



Society of Pediatric Pathology

Summer Newsletter 2020

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SPP Virtual Meeting – October 22-25, 2020

SPP Spring Meeting – Baltimore, MD, March 2021

SPP Perinatal Pathology Course – April 2021

Aspen Course – August 2021

SPP Fall Meeting 2021 – Portland, OR, October 2021

SPP Spring Meeting 2022 – Los Angeles, CA, March 2022

Editor's Note

Well, it's been three long months since the last Newsletter, and I am still sequestered away because of the surge in COVID-19 cases. However, that is not completely bad for a Newsletter editor, and our new trainees are on my mind.

First, I want to welcome all new pediatric pathology fellows and say good luck to all recent graduates. You are embarking on a challenging and rewarding career that benefits both children and the unborn. I continue to be amazed at the breadth and diversity of our specialty, particularly as I read about new discoveries and ways of looking at old diseases. I hope your career will be as fulfilling as mine has been.

Many of you may have read the recent series on Pathology Manpower that appeared in the April edition of Archives of Pathology and Laboratory Medicine. First, Dr. Tim Allen writes a generally upbeat editorial, with the title "Pathologists Will Prevail". He cites three challenges for success: practice creep, consolidation and centralization, and digitalization. "Practice creep" refers to monetary pressure to hire lesser-trained

personnel instead of physicians. Consolidation and centralization concern the tendency to close smaller hospitals and merge others. Digitalization means to the use of digital images for diagnosis, which can be outsourced. His final answer to the question, “Will pathologists survive”, is “Absolutely!” is based on the strength of our national organizations [such as the SPP] and the central place pathology has in medicine.

The next article, entitled “The State of the Job Market for Pathologists”, gives results of a survey sent to 2709 pathology leaders and practice managers. This survey probed the number of pathology positions that were open, eliminated, or new in 2017, and how many of these positions were filled during that time. A total of 346 responded, with about 33% in non-academic hospitals, 22% in academic hospitals, and the remainder comprising a variety of settings. Of note, pediatric/perinatal pathology tied with forensic pathology by each having 9 open positions. If my assumptions are correct about the non-responders, I expect this means there will be plenty of positions open in the future, and the job market appears to be healthy.

The next article, entitled “Will I Need to Move to Get My First Job”, analyzed the pattern of geographic relocation of pathologists taking their first position. A total of 501 responders included 75 with subspecialty training. Relocation did not indicate any significant trends, and the market appeared stable with no indication of geographic hardship.

Finally, the last article in this series addressed gender parity in employment and other gender trends. This comprised aggregate data from CAP GME Committee survey from 2015 to 2018. Comparable results were found in all measured outcomes, including relocation, job satisfaction, salary, and extent to which expectations were met. The results indicate that pathology is doing a good job in recruiting women, paying them, and meeting their expectations. One interesting difference was that a smaller percentage of female respondents noted a mismatch between training and job requirements, compared to males, as a reason for difficulty in finding a position. Also, men seemed to accept a position earlier than women, although this was not statistically significant.

To sum up this series of articles, it appears that this is a good time for pathology trainees and new graduates, and I wish you luck as you begin your training or career! Perhaps at a future date, the Practice Committee might wish to consider how germane some of these parameters are for pediatric pathology.

David M. Parham, MD, Editor

Announcing the New SPP Website



We are pleased to announce the launch of our new website.

Visit today and find:

- Improved navigation;
- A more modern design;
- Easier accessibility on mobile devices



At SPP, we've been busy enhancing our website to better help our mission to foster research, education, and practice as they pertain to pediatric pathology, and to provide a forum for discourse among its members. We care about being relevant and serving you, our valued members. As part of our growth, we are pleased to now have a more robust website **and** member/customer database so that we can better target programs and events to your interests and needs.

But we need your help.

Our New & Improved Website!

Months of planning and work have come to fruition! Visit the new SPP website. We hope you enjoy your new user experience! Please contact spp@kellencompany.com if you encounter difficulties or find a problem with the new website.

Jason Jarzembowski, MD, PhD
Informatics & Communications Committee Chair

Please take just a few minutes to update your member profile, and to also fill in a few new data fields we've added. As a member benefit, you can search the database and easily connect with your fellow members by clicking on My SPP → My Profile or by clicking [here](#).

Areas to focus on when updating your account:

Contact Information (alternative email, phone #, address, etc.)
Association demographics

Please note that your password has been defaulted to Pathology12#. Once you're logged in we ask you take a few minutes to update your profile information, which will be reflected in the member directory.



Interview with SPP President Gino Somers, MD, PhD

Conducted by Newsletter Editor David Parham on June 30, 2020

From your reception speech, I note that you were born in Antwerp, Belgium.

What was your life like in Antwerp? Did your parents work as physicians?

I only lived there during my early life from 1966 to 1969, so I only remember bits and pieces. I remember a lot of cobblestone roads. The only time I have been back was in 2003, when I visited with extended family. I have 3 siblings: 2 brothers and 1 sister.

My Dad worked as an engineer for Shell and moved around a lot, precipitating our move to Tasmania for 2 years and then Shepparton, Australia. My Mom was a secretary. Although I showed photos of myself as a child artist and equestrian, I don't continue to paint or draw or to ride horses as a hobby.

What caused the move to Shepparton? What was life like there?

I lived there from age 5 to age 18. When we moved, my Dad changed jobs and began advising farmers on use of chemicals. My Mom became a manager for Dad's company.

Do you still play cricket?

It is still my passion, and I continue to follow Australian's team. I played the game through my university years. Although it can last for days, each game is strategic like a chess match. I find listening to the games to be meditative and relaxing.

What precipitated the move to Melbourne? What was life like there?

I moved to Melbourne for med school, which in Australia is a 6-year program, unlike the pre-med college studies that you have in the U.S. In Australia this includes 3 years of pre-med and 3 years of clerkship. I became interested in pathology during my 4th year. I had 3 pathology lectures and 1 organ practical lab each week. Besides pathology, I had 3 subjects that really inspired me: gross anatomy, microscopic anatomy, and surgery. I was always more interested in structure than function. Pathology seemed to be where it all came together, and with surgery, I was seeing living anatomy, the effects of pathologic processes, and the importance of good margins.

Who inspired you to take up pediatric pathology?

After I graduated in the early 1990s, C.W. Chow, the head of pathology at Royal Children's Hospital in Melbourne, took an interest in me. I was looking for good combined PhD program, and he took me under his wing for learning about medical research and setting my foundation in pediatric pathology. During this time, I studied the molecular biology of neural crest

tumors, particularly neuroblastoma, by doing gene cloning. This was done prior to the Human Genome Project, so it involved a lot of novel research. I was particularly interested in cloning membrane receptors.

Were there other early influences on your career choice?

My Dad, who always encouraged me to study science. He was the first person in his family to go to college, and he had a high regard for learning. He always said, "One thing they can't take away is education". He considered all of my choices in science careers and then decided that medicine offered the best job security.

What precipitated your move to Sick Children's Hospital?

I went there from Royal Children's Hospital in order to get fellowship training, and then I stayed on. Glenn Taylor offered me a position and encouraged me to stay, and I have been here for the past 17 years. Glenn was amazing, I think one of the best all-around pathologists, with incredible knowledge and outstanding microscopic ability. He was my role model, and I strive to be like him. Paul Thorner taught me about the scientific method, how to write papers, and how to get grants. With his groundbreaking work in pediatric lung disease, Ernest Cutz was also a huge inspiration. David Chiasson is still active here as a senior pathologist in autopsy and cardiac pathology. He performs the coroner's cases, and it is inspirational the way he puts cases together.

What happened to the other pathologists?

Glenn stepped down in 2013 and retired in 2015 and moved to Vancouver Island. Paul and Ernest retired in 2019, soon after Glenn in 2018.

Are your parents still living?

Yes, both of my parents are retired and still living in Shepparton. My siblings live nearby.

Tell me about your own family.

My wife Joanne is a nurse and worked in the coronary care center, caring for postoperative cardiac patients. I met her while rotating there. I have two children, Ben and Isabel. Ben has almost finished his engineering degree. Isabel wants to be a rehabilitation therapist for kids; Being with my family is like having Christmas every day!

What are your goals for the SPP, and how has the pandemic affected them?

I want to develop a clear set of goals and objectives, with particular detail in finances and management. In particular, I would like to improve communication between the Executive Committee, the Committee Chairs, and the Council. I want to make time to talk to all committee chairs and to improve our communication with our management group Kellen, for smoother Society operations. I would like to improve our membership rolls, which have been static for the past few years.

The major impact of COVID-19 has been on meetings and conferences. We now have to face the challenges of virtual meeting, with no opportunities for social opportunities. However, having virtual meetings may improve attendance by giving opportunities for participation of people who normally can't attend. This also creates opportunities to improve our exposure and status in the medical community and general populace.

I commend you for your recent SPP email taking a stand on racism in light of the Black Lives Matter movement. What are your thoughts on racism and its impact on pediatric pathology and the SPP?

I am not personally aware of issues or exclusions in our Society, but being a white male, I may not have the right perspective to notice problems. The SPP and pediatric pathology offer ways to study and to address the ramifications of racism, particularly inequities in prenatal care, delivery, and postnatal life.

Tell us about your most recent projects and findings.

In spite of the pandemic, I still go to work on most days, but like most of us, my academic output has been curtailed. I am working on better testing for pediatric sarcomas via next generation sequencing, in particular ways to improve the efficiency of genetic diagnosis. I am also interested in prevention of burnout, particularly as it affects people early in their career. Pathology is challenging and humbling.

Anything else you want to talk about before we conclude?

Every presidency has its own challenges, and I guess instituting virtual meetings is my challenge. We had been planning for it eventually, but not so suddenly. It has definitely been put on "fast forward"!

What I did on quarantine vacation: a brave new social media world

I'm Jennifer Kasten, an assistant professor at Cincinnati Children's Hospital, and I've been in practice as a pediatric pathologist for less than 2 years. I don't run a laboratory, I'm no pulmonary pathology expert, nor am I employed as an epidemiologist. So, in the world of academic medicine and COVID-19 decision-making, I'm absolutely nobody (my parents are proud of me, though).

One thing I do possess is a rather unusual background, and I don't mean in the whimsical Zoom call sense. I trained as an infectious disease epidemiologist at the London School of Hygiene and Tropical Medicine, worked for a year at Oxford as a postgraduate in mathematical modeling of epidemics, attained some fieldwork experience in epidemic control, earned a second Master's degree in the history of medicine, and even spent a few years as an undergraduate in a virology laboratory. Like many of us, I have a robust autopsy practice and spend lots of time reading papers (in Pediatrics and Developmental Pathology, natch), reviewing papers, writing papers, having papers rejected, etc. If you smash all of that together and squint a bit, the shape of it comes out looking remarkably like I could provide useful commentary on the COVID-19 pandemic.

As the storm clouds started to gather back in February, the climate (medical and public) was one of fear, misinformation, and rampant speculation. It felt as though the most panicked voices were trapped in a room together, amplifying each other. The people who were actually running things were far too busy to respond to conspiracy theory videos or the latest tweetstorm. Putting out serious, real, validated data is a full-time occupation- there is little time to digest, interpret and communicate it to the public. The void howled to be filled. So, I did what any self-respecting Millennial would do and began expressing myself. My personal Facebook page switched over from kid pics and running shots to writing analyses of COVID-19. These pieces took off like a bottle rocket; within 10 days my personal life was completely overrun, and I segregated the COVID content out by launching a public Facebook page.

If you asked me three months ago to choose the more likely scenario among these options:



*"El Capitan" by Owwe is
licensed under CC BY-SA*

- A. I would launch a public Facebook page
- B. I would switch careers to become a cat milkmaid
- C. I would free solo El Capitan,
I probably would have selected B, and I'm allergic to cats.

And, assuming you picked the correct answer (A), if you had asked me to bet my life's savings on the ensuing response:

1. The internet public would pat me on the head and say "that's nice, dear, but no one cares"
2. It would go massively viral and be seen by 1.6 million people a week,

My money would have been on #1. Luckily, I'm a junior academic pathologist and don't have all that much money to lose.

The whole point of my Facebook page is science communication, pure and simple - collating, parsing, synthesizing, translating and passing on important advances - in order to better our understanding of COVID-19. There are few ground rules on my page. The first is that it's rabidly, emphatically, apolitical. No discussions of policies, the economic impact of COVID, or anything remotely partisan (domestic or international) is permitted - only epidemiology, virology, pathology, and laboratory medicine. The second is that I almost never use the word "I," except when making jokes, because it's not "the world according to Jennifer." The third is that sources are cited and only serious research is discussed, never journalism or opinion pieces. The fourth is jokes. They may not be good jokes or anything, but E for effort.

The response has been extraordinarily gratifying. As pathologists we are not patient-facing and as such rarely engage with the public, even though we have a lot to say. Pathology social media has tended to focus on diagnosing cases and as such has a rather "closed" audience, as most people simply can't appreciate the staghorn vasculature of a hemangiopericytoma, etc. And even though clinical doctors depend on us, we don't often find ourselves in the limelight with our clinical colleagues. Over 40,000 people now follow my page, interact with it quite extensively, and signal- over and over again- gratitude for a clear-headed rational tone for explaining abstruse topics in an easy-to-understand manner and keeping politics out.

Another area of discussion has been strict scientific debunking of the conspiracy theory du jour. These are the posts which have attracted the most attention but also the most vitriol, including discussions of the infamous “Plandemic” video, the Bakersfield ER doctors video, the “you can’t exercise because this guy in Holland thinks you’re a COVID spray nozzle” study, etc. I’ve learned how to deal with attack mobs, and even how to give snappy TV and print media interviews. Although we in medicine might find this stuff to be absolute nonsense, the public doesn’t know what to do with the content and really, really needs guidance. The people actually running our COVID-19 response are clearly otherwise occupied and can’t spend time trawling through the comments section on YouTube, so frequently, there is no official response whatsoever.

Over 40,000 people now follow my page, interact with it quite extensively, and signal- over and over again- gratitude for a clear-headed rational tone for explaining abstruse topics in an easy-to-understand manner...

The other angle is PR for pathology in public, I’ve been

40,000+ member Facebook group for physicians discussing COVID-19, and I have recorded podcasts and given online lectures geared towards clinical doctors (including for the American College of Emergency Physicians). They were quite literally crying out for someone to discuss the laboratory medicine issues around testing and the pathophysiology as revealed by early autopsy studies (direct quote: “Where are the pathologists?!”). Being able to basically say — “Look, isn’t pathology rad?! Look at all this cool stuff we do and know!” — has also been rather delightful.

I circle back to the “Who the heck are you?” question rather frequently. I’m not anybody, but in a way that’s exactly what has allowed me to take on this science communication angle. If I were doing original research, had access to epidemiological data, or was validating diagnostic assays, I couldn’t discuss it on a Facebook page.

So, that’s What I Did on My COVID Vacation. Thanks for reading. If you’d like to visit the page (even to hurl abuse, you won’t be the first), try the first link below. If you’d like to listen to some podcasts, the links are also below.

- <https://www.facebook.com/jenniferkastenmd/>
- https://podcasts.apple.com/us/podcast/physicians-guide-to-doctoring/id1429047634?i=1000475423589&fbclid=IwAR1uTQ7ypzvh7zCHDz_l6-p3uCHyMz9V3MPeUpLG4yI8LzARIqV6pB41AR0
- <https://podcasts.apple.com/us/podcast/clickbait-and-false-narratives-oh-my/id1063793120?i=1000474169592>

Jennifer Kasten, MD, MSc
Cincinnati Children’s Hospital Medical Center

30th Anniversary of Board Certification in Pediatric Pathology A Historical Timeline

This year marks the thirtieth anniversary of the first certification examination in Pediatric Pathology. A full history is planned for a forthcoming issue of Pediatric and Developmental Pathology. The following time line provides the highlights of events leading to American Board of Pathology (ABPath) certification of our subspecialty.



- 1965 The Pediatric Pathology Club (PPC), forerunner to the Society for Pediatric Pathology, is founded.
- Circa 1970..... The first formal discussions by the PPC occurred regarding seeking certification in Pediatric Pathology.
- 1980 Renewed interest in seeking certification appeared following a report by Dr. Benjamin Landing to the PPC Council and membership. PPC president Dr. Mollie Dapena sends a letter and survey to the membership to assess support for certification.
- 1983 President Dr. Daria Haust leads the reorganization of the PPC as the Society for Pediatric Pathology (SPP), including new bylaws that include as one of the Society's purposes the development of a certification process.
- August 1983 The ABPath trustees vote to establish the Pediatric Pathology Test Committee (PPTC).
- 1984 Dr. William Donnelly is appointed as the SPP's liaison to ABPath to lead the SPP's involvement in the development of board certification.
- February 1984 The first five SPP members are appointed to the ABPath PPTC.
- April 9, 1984..... First meeting of the PPTC.
- November 1988 ABPath formally requests the American Board of Medical Specialties to authorize the Board to issue certificates of Special Qualification in Pediatric Pathology.
- 1990 ABPath's requirement for eligibility are 2 years of additional training or 4 years of full-time experience, in addition to anatomic pathology (AP)/clinical pathology (CP) or AP only certification.
- November 20, 1990 The first Pediatric Pathology Examination takes place in Atlanta, Georgia; 91 successful candidates are certified.
- February 1991 ABPath approves Canadian pathologists' eligibility for certification in pediatric pathology, contingent on having requisite experience and certification in general pathology or AP by the Royal College of Physicians and Surgeons of Canada.
- By 1991..... Seven one-year Accreditation Council for Graduate Medical Education (ACGME)-accredited pathology "residencies" based at children's hospitals exist.
- 1992 The seven ACGME accredited children's hospital pathology "residencies" are first listed under the category of "Selective Pathology".
- October 1992 ABPath trustees provisionally approve 54 U.S. and 8 Canadian children's hospitals as sites for pediatric pathology training, pending ACGME accrediting additional programs.
- 1994 The ACGME approves specific accreditation requirements for one-year pediatric pathology "residencies", effective July 1995.

- August 1994 For eligibility, ABPath decreases the length of additional training to one-year and the length of prior experience to two-years.
- May 18, 1995 The last of the hotel-based examinations was given, and the examination was subsequently offered only biannually.
- 1996 Eleven ACGME-accredited programs are the first to be designated as “Pediatric Pathology (Pathology-Anatomic and Clinical);” three additional programs continue to be listed under “Selective Pathology.”
- August 18, 1997 The first pediatric pathology examination is administered in the ABPath’s examination center in Tampa.
- 1999 Qualification for the examination by experience ends after this year’s examination, and hereafter special training becomes required. ABPath changes the designation of “Special Qualification” to “Subspecialty Certification”.
- 2004 The ACGME changes terminology for subspecialty training from residencies to fellowships.
- 2005 The ABPath issues time-unlimited certificates for the last time. Afterwards, recertification becomes required for continued board certification.
- 2006 Newly certified diplomates are required to participate in Maintenance of Certification (MOC; now renamed Continuing Certification).
- 2009 Interposed fellowships after 2 years of AP/CP or AP only training permitted by ABPath; pediatric pathology certification granted only after completing AP/CP or AP only training and certification.
- 2011 The examination is once again offered annually.
- 2018 The Society for Pediatric Pathology becomes one of ABPath’s Cooperating Societies.
- 2020 Because of the COVID-19 pandemic, the certification examination will be remotely administered with live proctoring.
- 2021 The 10-year MOC examination will be replaced by participation in ABPath’s CertLink quarterly educational and evaluation program.

Jeff Goldstein, MD, MSc
UCLA, Los Angeles, CA

Committee Reports

Fellowship Committee

Raja, Rabah, Fellowship Committee Chair

Updated pediatric pathology program requirements were sent to SPP members prior to the ACGME meetings. The requirements were posted for comments, approved by ACGME, and became effective July 2020.

Dr. Rabah and several other SPP members, including Lisa Teot, Ameet Thaker, Sanjita Ravishankar, Jennifer Kasten, and Kudakwashe Chikwava, participated in the ACGME pathology subspecialty milestone 2.0 meetings and follow up discussions. There are significant changes to the milestones, including clearer expectations. An explanatory supplemental guide was appended, with specific examples for the milestones as they pertain to pediatric and perinatal pathology. The ACGME posted both documents for review and received comments were received. The new, approved Milestones will be effective July 2021.

A list of important syndromes in pediatric pathology was updated by the Fellowship Committee, and the list was shared with Dr. Goldstein, ABP member.

Following initiation of the updates to ACGME program requirements and Milestones, the Fellowship Committee will continue working on a system-based practice curriculum project.

Membership Committee

Erin Rudzinski, Membership Committee Chair

Thanks to all SPP members who participated in the 2020 Member Needs Survey! We had 168 people participate. The Member Needs Survey provides SPP an opportunity to receive constructive feedback on how we can best serve your needs.

We can't wait to share the results of the survey with you at the 2020 Virtual Fall Meeting. In the meantime, if you have any questions, please don't hesitate to contact Jordan Burghardt at SPP Headquarters.



Congratulations to Dr. Jeff Goldstein, who won the complimentary registration to an SPP meeting of his choice!

Practice Committee

Delores Lopez Terrada, M.D., Ph.D., Chair, Practice Committee

The Practice Committee was pleased welcome two new members to the SPP Practice Committee, Sherri Besmer and Veena Rajaram and thank them for their interest.

Regarding the request for practice review and guidelines projects proposals, there were several great suggestions made, including the following:

- Dr. Mika Warren developed an electron microscopy practice survey. She is working on the final draft and will share it with the members of the committee for review and approval as soon as the edited version is ready.
- Dr. Drucilla Roberts proposed to develop and publish new SPP recommendations for placental triage. This would be done in collaboration with the experts in the perinatal committee and would include a junior member. Dr. Roberts has identified several experts that would be involved in the project, and she has started to work on a table of indications for placenta examination. The committee agreed that this could be a very valuable initiative and would produce a useful manuscript for the practicing pathologists.
- Dr. Robyn Reed suggested reviewing the current practice handling and reporting appendectomy specimens. She will follow up with a plan to survey SPP membership.
- The committee also reviewed and discussed the “Molecular in my Pocket Guides” developed by the Association for Molecular Pathology (AMP) pediatric group. These documents list molecular alterations in pediatric cancers and will be published as part of the Molecular in My Pocket series:
<https://www.amp.org/education/education-resources/molecular-in-my-pocket-guides/>
- Dr. Sara Vargas mentioned that Jennifer Cotter (and other SPP neuropathologists) had already expressed interest and started some brain tumor projects. Dr. Sanda Alexandrescu (Chair of the Education Committee) mentioned that manuscripts with guidelines on tissue utilization and scope of molecular testing of pediatric brain tumors have been the subject of discussion among Education Committee and Practice Committee members for the past two years. The committee members agreed this could also be a great way to initiate AMP/SPP collaborations. Dr. Alexandrescu offered to lead the neuropathology group representing the SPP.

Lastly, the Membership Committee requested that the Practice Committee members review the draft of the 2020 SPP Membership Survey, particularly the questions related to pediatric pathology practice, and forward any suggestions to the Membership Committee.

Publications Committee

Monique De Paepe, Publications Committee Chair

At the Spring 2020 meeting in LA, the PubCom membership was updated and a warm welcome was extended to the new members (Drs. Senger and Kashoor). Dr. Poulik was thanked for her past service and willingness to extend her service for at least one more year.

The 2019 Publishers Report, presented by Alyssa Venezia, Publishing Editor at SAGE, included the following highlights [actual numbers have been updated to reflect current information]:

- The 2019 impact factor for the past 2 years is 0.885, compared to 1.008 for 2018 and 1.250 for 2017. This decrease is linked to decreased citations, as the content (denominator) has remained more or less constant. This decrease should trigger a call to arms for all authors: send your highly citable material (e.g. review papers) to PDP!
- In 2019, 187 original articles were submitted.
- The time to first decision was reduced to 29 days.
- The circulation and readership increased from ~2,500 in 2017 to >11,000 in 2019, mainly by addition of readers in 'developing world' (free or at greatly reduced rate) and package deals.

Additional contributions to the SPP Summer Newsletter from Ms. Venezia:

- The current acceptance rate for PDP averages 35%.
- Articles in the PDP January-February 2020 issue (Perspectives in Pediatric Pathology issue on Hirschsprung Disease, Guest Editor: Raj Kapur) have been downloaded 2,750 times.
- One paper relating to COVID-19 has been published in PDP: Placental Pathology in COVID-19 Positive Mothers: Preliminary Findings (authors: RN Baergen and DS Heller). According Ms. Venezia, it is the first paper published on this topic in any journal.
- Readers can sign up for new content email alerts using this link: <https://journals.sagepub.com/connected/PDP#email-alert>. You must create an account with SAGE to receive alerts.

Pediatric Pathology Around the World

Meeting Updates

SLAPPE: Currently no decision made as to status of next meeting. Will coordinate with SLAP (Email from Edna Margarita Quintero, Secretaria).

IPPA: No definite plans for Course; may be postponed until next year (Email from Miguel Reyes Mugica, President).

ANZPPG: No meetings listed on website (<http://www.anzppg.org>).

PPS: Annual meeting to be held at Sheffield and has been postponed until December 10-12, 2020 (per website https://www.paedpath.org/meeting/view_meeting.php?recordID=66). Contact Marta Cohen, organizer, for details.

Other meetings: see <https://www.pathpedia.com/Meetings/>.

Other news

For the first time ever, the WHO will be publishing a volume on the Classification of Paediatric Tumours, which is now being actively prepared. The volume will be written by people recognized by our community as Pediatric Pathologists. In my role of President of IPPA, and with Rita Alaggio's support, we were able to work with Dr. Ian Cree, Editor-in-Chief of the WHO series on Classification of Tumors, who appointed as Expert Editors 5 people whose trajectory is well recognized by our community. These include: Rita Alaggio, Ashley Hill, Jason Jarzembowski, Dolores López-Terrada, and Miguel Reyes-Múgica.

We have succeeded in recruiting a relatively large number of authors/coauthors from the Pediatric Pathology community for the different sections of the book. In addition, a number of neuropathologists who have worked on the SNC tumors volume, and some pediatric oncologists have also joined as Expert Editors. It is our intent that all topics will be largely written in large part by true Pediatric Pathologists.

This is an exciting project that should bring visibility and recognition to our specialty, and it allows us opportunities to provide a developmental angle whenever that is appropriate.

Miguel Reyes-Mugica, President, IPPA