



## **SOCIETY FOR PEDIATRIC PATHOLOGY**

### **NEWSLETTER**

Winter 1996

#### **FROM THE EDITOR'S DESK**

Happy New Year to all of you. May it bring much happiness.

The snows of our Buffalo blizzard have disappeared in temperatures for a day or two over 50 degrees F - can spring be far behind!

In the previous issue of our Newsletter, Dr. Joel Haas commented on the 45 free standing Children's Hospitals in the U.S. and Canada with 14 of these clustered in the northeast of the United States. He wondered if many of these hospitals would still be there 10 years from now. Some would say that this is doubtful, what with the political dynamics, downsizing and managed care (managed money) in the forefront. Added to this is the fact that since "Roe versus Wade" passed 23 years ago, 30 million babies have been aborted in the United States up to now, which over the years has greatly depleted our pediatric population.

The effects of downsizing (doublespeak for firing) has spawned its own humor. For example - overheard at an institution:

Q: What is the definition of optimism in our institution?

A: Packing a lunch the night before.

Some colleagues have communicated to me their disgust with the exorbitant dues (\$200) for our Society membership. The word "rip-off" was used.

The Chairs of the Publications, By-Laws, Distinction and Awards, Planning and Education Committees sent in their reports. Thanks. See inside.

*Continued on page 2*

#### **PRESIDENT'S MESSAGE**

- Joel Haas, MD

Our institutional loyalties may be buffeted by forces beyond our control. In such times it can help to renew our loyalties to our profession. How better to ensure its future than to encourage those who would reap the rewards of pediatric pathology research activities? The Society "Founders Endowment for Research in Pediatric Pathology" will help achieve this goal. It offers each of us the opportunity to invest in the Society's future. Have you contributed to the Endowment?

Finally, a few personal observations on Society operations.

Despite appearances, the President does not "run" the Society. The President oversees the activities of those chosen or appointed to run the Society. We are fortunate, and I am personally grateful, to have most Society business superbly looked after by Secretary-Treasurer, Claire Langston. Ted Pysher has chaired the Education Committee these last three years. His leadership and labor have been fitting examples for those who will succeed him. Ted and Leon Metlay are to be especially thanked for seeing to completion the Society's complex AACME re-accreditation process.

Some believe that it is the President's role to establish the Society's agenda. However, the Society's agenda and policies are set by Council. They are then implemented by officers and committee chairs. This order should not change. Thus, Council has directed the Long Term Planning Committee to organize a Planning Retreat in order to propose an agenda to carry the Society into the next century. This planning will best be done by those of you committed to implementing those plans.

What then is the President's role? It is to be sensitive to the needs, wishes; and wisdom of a broad constituency within the Society. And to seek compromise as the best solution for the common good.

Thank you for the opportunity to be President of the Society for Pediatric Pathology. Thank you for your support.

#### **Included with this newsletter:**

**SPP Annual Meeting Program**  
**March 23 - 24, 1996, Washington, DC**

**1996-1997 SPP Membership Directory**



Continued from page 1

Communications from Drs. Joel Haas, Bob Bendon, Joseph Brough, Alba Greco, Tom Stocker, and Brenda Waters received. See inside.

I hope to be in Washington for the March meeting - looking forward to seeing you. I feel fine.

Sincerely,

*John Fisher MD.*



***Ho! Ho! Ho! Skiing in Buffalo***

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## COMMITTEE REPORTS

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### PUBLICATIONS COMMITTEE

Ronald Jaffe, MD, Chair

The major news is that there will be a merging of *Pediatric Pathology & Laboratory Medicine* and *Perspectives in Pediatric Pathology* with the first combined issue due in January, 1998. The *Perspectives* section will retain its separate identity by virtue of its own editors, Drs. Jim Dimmick and Don Singer. The editorial boards will be combined. It is the intention of the Society to collate and provide an annual collection of the *Perspectives* contributions, much like the current volume. The Committee and all editors have embarked on preparations for a single Society publication that should give us the best of everything that each now offers. No Journal can be successful unless it can publish the best papers, with excellent illustrations,

all in the shortest time. While the Committee and the editors do their work, members are again exhorted to submit their papers to *Pediatric Pathology & Laboratory Medicine*.

The Committee would like the response of the membership to the following suggestion. Color illustrations remain expensive. It may become possible to archive color illustrations on the Society's Web Page (see below for more Web info). Authors would be invited to submit additional color illustrations, where appropriate, with their manuscripts. These illustrations would be accessible through the journal section on the Web Page. Please take a moment to e-mail your first impression back to me ([jaffer@chplink.chp.edu](mailto:jaffer@chplink.chp.edu)); are you likely to consult such a page to view more pictures?

Joe Rutledge has offered the fine suggestion that members of the Society who do not wish to receive their own copies of the journal (some departments receive many) could designate their copies for needy centers elsewhere. The Society and Marge Degnon will look into a mechanism for designating excess journals. Your suggestions for places that could use the journals would also be welcome.

Paul Dickman reports that the SPP Home Page on the World Wide Web is coming along nicely, and will soon be complete and ready for the world to see. The initial version will include a variety of items: a description of the Society and statement of purpose; a listing of the officers and upcoming meetings; a searchable list of the Society members with their institutional affiliation and e-mail mail-links (so e-mail can be sent directly from the Page); the complete contents of *Perspectives in Pediatric Pathology*, which will also be searchable; a listing of pathologists who are reviewers for studies conducted by the Children's Cancer Group and the Pediatric Oncology Group; and links to other pages of interest to pediatric pathologists. A special feature will be the presentation of several cases, including history, radiographic images, gross photos, and photomicrographs, to illustrate the high quality of images which can be represented on the Web. The cases are presented in the format currently used on the Home Page of the Department of Pathology at the University of Pittsburgh (<http://path.upmc.edu>). We are capable of putting any submitted cases on the SPP page, including quarterly slide cases, and can work from kodachromes, as well as previously digitized images and text. When the Page is officially open, the address will be: <http://path.upmc.edu/spp/>

***The best thing about the future  
is that  
it comes only one day at a time.***



## BYLAWS COMMITTEE

Hal Hawkins, MD, PhD, Chair

The Bylaws Committee was asked by the Council to propose two changes. We are unusual among scientific societies in that we have a tradition of requiring approval of the membership for any increases in the dues. This makes it difficult to respond rapidly when the publishers increase our costs of publication, as they did recently when they passed along a large increase in the cost of paper. The proposed change maintains the tradition but allows Council to approve changes in the charges for journal subscription. The other proposed change provides a simple mechanism by which junior members can become regular members, and there are several minor changes and updates. These will be presented for a vote of the membership at the spring meeting.

### Section 1. Types of Membership.

(a) Regular Membership. Pathologists, other physicians or scientists judged to be predominantly and/or productively engaged in the field of pediatric pathology or allied disciplines are eligible for regular membership.

Regular Members are eligible to vote, hold office, serve on committees, and submit and/or sponsor abstracts for presentation at scientific meetings of the Society.

They shall pay ~~the established dues. as specified in the Bylaws and are eligible for Life Member status. As of March 4, 1989, the Life Membership category is closed.~~ Members in good standing who were previously designated as Life Members shall continue that status with all the rights and privileges accorded that category.

(b) Affiliate Membership. Affiliate Members are those with qualifications of Regular Members whose permanent residence is outside North America, who do not wish to ~~receive the publications or other benefits of become~~ regular members. They are eligible to submit and/or sponsor abstracts for presentation at the scientific meetings of the Society. They may serve as consultants on Society committees but may not vote or hold office. They are not obliged to pay dues but may do so voluntarily **contribute to the Society.** Members residing outside North America also have the option of being regular members, with all rights, privileges and obligations pertaining to that category.

(c) Junior Membership. Physicians who are actively engaged in formal training in pathology re eligible for Junior membership. Junior membership shall be limited to the period of normal training not to exceed ~~four~~ **five** years. Junior Members are eligible to submit abstracts for presentation at scientific meetings of the Society. They may

not vote, serve on Society committees, or hold office. They shall pay dues at ~~a the rate one half that of established for Regular Junior Membership as specified in the Bylaws.~~ When their professional status changes they must **apply for request that the Secretary transfer them to Regular Associate or Affiliate Membership in order to remain as members.**

Section 3. Dues. Membership dues **related to Society operations** may be established or changed only by recommendation of the Council and confirmation by a simple majority vote of the Regular Members present at the annual business meeting. **That portion of membership dues related to the cost of periodical publications may be adjusted by vote of the Council, without a vote of the membership.** ~~Regular Members may secure membership for life upon payment in advance of a sum established for this purpose by the same means as that for dues.~~

*What lies behind us  
and what lies before us  
are tiny matters compared to  
what lies within us.*

## EDUCATION COMMITTEE

Ted Pysher, MD, Chair

**ACCME Recertification.** The Society for Pediatric Pathology (SPP) has received notification from the Accreditation Council on Continuing Medical Education (ACCME) that our status as an accredited sponsor of medical education programs for physicians has been renewed for four years. The ACCME rigorously evaluates the overall continuing medical education (CME) program of institutions according to standards adopted by its seven sponsoring organizations (American Board of Medical Specialists, American Hospital Association, American Medical Association, Association for Hospital Medical Education, Association of American Medical Colleges, Council of Medical Specialty Societies and the Federation of State Medical Boards.) The 100 page reapplication form was prepared last summer by Leon Metlay, the SPP's CME Coordinator; and on October 14, Leon and I traveled to Chicago for an interview with a team of ACCME reviewers during which we answered questions about the application and presented several hundred more pages of documentation related to three CME activities which the reviewers selected from our programs over the past 4 years. No serious "concerns" were identified dur-



**A diamond  
is just a piece of coal  
that made good under pressure.**

*continued from page 3*

ing the review and the four year approval received by the SPP is the longest that the ACCME ordinarily grants organizations such as ours.

**Information for Potential Fall Meeting Hosts.** The Education Committee welcomes inquiries from members who are considering hosting a future Fall Meeting. The following information, compiled by Susan Simonton, is provided to assist you in this decision-making process. The SPP document, "Guidelines for Interim Meetings", from which some of the following is extracted, and a suggested planning timeline will be provided to applicants or are available from the Education Committee upon request.

**Application:** Potential sponsors should apply at least (3) three years in advance by way of a formal letter to the SPP President who will present the request to Council at the next scheduled Council meeting. The letter should include a description of the proposed scientific program, location and facilities, and social events and the anticipated costs to individuals attending and to the Society, if any.

**Program:** Flexibility and initiative in the creation of the program are encouraged, but ACCME guidelines require that host(s) work closely with the SPP Education Committee, which is responsible for the selection of abstracts and must review and document development of the entire program. Shared programs with other societies having some overlapping interests are encouraged.

*Statistics from Past Meetings (1991-1995)*

Attendance: 84-108 registrants and 15-30 guests with 60-73 sleeping rooms utilized in the convention hotel.

Cost: \$17,500-\$28,000 with approximately \$15,000 from participants and the remainder from donors.

*Future SPP Meetings:*

1996	March 23-24 October 11-13	Washington, DC Houston, TX
1997	March 1-2 September 26-28	Orlando, FL Minneapolis-St. Paul, MN
1998	February 28-March 1 to be announced	Boston, MA Toronto, Canada
1999	March 20-21 open	San Francisco, CA

## REPORT FROM THE NOMINATING COMMITTEE

*- John J. Buchino, MD*

The Nominating Committee has recommended the following candidates for the ballot:

President-Elect	James Dimmick, MD
Councilor	Vijay V. Joshi, MD
Councilor	Susan C. Simonton, MD
Secretary-Treasurer	Claire Langston, MD

## STRATEGIC PLANNING RETREAT

The Society, through the Long-term Planning Committee (LPC) is formulating plans for a "Strategic Planning Retreat" of the style held in Madison, Wisconsin following the interim meeting in October, 1985. Such a meeting, scheduled for the 2 - 3 days following this year's interim meeting in Houston (October 11 - 12), would attempt to bring together 35 - 50 SPP members for a series of "brainstorming" sessions designed to help the Society and its leadership determine the role, goals and activities of the Society over the next 3 - 5 years. The LPC is reviewing proposals of several firms who organize and facilitate this type of retreat and a final proposal will be presented to the SPP Council at the annual meeting in Washington, DC in March.

When the retreat receives final approval by Council, definite dates and location will be established and a mechanism for inviting members to participate will be determined. Participants attending will be expected to pay their own transportation and lodging expenses. If you are interested in attending or would like specific topics brought to the attention of the retreat, please contact the Chair of the LPC:

J. Thomas Stocker, MD  
USUHS - Pathology  
4301 Jones Bridge Road  
Bethesda, MD 20814 - 4977  
Phone: (301)295-3480.  
E-mail: stocker@usuhsb.usuhs.mil

*The difference between  
ordinary and extraordinary  
is that little extra.*



## SPECIAL REPORT

by Robert Brendon, MD

### Managed care . . . Where do we fit?

I went to a talk by Dr. Tom Sodeman on the problems of managed care for hospital based physicians. He is director of pathology at Christ Hospital in Cincinnati, a city reduced to two medical systems. The city is on the steep part of the managed care transition curve.

He presented points I thought relevant to us. First, we no longer sell our services to physicians. Good relationships with clinicians and quality work will not guarantee that we will get the pathology. Instead we must sell to large managed care organization which for the near future will be judging cost not quality. Second, pathologists, let alone perinatal pathologists, are usually an after thought, and more often seen as a cost than an asset. He also emphasized that pathologists will not be at the bargaining table at all unless they are part of larger groups that have the clout. Managed care is not interested in dealing with small independent operators. He painted a fairly gloomy picture, but also pointed out the value of fear (potential loss of work and income) in creating productive change, e.g. the horizontal merger of pathology groups, at least within a single system.

How can we make the potential efficiency of specialized perinatal pathology attractive to health care purchasers? I don't doubt that we can obtain an accurate placental or fetal diagnosis more efficiently than the general pathologist. The problem is, can we demonstrate the value of that diagnosis. If it has no real impact, an inaccurate diagnosis may be as good as an accurate one. Our report must provide more than marginal improvement in useful diagnostic information over other clinical and laboratory data. We need to demonstrate the utility of our work. The only people really trying to rely on this as a justification for my subspecialty. I think we need to gather and pool those cases where the placental diagnosis had a plausible clinical impact. We need our clinician colleagues to help us by critically reviewing their utilization of the placental or fetal exam.

To be taken seriously, the pathology of the placenta or perinatal autopsy needs to be as critically interpreted as tumor nomenclature or kidney biopsies. I suggest we start by standardizing nomenclature, and testing the interpathologist variability in making the same diagnosis as well as its clinical utility. We should continue to exchange cases for QA. I would like us to start working on standardizing computer data structures so that we can exchange information among ourselves, and correlate pre and

postpartum clinical history with pathologic findings. I think we should set up protocols to test the clinically significant predictive values of placental examinations based on the CAP indicators. Lastly, I would like us to develop pathology technicians. I think all of these efforts will give us tools to demonstrate the validity of our specialty

This newsletter should also begin to look at ways to be at the table in managed care negotiations. One option is to join horizontally with other pathology groups and hope we can maintain our specialty status in that group. Another is for us to form regional perinatal pathology specialty groups to negotiate contractual arrangements for regional pathology, especially if large clinical laboratories get a foot in hospital labs. We need to make it easy for a group like NHL to subcontract to us for perinatal pathology. Thirdly, we should explore mechanisms of vertical integration with maternal fetal medicine, neonatology and genetics. The value of perinatal pathology can only be measured in its overall value to the care of the pregnant patient and infant. This will change as therapies and diagnostic modalities change. If our services were part of the package of perinatal care, the whole obstetric enterprise would have the pull at the negotiating table, and we would only have the legitimate negotiation with our clinical peers as to our share of the pie. The overall package could require all perinatal autopsies in the system and selected placentas to be sent to the specialist group.

There may be no need yet for most of us to heed Dr. Sodeman's call to arms. However it may be prudent to plan some strategies in case the managed care revolution knocks hungrily at our door. We're not likely to get much support from clinicians and probably not from general pathologists. I think it's worth discussing a "proactive" approach.

*Do not wish to be anything  
but what you are  
and try to be that perfectly*

*St. Francis deSales*



*Sources say that in 1895 there were only two cars  
in the entire state of Ohio - and they collided.*

## Annual Meeting - March 23 & 24, 1996 Washington Hilton Hotel, Washington, DC

**Friday, March 22**      Committee and Council Meetings  
Registration

**Saturday, March 23**      **Morning**      Platform Sessions and Poster Discussion

**Afternoon**      Symposium - PEDIATRIC OPHTHALMOPATHOLOGY

**Moderator:** Gordon Klintworth, Duke University, Durham, NC

- *The Lens Orchestrates the Development of the Anterior Segment of the Eye* - David C. Beebe, Washington University School of Medicine, St. Louis, MO
- *Ophthalmic Manifestations of the Phakomatoses* - Hans E. Grossniklaus, Emory University School of Medicine, Atlanta, GA
- *Retinopathy of Prematurity* - Dale L. Phelps, University of Rochester School of Medicine and Dentistry, Rochester, NY
- *Clinical Molecular Genetics of Retinoblastoma* - Thaddeus P. Dryja, Massachusetts Eye & Ear Infirmary, Harvard Medical School

Annual Business Meeting

**Evening**      Banquet

**Sunday, March 24**      **Morning**      Platform Session and Poster Viewing  
Strauss Award Presentation  
Vawter and Neustein Award Announcements  
SIDNEY FARBER LECTURE  
Lynne Reid      Children's Hospital, Boston

**Afternoon**      Workshops

*Iatrogenic Pathology in the Neonatal Period*

*Pediatric Lung Biopsy Pathology*

*Forensic Pathology*

*Germ Cell Tumors of Childhood*

*Clinicopathologic Correlation of Wilms Tumors\**

*Pediatric Dermatopathology - Common Genodermatoses\**

Don Singer  
Hallt Pinar  
Claire Langston  
Harry Wilson  
Robert Kirschner  
Edith Hawkins  
Elizabeth Perlman  
J. Bruce Beckwith  
Denis Benjamin

**Monday, March 25**      **Morning**      USCAP Platform and Poster Sessions Begin

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

The SPP designates that this CME activity meets the criteria for Category 1 credit for the Physicians Recognition Award of the American Medical Association

\* Last year for this workshop.



## ANNOUNCEMENTS

### Meetings

#### The Pathology of Tumors in Children

J. Thomas Stocker, MD

The Institute for Pediatric Medical Education and the Society for Pediatric Pathology (SPP) will present a course on the surgical pathology of tumors in children as part of the 18th Annual Aspen Conferences on Pediatric Disease. The week-long seminar will be held at the Gant in Aspen, CO from August 5-9, 1996 under the direction of Drs. Louis P. Dehner and Frederic B. Askin. Other faculty members include Drs. J. Bruce Beckwith, John Buchino, J. Thomas Stocker, Mary Zutter and Robert H. Shikes.

This course is designed primarily for general and pediatric pathologists but will be of interest to pediatric oncologists, surgeons and pediatricians. Presentations will cover the pathology of common and uncommon tumors in children along with discussions of the cytology of pediatric neoplasms and the behavior of pediatric renal tumors in non-pediatric patients. A microscopic slide set of 24 cases will be sent to participants prior to the conference, and the cases will be discussed in detail during a series of slide seminars. Course participants will also receive a 250-300 page syllabus including conference presentations and slide seminar discussions.

This course, through the SPP, is accredited by the Accreditation Council for Continuing Medical Education (ACCME). The SPP certifies that this CME activity meets the criteria for 25 credit hours in category 1 for the Physician's Recognition Award of the American Medical Association.

For further information, contact the Institute for Pediatric Medical Education, 6604 Landon Lane, Bethesda, MD 20817. Tel & Fax: 301-229-8338

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#### Latin American Conference on Pediatric Pathology

Alba Greco, MD

The VII Latin American Conference on Pediatric Pathology will be held in Montevideo, Uruguay, September 25-28, 1996. Abstracts will be accepted until June 1. For additional information please contact: Carmen Gutierrez, MD, Casilla de Correo 16059, Montevideo, Uruguay. Fax (5982)702265 OR Alba Greco, MD, NYU Medical Center, Department of Pathology, TH 461, 560 First Avenue, New York, NY 10016 Tel (212) 263-6443, Fax (212) 263-8284.

**Position Available** Applications are being accepted for two positions for a one to two year Fellowship in Pediatric Pathology at the Children's Hospital of Buffalo, State University of New York at Buffalo. The requirements of the program are an M.D. degree and three to four years of training in anatomic or anatomic and clinical pathology. The salary will be commensurate with the level of training of the candidate. Must be licensable in New York State. Applicants will have exposure to pediatric pathology, placentology, perinatal and gynecologic pathology. Responsibilities will include service, teaching and clinical research. The Children's Hospital of Buffalo is the only free-standing Children's Hospital in New York State. The hospital also has an OB/GYN service associated with the institution. It is unique in that apart from being a children's hospital, it is also the regional center for high-risk pregnancies. There are 313 beds of which 174 are pediatric, 54 intensive care nursery, 18 intensive care and 67 maternal beds. Interested candidates should send a *curriculum vitae* and the names of three references to:

John E. Fisher, MD  
Head, Department of Pathology  
The Children's Hospital of Buffalo  
219 Bryant Street  
Buffalo, NY 14222

The Children's Hospital of Buffalo is an Equal Opportunity/Affirmative Action Employer.

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## COMMUNICATIONS

A. Joseph Brough, MD

I read with interest the President's message in the Fall issue regarding laboratory consolidations. As the retained anonymous "pediatric pathologies medical director" and the sole surviving medical architect of the joint venture consolidation concept, despite a shaky beginning, the evolving outcome has been a monumental success viewing the magnitude of the operations of the consortium hospitals. More explicit details of the process and outcome are outlined in the Clinical Laboratory Management Review, September, October, 1995 Volume 9 No. 5.

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### Wish List

Gubernaculum tissue from fetuses, to include the testicular vessel, the testis and the gubernaculum to its site of attachment to the inguinal ring. Wet tissue preferred. Degree of autolysis not important. Please include the in situ location of the testes. Contributors will be acknowledged in any publication resulting from this work.

Please send to: Brenda L. Waters, MD, Department of Pathology and Laboratory Medicine, Fletcher Allen Health Care, Burlington, VT 05401



# SPP Officers, Councillors, Committee Chairs and Members

## Officers

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