title VII Targeted for Cuts in President's Budget...Again

President Bush's proposed budget for the 2007 fiscal year (FY) again recommends significant cuts for the Title VII allied health programs. Earlier this year these programs were cut substantially by Congress, reducing their funding from \$300 million for FY 2005 to \$147 million for FY 2006—a staggering 51 percent cut. These cuts also substantially rolled back funding for the Allied Health and Other Disciplines account, which funds the establishment and expansion of allied health training programs including those for laboratory professionals. This program saw its funding cut more than 66 percent to \$4 million.

Under the President's budget blueprint, Title VII funding would be reduced to just \$10 million in overall funding, a cut of 93 percent. Bush's recommendation would eliminate the Allied Health and Other Disciplines program. The only program that would be funded under Title VII in the President's plan is the Scholarships for Disadvantaged Students program, which would receive \$10 million—a 79 percent cut from its FY 2006 funding of \$47 million.

The President's budget request for Title VII is a huge setback, as it could further reduce our nation's ability to ensure that America's clinical laboratories are adequately staffed. ASCP will be working in coalition with other laboratory and healthcare organizations to oppose these cuts. ASCP will soon be calling on its members to help oppose these cuts by urging Members of Congress to fully fund the Title VII programs.

FEDERAL AGENCIES

CMS' MUE Proposal Unites Pathologists, Laboratory Professionals

The Centers for Medicare and Medicaid Services' (CMS) "Medically Unbelievable Edits" coding proposal released in February is raising alarm among both pathologists and laboratory professionals. A number of the proposed edits could compromise patient health as well as undermine the ability of clinical laboratories to serve their patients' needs. The CMS proposal places a cap on the units of service that may be billed per

patient per day. For example, the CMS proposal limits reimbursement for the examination of biopsies (CPT code 88305) to only two specimens per patient per day, yet allows clinicians to submit as many as ten specimens for analysis. Since alerting ASCP members to the CMS "Medically Unbelievable Edits" coding proposal, ASCP has heard from scores of pathologists and laboratory professionals interested in reviewing the proposal to provide input on its flaws. ASCP anticipates meeting soon with CMS officials to bring to their attention some of the flaws in the MUE proposal. CMS plans to implement the MUE proposal in July 2006.

ASCP Attends HHS Panel on Health Care Initiatives

ASCP was invited to attend "Reforming Health Care for the 21st Century," a panel on new health care initiatives.

The panel discussed innovations in Medicaid and Medicare as well as private insurance, including health savings accounts (HSAs) and health information technology and was led by President George W. Bush. Panel members included Centers for Medicaid and Medicare Services Administrator Mark B. McClellan, MD, PhD, a private insurance company representative, a small business owner, a nurse from a community health center, a patient, and a university medical center doctor.

The panel discussed initiatives that have begun to emerge in pilot programs across the country, including the implementation of HSAs for employees. Each panel member talked about the initiatives from his or her own personal perspective and was able to demonstrate how these programs have been successful in their communities and places of business. The President spoke of the necessity for "transparency" in health care, meaning that consumers of health care need to be more aware of the costs of health care procedures and also aware of the quality of these services. He also spoke at length about the importance of health information technology and the electronic medical record. He used the Veteran's Administration as an example of successful implementation of electronic medical records and how veterans who were victims of Hurricane Katrina were able to receive necessary medical attention more quickly because of their electronic medical records.

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ASCP Faculty Profile: Steven H. Kroft, MD, FASCP

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



Steven H. Kroft, MD, FASCP, says he went to medical school because he couldn't think of anything better to do. For someone who went to medical school "by default" and "stumbled into" pathology, the Phi Beta Kappa graduate of MIT sure has made the most of his decision, however casual he makes it all sound.

"I'm sort of a security guy," he said. "While most people might not

think about medical school this way, for me it was a secure way to go." His father was an orthopedic surgeon, so Kroft was familiar with the path. "There was a circumscribed course. PhD programs were too nebulous and open-ended. They made me nervous. Medical school suited my personality a little bit better."

Kroft said he stumbled into pathology at a residency fair during

his third year of medical school. "What appealed to me about pathology was – on all my rotations, I really enjoyed the diagnostic process," he said. "Turns out, that's what pathologists do. I also like the way pathology is a broad, intellectual field."

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Washington Report

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Laboratory Outreach Communication System Addresses Influenza Testing

ASCP staff participated in the inaugural teleconference of the Laboratory Outreach Communication System (LOCS) on January 24th. The purpose of this call was to introduce this system to the laboratory community and describe the system that is in place to address influenza testing, as well as to articulate the responsibility of the clinical laboratory in this process. LOCS is intended to be the central source for laboratory professionals to gain information on important issues. The LOCS project statement is "to build a volunteer communications infrastructure for the exchange of laboratory-related information between the Centers for Disease Control and Prevention (CDC) and others in the laboratory community."

Featured speakers at this inaugural meeting were Lynnette Brammer, MPH, of the CDC and Peter A. Shult, PhD, of the Wisconsin State Laboratory of Hygiene. With the recent increases in bird flu cases around the globe, both speakers addressed influenza testing, including advances that have been made to improve testing as well as critical information for the clinical laboratory to know.

STATES

ASCP Opposes Patient Notification Bill

The Washington office launched a grassroots campaign in New York to oppose Senate Bill 5467 and its companion bill in the Assembly, A.B. 1173. If passed, the legislation would mandate that clinical laboratories

notify patients when their test results were sent to their physicians. While the bills seek to improve communication of test results, they place serious financial and administrative burden on laboratory professionals.

Timely laboratory testing plays an important role in patient health. These proposed bills do not require the physicians to inform patients of test results. Failure to inform patients of abnormal test results may delay necessary medical treatments, reducing the likelihood of successful patient outcomes and increasing health care costs.

ASCP members in New York were asked to express their opposition to these bills by emailing their local legislators as well as members of the Senate Health Committee.

ASCP Opposes Mandated GFR Calculations

The Washington office launched a multi-state campaign to oppose legislation in Alabama, Illinois, Maryland, Mississippi, Missouri, and Washington that would require clinical laboratories to perform calculated glomerular filtration rates (GFR) when a physician orders serum creatinine testing. ASCP is opposing this legislation because its public health benefits at this time are questionable and the burden it places on clinical laboratories is too great. ASCP members in the affected states have been alerted and asked to contact their local state Senators and Representatives regarding the legislation. In addition, ASCP's President, Dr. Fred Rodriguez, has sent a letter to the chairperson of each committee where this legislation is currently being debated, and has asked them to oppose the bill.

Legal Issues and Critical Values: Leadership Exchange Has Them Covered

How long does your laboratory keep records on test results for infants? Kathleen Sazama, MD, JD, MS, MT(ASCP), FASCP, says infants have the right to sue when they become adults, so you may want to consider saving those records as long as 20 to 25 years.

In her presentation on "Legal Implications of Laboratory Errors" at ASCP's Leadership Exchange March 10-11 in Baltimore, Sazama called attention to this and numerous other practices that leave laboratories and their staff vulnerable to lawsuits. More than 300 people attended this year's conference, the first of its kind offered by ASCP.

"You can be personally involved in a lawsuit as a fact witness, as an expert witness, and as a party to the lawsuit," she said. "When the laboratory is sued, you may be required to testify as a fact witness about what you actually did, what you usually do, what you 'should' have done, and what circumstances were special or different in the specific case being litigated." You may also be required to provide documents that are relevant to the case, even if the case is several years old.

In general, records should be saved for at least as long as the longest time period suggested or required by regulatory bodies, including professional societies, laboratory accreditation organizations, and state or federal regulations. One attendee in the audience said the Department of Health in her state allows people up to age 23 to sue laboratories based on tests conducted on them as infants.

"Be sure you comb through the regulations in your state," said Sazama, who is professor of laboratory medicine at MD Anderson

Cancer Center at the University of Texas in Houston. "You have to comply with the most stringent. If the (regulatory or accrediting) organizations disagree, the longer time period will apply."

Laboratories can best protect themselves first and foremost by always telling the truth. Having accreditation is another form of protection. Even more important, though, is building quality practices into the daily activities in the laboratory, regularly doing gap analyses, and conducting both spot and routine audits.

"Always follow written procedures," said Sazama. "If the written procedure is wrong, change it." Furthermore, procedures have to be simple. "The more complex the procedure, the more likely it is that it will be done wrong."

Lastly, every laboratory must have a written policy requiring notification of critical values specifying how to document the notice. "Anybody who doesn't have that, fix it as soon as you get back," Sazama told the attendees.

In a presentation called "Critical Values: No Need to Panic," Powers Peterson, MD, FASCP, associate professor of pathology and laboratory medicine at Weill Cornell Medical College in Qatar and New York, went into more detail about critical values. Peterson said George Lundberg, MD, then editor of the *Journal of the American Medical Association*, first called the nation's attention to the concept of a critical value, which he defined as a "laboratory result that indicates the presence

of a life-threatening condition which may be corrected by appropriate and timely intervention."

The problem, of course, comes when laboratories try to report the value, particularly overnight and on weekends. Peterson said critical val-

ues must be reported only to medical personnel who understand the significance of the abnormal test result, such as a physician, a registered nurse or nurse practitioner, or sometimes a physician's assistant.

"This is not just a lab issue," she said. "If the medical staff doesn't know we have a critical value or that they are responsible for taking action on one, then you are in a vacuum."

Some attendees in the audience commented on being verbally abused by medical staff who did not want to be called by the laboratory. Peterson suggested that those incidents of verbal abuse be documented and shared with medical review boards. One laboratory recorded telephone conversations and informed parties on the call that the call was being monitored for training purposes.

As a pathologist, Peterson works with hospital medical review boards to get buy-in from the medical staff on the approved list of critical values. She said the list must be tailored to the needs of your patient population. "There's some room for wiggling here," she said. "It's what works for you."

Peterson recommends that each laboratory write its own clear policy, ask for input from physicians and get medical governance approval, enlist



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2005-2006 Resident Pathology Subspecialty Grant Recipients

The ASCP proudly announces the 2005-2006 Resident Pathology Subspecialty Grant recipients.

Each year, the ASCP offers resident grants to defray the cost of doing elective rotations at outside institutions in fields of pathology in which the resident desires intensive exposure. The time period of study varies between two and four weeks and the ASCP grant provides a \$750 or \$1500 stipend according to the length of study.

The ASCP Resident Council Resident Subspecialty Pathology Grant Committee selected these individuals for this outstanding opportunity out of a total of 33 grant applicants.

Angela N. Bartley, MD — University of Arizona Health Sciences Center, Tucson, AZ, was awarded a 4-week rotation in Soft Tissue Pathology with Dr. John S. J. Brooks at the University of Pennsylvania.

Sharon K. Bihlmeyer, MD — Fletcher Allen Health Care / University of Vermont, Burlington, VT, was awarded a 2-week rotation in GI/Liver Pathology with Drs. Barbara McKenna and Henry Appelman at the University of Michigan.

Steven D. DeMartini, MD — San Antonio Uniformed Services Health Education Consortium, Lakeland AFB, TX, was awarded a 2-week rotation in Gastrointestinal

Pathology with Dr. Elizabeth Montgomery at Johns Hopkins University School of Medicine.

Shane K. Kohl, MD — University of Nebraska Medical Center, Omaha, NE, was awarded a 4-week rotation in Immunohistochemistry with Dr. Allen M. Gown at PhenoPath Laboratories in Seattle.

James J. Lyons, MD — University of Tennessee Medical Center, Knoxville, TN, was awarded a 2-week rotation in Dermatopathology with Dr. Bruce Smoller at the University of Arkansas for Medical Sciences.

Keyur P. Patel, MD — Albert Einstein College of Medicine/Long Island Jewish Medical Center, New Hyde Park, NY, was awarded a 4-week rotation in Lymph Node Pathology with Dr. William R. Macon at Mayo Clinic.

Jose A. Plaza, MD — Ohio State University Medical Center, Columbus, OH, was awarded a 4-week rotation in Soft Tissue Pathology with Dr. Christopher Fletcher, Brigham and Women's Hospital, in Boston.

Rachel S. Redman, MD — University of Florida, Gainesville, FL, was awarded a 2-week rotation in Dermatopathology with Dr. Bruce Smoller at the University of Arkansas for Medical Sciences.

Antoinette B. Thomas, MD — Indiana University School of Medicine, Indianapolis, IN, was awarded a 4-week rotation in Hematopathology with Dr. LoAnn

Peterson at Northwestern Memorial Hospital, Chicago.

Bryan P. Wu, MD — Beth Israel Deaconess Medical Center/Harvard Medical School, Boston, MA, was awarded a 4-week rotation in Immunohistochemistry with Dr. Allen M. Gown at PhenoPath Laboratories in Seattle.

Tania Zuluaga Toro, MD — Cleveland Clinic Foundation, Cleveland, OH, was awarded a 4-week rotation in Pediatric Pathology with Dr. Ronald Jaffe at Children's Hospital, Pittsburgh, PA.

Last year, Victoria Alagiozian-Angelova, MD received an ASCP Resident Pathology Subspecialty Grant to work in the field of GI/Liver Pathology with Barbara McKenna, MD and Henry Appelman, MD at the University of Michigan, Ann Arbor, MI.

"I did see a great variety of GI and liver cases, both biopsies and big resections for tumors," said Alagiozian-Angelova. "It was an extraordinary learning experience as well as great fun and I fully enjoyed it. I came back to my program with new ideas, which were greatly appreciated."

Kurt Mathews, MD also benefited from last year's grant. He worked with Saul Suster, MD, of The Ohio State University Medical Center. "Dr. Suster provided insight into numerous diagnostic dilemmas of not only thyroid and mediastinal

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Leadership Exchange

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the active support of the pathologist or laboratory director, document everything, and follow and enforce its own policy.

Along the same lines, Sazama said: "You all have critical value reporting procedures. When was the last time you reviewed them to see

if they are being followed?"

These two sessions both touched the need for laboratory professionals to communicate with other departments on the medical team. Whether it is about reporting critical values or receiving mislabeled specimens, Sazama said, "It is

the laboratory's responsibility to educate, educate, educate." She urged laboratory professionals to be open to new ways to communicate with other departments. "It's time for new concepts, better solutions, and it's time for the lab people to lead the way."

Faculty Profile

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It took a while for Kroft to turn his attention to hematopathology. "For the first couple years of my residency, I was a very gung-ho surgical path guy," he said. "A couple things led me to hematopathology. One thing I liked about heme-path: It really is a hybrid anatomic and clinical discipline. Second, I found a mentor in hematopathology." That mentor was ASCP Past President LoAnn Peterson, MD, FASCP, at Northwestern University in Chicago.

During his first faculty appointment at the University of Texas Southwestern Medical School in Dallas, Kroft focused much of his attention on the application of flow cytometry to immunologic diagnosis. "Every hematology instrument is essentially a narrow-application flow cytometer," he said. Much to his disappointment, however, the incorporation of fluorescent-labeled monoclonal antibodies on hematology analyzers is just not taking off. "It's a shame, because you've built yourself a flow cytometer and you're not using the capabilities." Rather than seeing flow cytometry move to the hematology laboratory, Kroft expects to see the automation technology of the hematology analyzers move over to the flow cytometers. (For more on the interaction between hematology analyzers and flow cytometry, see the May 2006 issue of LABMEDICINE.)

Grant Recipients

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pathology, but also challenging consultation cases from around the world," said Mathews. "The time spent at the scope was invaluable. He provided trays and trays of unknown/interesting surgical cases

From 1994 to the present, Kroft has authored or co-authored 55 papers for refereed journals, one book, and six book chapters. In his current faculty position at the Medical College of Wisconsin, Kroft is developing the hematopathology program.

Lectures he has presented for ASCP Educational Courses and workshops include "Histiocytic Disorders," "Lymphoid Disorders and Drug Effects," "Malignant Lymphoma in Bone Marrow," "Application of Special Studies in the Diagnosis of Lymphomas," "Chronic Lymphoproliferative Disorders," "Challenges in Blood and Bone Marrow Pathology" (video microscopy tutorial), "Stump the Stars: Problem Solving in Clinical Pathology," and "Peripheral T-Cell Lymphomas: Classification and Diagnosis."

Kroft said his involvement in ASCP education has grown out of his associations with others who are actively involved with the organization. "I personally have been very fortunate with the people I have found myself in association with, people like Dr. (Robert) McKenna, Dr. Peterson and Dr. Pat Ward," he said. "But you don't have to know anyone or be anyone to submit a proposal for a workshop. That's a good way to get involved."

In addition to teaching educational courses, Kroft serves on

from all organ systems and offered advice and helpful clues for the correct diagnosis."

Michelle Zimmerman, MD studied soft tissue pathology under Dr. John R. Goldblum of the

Appointments

- Associate Professor of Pathology, Medical College of Wisconsin, and Director of Hematopathology, Dynacare Laboratories/Froedtert Memorial Lutheran, Milwaukee, WI, 2005-present
- Assistant and Associate Professor of Pathology, University of Texas, Southwestern Medical School, Dallas, TX, 1997-2005

Training and Fellowships

- Hematopathology Fellowship: University of Michigan Medical School, Ann Arbor, MI, 1996-1997
- Pathology Residency (AP/CP) and Hematopathology subspecialty training: McGaw Medical Center of Northwestern University, 1991-1996

Education

- Doctor of Medicine with honors: University of Illinois College of Medicine, Chicago, IL, 1986-1991
- Bachelor of Science in Cognitive Science: Massachusetts Institute of Technology, 1986

ASCP's editorial board for the *American Journal of Clinical Pathology*, as Associate Editor of LABMEDICINE, and on the Hematopathology Committee for *CheckPath*.

"I'm a booster for the ASCP," he said. "I like the mission, I like the culture, and I like the folks who have been in leadership positions, so I'm happy to help out the ASCP."

Cleveland Clinic Foundation. She said, "I deeply thank the ASCP Resident Council for allowing me this extraordinary educational experience and strongly encourage all residents to apply for this grant."

ASCP.org — Moving Forward With the Times

The ASCP recently launched a brand new Website design, and members were greeted with a whole new look and feel to their ASCP Website when they logged on.

One of the major goals of the new site was to simplify the “navigation” tools, and make it possible (and easier) for a member to change, say, her or his address and customize the kinds of e-mail they receive from the Society.

We could tell you all about the changes in words, but the very best way to acquaint yourself with the new site is to grab your ASCP member ID number (which you’ll need to access some of the new “member only” areas of the site), fire up your Web browser and log on to www.ascp.org.

HOME PAGE

You’ll immediately see that the “home page” has a cleaner, more dynamic look – and feel. Important, breaking news is prominently displayed in the middle of the page.

On the left hand side of the page, there are 11 major navigation categories starting with “About ASCP.” These 11 categories were selected because they represent the places members and others want to visit most often.

Explore these areas by hovering your mouse over each category. Let’s say you want to find out when the next Pathology Update course will be held. Hover your mouse over “Education & Assessment.” A “drop down” menu shows up and among the choices is “Live Events.” Click on that and you’re taken to a page of information about ASCP live events.

A boxed area near the top of the text lists several options, one of which is “Pathology Update.” Click that and you’re taken to all the information you’ll need to know.

Now here’s a neat feature of the new Website. In “web developer-speak,” they’re called “bread crumbs.” At the top of every page while exploring the new Website you’ll see something that looks like this:

[Home](#)>>[Education & Assessment](#)>>[Live Events](#)>>[Pathology Update](#)>>

Study it for a moment and you’ll see that it’s a visual representation of the path you took to get to, in this case, the Pathology Update page. If you want to go back a page, just click “Live Events.” Want to jump quickly back to the “Home” page? – click [Home](#).

This “trail of breadcrumbs” will allow you to get back to where you started – quickly, intuitively, and easily.

MEMBERS ONLY

Let’s do just that: click [Home](#). Back on the home page, there’s an entirely new set of navigation tools on the right side of the screen beginning with “Login Here.” Click that box and you’ll be taken to a screen where members only can log in. Use your ASCP Membership ID number as your User ID#, and your last name as your password when you log in for the first time.

Click “Submit” and you’re taken to a new area of the Website for members only, *MY ASCP*. This section is a treasure trove of information you can use to customize the site to your personal specifications.

Want to renew your membership? Here’s the place to do it. Wondering where that book you ordered is? Here’s the place to check the status of your order.

From “My ASCP” you can change your password, User ID, your mailing address and your e-mail preferences and other options that will make www.ascp.org your Website.

THE ACTIVITY CENTER

If you are especially observant, you’ll have noted on the right side margin of every page is a new feature called the [Activity Center](#).

For members, the Activity Center is a shortcut panel to items of most interest: the Board of Registry’s important links, a customizable set of links to My ASCP, three pre-set Bookmarks (to the collaborative Pathology and LAB-MEDICINE Website on Medscape, www.ajcp.com, and www.labmedicine.com). But you can add bookmarks to sites you visit most often, too, not only here but in the Hot Links section.

You’ll notice, once you’ve tried it, that the Search feature is not only faster but has been expanded to include searches of the ASCP store products.

One final “must see” feature of the new Website is the [ASCP Challenge](#). Nobody likes an intellectual challenge more than pathologists and laboratory professionals. And so you can put on your “thinking caps” and select the right category (pathologist or technologist) and test your knowledge.

You’ll have to come back to the site a week later to a.) find out the answer to the current week’s challenge and b.) test your skills again.

The development of the new www.ascp.org involved a lot of time on the part of members, whose suggestions for making the site better have been incorporated, and staff.

Every Website is a constant work in progress. There may be things you wish worked differently; there may be things you think are missing; there may be things you have difficulty with and wish we’d fix.

There’s an easy way to do it: write directly to ASCP@ascp.org. We can’t wait for your feedback.

ASCP Assesses Past and Plans for Next Laboratory Training Programs in Africa

ASCP representatives met with health officials from five African nations in February to assess past activities and plan for future laboratory training programs conducted by ASCP through the President's Emergency Plan for AIDS Relief.

"We're going to evaluate the training we did last year at this time and also look at what training is needed for this year," said Theresa M. Somrak, JD, CT(ASCP), Director of ASCP's Institute for Research and Development.

ASCP has a cooperative agreement with the US Department of Health and Human Services Centers for Disease Control and Prevention (HHS/CDC) to provide laboratory training and quality improvement programs in African countries severely affected by AIDS.

In Addis Ababa, Ethiopia, Michelle Best, MS, MT(ASCP), and Wanda B. Satkas, MBA, MT(ASCP), accompanied Somrak for a week of meetings with representatives of the

U.S. Centers for Disease Control and Prevention, Ethiopian Health and Nutrition Research Institute, Ministries of Health, the Clinton Foundation, and local university partners. These meetings were a prelude to ASCP's second laboratory training program in Ethiopia at the end of March 2006. Trainers Wendy Arneson, MS, MT(ASCP); Perthena Latchaw, MS, MT(ASCP); Marian Cavagnaro, MS, MT(ASCP)DLM; and Bette Jamison, MEd, MT(ASCP)SH provided training in chemistry and hematology.

Also in February, Satkas and Somrak spent another week meeting with federal health officials in Dar es Salaam, Tanzania. "Part of what we're working on is developing ways to sustain the work that we're doing," Somrak said. "Since we go in for shorter periods of time, we want to establish relationships with implementing partners that can keep the training going."

John Snyder, PhD, MT(ASCP)SH, and Somrak spent one week in Pretoria, South Africa, meeting with health officials and partnering organizations from South Africa, Lesotho, and Swaziland to initiate discussions about laboratory training programs. "We're doing initial work with them," said Somrak. "We don't have any history in these countries, so part of that visit is relationship building."

After the site visits, Stephen Delaney, PhD, and Somrak attended a Laboratory Management Workshop presented by the Association of Public Health Laboratories in Kenya. The conference covered a variety of laboratory management issues, such as leadership, organizational structure, motivation, performance management, inventory control, communication and team planning, financial management, problem-solving and decision-making, and strategic planning.

Renew Your ASCP Membership Today

It's time to renew your ASCP membership and **make the whole greater than the sum of its parts**. ASCP is the organization that most pathologists turn to, just as you do, for support in expanding their professional knowledge. But membership in ASCP serves another important purpose. By joining ASCP, **you are adding your voice** to the only organization that advocates on behalf of pathologists and laboratory professionals.

Why does that matter? In today's world, federal, state, and local government agencies make decisions without the in-depth knowledge or understanding of how the health care environment really works. These are decisions that could affect your professional liability and reimbursement rates for your services or define laboratory quality standards that are unreasonably high or inadequately low.

ASCP continues to achieve successes, in part through the incomparable strength of its e-Advocacy Center, **a grassroots advocacy system** that makes it easy for you to communicate with government officials about relevant legislation. In addition, our expert staff in Washington, DC, works collaboratively with others to ensure that your profession is protected, defended, and valued.

Advocacy may not be the first reason you join ASCP, but it is vital. So, please take the time to renew your ASCP membership now, and **let us represent you and your professional interests**.

To renew your ASCP membership, go to www.ascp.org and renew online, or call our Customer Services department at 1-800-267-ASCP.

“Fine Needle Aspiration Cytopathology of Lymph Nodes”

ASCP eCourse Available Online

“Fine Needle Aspiration Cytopathology of Lymph Nodes” presented by Paul Wakely, Jr., MD, FASCP, is the newest ASCP eLearning course now available on the ASCP Website. Wakely is a professor in the Department of Pathology at Ohio State University College of Medicine, Columbus, OH.

This ASCP eCourse is a self-paced educational activity that uses a variety of rich media (i.e., sound, animation, morphologic images, text, etc) to deliver high quality educational content. The course takes approximately 2 hours to complete and is organized into 4 sections with each section containing several topics (ex. Hodgkin Lymphoma) that are further divided into subtopics (ex., WHO Classification of HL).

The intended audience for “Fine Needle Aspiration Cytopathology of Lymph Nodes” is pathologists, residents, and cytotechnologists.

Lymphadenopathy represents a major source of material for pathologic diagnosis in cytopathology laboratories. This online course addresses a practical morphologic approach to the cytopathologic diagnosis of reactive lymphoid hyperplasia, some benign lymphadenopathies, and lymphoma.

The use of fine-needle aspiration (FNA) biopsy for evaluation of lymphadenopathy, its advantages and limitations are discussed, and the description of the cells that constitute a reactive process, infectious/inflammatory conditions, and lymphomas are presented. Those neoplasms that mimic the cytopathology of lymphoma are emphasized, and key morphologic features allowing for differentiation are addressed.

The advent of the current WHO classification method of non-Hodgkin lymphoma has placed FNA in a position to more accurately diagnose lymphoma than ever before. A review of this classification and the role of immunophenotyping in lymphoma diagnosis and classification are also presented.

For more information, or to register and take this course – day or night – visit the ASCP eLearning Center at www.ascp.org/education/eLearning/.

