

# SOCIETY FOR PEDIATRIC PATHOLOGY

## NEWSLETTER

Winter 1998

### FROM THE EDITOR'S DESK

*Edwina J. Popek, DO*

I hope that the new year has found everyone in good health and will bring everyone good fortune. I have managed to keep one of my New Year's resolutions until today. Oh well that was two weeks more than I was able to do last year. Looking forward to seeing everyone in Boston. Please take a look through this newsletter as there are items of interest to those of you who will be attending.

"Research on Bow Ties Puts Wearers on Edge" was the title of a recent column, by John T. Malloy who writes about how clothing projects an image to those with whom we come in contact. Surveys conducted recently and 20 years ago show that "most people do not trust male bow-tie wearers." Bow-tie wearers are reported to see themselves as rebels, or at least outsiders and the public feels that they are less predictable than the average tie wearer. This is due in part to the fact that bow ties are traditionally worn by men in professions that are outside the mainstream; clowns, college professors, and social and art critics (and pediatric pathologists). Bow-tie wearers announce that they are different, and they are proud of it, but must be willing to accept that "people will not trust you."—Interesting.

#### ***Included with this Newsletter:***

- \* 1998 SPP Annual Meeting Program  
February 28 - March 1, 1998  
Boston, MA***
- \* Conference Registration Form for  
October 18 - 23, 1998  
Nice, France***

### PRESIDENT'S MESSAGE

*James E. Dimmick, MD*

This will be the final contribution to the newsletter during my term of office. I thank the very many members who tackled the old and new agenda of the Society and made my time enjoyable. The year has had Jerkyl and Hyde qualities, and has passed at a hectic pace. On the home front managerialists have kept up a vigorous assault on the practice and academia of pathology, nothing new to most of us, but nevertheless consuming otherwise valuable energy. Fortunately the activities of the Society have been especially rewarding and I have had the chance to see pediatric pathology in practice in sites other than North America. Having the opportunity to see the Society from the perspective of this office gives me confidence that we are going in the right direction as a force for research, education and promotion of pediatric pathology. Our Society for Pediatric Pathology was developed by a group of pathologists with special knowledge and skills, and since its inception that body of knowledge has continued to be expanded and modified by clinical and basic research. In turn, the Society has been and is a forum for the presentation, discussion, and dissemination of that new knowledge. Our future as pediatric pathologists and as a unique Society will continue to be assured if we do as those before us did so ably. Specifically we need to continue to develop new knowledge and skills, and impress others with the value that we bring to medicine and society. That means actively protecting our mandate by creating, discovering, or adopting new knowledge that is special, and being less reliant on knowledge that has become common. Simultaneously we should remain cognizant of the scope of our field of study and practice - it includes the various facets of pathology from conception to adolescence.

An analogy can be found at your local shopping center. Pediatric pathologists are for the most part not Walmart equivalents but rather we are much more like the unique specialty shop. To remain in business requires innovation and marketing of a special product. That task for our Society and for pediatric pathologists is not complete and never will be. As I look at the direction that our Society is taking I see the innovation through fostering of research, and education of each other and those beyond the members. We are just beginning to use the new electronic tools of information dissemination. In other words the intellectual "retooling" is occurring. The matter of marketing our wares continues to concern many of us. That will likely always be a challenge for a comparatively small group of specialists but if we remain the holders of truly special and valuable knowledge, the challenge should be met. The Society should and does assist in this struggle, particularly through formal and informal educational events, but the greatest accomplishments in retaining our uniqueness are probably to be made by our personal efforts in our own institutions and communities. In this respect the Society's role as an education/information resource is very important. Fortunately, the Society has a committed membership and a sound committee structure to keep its direction and functions properly oriented and relevant.

I note that I have drifted into corporate lingo, a reflection I suppose of the managerialist environment in which we practice.

Thanks to all for a great experience!



## PROPOSED BYLAWS CHANGES

Submitted by Virginia Baldwin, MD, Chair, Membership Committee and Linda Margraf, MD, Chair, Bylaws Committee with committee approval.

Following are the suggested revisions to the Articles of Incorporation and Bylaws of the Society of Pediatric Pathology which the Bylaws Committee is presenting to be voted on by the membership at the upcoming spring meeting. Current wording is present with the *wording to be changed in italics* and the **proposed change in bold type** right after the italicized segment. Where only an addition is proposed, the added wording is indicated in bold type in the location proposed.

### Section 1. Types of Membership:

(a) **Regular Membership.** Pathologists, other physicians or scientists judged to be predominately 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, **which entitle them to receive the newsletter and include a subscription to the Society's official journal Pediatric and Developmental Pathology at cost.**

Members in good standing who were previously designated as Life Members shall continue that status with all the rights and privileges accorded that category, **and may subscribe to the journal Pediatric and Developmental Pathology at cost. (This category of membership was closed to additional new members in 1989).**

(b) **Affiliate Membership.** Affiliate Members are those with qualifications of Regular Members whose permanent residence is outside North America and who do not wish to 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 voluntarily contribute to the Society.* Affiliate members are not eligible to vote or hold office, but may serve as consultants on Society committees and may submit and/or sponsor abstracts for presentation at scientific meetings of the Society. They are not obliged to pay dues but will receive the newsletter and they may obtain a subscription to Pediatric and Developmental Pathology at cost.

(c) **Emeritus Membership.** Regular Members in good standing who have reached their 65th birthday may request that the Secretary transfer them to emeritus status. *Emeritus Members may submit and/or sponsor abstracts for presentation at the scientific meetings of the Society. They may serve on Society committees but are not eligible to vote or hold office. They are not obliged to pay dues.* Emeritus Members may not vote or hold office, but may serve on Society committees and may submit and/or sponsor abstracts for presentation at scientific meetings of the Society. They are not obliged to pay dues but will receive the newsletter, and they may obtain a subscription to Pediatric and Developmental Pathology at cost.

Emeritus status may be granted at the discretion of the Council for reasons of health or other extenuating circumstances prior to a

member ~~making~~ **reaching** his/her 65th birthday.

(d) **Honorary Membership.** Honorary membership may be conferred on persons who have rendered distinguished service or who have made major contributions to pediatric pathology. *Honorary Members are eligible to submit and/or sponsor abstracts for presentation at the scientific meetings of the Society. They are not eligible to vote, hold office or serve on committees. They shall not pay dues.* Honorary Members may not vote, hold office, or serve on Society committees, but they may submit and/or sponsor abstracts for presentation at scientific meetings of the Society. They do not pay dues but will receive the newsletter, and they may obtain a subscription to Pediatric and Developmental Pathology at cost.

Nominations for Honorary Membership shall be addressed in writing to the President, to the Secretary or to the Distinctions and Awards Committee by any Regular Member. These nominations shall be reviewed by the Membership Committee and appropriate recommendations made to the Council. Honorary Membership shall be conferred upon recommendation of the Council and confirmation by a simple majority at the annual Society business meeting.

(e) **Junior Membership.** Physicians and other scientists who are actively engaged in formal training in pathology are eligible for Junior membership. Junior membership shall be limited to the period of formal training not to exceed five years. *Junior Members are eligible to submit abstracts for presentation at scientific meetings of the Society. They may not vote, serve on committees, or hold office.* Junior Members may not vote, hold office, or serve on Society committees, but they may submit abstracts for presentation at scientific meetings of the Society. They shall pay dues at the rate established for Junior Membership, and these dues entitle them to receive the newsletter and include a subscription to Pediatric and Developmental Pathology.

*When their professional status changes they must request that the Secretary transfer them to Regular or Affiliate membership in order to remain as members.* When Junior Members have completed their training, it is their responsibility to notify the Secretary of the Society and request Regular or Affiliate membership in order to remain as members.

Section 4. Resignation and Termination. Resignation of a member shall be valid only if made in writing to the Secretary or to the President. Such resignation shall not relieve the member's responsibility for any ~~amount due~~ **remaining financial obligation** to the Society.

Failure to pay dues for a period of ~~two consecutive years~~ **one year**, shall cause forfeiture of membership. The Business Office will provide the Chairman of the Membership Committee with a list of delinquent members 30 days after the second annual deadline for membership renewal. The ~~Secretary~~ **Chairman** of the Membership Committee shall notify the delinquent member of his impending action in writing. **It is the member's responsibility to keep the Society informed of changes of address.** Membership may be reinstated upon payment of dues or reapplication of membership, ac-



cording to rules as determined by the Council.

**Members may request consideration of temporary modification, partial deferment or other variations in dues payments by written request, stating the reasons, to the Chairman of the Membership Committee. Any modifications will require Council approval.**

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## MESSAGE FROM THE CHAIR OF THE COUNCIL OF THE INTERNATIONAL PAEDIATRIC PATHOLOGY ASSOCIATION

*Liliane Boccon-Gibod, Chair, IPPA*

*(reprinted from the September 1997, Newsletter of the  
International Paediatric Pathology Association)*

At first glance, Pediatric Pathologists in the more highly developed and still developing countries seem to have different preoccupations: molecular biology, cytogenetics, bone marrow transplantations for children with malignancies, gene therapy, iatrogenic diseases, etc, on one side, tuberculosis, measles, life threatening malformations absence of efficient medicine or even food on the other side. At the same time, children are less and less numerous in the more highly developed countries, whereas birth rate is still extremely high in the developing world with a happily decreasing infantile mortality rate in most of these countries. Combination of high birth rate and decreasing infant mortality contributes to the over population and therefore may delay economic development and access to health-care and adequate nutrition.

This discrepancy between needs and possibilities has struck me for years. I remember coming back twenty years ago from giving lectures in Peru where I had seen the autopsy room filled with children dead from *Meningococcus meningitis* or tuberculosis. When back in France, I felt for a while totally disconnected with the sophisticated medicine we were practicing.

Since then, I have learned that pediatric pathologists can take much benefit of sharing their different experiences. What we can bring to our colleagues is the product of our thoughts and a short cut through the different roads we have taken. This may help them avoid our mistakes. We, pathologists from the over sophisticated countries, can benefit from the input of our colleagues who deal with these illnesses which used to be part of our training but which we seldom see now and which our younger colleagues have never encountered. The vast experience of our colleagues, their skills, their aptitude to do much with little money should also teach us modesty and in these times of health cost constraints should help us be as efficient with less means.

This type of interaction is to me as important as the exchange of all our research work through proffered papers or publications.

Although the new modes of communications (the web, e-mail fax, etc) have made exchanges much easier, I still believe in more traditional ways of communication.

Nothing can take the place of direct contact, of person-to-person talks. Nothing will promote more effectively a better understanding

than face-to-face discussion between colleagues. Perhaps this is the single greatest contribution the IPPA can make. That's why meeting will still be with us long after the present generation of modem communication technology has faded from the screen.

I hope this letter will be a link between the different Pediatric Pathology Societies all over the world and thus help accomplish better transmission of Pediatric Pathology. We each have important things to offer to one another.

## OFFICERS OF THE IPPA

President: K. Misugi, Japan (1996-1998)

President Elect: D. Becroft, New Zealand (1998-2000)

Past President: R. Drut, Argentina (1994-1996)

Chair: L. Boccon-Gibod, France (1994-2000)

Secretary: V. Anderson, USA (1992-1998)

Assistant Secretary: I. Leuschner, Germany

Treasurer: J. Haas, USA (1996-2002)

Editorial Board: D. Benjamin, USA

Education Committee: P. Barbet, France and J. Berry, UK

Elected Members: I. Moore

R. Chandra

J. Hata

A. Greco

V. Joshi

D. Kalousek

T. Bourne

J. Las Heras

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## INVITATION TO THE INTERIM MEETING

### SEE YOU IN SEPTEMBER IN TORONTO

*Glenn Taylor, MD*

September 18 & 19 in Toronto, Canada, are the dates to mark on your calendar for the 1998 SPP Interim Conference being hosted by the Division of Pathology, Department of Paediatric Laboratory Medicine at The Hospital for Sick Children and the Department of Laboratory Medicine & Pathobiology at the University of Toronto. The academic agenda has been set with a focus on advances in pediatric cardiac/pulmonary pathobiology and transplant mechanisms.

Arrangements have been made with the Metropolitan Hotel, right in the heart of downtown Toronto and within walking distance to Sick Kids and the University. The social agenda includes distinctive Canadian touches. Toronto is now the 5th largest city in North America offering visitors the best of everything - including a low dollar exchange rate.

Complete details and registration form will be in the Spring SPP Newsletter.



## INTERNATIONAL PLACENTAL PATHOLOGY GROUP

The newly formed branch of the IPPG will hold a meeting on the Friday before the SPP meeting in Boston, February 27, 1998, Exeter Room.

- 7:30-8:30 Symposium of Placental Pathology  
Immune Associated Pathology in Recurrent Pregnancy Compromise, Carolyn Salafia, M.D.  
Placenta in HIV Infection, Edwina Popek, D.O.  
Utero-Placental Vessels in Fetal Growth, Jorge Las Heras, M.D.
- 8:30-9:15 IPPG Business Meeting
- 9:15-10:00 Informal Social Gathering

Anyone interested may attend. For additional information please contact: Jorge Las Heras, M.D., Ph.D., Faculty of Medicine, University of Chile, Independencia 1027, Santiago, Chile; FAX: 56-2-777-4890; E-mail: [jlaser@mach.med.uchile.cl](mailto:jlaser@mach.med.uchile.cl)

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## WEB SITE EDITOR SEARCH

*Beverly B. Rogers, MD*  
*Chairman Publications Committee*

The Society for Pediatric Pathology is taking applications for the Editor of the SPP Web Page. The Editor will be responsible for identifying a site for the Web Page, with adequate facilities for maintenance and expansion. The Editor should be a member of the SPP and will work closely with the Publications Committee of the SPP to define future goals for the Web Page. He/she must be someone who is familiar with the technology and be responsible for placing items on the Web Site. Persons interested in applying for this position should forward a letter of application and a curriculum vitae by February 10, 1998 to: Beverly B. Rogers, MD, Department of Pathology, Children's Medical Center, 1935 Motor Street, Dallas, TX 75235, Fax: 214/640-6199, E-mail: [brogers@childmed.dallas.tx.us](mailto:brogers@childmed.dallas.tx.us)

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## BRAIN AND TISSUE BANK FOR DEVELOPMENTAL DISORDERS

*Maria M. Rodriguez, MD*

The University of Miami has been funded by the National Institute of Child Health and Human Development in order to develop the Brain and Tissue Bank for Developmental Disorders. The main purpose of the Bank is to support research leading to an understanding of the causes of developmental disabilities, improved outcome of affected individuals, and prevention of those problems in future generations.

The Bank has available autopsy and biopsy tissue on selected disorders of the brain and nervous system. The disorders include: chromosomal anomalies, inborn errors of metabolism, syndromes associated with developmental delay, disorders of cerebral cortex and motor development, such as dystrophy, mitochondrial encephalomyopathies, tuberous sclerosis, neurofibromatosis, fragile X syndrome, X-linked MR syndromes and dystonia. We also collect tissues from normal controls.

The specific requests related to tissue processing, other diseases or case enrollment, please call Dr. Carol K. Petito, PI, University of Miami, 800/59-BRAIN or 305/243-6834. You can also visit our web site at [www.med.miami.edu/BTB](http://www.med.miami.edu/BTB) or e-mail us at [slojko@mednet.med.miami.edu](mailto:slojko@mednet.med.miami.edu).

We encourage your participation in the worthwhile endeavor through contribution of unique cases as well as scientific requests from the Bank.

## POSITIONS AVAILABLE

### PEDIATRIC PATHOLOGIST Detroit, Michigan

The Children's Hospital of Michigan, a growing, free standing constituent of the Detroit Medical Center, is seeking a third Pediatric Pathologist to complement its staff. The applicant should be board certified (or qualified in anatomic pathology, and pediatric pathology). Additional qualification in diagnostic renal pathology is desirable. Responsibilities are primarily diagnostic anatomic pathology service but include research appropriate to a university based Children's Hospital Laboratory, and teaching in the Department of Pathology at the Wayne State University School of Medicine. The incumbent will be appointed to the Pathology faculty at an appropriate level. The Children's Hospital of Michigan and the Wayne State University are equal opportunity employers. For further information contact: Joel Haas, MD, Chief of Pathology and Laboratory Medicine, Children's Hospital Michigan, 3901 Beaubien Boulevard, Detroit, MI 4820; 313/745-5315; Fax 313/993-8754; E-mail: [JEHAAS@med.wayne.edu](mailto:JEHAAS@med.wayne.edu)

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### CHILDREN'S HOSPITAL OF PITTSBURGH

The Department of Pediatric Pathology at Children's Hospital of Pittsburgh is accepting applications from qualified recent graduates who want to be a part of an exciting and dynamic program with a major focus on pediatric neoplastic diseases, infectious diseases, and transplantation biology. The applicant should be Board certified (or equivalent) in Anatomic Pathology or AP/CP and be qualified or eligible for the Pediatric Pathology Special Certification. The individual should have an interest in general pediatric pathology, the pathology of the surgical subspecialties and transplant pathology. A specific service interest such as pediatric dermatopathology would be an added asset. The candidate should



have the ability to embark on and pursue a research program in pediatric disease, preferably with a focus on the molecular aspects. The Department is involved in extensive interaction with clinicians and teaching of medical students, housestaff and fellows.

Academic rank and salary will be at the Assistant Professor level (nontenured). Candidates should direct their letter of application with a CV and names of three references to: Ronald Jaffe, MD, Department of Pathology, Children's Hospital of Pittsburgh, 3705 Fifth Avenue, Pittsburgh, PA 15213.

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### **PEDIATRIC AND PERINATAL PATHOLOGY ASSOCIATES, P.S.C.**

Pediatric and Perinatal Pathology Associates, P.S.C. has a full time position available for a pediatric pathologist. This group services Kosair Children's Hospital, Louisville, Kentucky, a 263 bed, full-service pediatric facility which is affiliated with the University of Louisville. The group is responsible for approximately 5000 surgical specimens and 100 autopsies per year. The applicant should be board certified in pathology (AP or AP/CP) and certified or eligible in pediatric pathology. Expertise in perinatal pathology is desirable. For further information contact: John J. Buchino, MD, Chief of Pathology, Kosair Children's Hospital, PO Box 35070, Louisville, KY 40232; 502/629-7900; Fax: 502/629-7906; E-mail: jjbuch01@ulkyvm.louisville.edu

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### **UNIVERSITY OF TENNESSEE ANNOUNCES PHYSICIANS EXECUTIVE MBA PROGRAM TO TRAIN DOCTORS AS BUSINESS LEADERS**

The University of Tennessee's College of Business, a national leader in Executive MBA programs, has launched their most innovative executive MBA program to date: a twelve month Physicians EMBA (PEMBA) program designed to train doctors to be business leaders for the health care market. The program, which is open to 22-28 selected physicians, will be offered annually beginning in January 1998.

UT's cutting-edge PEMBA program will utilize breakthrough "distance learning technologies" to allow the participants to maintain their current medical practices while limiting travel time and costs. The centerpiece of the program will be forty "Cyber Classes" held over the Internet at the physician's own work or home PC via state-of-the-art audio and data conferencing. These real time, interactive, instructor-led classes will completely replicate the true classroom experience. Participants will also be given assignments over the Internet to be completed at their schedule's convenience. Rounding out the PEMBA learning experience will be four week long Residence Periods of intensive training and course work held at the University of Tennessee's Knoxville campus during the twelve month program.

Realizing that today's physicians require business and managerial skills in addition to medical expertise, UT has designed the PEMBA program to provide physicians the skills necessary to succeed on the business level of the changing health care industry.

According to Dr. Michael Stahl, Associate Dean of UT's College of Business Administration and Program Director for the Physicians EMBA program, "Physicians are the decision-makers in the expenditure of health care dollars and yet they are under-represented in the management level of health care organizations. This program will enable physicians to develop the skills which will allow them to become better business leaders."

Stahl also notes that "The UT College of Business Administration, with its core competency of designing customized, interdisciplinary MBA programs, is uniquely qualified to deliver a customized Physician EMBA program that will provide key skills and knowledge to these potential physician executives."

The course of study will focus on three main areas including conceptual skills, interpersonal skills and technical/analytical skills. Participants will be exposed to a variety of business activities from team leadership to financial statement analysis.

The University of Tennessee at Knoxville, an innovator in MBA programs, introduced a national model for functionally integrated MBA programs in 1991 and its first Executive MBA program in 1993. Since then, UT has pioneered several other successful EMBA programs, including an International EMBA program designed for Taiwanese executives. For more information on the UT PEMBA program, please contact Dr. Michael Stahl at 423/974-5061 or via E-mail: mstahl@utk.edu or visit the program's Internet homepage at <http://www.pemba.utk.edu>.

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### **REPORT FROM THE NOMINATING COMMITTEE**

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

<b>President-elect:</b>	Joe C. Rutledge, MD
<b>Secretary-Treasurer:</b>	Deborah Perry, MD
<b>Council Members:</b>	Cheryl M. Coffin, MD Carole A. Vogler, MD

**DEADLINE  
FOR THE NEXT  
NEWSLETTER  
APRIL 1, 1998**



# **FUTURE PEDIATRIC PATHOLOGY MEETINGS**

## **SPP Meetings**

1998 Annual Meeting, Boston, MA

February 28-March 1

1998 Interim Meeting, Toronto, ON

September 18-19

1999 Annual Meeting, San Francisco, CA

March 19-20

## **The XXII International Congress of the IAP Nice, France, October 18-23, 1998**

*Registration form insert in this Newsletter*

The Preliminary program is as follows:

Surgical pediatric pathology (slide seminar); L. Boccon-

Gibod, J. Briner

Breast lesions in children and adolescents (short course);

F.A. Tavassoli

Renal tumors in children and adults (short course);

J.B. Beckwith, J. Storkel

Cholestasis in children (IPPA companion meeting);

K Misugi, R Kaschula

Lung pathology in children (symposium); E. Cutz,

J.T. Stocker

Soft tissue tumors in children (short course);

L. P. Dehner, P. Thorner

Genetics in fetopathology (symposium); D. Kalousek,

D. Gaillard

Fetoplacental pathology (slide seminar); J. Keeling,

D. Gaillard

## **PPS Annual Meetings**

44th Annual Meeting, September 17-19, 1998

Lorient, France

45th Annual Meeting, to be announced, 1999

Belfast, Northern Ireland

46th Annual Meeting, to be announced, 2000

Edinburgh, Scotland

47th Annual Meeting, to be announced, 2001

Rome, Italy

## **IPPA Advanced Course in Paediatric Pathology**

1998, Guidel, France, September 19-25

(Local organizer, F. Labbe)

1999, N. Ireland, Dates to be announced

(Local organizers, D. O'Hara and C. Thornton)

## **Sociedad Latinoamericana de Patologia Pediatrica Panama City, 1998**

For additional information, Prof. Moises Espino Duran (President of the SLAPPA), Hospital Santa Fe 2o piso Consultorio No 15, Apartado 7444 Panama 5 Panama, Panama y Calle 3a No 12, Parque Lefevre 7444 Panama. FAX: 507/263-7788, E-mail: mespino@sinfo.not.pa

## **The Aspen Conference on Pediatric Disease Celebrates its Twentieth Annual Meeting The Pathology of Tumors in Children**

The Institute for Pediatric Medical Education and the Society for Pediatric Pathology (SPP) will jointly sponsor a course on the pathology of tumors in children as part of the 20th Annual Aspen Conference on Pediatric Disease. The week-long seminar will be held at the Gant in Aspen, CO from August 3-7, 1998 under the direction of Drs. Louis P. Dehner and Frederic B. Askin.

This course is designed primarily for general and pediatric pathologists but will be of interest to pediatric surgeons, radiologists, and oncologists. Presentations will include discussions of the role of the pediatric pathologist in neoplasia in children, neoplastic syndromes, the handling of renal and other tumors, and the clinical and pathologic features of pulmonary, CNS, liver, ovarian, testicular, and bone tumors as well as neuroblastomas, PNETs, and inflammatory pseudotumors, among others. 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. Participants may also submit cases for a "Stump the Faculty" session. Faculty members include, J.B. Beckwith, L.P. Dehner, F.B. Askin, J.T. Stocker, L. Becker, and R. Shikes. Course participants will also receive a 250-300 page syllabus including conference presentations and slide seminar discussion.

This course, through the SPP is accredited by the Accreditation Council for Continuing Medical Education (ACCME). The SPP certified that this CME activity meets the criteria for 29 credit hours in category 1 for Physician's Recognition Award of the American Medical Association.

A special reduced tuition rate is available for members of the SPP. For further information, contact the Institute for Pediatric Medical Education (IPME), 6604 Landon Lane, Bethesda, MD 20817. Tel & Fax: 301/229-8338.

A second, more clinically oriented week of "Pediatric Hepatology and Liver Transplantation" will be held from July 26-31 at the Gant in Aspen. Information on this seminar can also be obtained by contacting the IPME at the above address.



## OFFICERS/COUNCIL MEMBERS

\* indicates new appointment

**President** James E. Dimmick, MD\*  
**President-Elect** J. Thomas Stocker, MD\*  
**Past President** John J. Buchino, MD\*  
**Secretary-Treasurer** Claire Langston, MD  
**Council** Alba Greco, MD\* (2000)  
Edith P. Hawkins, MD (98)  
Vijay V. Joshi, MD (99)  
Raj Kapur, MD\* (2000)  
Beverly B. Rogers, MD (98)  
Susan C. Simonton, MD (99)

## COMMITTEE CHAIRS & MEMBERS

### Archives

Lila Penchansky, MD\* (Chair-2000)  
Blair Carpenter, MD\* (99)  
Stephanie A. Young, MD (99)  
Ona Faye-Petersen, MD\* (2000)

### Awards

David Witte, MD\* (Chair-2000)  
Faisal Qureshi, MD, MB (98)  
Calvin E. Oyer, MD (99)  
Cirilo Sotelo-Avila, MD\* (99)  
Henry F. Krous, MD - (Ex-Officio)

### Bylaws

Linda R. Margraf, MD - (Chair-99)  
Saeeda Y. Siddiqui, MD (98)  
Gary J. Roloson, MD (99)  
Eduardo Ruchelli, MD\* (2000)

### Education

Henry F. Krous, MD - (Chair-99)  
Liliane Boccon-Gibod, MD (98)  
Beverly Dahms, MD (98)  
Kathleen Patterson, MD (98)  
Deborah A. Perry, MD (99)  
M. Halit Pinar, MD (99)  
Lisa Teot, MD (99)  
Ricardo Drut, MD\* (2000)  
Pierre Russo, MD\* (2000)  
Jeff Goldstein, MD\* (2000)

### Abstract Selection Subcommittee

Liliane Boccon-Gibod, MD (Chair)

### Workshop Subcommittee

Kathleen Patterson, MD (Chair)

### Ex-Officio-Coordinator Continuing Medical

#### Education/Documentation

R. Weslie Tyson, MD (2001)

### Finance

Arthur G. Weinberg, MD - (Chair-99)  
Ellen I. Kahn, MD (98)  
David R. Kelly, MD (99)  
Joel Haas, MD\* (2000)

### Liaison

Claire Langston, MD - (Chair, Secretary/Treasurer)  
Henry F. Krous, MD\* - (Education - 99)

David Parham, MD\* - (Research - 2000)  
David Zwick, MD\* - (Practice - 2000)

### Long Term Planning

J. Thomas Stocker, MD (Chair-98)  
Henry F. Krous, MD (98)  
Dena Mercedes Selby, MD (99)  
Don Singer, MD (2000)

### Membership

Virginia Baldwin, MD (Chair-99)  
C. Maureen Sander, MD (98)  
Sue Hammond, MD (99)  
Gail Schauer, MD\* (2000)

### Nominating

J. Thomas Stocker, MD (Chair, President-Elect)  
Carole A. Vogler, MD (98)  
John Gillan, MD (99)  
Pat O'Shea, MD\* (2000)  
Past Presidents:  
Joel E. Haas, MD  
John J. Buchino, MD

### Practice

David Zwick, MD\* (Chair - 98)  
Suzanne M. Jacques, MD (98)  
James R. Wright, MD (98)  
Gareth Jevon, MD (99)  
Randall Craver, MD\* (2000)

### Publications

Ronald Jaffe, MD - (Chair - 98)  
Gloria J. Kohut, MD (98)  
Kevin E. Bove, MD (99)  
A. Julian Garvin, MD (99)  
Larry Becker, MD (2000)

### Ex-Officio Publications

Denis R. Benjamin, MB, BCh, BSc (*Pediatric and Developmental Pathology*)  
James E. Dimmick, MD (*Perspectives*)  
Don B. Singer, MD (*Perspectives*)  
Edwina J. Popek, DO (*Newsletter*)  
Paul Dickman, MD (*Website*)  
Claire Langston, MD (*Secretary-Treasurer*)

### Research

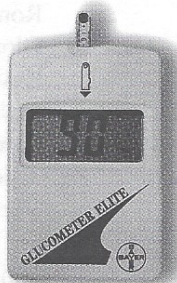
David Parham, MD\* (Chair - 2000)  
Elizabeth J. Perlman, MD (98)  
Beverly B. Rogers, MD (98)  
Robert W. Bendon, MD (99)  
Poul H. B. Sorenson, MD, PhD (99)  
Brett Casey, MD\* (2000)  
David Genest, MD\* (2000)





# A blood-less revolution in monitoring

3  $\mu$ L



## GLUCOMETER ELITE®

Diabetes Care System

The GLUCOMETER ELITE System needs a mere 3  $\mu$ L of blood for accurate results. How small is that? It's so small, a mosquito hardly needs more for lunch. Small enough that the poorest bleeders can easily squeeze it from their finger. Which means the GLUCOMETER ELITE System is easier on your patients. And, because it's completely automatic, it practically does the test by itself. Less blood, no hassle. That's what makes the GLUCOMETER ELITE System so revolutionary. (And makes meters that need more blood so revolting by comparison.)



For additional information,  
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