



# PathologyToday<sup>®</sup>

ASCP's Physician Newsmagazine



## ASCP Outreach to Africa

### Ethiopian Health Officials Receive Laboratory Management Training in US

Representatives of the Ethiopian Health and Nutrition Research Institute (EHNRI) and the Centers for Disease Control and Prevention (CDC) in Ethiopia underwent 150 hours of didactic and practical training in laboratory management in April and May at Howard University Hospital in Washington, DC. ASCP organized the training program through the Society's cooperative agreement with the US CDC as part of the President's Emergency Plan for AIDS Relief (PEPFAR).

Teferi Mekonen, MSc, of CDC-Ethiopia, and Gonfa Ayana of EHNRI will take the lessons learned from the train-the-trainer session back home to teach laboratory managers who work in facilities that are approved to provide free antiretroviral therapy (ART) throughout the country. Approved facilities receive flow cytometers for counting T-cells using the cell surface marker protein CD4, as well as new hematology and clinical chemistry analyzers.

"As soon as a health facility is selected to provide the ART service, we conduct hands-on training as well as theoretical training with the collaboration of ASCP," said Ayana.

Of the more than 1150 laboratories in the country, 59 laboratories are involved in the free ART program, Ayana said. By the end of 2006, 89 laboratories are expected to be in the program, with 100,000 people receiving treatment. With funding from

numerous international organizations, free ART became available in January 2005. The Ethiopian Ministry of Health estimates that about 1.6 million people in the country are HIV-positive, and nearly 1.2 million people have already died of AIDS.

Michele L. Best, MS, MT(ASCP), Laboratory Manager at Howard University Hospital, developed the curriculum for the training program after conducting site visits to assess laboratory prac-

tices and training needs. The three-week session covered the management of a quality laboratory system including lecture modules in Management and Leadership Concepts, Quality Management, Personnel Management, Equipment and Supply Chain Management, Information Management, Safety Management, Internal and External Laboratory Assessments, and Financial Management. Practical experiences focused on the actual implementation of the theory



Michele L. Best, MS,  
MT(ASCP)

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## ASCP President's Message



### Leadership

Leadership (n.) "the capacity or ability to lead"  
Lead (v.) "to show the way by going in advance"

The month of July is named after Julius Caesar, unquestionably one of the world's greatest leaders. With Caesar as its leader, the Roman Empire extended its influence to all of the western world known at the time.

Since our founding in 1922, ASCP has been the leader in pathology and laboratory medicine, extending its influence throughout the professions of pathology and laboratory medicine. The Society has extended its influence throughout much of the world, too – from efforts to eradicate HIV/AIDS in Africa, to certifying laboratory technologists in Korea, to offering the RISE exam last year in Australia.

Throughout its history the ASCP has "shown the way" in the certification of laboratorians (eg, by the founding of the Board of Registry in 1928 and by the implementation of computer-adaptive testing in 1992). ASCP has "shown the way" in its educational programs and products; no other professional organization has the diversity of topics, the number of programs, or the diversity of delivery modes for educational activities. The Society has "shown the way" with its assessment products that help members validate their competency; and the ASCP's advocacy efforts on behalf of pathologists and laboratory professionals are as comprehensive as any professional society. And, ASCP has "shown the way" with its inclusiveness; it is the inclusive organization for pathologists and professional laboratorians.

What really makes ASCP a leader is its members! The Society's ability "to show the way by going in advance" is made possible only because of the hundreds of dynamic, talented, knowledgeable, and experienced volunteer members who contribute their time and effort

to the Society's many diverse activities. ASCP members are the leaders in the profession of pathology and laboratory medicine, and they provide the "leadership" for the ASCP to advance.

Mr. Dan Haun and Ms. Argie Leach pictured in the photo below are exemplary of the legion of volunteers who have leadership and make the Society a leader. They are leaders in the labs they work in, and they are leaders in the ASCP. Both Dan and Argie worked at the Medical Center of Louisiana in New Orleans (ie, Charity Hospital). Both were at the hospital and on duty for Hurricane Katrina and its aftermath. Both worked to maintain and provide laboratory support for the patients trapped at the hospital until the loss of electricity and the rising heat and humidity forced the lab to shut down.



*Dr. and Mrs. Rodriguez, Ms. Argie Leach, and Mr. Dan Haun*

When the lab was no longer operating, they carried patients down stairwells to waiting rescuers. They were among the last to leave that hospital six unforgettable days after the storm.

Charity Hospital remains dark and closed to this day, but Dan and Argie were asked to set up a lab de novo in leased space that was once a grocery store in Houma, LA, an hour's drive

southwest of New Orleans. It's testimony to their leadership that the lab was operating just six weeks after the storm; it continues in operation to this day providing basic and reference clinical laboratory testing for the various hospitals in the State of Louisiana hospital system. Such accomplishments are only possible when extraordinary people lead.

Leaders that they are, it's no surprise that Dan and Argie also play leadership roles for ASCP. Their course on "Easy Website Applications for Solving Laboratory Problems" has been presented in numerous forms and at

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## ASCP Outreach

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as practiced in the laboratory at Howard University Hospital.

Ayana and Mekonen recognize the enormity of their task. “Generally, quality is not implemented overnight,” said Ayana. “One has to analyze where one is, what the critical gaps are that we have.” Implementing standard operating procedures in laboratories is a top priority. “That is the simplest starting point where everything can be effective.”

Improving information management systems is another priority. “Recording and documenting issues is very, very vital for ART implementation,” said Mekonen. A laboratory information system is being piloted in a handful of facilities – a first step toward electronic recordkeeping.

Accuracy of test results is of paramount importance as well, due to the lives at stake and the appropriate allocation of resources to people who need it most. “For example, HIV patients whose CD4 counts are above 200 are not eligible for treatment – below 200, eligible – so accuracy is critical to determining whether one has treatment or not,” said Ayana. “Secondly, in the course of the treatment, certain regimens are not helpful for some patients, or there are contraindications with renal problems,

and these change over the course of time. To have the effect, one has to have real, exact, accurate lab results.”

Ayana said the international resources being channeled to Ethiopia through ASCP, PEPFAR, and numerous other associations and faith-based organizations to address the AIDS crisis are having an impact not only on the lives of people with AIDS but also on the health of the population as a whole. The global effort is changing “the overall structure and service quality of the health system in the country, because all these services – quality laboratory management – are done in a facility where general services are conducted,” he said. “There is no difference in liver function testing in the ART patient and in the normal liver disease patient.”

Mekonen and Ayana expressed their deep appreciation for the work of ASCP, its volunteers, leaders, and staff, for their continued support. The progress they have already seen in their country as more people begin receiving treatment encourages them.

“The issue of HIV is not only a one-country issue,” said Ayana. “It’s a worldwide issue, even though we are bitten hard by the problem. With all of the international support we have on our side, we hope we can do something of value to the society.”

For more information about ASCP’s Outreach to Africa, contact [pepfar@ascp.org](mailto:pepfar@ascp.org). ~

## ASCP Faculty Profile: Jennifer L. Hunt, MD, MEd, FASCP

**This is the second in a series of articles profiling rising stars among ASCP’s Educational Course faculty.**

Jennifer L. Hunt, MD, MEd, FASCP, likes the energy she gets from pathology. It’s an energy she thought she could only get by going to graduate school and doing basic research.

“I discovered that’s not true at all,” she said. “What I found is that in pathology, you get that energy of investigation even on an individual case that you are working up.”

Once Hunt decided to pursue a medical degree instead of a doctorate, she planned to become a surgeon. An empty chair changed her plans. “There wasn’t a seat at the surgeons’ table at the Women in Medicine dinner,” she said. “I was a little late, so I sat at the pathology table.”

The pathologist seated next to her, Leslie A. Litzky, MD, FASCP, a pulmonary pathologist at the University of Pennsylvania, talked Hunt into pathology in five minutes. “She is awesome,” Hunt said. “Her life sounded the way I wanted mine to be. She did everything I liked to do. It was fate, and a great mentor.”

It wasn’t so much what Litzky said as how she said it. “Her excitement and enthusiasm sparked something in me,” said Hunt. She did her student fellowship in anatomic pathology and liked it right from the start. She started her residency, in combined anatomic and clinical residency, but after a couple of months switched over to anatomic only. Her course was set.

By the age of 34, Hunt has become

Section Head of Surgical Pathology, Director of Head & Neck and Endocrine Pathology, and Director of the Anatomic Pathology Molecular Diagnostics Unit at the Cleveland Clinic. She teaches and does both clinical and translational research, especially in thyroid cancers and head and neck carcinomas.

“I’m interested in using molecular technology to apply it to anatomic pathology specimens, in particular to tumors and lesions of the head and neck,” she said. “I’ve



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## Chair's Message, ASCP Resident Council



One of my favorite things about the ASCP is the inclusiveness of its membership. What sets this organization apart from other pathology organizations is the incorporation of all laboratory professionals. In this way, we are truly a pathology society. I don't fear the voice that technologists have in our society. I appreciate it.

I've learned so much from the interactions I've had with various medical technologists. I've had the benefit of serving with them on various task forces, committees, and the Board of Directors. I can't imagine not having their input alongside my own.

In order to excel in our profession, we must remain open to learning new things from people along the entire spectrum of laboratory medicine. To suggest that we only include pathologists in our society would truncate our membership, and we would lose many valuable resources that are offered by our medical technology, cytotechnology, and pathologist assistant colleagues (among many others).

I have benefited immeasurably from the medical technologists involved in my residency-training program at the University of Mississippi Medical Center. They have been integral to my clinical pathology training, just as the surgical pathologists have been to my anatomical pathology training. If they had been excluded from the society of my pathology department, my education would have certainly suffered.

In a time when the pathologist is being urged to step out from behind the microscope to become a more active and visible member of the patient care team, it doesn't make sense that we isolate ourselves from our fellow laboratory professionals. The technologists in many

laboratories quite often have more communication with clinicians than the pathologists. They notify them of critical values, provide guidance as to what are appropriate specimens, and aid in the interpretations of various tests.

The medical director of a laboratory best serves her patients by having good working relationships with the medical technologists working in her laboratory, providing an open, positive atmosphere where they have input into daily situations (I think I may have just inadvertently quoted an in-service exam question).

I attended the successful launch of the ASCP Leadership Exchange, which took place in Baltimore, MD, this past March, and was inspired by the participants who ranged from pathologists to laboratory supervisors to frontline technologists. They all came to this conference, together, as members of a pathology society to learn from colleagues with varying credentials, not just MT(ASCP).

At lunchtime, we all sat together in one big room and had conversations about our varying experiences in diverse laboratories. Pathologists and pathology residents sat next to technologists of many different specialties and ate lunch together.

Group dynamics isn't something we're taught in school, but maybe it should be. My experience at the Leadership Exchange certainly opened my eyes to how much more effective, innovative, and creative the professions of pathology and laboratory medicine can be when we join forces. And the ultimate beneficiary of that exciting conjoining will be the patients whose lives we improve by working together!

*Alexandra N. Shaye, MD*

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## Gross Descriptions, Management Duties Challenge Pathologists' Assistants

As a Pathologists' Assistant (PA), Michelle A. Rosenow, MS, PA(ASCP), says she serves as the eyes of the pathologist at the bench.

"I do all of the gross dissection and description of all surgical and autopsy cases," said Rosenow, who works at DeKalb Medical Center in Decatur, GA. "When a specimen is taken out from the OR (operating room) or physician's office it comes to the pathology department," she said. "These specimens range from a simple biopsy to a complex resection like a pelvic exenteration. I would then give the specimen a gross description and decide what sections to submit for the pathologist to make the final diagnosis."

Michael L. Sovocool, MHS, MT(ASCP)PA, says far more PAs are involved in surgical pathology than in autopsies, although those two areas encompass the bulk of their work.

"If an organectomy, say a colon from colon cancer, is received into the pathology department, there are two components to the examination," he said. "The first component is gross description, and that's what PAs are involved with. With the guidance of the pathologist, the PAs describe the specimen in detail, inserting the key gross parameters of the given specimen, and choose sections of the specimen to submit for microscopic study."

The pathologist reviews the microscopic slides and makes the final diagnosis. On any given day, a pathologists' assistant could be describing samples ranging from large organectomies from surgery, to tonsil specimens or a mole from a dermatologist's office.

In the autopsy world, PAs function as the prosectors, said Sovocool, who is practice manager at Pathology Associates of Syracuse

(NY). "They review the clinical history with the pathologist and decide an approach to the case," he said. "Depending on the institution, they may go to the morgue with an autopsy assistant to perform the case and then present their gross findings to a pathologist at the end of the case, or go to the morgue with the pathologist and prosect the case together."

As chair of the ASCP Board of Registry (BOR) PA Examination Committee, Sovocool believes it is important to educate the broader pathology community about PAs, especially now that ASCP offers national professional certification – PA(ASCP) – and continuing education for maintenance of certification.

Pathologists' assistants often manage a variety of administrative duties in the anatomic pathology laboratory, for starters: quality assurance, billing, computer systems, and supervision of technical employees. Rosenow, for instance, also manages a tumor bank, runs monthly pathology meetings, and coordinates pathologists' schedules.

"These are the other duties that fall to us, and it makes it challenging to get it all done in an eight-hour day, but it makes it fun," she said. "There's so much to do. It's constantly changing. No two days are ever the same."

That variety is exactly what Rosenow loves about her job, and what most PAs love about the profession. "I cannot speak highly enough for my profession," she said. "I have never met a PA in pathology who hates their job."

Sovocool spends 80 percent of his time on administrative work, and 20 percent in the areas of surgical and autopsy (in particular perinatal and neonatal) pathology work. Each

organization divides the administrative and practice work differently, depending on the needs of the practice and the skills and interests of its PAs, he said.

In 2004, the ASCP BOR and AAPA created a joint national certification program for qualified pathologists' assistants. The first ASCP certification examination was given in the fall of 2005. To be eligible for the PA certification exam, applicants must have a baccalaureate degree from a regionally accredited college or university and successful completion of a NAA-CLS-accredited PA program within the past five years.

Alternatively, applicants may qualify for the exam with a bachelor's degree from a regionally accredited college or university with 20 semester hours (or 30 quarter hours) of biology, and three years full-time acceptable experience as a PA within the past 10 years, but this on-the-job training route will be discontinued on January 1, 2008.

Rosenow, who is vice chair of the ASCP BOR PA Examination Committee, became a PA through the on-the-job training route. As an undergraduate, she studied biology, then got a master's degree in biotechnology and molecular biology. She did her training at Johns Hopkins Hospital and Greater Baltimore Medical Center. She has worked in a reference laboratory, academia, and now in a community hospital. She enjoys the variety of responsibilities that her current position demands of her. "I love what I do," Rosenow said. "I cannot speak highly enough for my profession."

Sovocool first earned a bachelor's degree in medical technology and became an ASCP-certified

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## Washington Report



### FEDERAL AGENCIES

#### *ASCP Issues MUE Comment Letter to CMS Advocates Removal of Pathology and Laboratory Medicine Codes*

ASCP President Fred Rodriguez, MD, FASCP, and President-Elect John (Jack) Brooks, MD, FASCP, sent a comment letter to the Centers for Medicare and Medicaid Services (CMS) Administrator Mark McClellan, MD, PhD, asking that CMS remove pathology and laboratory medicine codes from the Medically Unbelievable Edits (MUE) proposal. In the letter ASCP stated, "The vast majority of pathology and laboratory medicine services are determined by the ordering clinician. If a clinical physician code for a given procedure is reimbursable, i.e., "medically believable," then the downstream or resulting pathology and/or laboratory medicine codes cannot be medically unbelievable. If it is appropriate for the clinician to receive reimbursement for his or her services, including submitting specimens for analysis, then it should be automatic that reimbursement for anatomic pathology and laboratory medicine services should be allowed."

ASCP is also participating in coalition efforts regarding the MUE proposal with the College of American Pathologists (CAP) and the American Clinical Laboratory Association (ACLA). Recent letters signed by ASCP pointed to the differences between pathology and laboratory medicine and asked for further clarification on the proposal from the agency. ASCP's efforts to remove pathology and laboratory medicine codes from the MUE proposal will continue as well as its work with the various coalitions.

CMS has yet to clarify the extent of its MUE proposal. Earlier this year, CMS indicated that it planned to delay implementation of the MUE initiative until at least January 1, 2007, in order to allow the agency to revise the current proposal and re-release it for comment. CMS then extended the comment period on the proposal until June 19th, 2006, allowing stakeholders an additional 90 days to comment on the coding initiative. Additionally, CMS announced that it is working on an appeals process for claims denials and will consider allowing for the use of modifiers in its final MUE proposal. These changes are important wins for the laboratory community, which has lobbied hard for withdrawal of the MUE initiative.

#### *Secretary's Advisory Committee on Genetics Releases Report on Coverage and Reimbursement of Genetic Tests and Services*

The Secretary's Advisory Committee on Genetics, Health, and Society (SACGHS) released its final report on the coverage and reimbursement of genetic tests and services. The report identifies steps for improving reimbursement and coverage of genetic tests in the public and private sectors and also makes recommendations on a number of topics including: billing by nonphysician genetic counselors, genetic education of providers and the Current Procedural Terminology (CPT) codes for genetics.

SACGHS, which was established to assess the development and use of genetic technology, advises the Secretary of Health and Human Services (HHS). The SACGHS Chair, Dr. Reed Tuckson, has said that while these recommendations are directed to the Secretary of HHS, it is his hope that "adoption of the recommendations by the private sector will help to ensure that individuals with private insurance also benefit from improved access to genetic tests and services."

#### *David Brailer Resigns as Administration Point Man for Health Care IT*

Dr. David Brailer, National Coordinator for Health Information Technology, resigned his post in late April. He gave no reason for his resignation. Dr. Brailer will continue to serve as a consultant to HHS on health care IT, as well as a vice chairman of the American Health Information Community, the public-private advisory group charged with making recommendations to HHS Secretary Mike Leavitt on IT standards. The Community is an important group to the laboratory community, as it continues to work on issues such as the development of the electronic health record.

The work of the Office of the National Coordinator will continue under the four directors below Dr. Brailer.

#### *DOJ/ DHS National Computer Security Survey Will Provide First-Ever National Estimates of Prevalence and Cost of Cybersecurity Incidents*

The National Computer Security Survey (NCSS), being conducted May-July 2006, will survey 36,000 businesses operating in the United States across all industry

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## Washington Report

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sectors. The NCSS, sponsored by the U.S. Departments of Justice and Homeland Security and administered by the RAND Corporation, hopes to answer question about cybersecurity through different industry sectors. Specifically, the administrators of the survey hope to learn how much cybersecurity incidents are costing businesses, both in dollars and in downtime. The results of the survey will allow industry, as well as government, to make informed decisions about how to effectively target resources in the area of cybersecurity.

ASCP is a supporter of this survey and encourages participation in this survey, if received. Those that participate will receive a benchmark report for their industry sector based on the survey's results that will enable the business to compare how it stands relative to the rest of the sector.

## CONGRESS

### *Legislative Symposium Allows Members Chance To Educate Legislators*

ASCP members took to Capitol Hill June 14th, as they joined members of ASCLS and CLMA in Washington DC for "Legislative Symposium" March 27-28th. Armed with just the facts, ASCP members educated members of Congress and their staff on issues important to the laboratory community, including H.R. 1175, the Medical Laboratory Personnel Shortage Act, funding the Title VII Allied Health Programs, and competitive bidding.

ASCP maintains an active role in all of the issues that were advocated for during Legislative Symposium. However, the best way to advocate to legislators is through personal stories that illustrate the need for change. To take action on a variety of issues affecting your laboratory, please visit ASCP's e-Advocacy center by clicking here.

### *Lagging Bioterror Efforts Called out by House, Acknowledged by Administration*

A Congressional subcommittee questioned the government's commitment to the progress of Project BioShield during a late-April hearing. The \$5.6 billion BioShield program is meant to build America's national stockpile of drugs and countermeasures to biologic and radiological weapons. The Department of Health and Human Services (HHS) so far has committed \$1.1 billion to BioShield contracts, mostly focused on smallpox and anthrax vaccine purchases.

In testimony, HHS admitted to not having a strategic plan for the program. HHS representatives said that a

draft plan will be made public later this year, with a final version completed soon after that. The department that handles the program is also in the process of being restructured.

## STATES

### *Arizona Legislature Sends Direct Billing Law to Governor for Signature*

On April 19th, the Arizona House of Representatives sent House Bill (HB) 2426, requiring direct billing of anatomic pathology services to Governor Janet Napolitano to be signed into law. This law would prevent clinicians and other providers from overcharging or marking up the cost of laboratory services. Inappropriate mark-ups are prohibited under federal Medicare and Medicaid rules yet occur often when the patient is uninsured or covered by private insurance. HB 2426 would serve the public health in Arizona by protecting patients from unnecessary and costly markups of laboratory services.

ASCP applauds the bipartisan efforts of the Arizona House and Senate to pass this important legislation. With Governor Napolitano's signature Arizona would become the tenth state to pass such legislation and would join California, Louisiana, New York, New Jersey, Rhode Island, Montana, Iowa, South Carolina, and Nevada in requiring direct billing for anatomic pathology services.

### *Direct Billing Measures Keep on Rolling...*

ASCP has been working in coordination with the College of American Pathologists and state pathology societies to support these measures. We are pleased to see these measures advance. Here's a brief update of state direct billing legislation we've been working on .

- In Missouri, the House Insurance Committee approved direct billing legislation and a separate measure was approved by the Senate Committee on Aging, Families, Mental and Public Health, paving the way for both measures to be considered on the floor of each chamber.
- An Oklahoma Senate bill was approved by the Senate health committee on April 11th, though to ensure passage it was amended to require patient disclosure of laboratory test costs.
- In Tennessee, direct billing legislation was approved by a health subcommittee of the Tennessee House of Representatives on April 17th.
- Also on April 17th, a California Senate bill to expand the current direct billing requirement from gynecologic cytology services to anatomic pathology

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## Washington Report

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services was approved by that chamber's health committee.

### *Mandating Estimated GFR: A New Twist Out of Mississippi*

With state legislation mandating estimated glomerular filtration rate (GFR) performance failing across the country, has Mississippi found a way to overcome clinician and laboratory concerns about mandating GFR estimates to further the public health goal of increasing public awareness of kidney disease?

This year approximately 45 bills have been considered by 15 state legislatures that would mandate or increase the reporting of estimated GFR. Most would require that laboratories performing serum creatinine testing to also report an estimated GFR. ASCP has actively opposed these bills, arguing that while estimated GFR may be an excellent tool for assessing kidney disease for some patients, it may not be a reliable measure of kidney function for all patients and should

not be required for all patients. Because of ASCP advocacy efforts on this issue, combined with those of the College of American Pathologists and other laboratory organizations, none of these bills have been enacted this year.

That is, with one exception.

On April 3rd, Mississippi Governor Haley Barbour (R) signed into law Senate Bill 2882, creating the Mississippi Chronic Kidney Disease Task Force. The measure requires the task force, which will include three representatives from the pathology and laboratory communities, to develop a plan to educate health professionals about the advantages and methods of early detection, diagnosis, and treatment of chronic kidney disease. It has also been charged with making "recommendations on the implementation of a cost-effective plan for...early screening, diagnosis, and treatment."

Given that so many of the mandated estimated GFR bills have failed to be enacted, all eyes should be on this task force to see whether it can develop a logical, consensus-driven approach to improving public awareness about chronic kidney disease. ~

## ASCP Resident Review Course: A Refreshing Experience

For nine hours a day over six straight days in April 2006, about 20 experts gave 181 residents a comprehensive refresher course in the major areas of clinical and anatomic pathology. It was a fast-paced program, with lecturers hitting the highlights and offering quick tips on what to know and what not to know—not just at examination time, but in their future practice as well.

Here is a sampling of suggestions from the morning of Day 5, from Stephen Bonsib, MD, FASCP, on renal pathology and Jennifer L. Hunt, MD, FASCP, on head and neck pathology:

"The list of secondary causes of focal segmental glomerulosclerosis (FSGS) is very long. Don't try to memorize it."

"When you make a diagnosis of minimal change disease, you can never rule out FSGS."

"IgA nephropathy is the most common glomerulonephritis (GN) in the world. Diagnosis hinges on immunofluorescence. If you don't have immunofluorescence, this would look just like FSGS."

"Angiofibroma is almost uniformly present in adolescent males. That little factoid about adolescent males is probably something you will want to remember."

"Necrotizing sialometaplasia is benign. You never need to make the diagnosis. You just need to differentiate it from cancer."

"Why is a Warthin tumor removed? It is totally benign. It is removed because they don't know what it is."

For residents most interested in a refresher course in clinical pathology topics, the first three days covered coagulation, microbiology, transfusion medicine, molecular diagnostics and genetics, hematology,

chemistry, immunopathology, laboratory administration, and informatics.

The last three days covered topics in anatomic pathology: liver, breast, gynecological and non-gynecological, renal, head and neck, pulmonary, pediatric, lymph node, forensic, central nervous system, soft tissue, gastrointestinal, genitourinary, and bone pathology.

"They try to condense the material into something more manageable than, 'Here's 20 books on your shelf – go read them,' " said one attendee, Angie M. Schultz, MD, a resident at Ball Memorial Hospital in Muncie, IN.

"It's really good, but you need to be prepared," added Xin Gao, MD, a resident at the University of Kansas Medical Center. "Absent most of the knowledge, I don't think the course would help you.

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## Resident Review Course

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You need to do some basic work, like reading, and this course will highlight the important parts.”

Quiz time. While flashing slide images on the screen, Bonsib fired questions at the attendees: What is the diagnosis? What disease could the patient have? What have we not ruled out? Where are the deposits? Is this linear or granular? What’s the

abnormality? Do we see deposits? What two diseases could this be? How would you describe this lesion? What’s the distribution? If it’s an adult, what does the clinician have to do?

In Hunt’s presentation, she gave a snapshot of the incidence of the disease and some clinical information, and spent the majority of time on

the histopathology, immunohistochemistry, and the differential diagnosis. “I want you to have practice tools, not just prepare for the boards,” she said. “Really what I want you to walk away with today is an ability to make improved diagnoses.” For any of the residents in attendance, it would be hard not to. ~

## Meet Your Match

### The ASCP Challenge

You’ve invested years in your education, taken all the requisite board examinations, been licensed or certified and spent the last, oh, say, dozen or so years in your fast-paced laboratory environment. Every day you make decisions about patients’ health based on your ability to interpret what you see under a microscope or hidden in reams of data from automated analyzers. You’re a member of ASCP, you keep your skills honed by reading publications and/or attending educational conferences.

You’re good at your job – and you have a track record to prove it. Meet your match: **ASCP Challenge!**

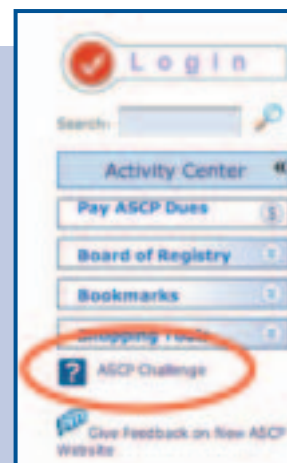
Oh? You haven’t met your match yet. It’s right there on the home page of the ASCP website, [www.ascp.org](http://www.ascp.org). Over on the right side, below the Login, Search, and Activity Center boxes you’ll find the **Challenge**. Click on the question mark.

You’re taken to the next page which asks you whether you’re a pathologist or a technologist or technician. For example, check technologist and you’re immediately presented with a question.

Choose your answer and click “Submit Response.” Visit again next week to see the answer to the question plus you’ll be able to compare your answer with the way your colleagues have answered it.

The questions change weekly and are drawn from extensive slide libraries used to illustrate ASCP books and articles. Questions for pathologists usually include a brief history accompanied by slides which can be enlarged for careful examination.

The ASCP Challenge is a great way to compare yourself to the best of the best in pathology and laboratory medicine, your colleagues in ASCP.



## Duties Challenge Pathologists' Assistants

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medical technologist before getting a Master of Health Sciences with a PA specialty at Quinnipiac University.

"Most PA training programs have only a little exposure to clinical pathology in that, if PAs are reading a chart to do an autopsy, they understand the parameters of a CBC (complete blood count), and what the chemistries are, but they haven't been trained in clinical pathology," he said. Fellow students in his grad-

uate program came from a variety of backgrounds: medical technology, cytotechnology, histotechnology, and the natural sciences.

ASCP's Certification Maintenance Program is required for PAs who have become newly certified since January 1, 2005. To maintain their certification, PAs must earn 45 points of continuing medical education, as follows: 1 point in safety, 20 points in anatomic pathology, and the remaining points

in the areas of anatomic pathology, management, education, or other clinical specialties.

Continuing education credits are available through ASCP as well as the AAPA. ASCP programs of particular interest to PAs range from teleconferences and Weekends of Pathology to diagnostic presentations at the ASCP Annual Meeting. For more information, visit [www.pathologistsassistants.org](http://www.pathologistsassistants.org) and [www.ascp.org/Certification/pdf/booklet.pdf](http://www.ascp.org/Certification/pdf/booklet.pdf). ~

## Caribbean Association of Medical Technologists Visits ASCP

Key members of the Caribbean Association of Medical Technologists (CASMET) recently visited the new headquarters of the ASCP.

In April, the four members of CASMET's executive council met with leading ASCP staff members to observe the functioning of an established professional organization that caters to medical technologists as CASMET does.

CASMET is in the process of restructuring its strategic plan to become a more viable organization to meet the needs of the medical technologists of the Caribbean Region.

Visitors were: Ms. Juann Ward, CASMET president, Queen Elizabeth Hospital Pathology Lab, St. Michael, Barbados; Ms. Cheryl Weekes, Barbados Community College, Head of the Division of Health Sciences; Ms. Coleen Sinclair, CASMET Secretary, Central Medical Laboratories, Ltd, Jamaica; and Ms. Wendy Kitson-Piggott, HIV/AIDS/STI Laboratory Advisor and Training Manager.

The CASMET representatives spent two days with ASCP's leadership staff discussing day-to-day operations; effective continuing and distance education; the ASCP Board of Registry and certification; communications and image; and membership options for allied health professionals in the Caribbean.

"We look forward to continuing this relationship," said John R. Ball, MD, JD, Executive Vice President of the ASCP.

To learn more, visit [www.casmet.org](http://www.casmet.org).



# Morphology of Chernobyl-Related Thyroid Cancers Remains a Puzzle

## ASCP Leader Heads Pathology Panel That Diagnoses Cases

Twenty years after the world's worst nuclear accident, pathologists are studying the unusual morphology of papillary thyroid cancer tumors that have appeared in people who were children – some even still in utero – when they were exposed to radiation in and around Chernobyl, Ukraine.

Virginia A. LiVolsi, MD, FASCP, chair of the Pathology Panel of the Chernobyl Tissue Bank, made a presentation on “Specific Pathologic Findings in Thyroid Cancer After Radiation Exposure” on April 20 at a conference called “Living With Radiation: Diagnosis and Treatment of Thyroid Cancer After the Chernobyl Nuclear Accident” held at the United Nations Headquarters in New York. She presented similar information at the “Chernobyl Thyroid Cancer Convocation: 20 Years after the Disaster” on May 1 in Boston.

Several factors make these cases unusual, said LiVolsi. For starters, the fact that these cancers first appeared in people who were children, not adults, when the disaster occurred is different. Even after the United States dropped atomic bombs on Hiroshima and Nagasaki in Japan in 1945, the first cases of thyroid cancer occurred in people who were adults when they were exposed.

“That’s why this was so dramatic – it was the kids,” said LiVolsi. The tumors first started appearing in late 1989, early 1990 – only 3 to 4 years after the accident, whereas in Japan, the first tumors arose around Year 9 or 10.

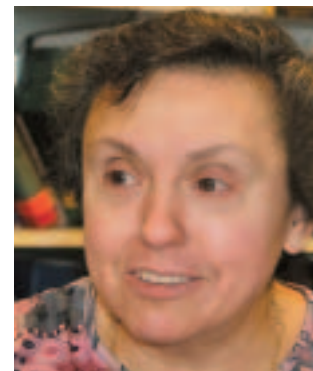
Second, the panel studied pathologic features of papillary thyroid tumors that developed in

children from the radiation-affected areas and compared those with papillary thyroid tumors that developed in children in Japan and the United Kingdom.

“We looked at a variety of morphologic features and found that the tumors that arose after the Chernobyl accident seem to be more commonly of the solid subtype of papillary carcinoma than those that arose in Japan, which almost all were classic usual papillary carcinoma,” LiVolsi said. “The ones that arose in the UK were sort of a mixture. We tried to figure out what could be different except for the fact that the ones from the former Soviet Union countries were kids who had been exposed to radiation.”

What eventually turned up was the fact that in the former Soviet Union countries, there had been a severe iodide deficiency in the diet. The Japanese diet has one of the highest, if not the highest, iodide content in the world, and the UK diet falls in-between. “And the pathology followed that,” said LiVolsi. “So the suggestion was made in our paper which was published in 2004 that maybe the variation in the morphology might be related to dietary iodide, as opposed to just the radiation. So there might be other factors.”

According to LiVolsi, there is not enough data yet to understand the difference between the solid and classical tumors. “What we do know, and this is from a strictly morphology point of view, the solid variant tends to – under the microscope – look like a more aggressive tumor,” she said. “There’s more extension of the tumor beyond the confines of the



thyroid itself – what’s called extrathyroidal extension. So that increases the stage of the lesion. And there is more vascular invasion in the solid variant. But up to now, it is not possible to say that is associated with a greater mortality, because very few of the kids have died, fortunately. From a clinical point of view, we can’t say yet (whether the tumor is more aggressive).”

For now, the existence of a relatively higher proportion of solid tumors is “just a very curious morphologic variance,” said LiVolsi. “In terms of clinical aggressiveness, it’s really difficult right now to have enough data. I think in another 10 years, follow-up on the post-Chernobyl children may give us some handle on what we’re dealing with here.”

The panel has made available DNA and RNA extractions as well as tissue microarrays of samples from the tissue bank for scientists in the international community to conduct molecular studies on the material. What they are finding is that about 60 to 70 percent of papillary thyroid cancers are associated with RET (a proto-oncogene) rearrangement or translocations, said LiVolsi.

“The sporadic adult papillary thyroid cancer (PTC) tends to show rearrangements in what’s called RET / PTC1,” she said. “In the children of Chernobyl, especially those children who have the solid subtype of papillary carcinoma, the translocation appears to be in RET / PTC3. So, there’s something a little bit different.”

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## Thyroid Cancers

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Mutations in *BRAF* (the gene for the B-type Raf kinase) are another new molecular marker in adult papillary carcinoma. “Again, depending on the laboratory and the population studied, approximately 45% of sporadic adult papillary carcinomas have that mutation,” she said. “Now a number of laboratories have looked at the Chernobyl thyroid cancers in the kids, or the exposed kids, and the incidence of *BRAF* mutation in those children is far less than 10%. And in fact, none of the tumors that are solid variant have *BRAF* mutation. As of today we have not found that.”

The Pathology Panel has submitted an abstract of the data on the *BRAF* mutation findings to the European Thyroid Association meeting, for presentation at the association's September 2006 meeting.

The panel, which first convened in 1998, is comprised of representatives from Ukraine, Russia, Europe, Japan, and the United States. It meets once every six to eight months for about 2.5 days and reviews the representative slides of tumors that have occurred and been operated on in Ukraine and Russia since the previous meeting. “We've probably looked at somewhere over 2,000 cases,” said LiVolsi. “I think the estimate is that there have been approximately 4,000 cancers, but we haven't seen all of them.”

LiVolsi stressed that all tumors are obtained from patients who give their informed consent, that samples are only provided to researchers who submit scientifically valid and approved proposals, and that all tumors are handled according to agreed-upon standard operating procedures, which include the process of extracting DNA and RNA.

The main job of the Pathology Panel, said LiVolsi, is the “diagnosis,

confirmation of diagnosis, and agreed diagnosis – a consensus diagnosis by an international group of pathologists who concentrate in thyroid, so that the international

research community can ... try and figure out what if anything we can learn from this tragic experience ... and hopefully something of this kind will never happen again.” ~

## Outstanding Anatomic Pathology Slide Seminar at Annual Meeting

It's the longest sustained continuing medical education program in the United States and there's good reason for it. “It” is ASCP's premier educational event, the AP Slide Seminar, and since 1934 (with the exception of 1945 during WWII) it has been one of the most “looked forward to” events at every Annual Meeting. And this year's presentation is no exception.

First, there are two renowned speakers: Virginia A. LiVolsi, MD, FASCP, a Professor in the Departments of Pathology and Laboratory Medicine and Otorhinolaryngology at the University of Pennsylvania; and Zubair W. Baloch, MD, PhD, FASCP, Associate Professor in the Department of Pathology and Laboratory Medicine, also at the University of Pennsylvania.

Dr. LiVolsi is a frequent speaker at ASCP meetings—she presented the 2003 Arthur Purdy Stout Society Keynote. Together, Drs. LiVolsi and Baloch will focus on diagnostic problems in cytopathology and surgical pathology of the thyroid and parathyroid glands. A series of cases will be presented and discussed with emphasis on differential diagnosis, the use of ancillary techniques, and prognostic implications.

Another reason to look forward to this year's presentation is the DVD featuring virtual slides of 18 cases from this prestigious lecture. It goes on sale later this month. You can order it now and complete some of your pre-meeting studies, and have a permanent set of reference slides. The DVD will be available for ordering on the ASCP Website and on the Annual Meeting Registration form.

At the end of this Seminar, you'll be able to recognize the features of common thyroid nodules and tumors in cytologic and histopathologic samples, assess the value of (and problems with) immunohistochemical data in the diagnosis of thyroid nodules, be familiar with the concept of minimally invasive surgery for hyperparathyroidism, and understand the role of the pathologist.

Sound exciting? It is. And there's no time like the present to register for this year's annual meeting in **Las Vegas, October 18-22**. Don't forget that there's an “early bird” special registration for those who register by September 4th! See [www.ascp.org/annualmeeting](http://www.ascp.org/annualmeeting).

### Pathology of the Thyroid and Parathyroid:

Diagnostic and Prognostic Aspects

October 22, 2006

## President's Message

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numerous workshop weeks for laboratory professionals (most recently at ASCP's inaugural Leadership Exchange last March). Their course assists pathologists and laboratorians in developing skills to solve intra- and interlaboratory communication problems using a variety of methods. This course also helps develop new leaders in the profession. Teaching, mentoring, leading by example, and sharing experiences are hallmarks of Dan and Argie – and every other ASCP volunteer member as well.

Your membership in ASCP makes you a part of an organization that leads the profession. Service as a volunteer in some capacity in the Society allows you to share your leadership talents with your peers, and makes the ASCP a stronger leader for the profession.

We're celebrating the birthday of our country this month (thanks to some pretty good leaders back in the

1770s), along with the birthday of Julius Caesar, a giant among leaders. So why not take a minute and ask yourself – remember you are an ASCP leader too – what talents you have that you could share with your colleagues?

You do not have to write a scientific article or a book, or present a teleconference, or deliver a presentation at a national meeting to contribute your talents, leadership skills, and knowledge to the Society.

You can actively lead in many ways. You could contribute to making the ASCP a leader by describing what pathology and laboratory medicine are at a community meeting or service club meeting. You can help recruit bright, dynamic, enthusiastic young people to the profession.

Show and share your leadership skills in this month dedicated to leaders. By doing so, you'll ensure that ASCP keeps its leadership role in the profession and continues to "show the way"!

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

## Profiled: Hunt

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always been drawn to areas where adding molecular technology can improve our diagnoses – not replacing what we currently do, but adding to our testing armamentarium to add value to our diagnosis."

While Hunt was getting her MD, she also snuck in a master's degree in education to fuel her love of teaching. In addition to her clinical, teaching, and research duties at the Cleveland Clinic, Hunt has also embraced teaching for ASCP in a variety of settings, including teleconferences, Weekends of Pathology, Educational Courses, and the Annual Meeting. She is co-director of ASCP's Pathology Update 2006 with Virginia A. LiVolsi, MD, FASCP, of the University of Pennsylvania Medical Center, which runs July 10-14, 2006, in Vancouver. And she presents on head and neck pathology at the ASCP Resident Review Course and the Educational Course on Surgical Pathology of the Head and Neck.

What propels her to take on so many teaching assignments? "I think it's a gene," she said. "There's a teaching gene. I love to teach. I can't help it. It doesn't matter if it's my secretary, the resident, or people out in the community."

Hunt encourages pathologists to get involved in the activities of professional societies, "as a participant, so you can keep up-to-date on the latest findings, but also so you can refresh and review the things that may have sunken deeper into your memory but still need to be retrievable. As a teacher and lecturer and faculty member, it's great because it's invigorating and fun, and the participants are incredibly receptive. You get to interact with fabulous people. It's really fun." If energy is infectious, you can catch it from Hunt. ~

### Appointments

- Section Head of Surgical Pathology, Director of AP Molecular Diagnostics Unit, Director of Head and Neck Pathology, Cleveland Clinic, Cleveland, OH, January 2006 – present
- Assistant Professor of Pathology, Head & Neck and Endocrine, University of Pittsburgh Medical Center, Pittsburgh, PA, 2001-2005; Assistant Professor of Otolaryngology Secondary Appointment, 2004-2005; Director, Molecular Anatomic Pathology, 2004-2005

### Training and Fellowships

- Resident, Anatomic Pathology, University of Pennsylvania, Philadelphia, 1998-2001; Chief Resident, 2000-2001; Fellow, Molecular Pathology, 2000-2001

### Education

- Doctor of Medicine, University of Pennsylvania, 1997
- Master of Education, University of Pennsylvania, 1997
- Bachelor of Arts in Chemistry, Bryn Mawr College, Bryn Mawr, PA, 1993

## Liotta Receives 2006 Philip Levine Award for Outstanding Research

Lance A. Liotta, MD, PhD, will be honored with the ASCP 2006 Philip Levine Award for Outstanding Research at the 2006 ASCP Annual Meeting in Las Vegas on Saturday October 21.

This award recognizes researchers who have made a significant contribution to molecular pathology, immunohematology, and immunopathology.

Dr. Liotta is a professor of life sciences at George Mason University and co-director of the university's Center for Applied Proteomics and Molecular Medicine. He also serves as medical director of the George Mason University/Inova Health System Clinical Proteomics Laboratory in the George Mason University/Inova Health System Translational Research Centers.

Before joining the George Mason faculty in May 2005, Dr. Liotta was chief of the Laboratory of Pathology at the National Cancer Institute's (NCI) Center for Cancer Research, and he previously served as deputy director for Intramural Research at the National Institutes of Health.

Dr. Liotta was one of the first scientists to investigate the process of tumor invasion and metastasis at the molecular level, and he has invented technologies in the fields of diagnostics, immunoassays, microdissection, and proteomics. Along with colleagues at NCI's Laboratory of Pathology, Dr. Liotta discovered a series of novel genes and proteins that regulate cancer invasion and metastasis, providing new strategies for cancer diagnosis and treatment. They also invented Laser Capture Microdissection (LCM), a commercialized technology used in more than 1,000 laboratories worldwide. LCM has been applied to make broad discoveries in genomics,

functional genetics, and now extends to tissue proteomics.

At the 2004 ASCP Annual Meeting, Dr. Liotta presented the scientific keynote address on "Proteomics: The Next Revolution in Molecular Medicine." Techniques pioneered by Dr. Liotta allow profiling of signal pathways in human tissues. Defects in cell signaling pathways play a vital role in cancer cell invasion and growth. An important goal of proteomics is to characterize and develop "circuit maps" of these signaling pathways in normal and diseased cells. Dr. Liotta's address highlighted how large proteomics looms in the future of pathology.

In partnership with Dr. Emanuel F. Petricoin III, formerly of the U.S. Food and Drug Administration (FDA), Dr. Liotta founded the NCI/FDA Clinical Proteomics Program, the first joint initiative between NCI and FDA to develop technologies for the discovery of proteins and the profiling of signal pathways in human tissue. These innovative proteomic technologies are applied to patient tissue biopsies and blood samples collected before, during, and after experimental therapies in clinical research trials.

Drs. Liotta and Petricoin are exploring their recent discovery of an archive of protein fragments in the blood that are potential biomarker candidates for breast, ovarian, and lung cancers. Their immediate goals are to validate these potential biomarkers in clinical trials to determine their feasibility in the diagnosis of cancer prior to metastasis, and to develop patient-tailored medical treatment strategies.

Dr. Liotta earned his medical degree from Case Western Reserve Medical School and is licensed to practice medicine in the state of Maryland. He also holds a doctoral

degree in biomedical engineering from Case Western Reserve University.

His research contributions have generated 80 issued patents and more than 550 peer-reviewed publications.

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 Systems, co-sponsor of the award. ~



### Does Someone You Know Deserve an Award?

Do you know someone who deserves to be honored with an ASCP Award?

The ASCP presents 4 different and unique awards to pathologists each fall during the ASCP Annual Meeting. They are:

- The Ward Burdick Award for Distinguished Service to Clinical Pathology
- The H. P. Smith Award for Distinguished Pathology Educator
- The Israel Davidsohn Award for Distinguished Service
- The Philip Levine Award for Outstanding Research

Visit [www.ascp.org/aboutus/leadership/awards.aspx](http://www.ascp.org/aboutus/leadership/awards.aspx) to download the nomination forms.

The deadline date to send nominations for 2007 awards is **August 31, 2006.**

## Wick Given ASCP 2006 Israel Davidsohn Award for Distinguished Service

Mark R. Wick, MD, FASCP, will be honored with the ASCP 2006 Israel Davidsohn Award for Distinguished Service at the 2006 ASCP Annual Meeting in Las Vegas on Saturday October 21. The award recognizes an ASCP member who has made a significant contribution to the Society by participating in a variety of roles throughout their career.

Dr. Wick is Professor of Pathology, Associate Director of Surgical Pathology, and Director of Pathology Residency Training at the University of Virginia at Charlottesville. He received his medical education at the University of Wisconsin (Madison, WI) and his anatomic & clinical pathology residency training at the Mayo Clinic (Rochester, MN). Subsequently, he served on the pathology faculties at the University of Minnesota (Minneapolis, MN) and at Washington University (St. Louis, MO).

He has made contributions to the specialty of pathology as an investigator, practitioner, educator, and mentor. Dr. Wick is a physician

who has continued to practice as a general anatomic pathologist and yet has developed expertise in several subspecialty areas of pathology. Immunohistochemistry, dermatopathology, thoracic pathology, and soft tissue pathology are his areas of special competence.

In 1990, he succeeded Myrton F. Beeler, MD, as Editor-in-Chief of the ASCP's *American Journal of Clinical Pathology*. Dr. Wick has been a faculty member of numerous ASCP continuing medical education courses and has also served on several ASCP committees. He was a member of the New Technologies Committee from 1987 to 1990, a member of the Abstract Review Committee for Anatomic Pathology from 1985 to 1990, member of the Commission for Graduate Medical Education, Chairman of the Residency In-Service Examination Committee from 1988 to 1990, and Chairman of the Residency In-Service

Examination Subcommittee on Anatomic Pathology from 1986 to 1990.

From 1991 to 1996, he was Chairman of the Commission on Graduate Medical Education's Council on Resident Training and Project Director of the Commission's Pathology Resident In-Service Examination. From 1994 to 1999, he served in the Executive Group of the Commission.

From 1995 to 2001, he served on the Anatomic Pathology Expert Review Panel for *CheckPath*. He received the ASCP's 1999 Commission on Continuing Education Distinguished Service Award. He also served on the Internet Advisory Committee in 1997, the Educational Materials Advisory Committee in 1998, the Educational Publications Committee in 2001 and 2002, then the Publications Commission from 2003 to the present. ~



## ASCP to Launch Online Voting for Board of Directors

Watch the next issue of *Pathology Today* newsmagazine (September) for information about online voting for the ASCP Board of Directors. ASCP members will be able to vote online for candidates seeking to serve on the Board.

The system will work much like the online voting process that was used last year.

## **“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 (ie, 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 (eg, Hodgkin Lymphoma) that are further divided into subtopics (eg, 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/](http://www.ascp.org/education/eLearning/).

## **Three ASCP Associate Awards Presented at Leadership Exchange**

Three very special awards were presented at the ASCP Leadership Exchange conference, held in Baltimore in March.

**J. Philip McCoy Jr, PhD**, was awarded the 2006 ASCP Associate Lifetime Achievement Award. The Award honors an Associate who has demonstrated a commitment to the profession through work, attitude, and Society activities.

**Nathan H. Johnson, PhD, MT(ASCP)DLM,SC,SLS**, received the 2006 ASCP Associate Excellence in Management Award. The award honors an ASCP Associate who is actively engaged in laboratory management or supervision and has demonstrated effective leadership skills and management strategies regarding personnel, finance, and operations.

**Cheryl Jackson-Harris, MS, MT(ASCP)SH**, was given the 2006 ASCP Associate Excellence in Education Award. The award recognizes an ASCP Associate who is actively involved in a medical laboratory education program and has demonstrated outstanding performance in teaching through work in the classroom or clinic, or through development of effective teaching methods and instructional materials.

For more information, see the April issue of *LABMedicine*.

Around the country – 24x7 – from May 1st through the 12th, if you happened to peer over the shoulders of a pathology resident you might have seen him or her a.) surfing the net for concert tickets, b.) ordering flowers for Mothers Day, or c.) taking one of the best pathology preparatory review exams in existence.

Actually, given the ubiquitous nature of the 'net, all three answers are probably true. But for 2,600 residents and a few non-residents what you'd have seen on their computer screens were test questions. They were engaged in an annual ritual that's been going on in one form or another since 1983: taking the ASCP Resident InService Exam (RISE).

Virtually every pathology residency program in the US (plus many in Canada and, last year, a pilot program in Australia) sponsors ASCP's RISE and encourages their residents to take it. The RISE is often thought of in terms of being a good way to bone up for an upcoming board certification exam. And while that's true enough, the six-hour RISE is taken – online in proctored locations or wherever the resident's computer resides – by students in every residency year, upcoming "boards" or not.

The RISE has no "pass/fail" or grade – those

who take the test get their scores e-mailed to them. They're provided with aggregate scores from which they can judge how they've performed compared with other residents at the same stage of education, and residents in other programs.

They also learn which questions they missed – but not by giving them the question itself. Rather they are told the general nature of the question and which reference books the question was taken from.

The residency programs, themselves, are also provided with similar aggregate data about their students' performance compared against others in their program and against residents in other programs. For program directors, that information is invaluable when it comes time for the program's curricula to be tweaked. A program's participation in the RISE also is important for achieving and maintaining ongoing Accreditation Council for Graduate Medical Education (ACGME) accreditation.

ASCP has been sponsoring a resident inservice exam since the early 1980s, although it was referred to as the Pathology Resident In Training Exam in the beginning. The exams were administered on paper until 2003 when the current online version was established.

