FROM THE EDITOR’S DESK

Edwina J. Papek, D.O.
It is with mixed feelings that I write this, my last SPP Newsletter Editor’s Corner. I have been proud to be the Editor of the Newsletter for the past 4 years, and am grateful to have had your support, confidence and trust that I would do the right thing by it. On the other hand, I am relieved that these responsibilities are now with Art Weinberg, M.D., Children’s Medical Center, Dallas, TX. Good Luck, Art.

I learned that the bear is a sign of the teacher (see Virginia Baldwin’s retirement notice). I didn’t know that when I placed the bear on my desk 7 years ago, I was advertising myself as a teacher, I just thought it was for fun. I do not possess the two features of a Pediatric Pathologist (bow tie or facial hair—not yet anyway), so the Bear will have to stand in for me as I bid you farewell.

PRESIDENT’S MESSAGE

Joe C. Rutledge, M.D.
The darkness of winter coupled with the new millennium affords me an excuse for reflection at the end of my presidency term. It should also be a time that each of us evaluates how the SPP as an organization can help them in their practice, research, and even teaching. In Providence, the long-range planning group lead by Derek deSa did such a re-evaluation. Now it’s time for me to reflect on a few additional issues.

Time is diminished for volunteerism. This thought is shared by the president’s of a variety of other similarly sized, pediatric organizations. The issue is how to move our society forward to serve a membership under practice pressures in an era where time available for volunteer activities is curtailed. The approach each group has taken, including our own, is to hire professional help, in our case Degen & Associates; but geographic separation and the myriad of Society members working on behalf of the Society often makes this a difficult task. Moreover, this necessary approach has financial impact, but is required to provide organization infrastructure. In spite of professional help, certain positions: secretary, editors, and some committee chairs perform HUGH amounts of work (THANK YOU!!) For the SPP. Volunteerism remains necessary to sustain the SPP and allow it to address new programs.

What might be some of those new programs? One is national outreach. Through a variety of letters and telephone calls I’ve tried to bring the SPP to present a voice around national issues. These range from research funding to the autopsy. By taking a stand, often in cooperation with larger pathology organizations, the SPP can exert its influence, not only to establish itself as an equal among pathology organizations, but more importantly to advance the interests of its members and utilize their expertise when it comes to issues that concern childhood disease. As mentioned in an earlier Newsletter, we have opportunities with the new Children’s Oncology Group, opportunities to better define how we practice in a cost-effective way, and opportunities for a variety of new collaborative research endeavors. One of the strengths

---

Continued on page 2
Winter 2000, page 1
Continued from page 1

of the ad hoc section in perinatal pathology is exactly that: collaborative research to enhance practice and convert information to useful knowledge.

Broader participation in child health care is an opportunity for pediatric pathologists. The growth of prenatal diagnosis with detection of congenital anomalies and termination of pregnancies has in many instances shifted congenital malformations from the neonate and stillborn into the fetal period and often into the epidemiologically undocumented fetus. This shift has adverse impacts on the data collected nationally and in state birth defect surveillance programs as exhibited in the most recent issue of Teratology. Who, I ask is better at providing that data than the pediatric pathologist? These issues are currently being evaluated not only in my own state, but also at the CDC. (http://www.cdc.gov/epo/mmwr/preview/mmwrhtml/mm4901a1.htm).

Pediatric pathology by its vary nature is the broadest area of pathology and encompasses all the pathology board sub-specialities as well as those organ system specialities not yet at that level. We need the cross fertilization of our membership to ensure that molecular biology is appropriately applied, our data is useful for oncological epidemiology investigations, and our clinical laboratory testing optimized for children of all ages. The SPP serves as a clearing house to bring members with a general overview of pediatric pathology, but multiple separate areas of expertise together not only for cross-fertilization but also more importantly for consultation. This role for the SPP will grow as the complexities of our practice and research extend.

I extend my thanks to the many members of the SPP who have unselfishly worked so hard this year for our organization. It is a collective work of those members, not presidential duties, which allow good ideas to be translated into benefits for the SPP. For those who have not had the opportunity to work for the SPP, perhaps year 2000 is the time to jump in. I am sure you will find the quest worthwhile.

SPRING MEETING INFORMATION

Proposed Bylaws Changes
Chair, Glenn Dickey, M.D.

There are no proposed additions or changes to the SPP Bylaws.

Slate of Candidates for Consideration at the Business Meeting
Chair Nominating Committee,
Claire Langston, M.D.

President-Elect Ron Jaffe, M.D.
Secretary/Treasurer Deb Perry, M.D.
Counselors Liliane Boccon-Gibod, M.D.
Larry Becker, M.D.

REPORT FROM THE PUBLICATIONS COMMITTEE
Beverly Rogers, M.D., Chair

I just finished my most recent copy of Pediatric and Developmental Pathology (Jan/Feb 2000), and we are off to a great start for the next thousand or so years. Every library should have this journal. I am struck by the diverse compilation of articles, reflecting the broad range of interests of pediatric pathologists. There are articles on normal and pathologic development, pediatric clinical pathology, pediatric surgical pathology, and perinatal and placental pathology are well-represented. The Perspectives contribution is a most important reference when evaluating pediatric liver biopsies. Members of the Publications Committee are contacting many of you to encourage you to confirm that your libraries take Pediatric and Developmental Pathology. The Society needs your help.

Thanks to the fund-raising efforts of Dr. Buchino, we will be printing an SPP directory this year. The Degmons have sent out membership renewal notices that include a request for correction of addressed and other demographics. Please send this in NOW, as we need to get the directory compiled and printed by the spring meeting.

Visit the Web Site for meeting announcements, job postings, grants available, the on-line membership directory, and other points of interest to members. The Web Site address is: http://path.upmc.edu/spp/

Winter 2000, page 2
Society for Pediatric Pathology
6728 Old McLean Village Drive
McLean, VA 22101
Phone: 703-556-9222
Fax: 703-556-8729

**SPP Members We Need Your Help!**

In an effort to identify affiliations that SPP members have with other societies (pathology subspecialties & other specialties), please list all other societies of which you are a member. In addition, please list if you are an officer or on a committee of that organization.

Thanks for your help!

<table>
<thead>
<tr>
<th>Print Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Society/Organization/etc</th>
<th>Officer/Committee Member</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
VANCOUVER 2000

FALL MEETING OF THE SOCIETY FOR PEDIATRIC PATHOLOGY

The Fall meeting of the Society for Pediatric Pathology will be held in Vancouver, British Columbia, Canada, September 22-24, 2000. The Scientific sessions will be preceded by the Council/Committee meetings on September 21st, 2000.

If you were in Vancouver in 1982, the last time we hosted the Society, we are sure you will have fond memories and will want to return. Now is the chance for those of you who have never had the opportunity to visit the City of Vancouver to enjoy our gorgeous early fall weather, the unsurpassed scenery, spectacular views of mountains and ocean and a great scientific meeting.

The venue of the meeting will be the Granville Island Hotel, a small hotel (with its own in-house brewery), situated in the centre of Granville Island, where Vancouvertes and visitors from around the world love to explore the imaginative mix of artists' studios, shops, restaurants and the Public Market! The size of the hotel, its setting overlooking False Creek, and its proximity to some of the most sought-after tourist attractions in downtown Vancouver, make this an extremely attractive venue! A very attractive room rate is being negotiated for those attending the meeting. Since this is a small hotel, there is likely to be an earlier cut-off date for hotel reservations than is usually the case. It is recommended that hotel reservations be made well in advance of the meeting.

The title for Saturday’s Symposium will be “FROM EMBRYOFETOPATHOLOGY TO GENE IDENTIFICATION”. It is aimed at Pediatric Pathologists, Pathologists and other medical practitioners who provide care for patients who have suffered perinatal and prenatal loss. At the conclusion of the symposium, participants will have a greater understanding of the expectations of our clinical colleagues from pathological examinations; the best approaches for the diagnosis of embryofetal problems, and assessing the prognosis in future pregnancies; the correlation between ultrasound and pathology; the importance of accurate pathological diagnosis (particularly of cardiac and central nervous system malformations) in providing genetic counselling, and the contribution of pathological examination to advancing knowledge about the genes that control development.

As usual, there will be proffered papers, including poster presentations. At lunchtime, we propose to have a variety of "round-table discussions" on topics that are relevant to the future of Pediatric Pathology (e.g. sharing Pediatric Pathology Fellowships among different centers, or the role of Pediatric Pathology in the Third World and developing countries and others).

The banquet will be held in the spectacular dining room of Science World, preceded by an OMNIMAX 3-dimensional film suitable to the setting and the Millenium.

The City of Vancouver has innumerable opportunities for sight-seeing, and many are located near the hotel on Granville Island. They range from the Museum of Anthropology (home to stunning displays of Pacific Northwest First Peoples art), the Vancouver Art Gallery and walks in Stanley Park, or strolling through the gardens of Queen Elizabeth Park. For those who wish to venture further afield, the range is even greater! It may be difficult to concentrate on the meeting!
The XXII Congress of the Latin American Society of Pathology was held in Lima, Peru on October 25-30, 1999. Pediatric pathology was well represented. In addition to the posters and platform presentations, two Seminars were held. One, on the topic of Perinatal pathology and the other on Pediatric Surgical Pathology. SPP members participated in both.

Ricardo Drut, Argentina; Patricia Gil del Real de Cano, Panama; Susana Galli, Argentina; Julio Goldberg, Argentina

Carmen Cox, Peru; David Mirkin, USA; Jose Pereda, Peru; Alba Greco, USA; Jorge Las Heras, Chile

Miguel Reyes-Mugica, USA; Julio Goldberg, Argentina; Joaquin Narvalz, Peru; Ricardo Drut, Argentina

Jorge Las Heras, Chile; David Mirkin, USA; Jose Pereda, Peru; Alba Greco, USA
non pathology meetings.

Do we know what the perception of pediatric pathology is in the general pathology community? Are we the only ones that think we have something special to offer?

Do we need more CME courses?

Recommend that large pathology groups have an SPP member on Education Committee--may already be in place and will be addressed in the membership renewal query of other society memberships and committees.

6. Ways to apply new communication technologies to local/international education: Bob Bendon

The Web site should be organized better so that it is easier to find information. Perhaps a “web site navigator” or a special technical person should be hired--It is time to move onto more than an ad hoc bulletin board--this has been addressed by the Publications Committee Bev Rogers.

Membership needs to be educated on how to get into the list server and web site--this could be done in the Newsletter--Paul Dickmann and Joe Rutledge to address.

7. Finances: Joe Rutledge

Revenues are balancing. Our biggest long range plan should be looking into our endowments to make sure that we are using them as intended--responsibility of the executive committee.

We need to keep an eye on incoming revenues as our expenses keep going up.

Increase revenue by advertising on the Web site and Newsletter--addressed in the Publications Committee Meeting, Bev Rogers.

Consider getting sponsors for travel allowances for speakers to meetings. In order to approach companies we will need information about how many tests we are doing, how many people we are reaching, etc to impress upon them the impact we have--recommendation turned over to the Finance Committee and fund raiser John Buchino.

- Long Range Planning Committee Follow-up at the Interim Meeting in Vancouver: Derek deSa

There will be “round table discussions” at lunch. Each table will have a sign designating a specific topic. Members can sit where ever they wish to and discuss those issues. Committee members assigned to each table will be made by Derek deSa.

The meeting was adjourned at 1600.

**Footnotes: Derek deSa, M.D.
1. These topics are for the entire membership to consider. Comments etc can be made through the Newsletter, Councillors, etc.
2. The Society has made a lot of progress since 1985 (first Long Range Planning Session at Madison, WI). Future progress depends on the activities of all members.

**POSITIONS AVAILABLE**

- **FELLOWSHIP, TAMPA GENERAL HOSPITAL**

Description: This fellowship offers an exciting and extensive exposure to all aspects of Pediatric pathology by combining the programs at Tampa General Hospital (TGH) (a teaching hospital for the University of South Florida) and All Children’s Hospital, (ACH) in St. Petersburg.

TGH is a large 900 bed hospital with active pediatric and obstetric services and a strong feto-maternal medicine program. Over 200 perinatal autopsies are performed annually which include examination of embryos, fetuses, newborns and pediatric cases. There is close interaction with the clinical services and a broad range of teaching and patient management conferences. At ACH there is a very active program in molecular techniques, tumor pathology, PCR, FISH, flow cytometry procedures and research activities in pathology, immunology and molecular diagnostic pathology.

Pediatric clinical pathology including hematopathology is an integral part of the program and the fellow is expected to participate in some research. The
fellowship is approved by the ACGME and is for 1 year. A second year may be approved.

Requirements: Applicants should be either board certified or eligible in AO or AP/CP and be from an approved residency program.

Stipends: Commensurate with postgraduate training.

Applications: Please send applications and inquires to: Enid Gilbert-Barness, M.D., Department of pathology, Tampa General Hospital, Davis Islands, Tampa FL 33601, phone: 813/251-7565; FAX: 813/253-4073

• INSTRUCTOR PEDIATRIC/PERINATAL PATHOLOGY, CHILDREN’S HOSPITAL OF PITTSBURGH

This is a one-year Instructor level appointment to be spend jointly at Children’s Hospital of Pittsburgh (CHP) in the diagnostic pediatric surgical pathology/autopsy service and Magee-Women’s Hospital perinatal and placental service. Time will be evenly divided between the two services with the possibility of academic or research time at both institutions by arrangement. The candidate will participate in Medical School and house-staff training. Candidates must be Board Certified in Anatomic Pathology and eligible for Pediatric Pathology Board Certification of Special Competence in pediatric and perinatal pathology.

This is a full-time appointment beginning July 1, 2000 which offers a salary commensurate with credentials and experience. To receive full consideration, applications must be received by 2/1/2000. Submit applications to: Catherine Craven, M.D. at the Department of Pathology, Magee-Women’s Hospital, 300 Halket Street, Pittsburgh, PA. Email:RSICMC@mail.magee.edu. The University of Pittsburgh is an affirmative Action, Equal Opportunity Employer.

• NEUROPATHOLOGIST

The Children’s Hospital of Philadelphia and the University of Pennsylvania School of Medicine are seeking a BE/BC Neuropathologist with experience and/or training in Pediatric Neuropathology. Prefer-

ence will be given to a candidate who has experience in research of CNS tumors. Interested candidates should send a CV and arrange for 3 letters of recommendation to be sent to: Pierre Russo, MD, Chief, Anatomic Pathology The Children’s Hospital of Philadelphia 324 S. 34th Street Philadelphia, PA 19104. EOE, M/F/D/V.

The Children’s Hospital of Philadelphia www.chop.edu

ANNOUNCEMENTS

WHAT HAPPENED TO THE LIST SERVER?

Joe Rugledge, M.D.

If you are asking this question, then you want to read the answer. About mid-December many sites upgraded their servers and renamed them. There were two results:

1. The automatic software, no longer finding your server sent you address to the trash bucket, hence no mail. You can resubscribe via the instructions on the SPP WWW page or send a message to Joe Rutledge with your name and location.

2. You can no longer post a message but continue to receive messages. In this case, your address changed to something other than what you subscribed with but the old address is being forwarded to the new one. This is a problem, as I closed the list to subscribers only to avoid junk mail. The solution is to contact Rutledge who can fix it.

Joe Rutledge, M.D., Department of Laboratories, Children’s Hospital, Seattle, WA; jrutledg@u.washington.edu; FAX:206/527-3840
RETIREMENT OF DR. VIRGINIA B ALDWIN
Jim Dimmick, M.D.

Virginia Baldwin, M.D., retired for the department of pathology, British Columbia’s Children’s and Women’s Hospital December 31, 1999. To honor her, a day of perinatal and placental pathology was held December 3, 1999, with guest speaker Kurt Benirschke, M.D. President of the SPP Joe Rugledge, M.D., and Laura Finn, M.D., of Seattle attended. Virginia was presented with a Salish carving of the bear, a symbol of a teacher, for which she is well known.

SPP INTERIM MEETING,
SEPTEMBER 21-24,
VANCOUVER, BRITISH COLUMBIA
Jim Dimmick, M.D.

The Department of Pathology and Laboratories, BC Children’s and Women’s Hospital, and the University of British Columbia Department invite you to join us in Vancouver for the interim meeting of the Society for Pediatric Pathology, September 21-24, 2000 (21st perinatal group). Look for our web site announcements and our flyers at New Orleans and via the SPP web site. The venue will be Vancouver’s Granville Island with the Emily Carr Art Institute lecture hall for presentations and the Granville island Hotel for posters, accommodations and socializing. (See enclosed flyer).

USE OF GFAP IMMUNOSTAIN IN PERINATAL NEUROPATHOLOGY DETECTS REACTIVE ASTROCYTES
Stewart F. Cramer, M.D., Rochester General Hospital

1. Reactive astrocytes in perinatal brains may be more difficult to recognize on routine light microscopy than their counterparts in adult brains (Friede), especially in macerated brains from stillbirths. Such cells are strikingly more apparent with an immunostain for glial fibrillary acidic protein (GFAP).

2. Although it may be well-known to many neuropathologists (Friede, Roessman), the usefulness of doing IMMUNOSTAIN for GFAP in perinatal brains to detect white matter astrocytosis may not be widely appreciated among general pathologists doing stillbirth cases, and may not be familiar to all pediatric pathologists.

3. In an institution (like my own) which has no pediatric neuropathologist; or even a case where there is no neurologic indication for consulting a department’s neuropathology staff; this technique may uncover many cases of reactive gliosis of the white matter that might have been signed out as “macerated brain” by a general or pediatric pathologist.

4. When this finding is documented, it helps put the pieces of the puzzle together. In my experience, it may often be an important finding both to clinicians and family members.

RETURN YOUR SPP MEMBERSHIP RENEWAL TO THE CENTRAL OFFICE AS SOON AS POSSIBLE. TIMELY PUBLICATION OF THE NEW SPP DIRECTORY DEPENDS UPON YOU

FUTURE MEETING DATES

SPP/USCAP Meetings
2001, Atlanta, March 2-3
2002, Chicago, February 22-23
2003, Washington, DC, March 21-22

SPP Interim Meetings
2000, Vancouver, British Columbia, September 22-24
2001, Memphis, TN
2002, Dallas, TX

Winter 2000, page 8