

SOCIETY FOR PEDIATRIC PATHOLOGY



**2011 FALL MEETING
MILWAUKEE, WI
SEPTEMBER 29 – OCTOBER 2**

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**2011 SPP FALL MEETING AND
PERINATAL SYMPOSIUM PROGRAM CHAIRS**

Fall Meeting Director and Course Director for the
Vascular Symposium: Paula North

Associate Meeting Planner: Jason Jarzembowski

Annual Perinatal Symposium Course Director: Michael Caplan

Society for Pediatric Pathology
c/o US and Canadian Academy of Pathology
3643 Walton Way Extension
Augusta, Georgia 30909
Phone: 706-364-3375, email: spp@uscap.org

MEETING NEEDS ASSESSMENT

The practice of pediatric pathology requires up to date knowledge of the diseases affecting children, including their scientific basis, clinical spectrum, pathologic classification, and current research activities. The Society for Pediatric Pathology Annual Meeting is intended as an ongoing resource to meet the educational needs of pediatric pathologists, general pathologists whose practice includes pediatric pathology, pediatric pathology fellows, and pathology residents.

MEETING OBJECTIVES

Upon completion of this meeting, participants should be able to:

- Through the platform and poster scientific sessions, enhance their knowledge and apply recent advancements in research and practice to their work, related to the biology, characterization and/or diagnosis of pediatric disease.
- Through the Symposium, relate recent advancements in the diagnostic, therapeutic and biologic aspects of vascular anomalies to their clinical practice and research; consult in management of vascular anomalies by multidisciplinary teams of clinicians, radiologists, pathologists and surgeons – thereby promoting improved diagnosis and patient outcomes. The topic of the 2011 Fall Meeting Symposium is “Vascular Tumors and Malformations.”
- Through the COG Update, examine new requirements in COG protocols and the emerging scientific data driving those changes to facilitate the appropriate triage and handling of these clinical specimens. The topic of the 2011 “COG Update” is “Pediatric Brain Tumors”.
- Through the Perinatal Symposium, describe the basic mechanisms involved in the pathogenesis of Nonimmune Fetal Hydrops (NIFH); list the major diagnostic categories of (NIFH) and relate them to a pathophysiologic mechanism, if known; and apply the above objectives to their practice, in order to formulate a logical clinical diagnostic and therapeutic approach to the fetus with (NIFH), or to confirm a suspected clinical diagnosis in the context of the perinatal autopsy.

NEEDS ASSESSMENT – Fall Symposium, “Vascular Tumors and Malformations”

Vascular anomalies of infancy and childhood, comprised by vascular tumors and vascular malformations, are a broad, heterogeneous group of clinicopathologically distinct entities of diverse etiology for which accurate histopathological diagnosis is frequently essential in guiding approaches to effective therapy. Unfortunately, pathologists, like many clinicians, and radiologists have historically, lumped these lesions under the generic term *hemangioma*, sometimes qualified by simplified descriptive modifiers such as capillary or cavernous. In part, this nosological oversimplification has reflected lack of widespread recognition of the clinical urgency for precise diagnosis for many of these perplexing, even life-threatening disorders, and, in part, ignorance of very recent advances in our understanding of underlying pathogenetic mechanisms that support more specific classification and more specifically targeted therapies. As development of important new diagnostic tools and better understanding of etiology have evolved, international multidisciplinary consensus has turned to a new, more biologically-based classification system and therapeutic approach for dealing with these too often clinically devastating lesions.

The symposium will provide participants with current multidisciplinary understanding of vascular anomalies, encompassing the historical perspective, the perspectives of leading clinicians, radiologists and surgeons who treat vascular anomalies patients in renowned specialty centers, the histological perspective of pathologists specializing in the field, and the scientific perspective of leading researchers in the field thereby promoting improved diagnosis and patient outcomes.

Learning Objectives – Fall Symposium

Upon completion of this symposium, participants should be able to:

- Interpret and utilize in practice the current biology-based classification of vascular anomalies of infancy and childhood, accepted by specialty centers across the globe, in which a broad multidisciplinary approach is often essential to the diagnosis and treatment of these disorders.
- Incorporate in communication and reports the specific types of information practicing clinicians and surgeons need from their pathology colleagues in the diagnosis of these lesions – and vice versa.
- Distinguish clinical look-alikes, whether vascular or non-vascular, benign or malignant, that may confound dermatologists and surgeons and acutely require accurate histopathological diagnosis.
- Correlate pathological and radiological findings that are particularly critical for diagnosis and therapeutic guidance.
- Apply in practice the recent changes in nomenclature and radiological and histological diagnostic criteria for hepatic “hemangiomas” that have changed the surgical and medical approach to infants with perinatal hepatic masses.
- Describe important recent research findings, new investigational tools, and continuing challenges in the study of these still perplexing disorders.

NEEDS ASSESSMENT - Perinatal Symposium, “Beyond the Laundry List – Diverse Perspectives on Nonimmune Fetal Hydrops”

Nonimmune fetal hydrops (NIFH) is a pathophysiologic process that remains largely enigmatic in perinatal medicine and pathology. With an estimated incidence of 1 in 3,000 pregnancies (0.03%), it is a relatively rare yet extremely difficult problem to approach because of its multifactorial etiology, with an often bewildering array of underlying fetal, placental, and maternal disorders. Despite some improvements in diagnosis and management over the past several years, NIFH continues to be associated with a substantial mortality rate. Furthermore, the most commonly cited comprehensive review on the subject dates back over 2 decades, and subsequent articles on the subject have suffered from the limitations of single case reports (emphasizing a particular single cause), small sample sizes, series of patients that were victims of scientific bias, and contradictory data. A current, up-to-date review of this subject will provide both a deeper knowledge base regarding the pathophysiology of NIFH and a wider choice of potential therapeutic interventions for at least some causes. This symposium will present an integrated and coordinated multidisciplinary strategy for identifying and treating the underlying conditions responsible for NIFH and will also illustrate how the pediatric/perinatal pathologist’s active role may enhance the overall understanding of this process and contribute to improved fetal outcomes in multidisciplinary management.

Learning Objectives – Perinatal Symposium

Upon completion of this symposium, participants should be able to:

- Describe the basic mechanisms involved in the pathogenesis of NIFH.
- List the major diagnostic categories of NIFH and relate them to a pathophysiologic mechanism, if known.
- Apply the above objectives to their practice, in order to formulate a logical clinical diagnostic and therapeutic approach to the fetus with NIFH, or to confirm a suspected clinical diagnosis in the context of the perinatal autopsy.

DISCLOSURE

In accordance with the Accreditation Council for Continuing Medical Education (ACCME) guidelines, all planners and faculty (speakers, authors and presenters) who participate in the planning and execution of an SPP educational activity are required to disclose whether they or their spouses/partners have any significant financial interest or other relationship with a commercial company, entity or service (which would be discussed in this education program) to disclose. This applies to current relationships as well as any within the past twelve months. The SPP also has required that the speakers disclose any products that are not labeled for the use under discussion and that the disclosure is made to the audience at the time of presentation. *Dr. Patricia A. Burrows has disclosed that she consulted once for Guerbet and is a consultant for Orfagen. Since the topic of Dr. Burrows' presentation is "Endovascular Treatment of Vascular Malformations," she will be discussing off label use of drugs including: absolute ethanol, doxycycline, bleomycin, 3% sodium tetradecyl sulfate, n-BCA [Trufill] and Onyx. The planners and remaining faculty for this meeting, including both the Fall Meeting and Perinatal symposia, lectures and abstract presentations, have nothing to disclose. Dr. Drolet stated that she will be discussing off-label use of drugs (but has no financial relationship to disclose).*

All planners and faculty who participate in the planning and execution of an SPP educational activity have been informed of the SPP Policy on Disclosure of Relevant Conflicts of Interest. Faculty who have disclosed industry relationships have been counseled, in writing, of the necessity to deliver their presentations in a manner free of commercial bias. Written notification is made, in accordance with SPP Policy, to resolve any relevant conflicts of interest.

CONTINUING MEDICAL EDUCATION ACCREDITATION

Accreditation Statement

The Society for Pediatric Pathology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

AMA Credit Designation Statement – SPP Fall 2011 Meeting

The Society for Pediatric Pathology designates this live activity for a maximum of 10.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

AMA Credit Designation Statement – SPP Perinatal Symposium

The Society for Pediatric Pathology designates this live activity for a maximum of 3.5 *AMA PRA Category 1 Credit(s)*TM. Physicians should only claim the credit commensurate with the extent of their participation in the activity.

International Physicians

The American Medical Association has determined that physicians not licensed in the US who participate in this CME activity are eligible for *AMA PRA Category 1 Credit(s)*TM.

Health Professionals

Health Professional participants (including residents and fellows-in-training) may claim hours to receive a Certificate of Participation for an activity designated for *AMA PRA Category 1 Credit(s)*TM.

CME Credits

Certificates of continuing medical education *AMA PRA Category 1 Credit(s)*TM will be issued through the Society for Pediatric Pathology. CME credits will only be awarded after completion of an online evaluation form.

*AMA PRA Category 1 Credit(s)*TM offered fall 2011:

Scientific Sessions	5.5 hours
(Platform Presentations & Poster Viewing)	
Symposium	3.0 hours
COG Update	1.0 hour
Lotte Strauss Lecture	1.0 hour
Perinatal Symposium.....	3.5 hours

An evaluation must be completed prior to claiming CME credit for the various offerings. The evaluation forms, CME claim forms and SAMs post-tests can be accessed through the SPP website: www.spponline.org

SELF-ASSESSMENT MODULE CREDITS

The SPP is accredited by the American Board of Pathology to offer Self-Assessment Module (SAM) credits for the purpose of meeting the American Board of Pathology requirements for Maintenance of Certification. Registrants must take and pass the post-test in order to claim SAMs credit(s). SAM credits are offered for the Fall Meeting Symposium, “Vascular Tumors and Malformations”; COG Update; and Perinatal Symposium only.

PROGRAM SUMMARY

Thursday, September 29

Companion Meeting – The Rouge	8:00 AM – 5:00 PM
“Pathology Core Services – Biobanking, Virtual Microscopy and Digital Imaging Analysis”	
Committee Meetings – Kings Row	9:00 AM – 7:00 PM
Registration – Grand Foyer	2:00 PM – 6:00 PM
Beer & Cheese Reception – The Rouge	6:00 PM – 8:00 PM

Friday, September 30

Registration – Grand Foyer	7:30 AM – 5:00 PM
Poster Viewing – Imperial West Ballroom	7:30 AM – 5:00 PM
General Announcements – Imperial West Ballroom	8:00 AM – 8:30 AM

Friday, September 30 - Continued

Platform Presentations

Session I – Imperial Ballroom 8:30 AM – 10:00 AM

Break & Poster Viewing 10:00 AM – 10:30 AM

Platform Presentations

Session II – Imperial Ballroom 10:30 AM – 12:00 PM

Lunch – Grand Ballroom 12:00 PM – 1:30 PM

Poster Presentations – Imperial Ballroom 1:30 PM – 3:00 PM

Buses to Museum 3:00 PM

Harley Davidson Museum Tour 3:30 PM – 5:30 PM

Buses back to Pfister Hotel 3:00 PM

**Perinatal Slide Session – Imperial Ballroom
& Case Review** 7:30 PM – 9:30 PM

Saturday, October 1

Breakfast – Imperial Ballroom 7:30 AM – 8:00 AM

**Announcements – Imperial Ballroom
& Awards Presentation** 7:45 AM – 8:00 AM

**Symposium – Imperial Ballroom
“Vascular Tumors and Malformations”** **8:00 AM – 11:30 AM**

Break & Poster Viewing 9:30 AM – 10:00 AM

Buses to Medical Campus 11:30 AM

Tour of Medical Campus 12:00 PM – 2:00 PM

Saturday, October 1 - Continued

COG Update – Imperial Ballroom **2:30 PM – 3:30 PM**
“Pediatric Brain Tumors: A COG Update for the Pediatric Pathologist”
Christopher Pierson, MD, PhD, Nationwide Children’s Hospital, Columbus, OH

Upon completion of this presentation, participants should be able to:

- Recognize the histopathologic features of some common pediatric brain tumors and demonstrate the application of the current WHO classification scheme.
- Translate recent research findings to the histopathologic diagnosis and treatment of pediatric brain tumors.
- Examine and apply emerging molecular subtyping schemes for medulloblastoma.

Lotte Strauss Lecture – Imperial Ballroom **3:30 PM – 4:30 PM**
“The Role of Potential Cancer Stem-like Cells in Synovial Sarcoma”
Jefferson Terry, MD, PhD, McMaster University Medical Centre, Hamilton, Ontario, Canada

This lecture meets American Board of Pathology (ABP) and American Board of Medical Specialties (ABMS) Maintenance of Certification Core Competencies 2 – Medical Knowledge and 6 – Practice-based Learning and Improvement. Core competencies for all other presentations are listed on the second page of each syllabus.

Upon completion of this presentation, participants should be able to:

- Contrast the potential origins of cancer stem-like cells in pediatric malignancies and how these relate to various models of cancer stem-like cells development.
- Analyze the results of various experimental approaches to identifying and isolating cancer stem-like cells.
- Critique studies using methods relevant to clinical pathological practice to identify potential stem cell populations in malignancies.

Buses to Museum 5:15 PM

Gallery Tour, Cocktail Reception & Banquet 5:45 PM – 10:00 PM
Milwaukee Art Museum

Sunday, October 2

Breakfast – Imperial Ballroom 7:30 AM – 8:00 AM

Perinatal Symposium – Imperial Ballroom **8:00 AM – 12:05 PM**
“Beyond the Laundry List – Diverse Perspectives on Nonimmune Fetal Hydrops”

PLATFORM SESSION I
Imperial Ballroom

Friday, September 30
8:30 – 10:00 AM

Session Chairs: David Parham, MD and Sara Szabo, MD, PhD

Note: The number following the abstract title corresponds to the number in the posting of the abstracts.

8:30 Peripheral Neuroblastic Tumors with Genotype-Phenotype Discordance: A Report from Children's Oncology Group and International Neuroblastoma Pathology Committee (1)

R Sukanuma¹, H Sano¹, LL Wang^{1, 2}, JP Tovar¹, A Naranjo³, WB London³, RC Seeger³, MD Hogarty³, JM Gastier-Foster³, TA Look³, JR Park³, JM Maris³, SL Cohn³, G Amann², K Beiske², CJ Cullinane², ESG d'Amore², C Gambini², JA Jarzembowski², VV Joshi², S Navarro², M Peuchmaur², & H Shimada^{1,2,3}, ¹Department of Pathology & Laboratory Medicine, Children's Hospital Los Angeles and University of Southern California Keck School of Medicine; ²International Neuroblastoma Pathology Committee & ³Children's Oncology Group

8:45 A Re-review of Alveolar Rhabdomyosarcoma: Looking Back at COG Study D9803 (2)

Erin Rudzinski, MD (1), James Anderson, PhD (2), Julie Moore, HT (3), Stephen Skapek, MD (4), Doug Hawkins, MD (5), and David Parham, MD (6), ¹Oregon Health and Science University, Portland, OR; ²University of Nebraska Medical Center, Omaha, Nebraska; ³Nationwide Children's Hospital, Columbus, OH; ⁴University of Chicago, Chicago, Illinois; ⁵Seattle Children's Hospital, Seattle, WA; ⁶The University of Oklahoma Health Science Center, Oklahoma City, Oklahoma

9:00 Four Cases of Pediatric Deep-seated/Subcutaneous Pyogenic Granuloma and Review of Literature (3)

Amar Agadi and Anita Gupta, Dept. of Pathology and Lab Medicine, Cincinnati Children's Hospital

9:15 Alveolar Soft Part Sarcoma: Morphoproteomic Analysis of Fatty Acid Synthase and STAT3 Pathways with Therapeutic Implications. (4)

N Tatevian, D Lopez-Terrada, WL Wang, M Bhattacharjee, RE Brown., UT Health Science Center at Houston, Houston, Texas; MD Anderson Cancer Center, Houston; Baylor College of Medicine, Houston, Texas

9:30 Epithelioid Sarcoma is Associated with SMARCB1 Deletions and p16 Pathway Alterations (5)

LM Sullivan¹, S Venneti¹, AL Folpe², AR Judkins³, BR Pawel¹, JA Biegel¹, ¹Departments of Pathology and Laboratory Medicine, Children's Hospital of Philadelphia, Philadelphia, PA; ²Mayo Clinic, Rochester, MN; ³Children's Hospital Los Angeles, Los Angeles, CA

9:45 Digital Pathology is a Valid Surrogate for Glass Slide Microscopy in Neuroblastoma Central Case Review (6)

JA Jarzembowski, K Nicol, R Sukanuma, T Barr, H Shimada, Children's Hospital of Wisconsin, Milwaukee, WI; Nationwide Children's Hospital, Columbus, OH; COG Biopathology Center, Columbus, OH; Children's Hospital of Los Angeles, Los Angeles, CA

10:00 Break and Poster Viewing

PLATFORM SESSION II
Imperial Ballroom

Friday, September 30
10:30 AM – 12:00 PM

Session Chairs: Michael Caplan, MD and Jason Jarzembowski, MD, PhD

Note: The number following the abstract title corresponds to the number in the posting of the abstracts.

10:30 Development of a DNA Microsatellite Genotyping Test for Aneuploidy Detection in Paraffin Embedded Tissue from Products of Conception (7)

LV Furtado, M Jama, CN Paxton, AE Gardiner, AR Wilson, E Lyon, KB Geiersbach., Department of Pathology, The University of Utah and ARUP Laboratories, Salt Lake City, UT

10:45 Resilience of the Human Fetal Lung Following Stillbirth. Potential Relevance for Pulmonary Regenerative Medicine. (8)

ME De Paepe, S Chu, N Heger, S Hall, Q Mao., Women and Infants Hospital, Providence, Rhode Island

11:00 Tufting Enteropathy Revisited: Value of MOC-31 (EpCAM) Antibody Staining. (9)

S Ranganathan, L Schmitt. Department of Pathology, Children's Hospital of Pittsburgh of UPMC, Pittsburgh, PA

11:15 C4d Immunoreactivity and Cardiac Allograft Vasculopathy Leading to Death in Pediatric Heart Transplant Recipients (10)

MK Mirza, S Fedson, AN Husain., The University of Chicago Medical Center

11:30 Gross Patterns of Umbilical Cord Coiling: Correlations with Placental Histology and Perinatal Outcome. (11)

M Huang, E Curry, LM Ernst., Northwestern University, Chicago, IL.

11:45 Correlation Between Cord Insertion Type and Superficial Choriovascularity in Diamniotic-Monochorionic Twin Placentas: It's the Company We Keep. (12)

ME De Paepe, S Shapiro, LC Hanley, S Chu, FI Luks., Women and Infants Hospital, Providence, RI

12:00 Lunch

**POSTER DISCUSSION
Imperial Ballroom**

**Friday, September 30
1:30 – 3:00 PM**

Session Chairs: Raj Kapur, MD, PhD, Gail Deutsch, MD and Amy McKenney, MD

NOTE: The number before the abstract title is the Board Number on which the poster is mounted; the number following the abstract title corresponds to the number in the posting of the abstracts.

1:30 1-The Value of a Standardized Pathologic Examination of Non-Intact, Second Trimester Fetal Demise (13)

LM Gawron, C Hammond, LM Ernst., Northwestern University Feinberg School of Medicine, Chicago, Illinois

1:35 2-Semi-quantitative Comparison of Autopsy Diagnoses Between Late Preterm and Term Infants Dying in the First Year of Life: A Case-Control Study (14)

CK Steigman(1), X Tang(2), S Bai(3)., (1) Department of Pathology, University of Arkansas for Medical Sciences, Little Rock, AR; (2) Department of Pediatrics (Biostatistics), University of Arkansas for Medical Sciences, Little Rock, AR; (3) Department of Statistics, Ohio State University, Columbus, OH

1:40 3-Calretinin Immunohistochemistry - A Useful Method in the Evaluation of Suboptimal Rectal Biopsies Performed for Hirschsprung's Disease: An Institutional Experience. (15)

S Alexandrescu, A Al-Ibraheemi, H Rosenberg, N Tatevian., Department of Pathology, University of Texas Health Science Center at Houston

1:45 4-Classification of Preterm Birth with Placental Correlates (16)

KM Chisholm¹, ME Norton², AA Penn³, A Heerema-McKenney¹, Departments of ¹Pathology, ²Maternal-Fetal Medicine and ³Pediatrics, Stanford University Medical Center, Stanford, CA

1:50 5-Pathologic Findings in Placentas with Sickled Maternal Erythrocytes: An Institutional Experience. (17)

A Al-Ibraheemi, S Alexandrescu, H Rosenberg, M Idowa, Y Xia, N Tatevian., University of Texas Health Science Center at Houston, Houston, Tx

1:55 6-Exencephaly in the Setting of Amniotic Band Syndrome: A Review of Four Cases With Discussion of Pathogenesis (18)

K Strachan, P Shannon, Department of Pathology and Laboratory Medicine, Mount Sinai Hospital, University of Toronto, Ontario, Canada

2:00 7-19 Month-old Male with Clinical Diagnosis of Congenital Lamellar Ichthyosis and Multiorgan Involvement by Langerhans Cell Histiocytosis. (19)

FT Tabassum, LD Debelenko, SS Savasan, JP Poulik., Department of Pathology and Department of Hematology Oncology Children Hospital of Michigan, 3901 Beaubien, Detroit, Michigan

2:05 8-Clinicopathological Factors as Predictors of Outcome in Term Infants with Hypoxic Ischemic Encephalopathy Undergoing Therapeutic Hypothermia. (20)

LM Ernst, RO deRegnier, L Boswell, MH Huang, JY Khan., Prentice Women's Hospital, Northwestern University, Chicago, IL.

2:10 9-Upregulation of the Endothelin System in the IUGR Rat Model Induced by Maternal Hyperinsulinemia (21)

I ariel, M Khamaisi, G Skarzinski, M Bursztyn., Departments of Pathology and Medicine, Hadassah Hebrew-University Medical Center, Mount-Scopus, Jerusalem, Israel; Institute of Endocrinology, Diabetes & Metabolism & Internal Medicine C, Rambam Medical Center & RB Rappaport Faculty of Medicine, Technion, Haifa, Israel.

2:15 10-Congenital Anomalies in Patients with Multiple Nephrogenic Rests (22)

A Bogard, N Breslow, JB Beckwith, DM Green, EJ Perlman., Children's Memorial Hospital, Chicago IL; St. Jude Children's Research Hospital, Memphis, TN; University of Washington, Seattle WA; Loma Linda University, Loma Linda, CA.

2:20 11-Exstrophy Polyps or Polypoid Cystitis in Exstrophy Bladders as a Unique Pathology Entity (23)

Rong Fan, David J. Grignon, Liang Cheng, Department of Pathology, Indiana University, Indianapolis, Indiana

2:25 12-Primary Intrarenal Neuroblastoma- A Clinical Pathologic Study of 8 Cases (24)

Rong Fan, Department of Pathology, Riley Hospital for Children, Indiana University, Indiana

2:30 13-PAX Immunoreactivity Pattern in Rhabdomyosarcoma (25)

Rong Fan, Muhammad Idrees, Department of Pathology, Indiana University, Indiana

2:35 14-An Immunohistochemical Analysis of Hepatoblastomas - Is There a Pattern? (26)

K Littleton, SP Monga, S.Ranganathan, Department of Pathology, Children's Hospital of Pittsburgh and University of Pittsburgh, Pittsburgh, PA

2:40 15-Morphologic Changes in Upper Gastrointestinal Tract Biopsies in Children with Prolonged Use of Proton Pump Inhibitors. (27)

A Al-Ibraheemi, E Rosas-Blum, M Rhoads, F Navarro, N Tatevian., Department of Pathology and Department of Pediatric Gastroenterology, University of Texas Health Science Center at Houston, Houston, Texas

2:45 16-"Precursor" Lesions Incidentally Found in Two Liver Resections for Hepatoblastoma from Two Children with an APC Germline Mutation (28)

Anita Gupta, Rachel M. Sheridan, Kevin E. Bove, Department of Pathology and Laboratory Medicine, Cincinnati Children's Hospital Medical Center

2:50 17-Atypical Clinical Presentation of Primary Hemophagocytic Lymphohistiocytosis with a Novel Perforin1 Gene Mutation. (29)

E Vrotsos, M Soaita, A Castellano-Sanchez, Z Khatib, C Brathwaite, A Filipovich, MJ Robinson., Mount Sinai Medical Center, Miami Beach FL; Miami Children's Hospital, Miami FL; Cincinnati Children's Hospital Medical Center, Cincinnati OH; Florida International University, Miami, FL

2:55 18-Primary Mastoid Presentation of Acute Megakaryoblastic Leukemia: A Case Report and Comparison of Extramedullary M7 and Non-M7 Cases in the Literature (30)

C Liang¹, K Chan¹, P Yoon¹, M Lovell², ¹Departments of Otolaryngology and ²Pathology, Children's Hospital Colorado, University of Colorado School of Medicine, Aurora, CO.

Saturday, October 1

SYMPOSIUM – Imperial Ballroom

8:00 AM – 11:30 AM

“Vascular Tumors and Malformations”

Director: Paula E. North, MD PhD, Children’s Hospital of Wisconsin, Milwaukee, WI

8:00 – 8:15 “Introduction to Vascular Anomalies”, Paula E. North, MD, PhD, Children’s Hospital of Wisconsin, Milwaukee, WI

Upon completion of this presentation, participants should be able to:

- Utilize in practice the current biology-based classification of vascular anomalies of infancy and childhood used by specialty centers across the globe.
- Better communicate to clinicians and surgeons the specific types of histopathological information and interpretation they need to counsel patient families and implement appropriate therapy.

8:15 – 9:00 “Clinical Management of Vascular Anomalies: The Great Mimickers”, Beth A. Drolet, MD, Children’s Hospital of Wisconsin, Milwaukee, WI

Upon completion of this presentation, participants should be able to:

- Recognize the clinical features of cutaneous vascular lesions.
- Identify cutaneous lesions that mimic vascular lesions.
- Describe congenital malformations associated with vascular lesions and key syndromes.

9:00 – 9:45 “Imaging Diagnosis and Endovascular Treatment of Vascular Anomalies”, Patricia E. Burrows, MD, The University of Texas Medical School, Houston, TX

Upon completion of this presentation, participants should be able to:

- Interpret and incorporate specific imaging findings in the pathologic work-up of pediatric vascular anomalies.
- Apply in practice recent changes in nomenclature to reflect the current biology-based understanding and classification of the discussed vascular anomalies.
- Correlate between clinical pathological findings and appropriate diagnosis-specific therapeutic modalities for vascular anomalies.

9:45 – 10:15 Break

10:15 – 11:00 “Hepatic Hemangiomas: A New Paradigm”, Steven J. Fishman, MD, Children’s Hospital Boston, Boston, MA

Upon completion of this presentation, participants should be able to:

- Differentiate the three major patterns of hepatic vascular tumors.
- Explain the indications for treatment of hepatic vascular tumors.
- Recognize the relationship between cutaneous and hepatic vascular lesions in infancy.

11:00 – 11:30 “Recent research findings, new investigational tools, and continuing challenges”, Paula E. North, MD, PhD, Children’s Hospital of Wisconsin, Milwaukee, WI

Upon completion of this presentation, participants should be able to:

- Describe important recent research findings in the field of vascular anomalies, including newly developed *in vitro* and animal models.
- Appreciate the continuing challenges that hamper study of these still perplexing disorders.

Sunday, October 2

PERINATAL SYMPOSIUM – Imperial Ballroom 8:00 AM – 12:10 PM
“Beyond the Laundry List – Diverse Perspectives on Nonimmune Fetal Hydrops”

Director: Michael J. Caplan, MD, Medical University of South Carolina, Charleston, SC

7:55 – 8:00 Introduction - Michael J. Caplan, MD, Medical University of South Carolina, Charleston, SC

8:00 – 8:55 “Hydrops Fetalis – A Practical Approach”, Luc Laurier Oigny, MSc, MD, CHU Sainte-Justine, Montreal, QC, Canada

Upon completion of this presentation, participants should be able to:

- List the three underlying disease conditions causing hydrops fetalis that are amenable to treatment and are thus considered to represent a clinical emergency.
- Explain the pathophysiological cascade linking anemia and fetal hydrops.
- Explain the pathophysiological cascade linking fetal metabolic diseases and fetal Hydrops.
- Direct the postmortem examination to improve the diagnostic yield in cases of fetal hydrops.

8:55 – 9:50 “The Obstetrical Approach to Hydrops Fetalis”, Randall S. Kuhlmann, MD, PhD,
The Medical College of Wisconsin, Milwaukee, WI

Upon completion of this presentation, participants should be able to:

- Diagnose hydrops fetalis and provide a framework for its management during pregnancy.
- Explain the rationale for the use of invasive as well as noninvasive techniques to evaluate hydrops fetalis.
- Discuss treatment modalities for hydrops fetalis.

9:50 – 10:10 Break

10:10 – 11:05 “Neonatal Resuscitation, Evaluation, and Management of the Hydropic Neonate”, Steven R. Leuthner, MD, MA, Children’s Hospital of Wisconsin, Milwaukee, WI

Upon completion of this presentation, participants should be able to:

- Describe initial delivery room resuscitation of the hydropic infant.
- Enumerate the neonatal diagnostic tests and limitations used to look for underlying causes of fetal hydrops.
- Discuss standards and advances in neonatal treatment that may impact outcome.
- Explain the critical clinical goals and failures involving hydropic infants.
- Discuss the ethical issues surrounding fetal hydrops, such as burdens of life prolonging therapy and issues surrounding withdrawal of life support.

11:05 – 12:00 “Homozygous Alpha-Thalassemia and Fetal Bart’s Syndrome”, Sylvia Titi Singer, MD,
Children’s Hospital Oakland and Research Institute, Oakland, CA

Upon completion of this presentation, participants should be able to:

- Describe the main genotypic patterns leading to alpha-thalassemia and to Fetal Bart’s Syndrome.
- Recognize the demographics, magnitude of the problem, and diagnosis of couples at risk for having an offspring with a severe alpha-thalassemia syndrome.
- List the specific hematological characteristics of neonates and children with Fetal Bart’s Syndrome.
- Discuss the current prenatal and postnatal treatment approaches, along with their advantages and limitations and the resultant changes in outcome of Fetal Bart’s syndrome.

12:00 – 12:05 Wrap-up / Adjournment