

FOCUS

PAPANICOLAOU SOCIETY OF CYTOPATHOLOGY

Companion Society of the United States and Canadian Academy of Pathology



Dedicated to Clinical Practice, Clinical Education and Clinical Research

From the Guest Editor's Desk

Adebowale J. Adeniran, MD



I thank our editor, Vinod Shidham for giving me the opportunity to put this edition of Focus together. It is a loaded issue, as we have many

interesting articles and contributions. We have an exciting article regarding reimbursement for FNA procedures and how this may affect our profession in the coming years. As usual, very informative and insightful humanities corner would be interesting for all the readers. There is a report of the African tutorial FNA series. Also included in this issue is the PSC review and commentary on ASC white paper on the future of cytopathology. Executive Board nominations and biosketches of candidates are included as well. Details about various benefits of PSC are highlighted on the last page. Please recommend to your colleagues to join PSC membership by sending the membership form downloaded from www.papsociety.org/docs/09/pscapp2009.pdf

Members and other readers are encouraged to send the articles or other contributions (eg. Interesting images in cytology, book reviews, case reports, reviews etc) to Vinod Shidham or any of the focus editorial board members. We are accepting contributions for the June 2011 edition. It is preferable to submit contributions for the upcoming issue by April 15th.

Sincerely,

Adebowale J. Adeniran, MD
Guest Editor

PSC President's Message

Martha Bishop Pitman, M.D.



This President's Message will be my last. Following the 2011 Annual PSC meeting at the USCAP Companion meeting weekend in San Antonio on Feb. 26th,

2011, Dr. Lester Layfield will begin his two year term. It has been an honor and privilege for me to serve as President of this society for the past two years. I want to thank the Executive Board, committee chairs and all of the committee members for their tireless, volunteer efforts on behalf of the PSC. See pages 3-5 for the roster of the PSC Board of Directors and Committees. We have much to be proud of.

Our financial house is in order. Under the leadership of our treasurer, Dr. Eric Suba, the society has remained in the black. The major income for the society comes from membership dues. Timely payment of your PSC dues is important for continuity of the official journal of

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Membership Application

(Please download, print and complete)

<http://www.papsociety.org/docs/09/pscapp2009.pdf>

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President's Message

the PSC, Diagnostic Cytopathology. Dues payments can be made online with a credit card for your convenience, or you may print the membership form at the end of this newsletter and mail it to our treasurer. Annual donations from our award sponsors, Dr. Yolanda Oertel and LC Tao, as well as corporate sponsors also contribute to our bottom line. In 2011, our corporate sponsors include Hologic, Inc., Bectin, Dickinson and Co. and RedPath, IP, Inc. This year, we have a new award: The PSC Lifetime Achievement Award, funded by the generosity of past-PSC president Dr. Andrea Abati. See Award announcements on pages 19-21.

Our membership is strong under the direction of the Membership Committee chaired by Dr. Rosemary Tambouret. Currently, we have ~235 members from around the world. The PSC continues to seek new members, and members who are interested in actively participating in the leadership of the organization. Current member benefits are listed on page 28 and include the journal Diagnostic Cytopathology, this Focus Newsletter, and new for 2010, steward status with Cytojournal. With Cytojournal steward status, all PSC members can publish **free of charge** in Cytojournal and have free download access for PDFs of any article. We have an exciting slate of candidates for election this year. See page 23 for the ballot and pages 24 -26 for the biographical sketches of the nominees. Please VOTE! Ballots must be received by Jan. 16th, 2011.

The PSC was well represented at national and international meetings. As President, I represented the PSC at the Intersociety Pathology Council, the Cytotechnology Education and Technology Consortium at the ASC meeting in Boston (2010) as well as at the ASC Summit on "Facing the Future of Cytopathology: Discerning the Future Needs of our Profession" held at the 2009 ASC meeting in Denver, CO. The White paper from this summit was submitted to the PSC and other organizations represented at the meeting for response. Through the hard work of Drs. Lester Layfield and Tarik Elshiek, the EB approved a final draft our response reprinted for you on pages 12 - 14.

The primary mission of the PSC is education in cytohistology and bridging the gap between cytology and histology. We have sought to do this in a collaborative and collegial way both at home and across the globe. Our fulfillment of this mission has surpassed my greatest expectations.

For the second year, the PSC and ASC are presenting a joint scientific program at the USCAP meeting. In 2010 the topic was Fine-needle aspiration of Thyroid Lesions: Beyond NCI State of the Art Thyroid FNA Conference. This year the topic is on The Evolving Practice of Cytopathology: Morphology, Ancillary Tests and Personalized Medicine. The PSC session on Sat. Feb. 26, 2011 will begin with the Awards presentations at 7pm. See page 18 for details of the speakers. The ASC session on Sunday evening, Feb. 27, 2011 will continue with the topic. See page 18 for details. The PSC has also presented two sold out panel luncheons at the annual ASC meeting. The 2009 luncheon was on using ultrasound in the FNA clinic presented by Drs. Britt-Marie Ljung and Susan Rollins. This past November the discussion centered on Pathologist Workload Distribution in the Era of Subspecialization: What is the Best Indicator for Determining Fair Allocation of Surgical and Cytologic Specimens, with Drs. Tarik M. Elsheikh, W. Stephen Black-Schaffer and S. Nicholas Agoff as faculty. Thanks to the Scientific Program Committee chaired by Dr. Zubair Baloch for organizing these very successful sessions.

The afternoon session of the PSC scientific program, **Cells without Borders**, is always inspiring. The International Scientific Program and Relations Committee, chaired by Dr. Matt Zarka, organizes this session. We are fortunate this year to have three great talks lined up to discuss cytology education in Mexico and Africa. See page 18 for details.

The PSC not only collaborated with the ASC, but our European colleagues as well. In our annual collaboration with the European Congress of Cytopathology, the PSC sponsored a satellite symposium at the 2009 meeting in Lisbon, Portugal on EUS of the Pancreas and Mediastinum, and will sponsor a symposium on Head and Neck cytology at the 2011 meeting in Istanbul, Turkey. See highlights of this exciting upcoming meeting on page 17.

A new tri-annual collaboration is with the International Congress of Cytology. This past May, 2010 in Edinburgh, Scotland, the PSC sponsored a workshop on Soft Tissue Cytology with Drs. Lester Layfield and Paul Wakely. Additionally, the PSC has accepted the invitation of Dr. Rogue Pinto, President of the Indian Academy of Cytology, to collaborate on future educational ventures at their annual meetings in India.

The PSC is especially proud to be a supporter along with the CAP Foundation in the highly successful work of the African FNA Tutorial Series. The 2011 Yolanda Oertel Interventional Cytopathologist of the Year award winner, Dr. Andrew Field, began this series several years ago, and his continued efforts have been supported by PSC faculty including Drs. William Geddy, Tarik Elshiek, David Chhieng and Matt Zarka. Dr. Zarka was successful in securing a Humanitarian Award from the CAP Foundation to fund the tutorials in 2010 (see page 15). Additional educational efforts in Africa were supported by PSC EB member, Dr. Britt-Marie Ljung. Dr. Ljung experiences in Ghana will be presented at the afternoon Cells without Borders session on Sat. afternoon.

The PSC also sponsored cytology education in Vietnam this past year. PSC treasurer, Dr. Eric Suba, along with Drs. Parham, Gillies, and Hassell presented a wide variety of lectures on cytopathology to the Vietnam Society of Pathologists.

The PSC Book Series, *Cytohistology of the Small Tissue Biopsy*, is well underway. Dr. Kim Geisinger and I are the series editors. The first volume in the series, *Cytohistology: Essential and Basic Concepts*, authored by Drs. Prabodh Gupta and Zubair Baloch will be out in early 2011, followed by a volume of musculoskeletal diseases with lead author Dr. Lester Layfield. See page 22 for more information.

And last, but not least, I am proud to report that the Image Atlas for thyroid cytology, a companion web based atlas of the recently published *Bethesda System for Reporting Thyroid Cytopathology* by Drs. Syed Ali and Ed Cibas, is finally open to the public. Check out announcements on page 17.

I look forward to welcoming you to the PSC Companion meeting on Sat. Feb. 26, 2011 in San Antonio, Texas. Bring you boots and turquoise belt buckles and jewelry, and plan on celebrating with us as we celebrate the USCAP's 100th anniversary!

Papanicolaou Society of Cytopathology

Officers, Committee Structure and Charges for 2009-2011

Officers:

President: *Martha Bishop Pitman, M.D. [2009-2011]*

President-Elect: Lester Layfield, M.D. [2009-2011]

Treasurer: Eric Suba, M.D. [20011-2013]

Secretary: David Chhieng, M.D., Ph.D. [2008-2011]; up for re-election

Board of Directors: Officers above plus most immediate Past President and 6 members-at-large

Past-President: Stephen Raab, M.D. [2009-2011]

Members at Large:

Britt-Marie Ljung, M.D. [2008-2011; 1st term]; up for re-election

Aylin Simsir, M.D. [2008-2010]

Tarik Elsheikh, M.D. [2007-2010; 1st term]

Andrew Field, M.D. [2009-2012; 2nd term]

Zubair Baloch, M.D. [2009-2012; 1st term]; up for President-elect

Matt Zarka, M.D. [2009-2012; 1st term]

Phillipe Vielh, M.D., PhD [2010-2012]; 1st term

Committees and Charges

Nominating Committee: This committee is composed of the three (3) immediate past presidents of the PSC.

Stephen Raab, M.D. [2009-2015]

Andrea Abati, M.D. [2007-2013]

Kim Geisinger, M.D. [2005-2011]

Charges:

- ✓ Submit names of nominees to offices elected by the membership- President-elect, Secretary, Treasurer and Members-at-large at least ninety (90) days prior to the annual business meeting
 - The officers of the society should have already served the PSC as a Member at Large
 - Any member of the PSC may submit a name in nomination to the chair of the nominating committee
 - At least two (2) names must be submitted for President-elect
 - The ballot of names from the nominating committee shall be available by the end of September following the annual meeting; the election ballot shall be ready for email and available online by the mid-October with closure of elections by mid-November.
 - The winner is by majority vote; a vote by the Board of Directors will decide a tie of the membership vote

Scientific Program Committee

Chair: *Zubair Baloch, M.D., Ph.D. [2009-2011]*

Members:

Tarik M. Elsheikh, MD

N. Paul Otori, M.D.

Scott Boerner MD FRCP

Guido Fadda, MD

Anjali Saqi, MD

Charges:

- ✓ Design, organize and conduct the scientific program (17th 2010 and 18th 2011) of the PSC during the Companion Meeting weekend of the USCAP

- Topic of the session is decided by consensus at the Annual meeting of the BOD
- Committee is to invite speakers and meet all deadlines as outlined by the USCAP office
- Chair is to communicate with the Executive Director of the USCAP about topic and speakers of the sessions
- If coordinating the session with the ASC, the chair and committee will work with the ASC scientific program committee and chair
- Chair is to act as moderator of the scientific program during his/her term
- Write a letter of appreciation to the faculty of the scientific session on behalf of the President and PSC membership for their time and expertise following the annual meeting (within one month)

- ✓ Create an ASC-Panel Luncheon subcommittee
 - This group will be responsible for organizing and submitting a proposal for a panel luncheon at the annual ASC meeting

Program Development Committee

Chair: *Stephen Raab, M.D.*

Members:

Philippe Vielh, M.D., Ph.D.

Andrew S. Field, M.D.

Matthew Zarka, MD

Sharon Sams, M.D.

Charges:

- ✓ Raise funds to support the various programs and activities of the PSC
- ✓ Work with the treasurer to develop a foundation to support the PSC's mission
- ✓ Investigate grant opportunities to support global endeavors such as the African FNA tutorials

Publication Committee

Chair: Vinod Shidam, M.D. (editor of Focus)

Editor-

Vinod B. Shidham, MD, FRCPath, FIAC

Associate Editor-

Andrew H. Fischer, M.D.,

Editorial board members-

Nancy P. Caraway, MD

Manon Auger, MD, FRCP(C)

N. Paul Otori, M.D

Adebowale Joel Adeniran, M.D.

Santo V. Nicosia, M.D.

Charges:

- ✓ Produce a newsletter (Focus) twice a year (June and December)
 - Focus will be available online only with a link emailed to membership
 - Focus will be converted to PDF and archived on PSC web site
- ✓ Solicit contributions from commercial companies for advertising space in the newsletter

Web Site Committee

Chair: Dan Kurtycz, M.D.

Members:

Claire Michael, M.D.

Vincent Ko, M.D.

Stefan E. Pambuccian, MD,

Chris S. Jensen, MD,

Charges:

- ✓ To interact and communicate on a regular basis with the technical company hired to support the PSC web site (web master: currently Earle Barnes)
- ✓ To review, edit and approve a contract with the web master
- ✓ To receive invoices from web master for change orders to the contract and ensure timely payment for services rendered
- ✓ Work with the treasurer and web mater to create an online membership application and dues payment
- ✓ Work with the secretary and web mater to create an online election process
- ✓ To ensure that the content of the web site is up to date
 - Officers, Board of Directors and committee members
 - Message from the President
 - Most recent version of bylaws (currently has 2000 version; need 2007 version)
 - Award winners including resident research award winners with link to PDF of their winning abstract
 - Focus newsletter archive in PDF
 - eLearning Series with SAMs credit
 - Thyroid atlas content
 - Annual scientific program information
 - Links to other cytology web sites
- ✓ Work with the secretary to develop a process of allowing conference call via Skype

Budget and Finance Committee

Chair: William Faquin, M.D., Ph.D.

Members:

Massimo Bongiovanni, MD

Jeffrey F. Krane, M.D., Ph.D.

Jill C. Ono, M.D.

Charges:

- ✓ Work with the Treasurer to ensure financial stability of the PSC
- ✓ Receive requests for budget allocations from committee chairs
- ✓ Produce a budget for the PSC Board of Director for approval at the annual business meeting
- ✓ Recommend to Board of Directors a change in membership dues if needed
- ✓ Report on the independent auditor's report of the treasurer's records

Membership Committee

Chair: Rosemary Tambouret, M.D.

Members:

Angelique W. Levi, M.D.

Beatrix Cochand-Priollet, M.D.

Jian Shen, M.D.

Charges:

- ✓ Provide new (?and old) members with a certificate of membership
- ✓ Provide Diagnostic Cytopathology with new member information to ensure delivery of the journal
- ✓ Investigate opportunities to provide group membership to developing countries
- ✓ Chair shall be the contact person on the web site link for the PSC application form
- ✓ Solicit new members globally in all categories: regular, junior, emeritus and honorary
- ✓ Review current membership roster and personally contact "lost" members if possible
- ✓ Keep an accurate and up to date record of all member's contact information (as a backup and to support the Treasurer's list) and provide that information to the web master for the membership directory

Constitution and Bylaws Committee

Chair: Kim Geisinger, M.D.

Members:

D. Chhieng, MD

S Bergman, M.D.

Charges:

- ✓ Review the bylaws and update at least every 6 years (most recent 2006)
- ✓ To edit and amend the Bylaws when changes have been approved by membership

Awards Committee

Chair: Andrea Abati, M.D.

Members:

Maureen Zakowski, M.D.

Philippe Vielh MD, PhD

William C. Faquin, M.D., Ph.D.

Lester Layfield, M.D.

Charges:

- ✓ Receive nominations from the membership at least 90 days prior to the annual meeting for
 - L.C. Tao Educator of the Year
 - Yolanda Oertel Interventional Cytopathologist of the Year
 - Ensure that these awards are funded for each year

- Provide information to the President with contact information to ensure that a letter of congratulations and invitation to the meeting to receive the award is sent in a timely fashion
- Provide information to the chair of the web site committee for updating of the web site
- ✓ Investigate the creation of a new award: Lifetime Achievement Award to honor the life's work of those who have greatly contributed to the field of cytopathology
- ✓ Submit the name of the winner as decided by consensus of the committee to the President and the Board of Directors at least 60 days prior to the annual meeting
- ✓ Be responsible for the production of the plaques for these awards as well as the award plaques for the resident research awards and ensure that all plaques are at the meeting for a formal presentation at the beginning of the scientific program along with a letter of appreciation from the President with the award check

International Scientific Programs and Relations Committee

Chair: Matthew Zarka, M.D.

Members:

Martha Bishop Pitman, M.D.

Eric J. Suba, M.D.

Stephen Raab, M.D.

Tarik M. Elsheikh, M.D.

Dr. Andrew S. Field, MBBS

Philippe Vielh, M.D. PhD.

Charges:

- ✓ Work with the organizers of the European Congress of Cytology on the PSC sponsored symposium at their annual meeting
- ✓ Organize the Cells without Borders afternoon session of the PSC
- ✓ Create connections with other international organizations to help recruit members and facilitate joint sessions
- ✓ Work with Dr. Field to investigate ways the PSC can sponsor and facilitate the African FNA tutorials

Research Committee

Chair: Claire Michael, M.D.

Members:

Ben Davidson, MD PhD

Stewart Knoepp, M.D. PhD

Paolo Gutuso, M.D.

Aziza Nassar, MD

Diane Kowalski, M.D.

Charges:

- ✓ Evaluate abstracts for the PSC Research Awards
 - Chair renders all abstracts submitted by application and all Stowell-Orbison Award abstracts anonymous
 - Committee members score abstracts based on novelty of idea, scientific and/or practical value, and effort
 - Report results to the President with contact information and abstract title to ensure a letter of congratulations is sent and that the residents are invited to the PSC scientific session to receive the award
 - Provide information to the web site committee chair for updating the web site
- ✓ Encourage research award applicants among cytology residents and fellows in cytology training programs

Education and Training Committee

Chair: Aylin Simsir, M.D.

Members:

Joan Cangiarella, MD

Guoping Cai, M.D.

John P. Crapanzano, M.D.

Armando Filie, MD

Anna B. Berry, M.D.

Andre L. Moreira MD, PhD

Charges:

- ✓ e-Learning initiative
 - Take case of the month and model it after the USCAP e-learning center so to be able to use them for SAMs credits
- ✓ Get ABP approval for SAMs credit
 - Finalize the on-line Thyroid Atlas
- ✓ Work with Syed Ali and Ed Cibas, editors of the Bethesda Thyroid Atlas

Standards of Practice Guidelines Committee

Chair: Britt-Marie Llung, M.D.

Members:

John Abele, M.D.

Susan Rollins, M.D.

Miquel Sanchez, M.D.

Charges:

- ✓ Inform the PSC in the establishment of training and credentialing guidelines for pathologist's use of ultrasound in FNAs
- ✓ Report to the PSC progress made in this area for Focus and the web site
- ✓ Provide educational sessions (e.g. Panel luncheon at ASC meeting in 2009)

Government Relations Task Force

Chair: Steve Black-Schaffer, M.D.

Charges:

- ✓ Monitor legislative and regulatory issues
- ✓ Propose areas of advocacy by the PSC
- ✓ Communicate and partner with other medical and cytopathology to advocate for issues relative to cytology organizations
- ✓ Update the PSC membership with important timely information with a brief report in the biannual Focus Newsletter

Book Series Task Force

Series Editors: Kim Geisinger, M.D. and Martha Pitman, MD

Charges:

- ✓ Edit the PSC book series on small biopsy/ cytology specimens
- ✓ Organize the series and authors of the various volumes
- ✓ Be the liaison between the PSC and publisher (Cambridge University Press; Marc Strauss)
- ✓ Ensure timely productivity
- ✓ Provide a degree of uniformity to series
- ✓ Oversight of contracts to ensure that the PSC receives royalties as well as authors

Timely Topics: Reimbursement for FNA Procedures

Compensation crisis related to the onsite adequacy evaluation during FNA procedures, Urgent proactive input from cytopathology community is critical to establish appropriate reimbursement for CPT code 88172 (or its new counterpart if introduced in the future)

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In response to confusion centered around appropriate use of the CPT billing code 88172 pertaining to immediate cytological evaluation, Al-Abaddi, et al. of the Economic and Government Affairs Committee of the ASC have written a timely commentary in this issue of Cytojournal, "Adequate Reimbursement is Crucial to Support Cost-Effective Rapid Onsite Cytopathology Evaluations". [1] The October 2009 publication of the National Coding Corrective action policy manual, [2] attempting to clarify the parameters surrounding the appropriate use of the 88172 fee code, has been met with a lack of standardized use within and between pathology departments, and reimbursements for legitimate pathology services have reportedly been denied. Multiple important points are raised in this commentary. [1]

Application of CPT code 88172 was reported in the September, 2006 issue of CAP Today, where specifics were addressed on when and how to use the code. It was stated that code 88172 may be used as many times as a pathologist is asked to assess adequacy, but each application of the fee code requires proper documentation of each interpretation in the report. [3] However, lack of well-defined guidelines has allowed some carriers to deny appropriate reimbursement for these codes and the time-consuming service provided. Adequacy evaluation of each pass of any FNA is analogous to the frozen sectioning scenario with deeper sections of the same frozen block as well as additional tissue from the same specimen submitted for frozen section. Professional time and skilled interpretations of complex pathological interpretations, whether on multiple frozen sections or multiple immediate interpretations of an FNA, should be appropriately compensated [Table 1].

It is widely accepted that immediate adequacy evaluation greatly reduces the cost of patient care. [5] Onsite adequacy evaluation also provides interactive real-time communication of information including appropriate tissue triage recommendations for ancillary tests such as flow cytometry, EM, cytogenetics, etc. This directly impacts clinical management during the critical diagnostic phase while the lesion can still be sampled readily. [6] Any compromise of this step will adversely affect the ultimate cost and quality of patient care [Figure 1]. Studies have reported the increase in diagnostic yield due to onsite adequacy evaluation with an obvious benefit to patient care [Figure 1]. [7],[8],[9],[10] Inability to provide onsite adequacy services would lead to increased cost due to an increased number of repeat procedures with resultant increase in patient morbidity and suboptimal care. Improper compensation practices disproportionate to the time and resource investment have already been pushing this service into disfavor by many pathology departments due to cost of providing this support.

Published literature criticizing the recent trends in compensation practices for the cytopathology services in this endeavor are relatively limited. In the study by Layfield et al, the time spent on various FNA adequacy evaluations was similar to that at Wayne State University Hospitals and ranged from 35 to 56 minutes with time cost exceeding compensation by \$40-50 per procedure. [7] They concluded that intraprocedural consultations by the cytopathologist for onsite adequacy evaluation of FNA procedures are compensated insufficiently by the CPT code 88172 even with the use of a separate 88172 CPT code for each FNA pass and independent immediate interpretation. The payment may be adequate if the cytopathologist personally performs the aspirate with immediate onsite evaluation. [7] Wang et al., addressing the cost effectiveness of adequacy assessment with respect to thyroid FNAs, [9] reported that assessment increases the diagnostic yield of thyroid FNAs but at a tremendous expense to cytology service in time. [9]

At Wayne State University Hospitals, there is a fee code for each pass which is billed on separate lines using the modifier 26/76. However, reimbursement using modifier 26/76 in the current environment is unpredictable, as experienced by a few institutions with some insurance carriers, and periodically shared at discussions in the ASC listserv. Interestingly, some payers state that only one 88172 fee code can be billed per day. Lack of clear consensus or guidelines has led to a deteriorating trend in this component of patient care over time. In general, the insurance carriers lack insight into the technical aspects of the FNA adequacy process to correct this detrimental trend. Publications such as the current commentary from the Economic and Government Affairs Committee of the ASC, published here in "open access" for easy access to the public including policy makers, are critical and healthy trends to address this issue before it gets worse. We applaud the Economic and Government Affairs Committee of ASC for their initiative in this matter by publishing their commentary in the public domain.

It is important to note that the evaluation of different types of specimens by a variety of approaches also impacts the cost analysis. For example, performing pancreatic FNAs are more time consuming than performing FNAs of more easily accessible areas such as the thyroid, which requires a much longer time for onsite adequacy assessment with multiple passes. [11] It would be prudent that compensation for the onsite adequacy evaluation be adjusted with appropriate modifiers for the procedures that routinely require a longer time due to complexity such as with cytotechnologist (CT)-guided, ultrasound-guided, bronchoscopic or endoscopic FNAs and other factors [Table 2]. Proper compensation would encourage pathologists to devote the time

Timely Topics: Reimbursement for FNA Procedures con't.

for this critical function and may spur innovation such as the application of telecytopathology for remote immediate adequacy assessment. [12],[13]

Another issue of significance to be highlighted here is the role of the CT in onsite adequacy evaluation (not interpretation) under the supervision of the pathologist (who is available for consultation as needed). The CT has a definite role to play in the settings when pathologists are not available for onsite FNA services but can provide supervision with availability for direct input as indicated. In the current situation, 88172TC is not considered a stand-alone fee code without an associated 88172PC. [3] If a CT performs onsite adequacy under such conditions, it should be compensated by modified CPT 88172 (higher compensation than 88172TC included in global component). The modified 88172 for example may be 88172TC-ADQ [Table 2]. However, compensation for adequacy evaluations performed by CTs have different problems with additional ambiguity. Alsohaibani et al. showed that onsite FNA adequacy evaluation by CTs had an increased diagnostic yield

compared with blind FNAs (77% versus 53%, respectively). [10] This approach would be a definite help in many institutions with limited availability of pathologists for onsite adequacy. The worst case scenario would be limitation or cessation of such services in the long run. Even in the academic settings with relatively less emphasis on the cost component due to the teaching value of the FNA adequacy exercise, currently there is an increasing reluctance to provide this support. A standard of practice across the board allowing separate billing for onsite adequacy of each pass of FNA is pivotal to prevent the potential debacle of this important service in patient care. This component is crucial for continued savings in overall patient care cost with better care and less morbidity. Given this fact, our clinical colleagues dependent on this support would agree that it is imperative that we proactively advocate the right approach. We look forward to the upcoming guidelines by the Center for Medical Services and strongly recommend that the cytopathology community let their voice be heard in the open public forum regarding this issue.

Table 1: Comparative reimbursement RVUs for onsite FNA adequacies, frozen section and touch prep.

CPT Code	SERVICE	Time	RVU	
88172	On site adequacy evaluation of FNA	35-56 min	Carrier A 0.83	Carrier B 1.1
88331	First tissue block with frozen section(s) single specimen	10-20 min	1.7	2.2
88332	Each additional tissue block with frozen section(s)	10-20 min	0.82	1.07
88333	Cytological examination (i.e. touch prep) First area	10-15 min	1.7	2.2
88334	Cytological examination (i.e. touch prep) Each additional area	10-15 min	1.02	1.4

RVU, Relative value unit; FNA, fine needle aspirate¹⁰

Table 2: Hypothetical reimbursement for onsite FNA adequacies after considering complexities and time factor.

Onsite adequacy evaluation	Nature of pass(es)	Suggested level of relative compensation code related to original CPT code of 88172 *	
		X For adequacy by Cytopathologist/ cytopathology-trained pathologists	Y For adequacy by Cytotechnologists with cytopathologist/cytopathology-trained pathologists available for consultation
FNA of superficial lesions with average complexity and time requirement	First pass	A. 88172- modifier 26 (Global)	M. 88172 TC-ADQ
	Additional pass(es)	B. 88172- with modifier 26/76 (Global)	N. 88172 TC-ADQ with modifier 'a'
FNA of deeper lesions under image guidance such as US guided thyroid FNA	First pass	C. 88172- modifier 26* (Global)	O. 88172 TC-ADQ*
	Additional pass(es)	D. 88172 with modifier 26/76* (Global)	P. 88172 TC-ADQ + with modifier 'a'
FNA of deeper lesions with complex procedures needing longer time, such as EUS-FNA, transbronchial FNA, intraoperative FNA	First pass	E. 88172-modifier 26** (Global)	Q. 88172 TC-ADQ**
	Additional pass(es)	F. 88172 with modifier 26/76** (Global)	R. 88172 TC-ADQ** with modifier 'a'

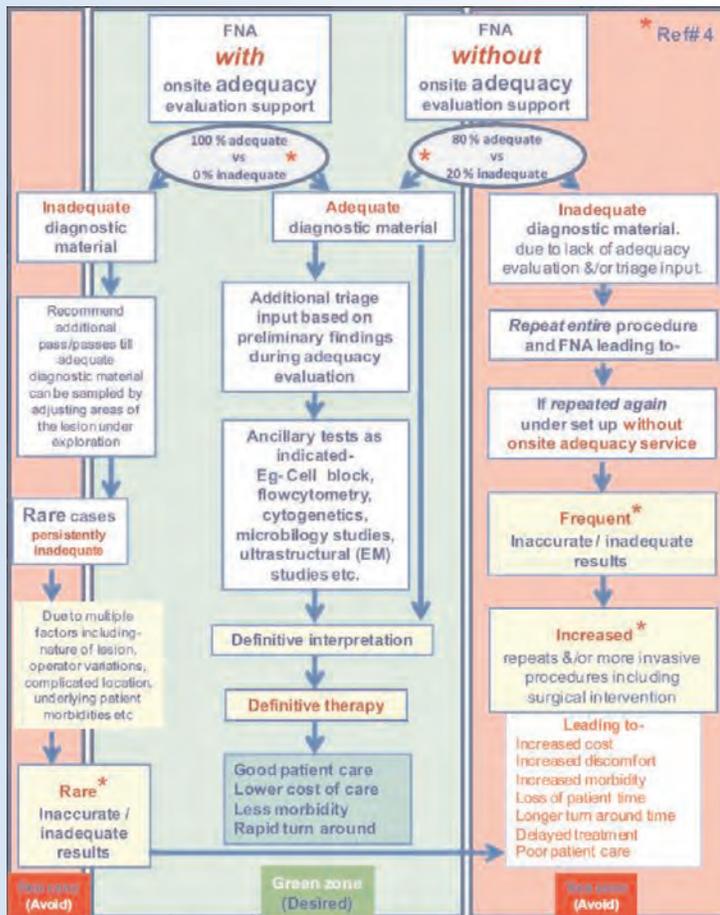
**Illustration using numbers as percent:
If basic compensation for CPT 88172 is 100%.**

'A' is 100%,	'M' may be 80%,
'B' may be 80% × n	'N' may be 60% × n
'C' should be 120%,	'O' should be 90%,
'D' may be 100% × n	'P' may be 80% × n
'E' should be 140%,	'Q' should be 100%,
'F' may be 100% × n	'R' may be 90% × n

Global is PC and TC combined together; PC, professional component; TC, technical component, * indicates higher compensation and ** indicates incrementally higher compensation more than just', a, additional pass; *To avoid complexity and simplify the coding, new CPT codes may be introduced with above principle., n = number of additional passes

Timely Topics: Reimbursement for FNA Procedures con't.

Figure 1: Comparative scenario in the evolution of patient care involving FNA with onsite adequacy versus without onsite adequacy.



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The Humanities Corner

By Manon Auger, MD, FRCP(C)
McGill University Health Center and McGill University

Historical and trivial facts related to urinary cytopathology

Did you know that... ?

In antiquity,

- Urine was believed to be a soul substance and that rubbing it on the body was thought to be protective against evil,
- rain was believed to be the urine of a deity, therefore exposure to rain was thought to be soul-healing,
- urine was used in baths as it was thought to be beneficial to the beauty of the skin,
- urine was used as a mouth wash to prevent cavities, probably due to its content of ammonium salts,
- descriptions of schistosomiasis, hematuria and urinary incontinence were recorded on papyri in ancient Egypt(1).

In the Middle ages,

- Avicenna, a famous Persian physician (980-1037), believed that the color, density, sediment and odor of urine were indicators of patient strength, evolution and prognosis in various medical conditions(1),
- Uroscopy, the art of making a diagnosis and prescribing a therapy based solely on the characteristics of the urine of a patient was considered scientific; in fact, the urine flask became the symbol of the medical profession(1) (Fig 1),

The Humanities Corner con't.

- ☞ The term “transitional” epithelium was first given to the urinary epithelium by Dr. Friedrich Henle, a 19th century German pathologist, because he thought that it represented a “transition” between squamous and glandular epithelium. Dr. Henle has since been proven technically wrong because the urothelium is now recognized to have unique characteristics. Nevertheless, he was not entirely mistaken since the urothelium is actually capable of both squamous and glandular differentiations(2).
- ☞ Dr. Fred Stewart made a diagnosis of bladder carcinoma on a urine cytological specimen from Dr. James Ewing, then Chief of Pathology at Memorial Hospital in New York city. Dr. Ewing died of metastatic urothelial carcinoma a few months later(1).
- ☞ In 1945, Papanicolaou and Marshall published their findings on the cytological evaluation of urinary tract cancers; until then, there had been very few publications on this subject(3).
- ☞ About Polyoma BK virus
 - The name “Polyoma” was given to the virus because of its ability to induce multiple (poly) tumors (oma). Among the Polyoma viruses, BK virus has been identified as the main cause of Polyoma-associated nephropathy, a major cause of renal allograft failure(4),
 - BK virus-nephropathy was first described as a single case report by the pathologist Mackenzie in 1978; the virus was named after the patient, whose initials were B.K.(4),
 - In the 1950s, Andrew Ricci, a cytotechnologist working with Dr. Leopold Koss at Memorial Sloan-Kettering Cancer Center, coined the term “decoy cells” for the urothelial cells infected with Polyoma virus. Because those cells could be mistaken for malignant urothelial cells, he borrowed the concept from decoy (fake) ducks used in duck hunting (5).

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Figure Legends for The Humanities Corner

by Manon Auger, MD, FRCP(C)
McGill University Health Center and McGill University
December 2010

Figure 1: Photo of the 17th century painting entitled "The dropsical woman" by Gerrit (Gerard) Dou (en.wikipedia.org/wiki/Gerrit_Dou)



Papanicolaou Society of Cytopathology (PSC)

Review and Commentary on

American Society of Cytopathology (ASC) “White Paper” entitled, “Facing the Future of Cytopathology: Discerning the Future Needs of Our Profession.”

Submitted by the PSC Board of Directors

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The PSC applauds the ASC for this huge undertaking, and recognizing the need for a strategic plan to address the future of Cytotechnology. The White Paper contains an excellent overview of the ASC since its founding. This overview summarizes the goals of the ASC and its reasons for developing a “White Paper” addressing future needs and opportunities in the discipline of Cytopathology. This document discusses the background for the initiative and thoroughly describes the process by which the report, “Facing the Future of Cytopathology: Discerning the Future Needs of Our Profession” was generated.

Six possible strategies for the future of Cytopathology and more specifically, the future role of cytotechnologists are suggested. These range from essentially continuing the status quo to major changes in education, training and responsibilities of cytotechnologists. We recognize that the White Paper, appropriately, offers a wide range of ideas and proposals. Some of these proposals adequately take into account market forces and competition between Cytopathology, Molecular Diagnostics and Cytogenetics. Other proposals, however, appear difficult to accomplish or implement, and apparently assume that other specialties within pathology and clinical medicine will not attempt to compete with cytology and cytotechnologists in diagnostic medicine.

We agree with the White Paper’s “Summary Recommendations” that potential strategy # 3 is the most reasonable of all proposed strategies. However, the PSC continues to have concerns about some of the assumptions made, and there remain several external factors, not fully considered by the White Paper, that may impact its implementation. These concerns are outlined below:

- I.** The focus of the Forbes report and the White Paper was on cytotechnologists and the maintenance of their viability as a profession in an ever-changing medical environment. We, therefore, believe that the title of the White Paper should reflect that fact. A suggested change of title would be: “Facing the future of Cytotechnology: Discerning the future needs of the profession”.
- II.** In its current form, the “White Paper” addresses mostly how cytotechnologists can remain viable contributors to medical care. However, it does not adequately discuss how cytopathologists will address the future needs in the disciplines of Cytopathology, Molecular Diagnostics and Cytogenetics. Little attention is given to questions of optimizing patient care, development of new diagnostic modalities and what role Cytology in general will play in the future of diagnostic medicine.
- III.** We recommend that the discussion should be expanded to include how other professionals and professional organizations will deal with future change in the medical system based on medical economics and health policy. More discussion is needed regarding the role of cytogeneticists and cytotechnologists, or a combination of both

in Molecular Diagnostics, and how the current position of cytotechnologist can be modified or “re-invented” to adapt to the ever-changing field of diagnostic pathology. These excellent suggestions / strategies, however, would only apply to the practice of cytopathology in the US and some European countries. Therefore, any document produced or endorsed by the ASC or PSC should clearly state that though molecular testing based on cytology specimens is quite rightly becoming an integral part of training and career pathways in Western countries, “Cytomorphology” remains the only realistic way to diagnose and manage patients in the developing world. This is mostly due to the prohibitively expensive cost of molecular testing in developing nations. Should high-quality molecular tests for cervical screening become affordable and desirable in developing nations, cytology will remain necessary for primary screening of younger women and for triage of molecular primary screening tests.

- IV.** Some of the proposed strategies, including strategy #3, make a number of assumptions concerning the skills which cytotechnologists currently have, and those that they can develop given appropriate education and training. Although mentioned as a “disadvantage” of strategy #2 (possible infringement of cytotechnologists on cytogenetics technologist practice), competition with technologists in other fields was dismissed and considered by the authors of the “White Paper” as potentially becoming a welcomed and needed help in an impending laboratory workforce shortage environment. These assumptions, however, did not take into account the “economics of health care” and competition from other subspecialties in pathology. Technologists from other fields with lower salaries or hourly rates of pay may directly compete for work in areas where cytotechnologists propose to increase their workloads by adding more laboratory tests. This lower paid competition could make cytotechnologists less cost effective from a laboratory management point of view. This viewpoint on the part of laboratory managers could effectively exclude cytotechnologists from increasing their workload by expanding into some new areas. In addition, there is no evidence presented to suggest that cytotechnologists are superior to cytogenetics technologists or molecular diagnostic technologists in performing genetic or molecular testing.
- V.** We agree with the White Paper’s summary recommendations that strategy #4 (concept of cytopathology assistant) was “premature and would likely require extensive training with courses in medicine and pathology, and that the market analysis has not demonstrated a clear need for such a professional”. Furthermore, we believe that although there is apparent maldistribution of pathologists throughout the country, assumptions of a potential 50% increase in pathologist workload were based on weak data. The “White Paper” also suggests that pathologists may increase their procedures by performing endoscopic biopsies and ultrasound guided FNAs. While ultrasound guided FNAs are performed by a minority of pathologists, mainly in investigation of thyroid nodules, there is no evidence that there will be any significant increase in the number of non-thyroid ultrasound guided FNAs performed by cytopathologists in the foreseeable future. In addition, training, credentialing, and certification requirements to perform and bill these tests may prevent many Pathologists from performing ultrasound-guided FNAs. It is also highly unlikely that pathologists will perform endoscopic biopsies, as these are complex procedures requiring patient monitoring, sedation and relatively high technical skill in the mechanics of endoscopy.
- VI.** In addition to the disadvantages already listed by the White Paper regarding strategy #4, we also would like to highlight the potential infringement by a possible “cytology assistant” on already existing Pathology Assistant positions. Pathology Assistants already receive training in gross dissection and histopathology. If major changes in training and certification are to be considered, are we truly only discussing the modification of the cytotechnology profession and cytotechnologists, or are we embarking on a reconfiguration of training so that they become Pathology Assistants? If the latter is true, then the discussion of future training and certification of more broadly trained individuals requires a more universal discussion with other professional societies including those for pathology assistants, molecular pathology and cytogenetics.

- VII.** Cytotechnologists can certainly increase their workload and visibility by performing immediate assessments of adequacy of FNAs performed under imaging guidance. In many institutions, the pathology laboratories are not conveniently located to Radiology and pathologists have insufficient time to perform these immediate assessments. In these cases, cytotechnologists could yield invaluable assistance in stating whether or not material is adequate for diagnosis. It is less clear whether or not cytotechnologists are able to triage material for special studies such as molecular diagnostics, immunohistochemical staining and flow cytometry, but training in this area is certainly possible. Cytotechnologists may also be of aid in assisting pathologists with specimen preparation where practice settings have pathologists perform fine-needle aspirates. Unfortunately, compensation for these immediate assessments and sample preparation is decreasing, and without adequate compensation for these immediate services, economics may preclude the use of pathologists and cytotechnologists in these endeavors.
- VIII.** Although, it is true that some cytotechnologist training programs are closing, the “White Paper” has not fully analyzed the reasons for this trend. Are these schools closing because the training of cytotechnologists is too expensive? Are these programs closing because there is insufficient demand for cytotechnologists? If the latter is true, these proposed modest changes in cytotechnology training and tasks performed may not necessarily reverse the decreased demand for cytotechnologists in future medical practice.
- IX.** The “White Paper” suggests that there is an aging of individuals in the laboratory profession that may result in a crisis for workforce numbers in the future. Root causes for this possible trend are not examined. This “graying” of the laboratory professional impacts not just cytopathology but all forms of medical technology. This is an issue involving not just the ASC but also the ASCP and other professional organizations. Factors such as compensation, development of new instrumentation and other technology (requiring reduced skills on the part of the operator) and changes in certification requirements are all important issues in addressing this trend. These issues are not well covered in the “White Paper” and may, in fact, be beyond the scope of the present discussion.

Conclusions/Summary:

The present document: “Facing the Future of Cytopathology: Discerning the Needs of Our Profession” is a useful first step in addressing the future of Anatomic Pathology in general and Cytotechnology specifically. The White Paper focuses predominately on ways of ensuring the future value and need for cytotechnologists, and not that of cytopathologists or the practice of cytopathology. There is little emphasis on changing patterns in medicine, patient needs, clinician needs and the interaction between Anatomic Pathology subspecialties, including molecular diagnostics, cytogenetics and histopathology. Competitive factors and medical economics are not fully addressed. Certificate programs for pathology assistants and genetics already exist and individuals with these certificates would compete with cytotechnologists. The proposed strategies range from essentially no modifications in cytotechnologist training or practice to proposals requiring broadly expanded training and certification. Strategy #2 could be carried out by incorporating cytotechnologists into the evolving practice of pathology, which could perhaps be achieved by forms of “on the job training” rather than certificate based formal education. Strategy #3, which was recommended by the White Paper, would require significant modification to the education and training provided currently to cytotechnologists, and could infringe on other professionals in the field. The PSC recommends more extensive study and investigation of medical economics, consideration of effects on other pathology technology subspecialties, as well as communication with other potentially affected professional societies, before these recommendations are endorsed.

Report of the African Tutorial FNA Series

Matthew A. Zarka, MD. Director of Cytopathology
Mayo Clinic Arizona 2010 CAP Foundation Humanitarian Award Recipient

In a setting where there are limited medical resources, such as large areas of sub-Saharan Africa, fine needle aspiration biopsy (FNAB) is a powerful diagnostic tool since it requires little infrastructure and equipment. The real challenge is to train cytopathologists to perform and interpret FNAB. Dr. Andrew Field, St. Vincent's Hospital, Sydney, Australia, Dr. William Geddie, Toronto General Hospital, Toronto, Canada and Dr. Matthew A. Zarka, Mayo Clinic Arizona, Scottsdale, USA, members of the Papanicolaou Society of Cytopathology, received the 2010 College of American Pathologists Foundation Humanitarian Grant Award on behalf of the Papanicolaou Society of Cytopathology (PSC), to fund the East and West African Cytology Tutorial Series in May of 2010.

The purpose of the African FNA Tutorial Series is to instruct local pathologists in East and West Africa about the practical application of FNAB as a primary means of pathologic diagnosis in the limited health care setting. The tutorial series is a means for local African pathologists and cytotechnologists to receive expert instruction in the field of cytology without having to travel the cost prohibitive distances to obtain the necessary instruction. The CAPF grant funded the most recent PSC Africa FNA Tutorial Series in May 2010 that included a tutorial at the University of Stellenbosch, Stellenbosch South Africa and the Aga Khan Hospital,

Nairobi, Kenya. Drs. Field, Geddie and Zarka comprised the international faculty at both venues. Over 130 cytopathologists, anatomic pathologists, pathology residents, and cytotechnologists from South Africa, Kenya, Tanzania, Zimbabwe, Rwanda, and the Mauritius Islands attended these African Tutorials. The CAPF grant supplemented the travel expenses of the international faculty members and the registration cost of many of the African attendees, who otherwise would have not been able to attend the tutorials without grant support. Dr. Pamela Richelow, tutorial faculty member from University of Witwatersrand and the National Laboratory Service, Johannesburg, South Africa, mentioned, "I have never encountered three international and foremost cytopathologists at the same time at any occasion in South Africa!"

Drs. Field, Geddie, and Zarka are grateful of the CAP Foundation whose generosity resulted in the success of the 2010 East and West African FNA Tutorial. This is an exciting development for cytology in Africa. The CAP Foundation, in collaboration with the Papanicolaou Society of Cytology, has contributed to the success of this humanitarian and educational endeavor to provide assistance with the establishment of FNAB as a cost effective diagnostic tool for the population of developing Africa.



News & Announcements

PSC Annual Meeting

Saturday Feb. 26, 2011

Henry B. Gonzalez Convention Center

San Antonio, TX

<http://www.uscap.org/index.htm>[P100reg/index.htm](http://www.uscap.org/index.htm)

Supported by unrestricted educational grants from: Hologic, Inc, Bectin, Dickson, and Co; and RedPath, IP, Inc

36th European Congress of Cytology

22-25 September 2011

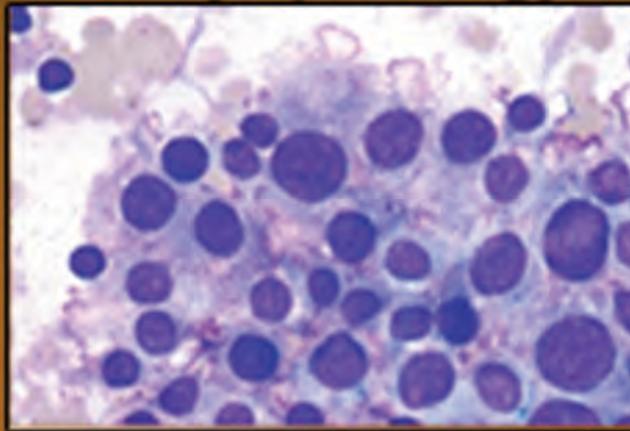
Harbiye Museum and Culture Centre

Istanbul, Turkey

<http://www.cvtologyistanbul2011.com>

Now Online!

**The Papanicolaou Society
of Cytopathology**



**The Bethesda System for
Reporting Thyroid Cytopathology Atlas**

Papanicolaou Society of Cytopathology USCAP Companion Society Activities

Henry B. Gonzalez Convention Center, San Antonio, TX
February 26th, 2011

10:30AM – 1:00 PM: Executive Board Meeting (Officers and Executive Board only)
Bonham Room, San Antonio Marriott Riverwalk Hotel

2:00PM – 4:00PM: International Relations Committee Afternoon Session
Bonham Room, San Antonio Marriott Riverwalk Hotel
Moderators: Matthew Zarka and Eric Suba

LiveStrong Programs in Mexico and South Africa
Speaker: Rebekkah Schear, Lance Armstrong Foundation, Austin TX

Cytology in Ghana
Speaker: Britt-Marie Ljung, University of California, San Francisco

Papanicolaou Screening in Mexico
Speaker: Ludwig Erick Gonzalez Mena, Mexican Academy of Cytopathology, Mexico City

Fine-Needle Biopsy Training Programs in Africa
Speaker: Andrew Field, St. Vincent's Hospital, Sydney, Australia

4:00PM – 5:00PM: Annual Business Meeting
Bonham Room, San Antonio Marriott Riverwalk Hotel

5:30PM – 7:00PM: Cocktail Reception
Bowie Room, San Antonio Marriott Riverwalk Hotel

7:00PM – 10:00PM: Papanicolaou Companion Society Evening Session
Henry B. Gonzalez Convention Center, River Level, Rooms 008A/B
Moderator: Zubair Baloch, University of Pennsylvania, Philadelphia PA

**“The Evolving Practice of Cytopathology: Morphology, Ancillary Tests,
and Personalized Medicine”**

Welcome and Award Presentation
Speaker: Martha Pitman, Massachusetts General Hospital, Boston MA

Introduction
Speaker: Zubair Baloch

Practicing Morphology in the Era of Special Techniques
Speaker: Sylvia Asa, University Health Network, Toronto ON

How Much Molecular Pathology Does a Cytopathologist Need to Know?
Speaker: Jennifer Hunt, Massachusetts General Hospital, Boston MA

**Lessons Learned from Molecular Analysis of “Unbelievably Small”
Cytology Specimens**
Speaker: Dara Aisner, University of Pennsylvania, Philadelphia PA

HPV Analysis of Head and Neck Fine-Needle Aspiration Specimens
Speaker: William Westra, Johns Hopkins Hospital, Baltimore MD

L.C. Tao Educator of the Year



Fernando Schmitt, MD, PhD

**Associate Professor of Pathology at Medical Faculty;
Director of Molecular Pathology Unit at the Institute of Molecular
Pathology and Immunology of the University of Porto, Portugal**

Dr. Schmitt exemplifies the best in educational leaders in both surgical and cytopathology and thus represents an educator who bridges the gap between histo and cytopathology. He is an internationally recognized expert in the field of breast pathology with over 200 scholarly contributions to the literature and over 390 proffered lectures at international meetings. He is a member of 13 editorial boards, and active on various international committees. He is past president of the Portuguese Society of Cytology.

His research is focused on breast cancer and the molecular mechanisms of carcinogenesis using FNA. Not only is he generous with his time in teaching around the world, he mentors 8 PhD students, 1 post-doctoral fellow and 1 principal investigator in his lab. Congratulations to Dr. Schmitt.

Yolanda Oertel Interventional Cytopathologist of the Year



Dr. Andrew Field

**Senior staff specialist in the Department of Anatomical
Pathology at St Vincent's Hospital, Adjunct Associate Professor
at Notre Dame Medical School, Sydney, Australia**

Dr. Field exemplifies the very heart and soul of the PSC mission on global outreach. Dr. Field's work has supported the development of cytopathology in general and the use of FNA in particular in the developing world. He has organized and run weeklong FNA Tutorials, in Kampala, Uganda, Lagos, Nigeria, Dar Es Salaam, Tanzania and Nairobi, Kenya and Kano, Nigeria, among others. His efforts contributed to the first scientific meeting of the West African Society of Cytology in 2009. These and subsequent tutorials have assisted in introducing and training more than 400 local pathologists and laboratory technicians in the technique of FNB and smearing through practical sessions and outpatient clinical demonstrations, and have provided an intensive introduction to an approach to the diagnosis of palpable sites. His efforts were self funded until 2010 when the support from the PSC and a humanitarian grant from College of American Pathologists assisted his efforts. His tireless and selfless efforts to utilize the simple tool of FNA for patient care in Africa have started the cascade of events to self-sustaining education in this area.



Lifetime Achievement Award



Dr. Carlos Bedrossian

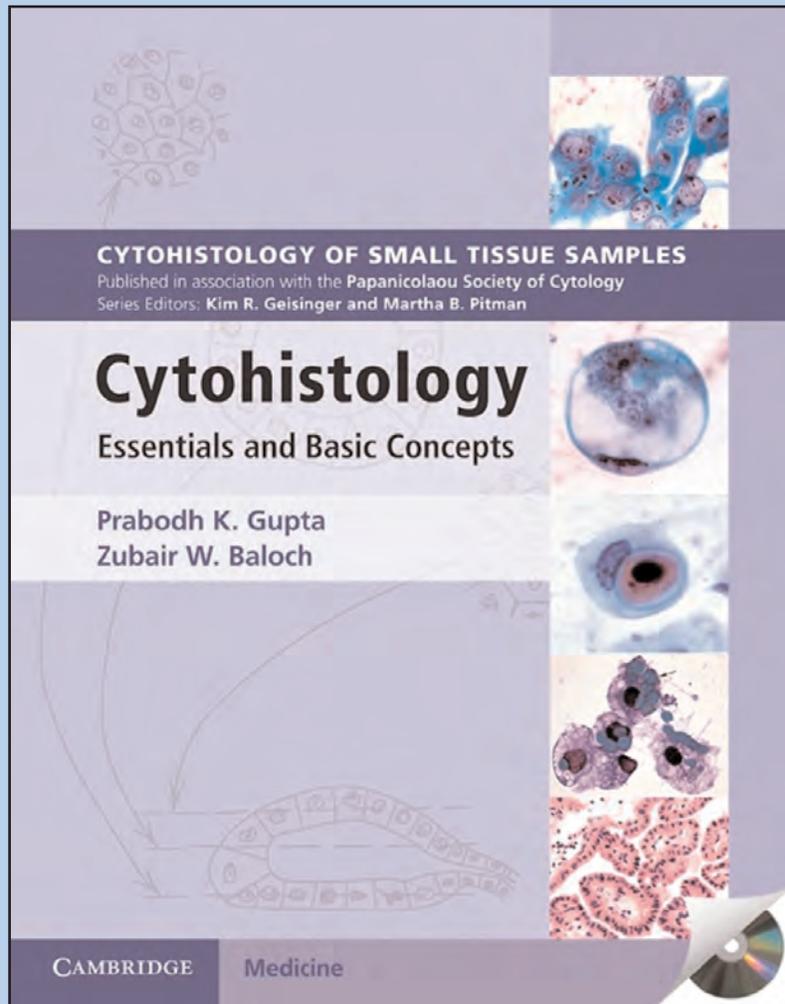
**Professor of Pathology, Rush University Medical College,
Attending Staff, Department of Surgery and Pathology,
Norwegian American Hospital Chicago, IL**

Dr. Bedrossian (Col., USAFR (Retired) 2008) needs no introduction to those of us in the field of cytology. He is a world renowned expert in cytology in general and in pulmonary and fluid cytology in particular. He has taught us all on the use of ancillary testing in the diagnosis of mesothelioma. In addition to being the founding editor-in-chief of Diagnostic Cytopathology, he serves on several editorial boards and has authored close to 200 scholarly articles and chapters as well as 3 books. He has given hundreds of lectures around the world. He is past president of the Oklahoma and Texas Societies of Cytology, as well as the Latin American Pathology Foundation. He was an executive board member of the ASC. As the founding member and past President of the PSC, Dr. Bedrossian played a pivotal role in the initial and sustained growth of the PSC and is responsible for attaining companion status for the PSC with the USCAP. For all of these reasons and more, the PSC is thrilled to honor Dr. Bedrossian with the first annual PSC Lifetime Achievement Award.

Cytohistology of Small Tissue Samples

Cambridge University Press

Volume 1. Due out in early 2011



COMING SOON

VOLUME 2. MUSCULOSKELETAL: LAYFIELD, BEDROSSIAN, CRIM AND PALOMBINI

VOLUME 3. LUNG AND MEDIASTINUM: ALI AND YANG

ADDITIONAL VOLUMES IN THE PIPELINE:

FLUIDS: MICHAEL, CHHIENG, BEDROSSIAN

HEAD AND NECK: BALOCH, FAQUIN, ELSHEIKH

BREAST: CANGIARELLA, SIMSIR, TABBARA



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Dear Colleague:

It is the time of year for the election of officer.

The executive board has 3 positions open.

- (1) President-elect
- (2) Secretary
- (3) Member-at-large

Please see attached documents for the candidates' biosketch.

Please check only one box for each category. You can either email (david.chhieng@yale.com, the subject should be "PSC nomination") or fax (203-737-5388) your completed ballot. The deadline is Jan 16th 2011.

President-Elect (Check one box only)

Zubair Baloch

Claire Michael

Secretary (Check one box only)

David Chhieng

Yes

No

Member-at-Large (Check one box only)

Britt-Marie Ljung (2nd term)

Daniel Kurtycz

Candidates for President Elect 2011



Zubair W. Baloch, MD, PhD

Dr. Baloch received his medical degree from Liaquat Medical University in Pakistan and came to the USA in 1986 to do research in immunopathology. After receiving his PhD in 1991 he joined the pathology residency at Hahnemann University Hospital. This was followed by fellowships in surgical pathology at Memorial Sloan Kettering Cancer Center New York and cytopathology at the University of Pennsylvania Medical Center. He selected a career as an academic cytopathologist and surgical pathologist. Dr. Baloch began his career as an assistant professor at UPENN medical center in 1997 and is currently a professor of pathology and laboratory medicine there. He has authored more than 100 peer reviewed publications in leading pathology journals and numerous book chapters and monographs; he has delivered numerous lectures, workshops and short courses both at the national and international meetings. His research has been focused on exploring the role of various markers that can be helpful in understanding the development of thyroid tumors as well as their application as diagnostic aids in thyroid pathology (FNA specimens and histology).

Dr. Baloch has been an active member of the Papanicolaou Society since 1997. He has served as the chair of the Papanicolaou society QA committee 2002-2004 and chair of the practice guidelines committee 2005-2007; he has also served as a member of the Papanicolaou Society Scientific Program Committee. During his term as chair of the Guidelines Committee, he was an integral part of the team which arranged one of the most successful and innovative scientific programs on thyroid FNA at 2006 annual USCAP meeting. He also served as the chair of the terminology and morphologic criteria committee of the NCI sponsored thyroid FNA initiative which led to the development of "Bethesda Thyroid FNA Classification Scheme". At present Dr. Baloch is the member of PSC executive board and chair of the PSC scientific program committee which has been responsible for the heavily attended companion society scientific session at USCAP annual meetings and round table discussion at annual meeting of American Society of Cytopathology. The 2010 PSC scientific session was unique as it was arranged in collaboration with the American Society of Cytopathology.

In brief, Dr. Baloch has been a good citizen of the PSC and continues to further the educational mission of the society.



Claire Michael, MD

With the integration of digital imaging, telecytology, ultrasound guided aspiration biopsy, and molecular testing, Cytopathology as a discipline is evolving fast and needs the proper leadership to navigate the future and turn these challenges into opportunities for the next generation. Dr. Claire W. Michael has the experience and skills to steer our society's future. She has been an active member of the Papanicolaou Society of Cytopathology (PSC) and has diligently served in multiple roles: Committee of Standard of Practice and Committee of Quality Assurance, member (1993-95 and 1996-98), Research Task Force, Chair (1999-2002 and 2009-2011), Secretary for two terms (2002-08), and Educator of The Year Award Task Force, Chair (2005-09).

Currently a Professor and Medical Director of the Cytopathology Section at the University of Michigan, Dr. Michael received her medical education at Ain Shams University, Cairo, Egypt in 1983. She trained in Anatomic and Clinical Pathology at William Beaumont Hospital, Detroit MI (1992) and did a Cytopathology fellowship at Wayne State University, Detroit MI (1993). Dr. Michael began her career as the Director of Cytopathology at the University of South Alabama (1993-95) and moved to the University of Michigan in 1995 as Associate Director, assuming the directorship in 1997.

In addition to her many years of administrative experience, Dr. Michael has received additional training in Executive Leadership, Negotiation Skills, Diversity, and Lean Management. She currently serves as a reviewer for several peer-reviewed journals in pathology and cytopathology. She is a Section Editor in Diagnostic Cytopathology and Co-Editor of the upcoming monograph Effusion Cytology (part of the PSC sponsored series). Dr. Michael has authored over 60 publications and 4 book chapters and has lectured extensively both nationally and internationally. She participated as committee member in the NCI Thyroid Fine Needle Aspiration State of Art Conference and is a co-author of the follow-up publications.

Dr. Michael welcomes the opportunity to lead the society towards a new horizon in which our vision and educational mission are aligned with globalization and the fast paced changes in technology and the economy.

Candidates con't.

Candidate for Secretary 2011



David Chhieng, MD, MBA, MSHI

Dr. Chhieng obtained his medical degree from the University of Hong Kong in Hong Kong. After moving to the States in 1991, he completed the AP/CP pathology residency at Albany Medical College in Albany NY, an oncologic surgical pathology fellowship at Memorial Sloan Kettering Cancer Center, and a cytology fellowship at New York University in New York NY. After completion of his training, he worked in the Department of Pathology at the University of Alabama at Birmingham (UAB) as an academic cytopathologist and surgical pathologist for 9 years. Currently, he is a Professor and Director of Cytology and Outreach Service in the Department of Pathology at Yale University, New Haven CT. During his time at UAB, Dr. Chhieng has completed two master programs, one in Business management and one in Health Informatics. He is currently pursuing his third master program in engineering management. Dr. Chhieng has authored over 130 peer articles in leading pathology and medical journals, 2 textbooks, and several book chapters monographs. He has presented numerous workshops in both national and international scientific meetings as well as visiting professors to a number of institutes. He currently serves on the editorial board of Cancer Cytopathology and Diagnostic Cytopathology. His research interests include the application of new technology and molecular testing as well as the application of lean and six sigma to improve laboratory operation.

Dr. Chhieng has been an active member of the Papanicolaou Society since 1999. He has served on several committees including Education and Training Task Force, Membership Committee, Publication Committee, Constitution and Bylaws Committee, Book Series Force, and as a member of the Executive Board. He has also participated in PSC international outreach efforts by offering cytology workshop to pathologists in Uganda and Kenya 2 years ago. He also has served or is serving in other pathology societies including CAP, ASCP, ASC, and ASCT. Currently, he is serving his first term as the Secretary of PSC. As the Secretary of the Society, he continues fostering communication and diligence through proper management and utilization of important records such as meeting minutes and the organization's bylaws. He will also continue to promote the mission of the Society in bridging the gap between cytopathology and surgical pathology as well as to develop and foster relationships between the Society and healthcare professionals and organizations in the developing countries.

Candidate for Member-at-Large 2011



Britt-Marie Ljung, MD

Dr. Britt-Marie E. Ljung obtained her medical degree from the Karolinska Institute, completed two years of cytopathology fellowship at the Karolinska Hospital in Stockholm under the leadership of Torsten Lowhagen and residency training in anatomic pathology at UCLA. She has served on the faculty at University of California at San Francisco since 1983 and is currently director of the cytopathology fellowship, co-director of the Division of Cytopathology and vice chair of the department of Pathology.

Dr. Ljung has been focused on the teaching and practice of cytology throughout her career and has lectured widely and published extensively in this field. She has championed improvement of specimen procurement as a key element of optimizing accuracy in FNA cytology and designed, wrote and created the widely used video, later converted to DVD, on FNA sampling and preparation technique used in many training programs worldwide and now available free on the internet. She is a member of the editorial boards of Cancer Cytopathology, Diagnostic Cytopathology and Acta Cytologica and serves as an ad hoc reviewer for a number of other journals. Dr. Ljung has received multiple awards for her contributions as a teacher, most recently the Educator of the Year Award given by CAP, shared with the three other faculty/writers of the CAP course on Ultrasound Guidance of FNA, specifically for pathologists. She also has received the Yolanda Oertel award for the Interventional Cytopathologist of the Year from the Papanicolaou Society of Cytopathology.

Recently Dr. Ljung has turned a significant part of her focus toward the teaching of cytology outside the US in underserved areas of the world. Cytology in her view is ideally suited to low resource areas because it can be practiced with very limited material resources. However training of practitioners of cytopathology is crucial for its success in any setting. Dr. Ljung has made two visits to Ghana as part of Breast Health Global Initiative during 2010. She has plans to return to Ghana and to work with MUHAS medical school in Dar Es Salam in Tanzania as part of a UCSF collaboration in Global Health and coordinated with the ongoing efforts in cytology training in this part of the world by other members of PSC including M. Zarka and A. Field.

Dr. Ljung is currently serving as an Executive Board member-at-large and chair on the Ultrasound FNA committee for the Papanicolaou Society of Cytology. In the past she has served as chair of the awards committee.

Dr. Ljung has long and extensive experience in the practice and teaching of cytopathology, is passionate about fostering the highest standards and pairing minimally invasive cytology/ small biopsy sampling with modern, evolving molecular technology allowing diagnostic, prognostic and predictive information in high resource settings. She also, in parallel, is committed to teaching the practice of cytopathology in low and middle resource settings in order to provide much needed accurate and timely diagnostic services and build a solid platform for development of efficient health care for all people.

Candidate for Member-at-Large



Daniel Kurtycz, MD

Daniel Kurtycz, M.D., is a Professor of Pathology, School of Medicine and Public Health, University of Wisconsin-Madison, and serves as the Medical Director of the Wisconsin State Laboratory of Hygiene (WSLH). He received his medical degree from the University of Michigan in 1976, and served his pathology internship at the University of Wisconsin-Madison.

Dr. Kurtycz did two years of Surgical Residency at the University of Kansas while his wife finished her training at that institution. He returned to the University of Wisconsin-Madison to finish his pathology residency and fellowship in clinical chemistry with Dr. James Westgaard. He spent his first two years after training in the University of Michigan system. He then was given an offer to return to Madison in 1985. He took over the directorship of the UW-Madison Cytology Laboratory and the School of Cytotechnology from Dr. Stanley Inhorn, WSLH. He established the University of Wisconsin FNA Service and the UW Cytopathology Fellowship (ACGME). He also created the General Pathology Course for the University of Wisconsin School of Medicine (1990-2001). He has worked with the CDC and the Clinical and Laboratory Standards Institute (CLSI) (formerly NCCLS).

Dr. Kurtycz has authored numerous papers and has presented widely on cytological subjects. He serves on the Editorial Board of Diagnostic Cytopathology and is a reviewer for a number of other professional journals. He has served on the executive boards of the Papanicolaou Society of Cytopathology (PSC) and American Society of Cytopathology (ASC), chaired the teleconference committee for the ASC and serves on the ASCP teleconference committee. He has chaired website committees for both the PSC and ASC. Recently he has served as Co-editor of the NCI Bethesda System for Thyroid Cytopathology Reporting Website hosted by the PSC. He is a member of the Cytopathology Development Committee of The American Board of Pathology.

Dr. Kurtycz also directs the sections of Cytogenetics, Biochemical Genetics and Newborn Screening in the WSLH. He has helped create and support fellowships in Cytogenetics, Biochemical Genetics and Newborn Screening. His academic interests include gynecologic cytology in public health, HPV screening, general FNA and educational computing.



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Dear Colleague:

It is the time of year again to collect the dues for the PSC.

We have a wonderful year planned for 2011, which includes 2 issues of FOCUS and the Evening Companion Meeting at the USCAP in San Antonio TX which will begin at 7:00 PM on March 20th. The theme will be “**The Evolving Practice of Cytopathology: Morphology, Ancillary Tests and Personalized Medicine**”. On the same day, the PSC will also have an afternoon session organized by PSC International Relations Committee. Please see accompanied flyer or PSC website for more details.

*****Please make sure you pay your dues by January 30, 2011.*****

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