

# 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*

## PRESIDENT'S MESSAGE

### Whither On-Site Evaluation of Aspiration Biopsies?



**Kim Geisinger, MD,**  
Wake Forest  
University  
School of  
Medicine  
Winston-Salem,  
North Carolina

One of the brightest economic success stories in pathology in recent years has been the improved financial reimbursement for

the screening and interpretation of cervicovaginal cytology specimens. The individuals heavily involved in this should be loudly applauded. Should there be a new focus of concern?

All of us who practice medicine recognize the value of on-site review of fine needle aspiration biopsies (FNAB) smears. If laboratory personnel attend an aspirate, this increases markedly the likelihood of obtaining an adequate and especially accurate clinical history. Perhaps its greatest value is almost completely insuring that the sample is adequate and representative, permitting a good subsequent diagnosis. In some instances, it allows us to provide an immediate interpretation for further facilitating patient triage. By being on site, we can assess the potential need for additional material for other testing, e.g., cell block for immunocytochemistry, flow cytometry, or obtaining additional sterilely for culture. Finally, if the pathologist performs the aspirate, then the palpable qualities of the sampled mass can be integrated with all other information.

For some time, I have been pondering with trepidation the low reimbursement for on-site

evaluation (CPT 88172) of FNAB. This is an extremely valuable, patient care oriented service that should be supplied only by cytotechnologists and pathologists. However, reimbursement for this procedure is, in my opinion, exceptionally low, especially when one dials into the equation the time factor. My fear is that some hospital administrator with too much time on her or his hands (note I did not say "mind"), will determine that we should abandon this service so that cytotechnologists utilize more of their time profitably screening Pap smears and pathologists by reading fluid samples or small biopsies.

Precious little data exist on the actual cost of providing this service. Layfield et al (Cancer Cytopathol 2001;93:319) performed a cost analysis for pathologist's time spent in different FNAB scenarios, utilizing Medicare rate schedules and the salary of an associate professor. These authors found that in most situations, there was a loss of money for providing this service; only when the pathologist personally performed the aspirate did a profit appear, and it was rather meager. Does this seem fair or correct when one recognizes how relatively well a pathologist is rewarded for interpreting, say five or more, different immunostains on a tumor sample?

I am unaware of any similar published data for cytotechnologists' time. In my institution, we average approximately six fine needle aspirates per day. We almost always send one or more members of the cytology team, which essentially always includes a cytotechnologist, to an FNAB. Similar to Layfield and colleagues, the time taken by a cytotechnologist to leave the laboratory, travel to the site of the aspirate, make smears, evaluate adequacy microscopically, possibly interact the pathologist, fill out the proper paperwork, and return (cheerfully) to the laboratory varies with the specific procedure type (and the person performing the aspirate). The shortest time, in general, is when the pathologists themselves perform the biopsies (similar to Layfield) and the longest is during endoscopically-directed gastrointestinal tract

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## TREASURERS REPORT

Ursula Bedrossian, Ph.D.

### Cash Receipts-Less Cash Disbursements: January through December, 2003

#### Ordinary Income/Expense

##### Income

305 · Dues and subscriptions 48,715.20

310 · Donations 13,986.60

**Total Income 62,701.80**

##### Expense

505 · L. C. Tao Award 1,000.00

506 · Plaques 325.00

507 · PSC Award 800.00

516 · Bank and Credit Card Charges 316.94

540 · John Wiley & Sons Subscriptions 38,740.20

555 · Accounting 3,710.00

557 · Exhibit expense 1,278.33

560 · Meetings Expense 3,874.28

578 · Postal Services 861.66

580 · Printing 4,232.80

592 · Telephone 236.99

595 · Website 249.00

598 · Franchise fees 730.00

**Total Expense 56,355.20**

**Net Ordinary Income 6,346.60**

#### Other Income/Expense

##### Other Income

971 · Interest Income 77.58

**Total Other Income 77.58**

**Net Other Income 77.58**

**6,424.18**

### Statement of Assets, Liabilities and Net Assets-Cash Basis

#### ASSETS

##### Current Assets

##### Checking/Savings

101 · Banco Popular 24,873.01

**Total Checking/Savings 24,873.01**

**Total Current Assets 24,873.01**

**TOTAL ASSETS 24,873.01**

#### LIABILITIES & EQUITY

##### Liabilities

##### Current Liabilities

##### Other Current Liabilities

210 · Accrued Expenses 700.00

215 · Dues and subscriptions 2004 10,934.53

220 · Donations for 2004 1,200.00

**Total Other Current Liabilities 12,834.53**

**Total Current Liabilities 12,834.53**

**Total Liabilities 12,834.53**

##### Equity

3900 · Net Assets 5,614.30

**Net Income 6,424.18**

**Total Equity 12,038.48**

**TOTAL LIABILITIES & EQUITY 24,873.01**

## FOCUS

### PAPANICOLAOU SOCIETY OF CYTOPATHOLOGY

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**THE RECIPIENTS OF THE PAPANICOLAOU SOCIETY OF CYTOPATHOLOGY AWARDS  
WERE ANNOUNCED AT THE 93RD ANNUAL MEETING OF THE USCAP IN VANCOUVER, CANADA, MARCH  
2004. THE PAPANICOLAOU SOCIETY OF CYTOPATHOLOGY PROUDLY CONGRATULATES  
THE RECIPIENTS OF THE Following Awards:**

**RECEPIENT OF THE EDUCATOR  
OF THE YEAR AWARD**

**YENER EROZAN, MD**

The Johns Hopkins Hospital, Baltimore, MD



Dr. Erozan accepted his award from Dr. Geisinger at the annual USCAP Meeting in Vancouver, BC, Canada, March 2004.

**RECEPIENT OF THE INTERVENTIONAL  
CYTOPATHOLOGIST AWARD**

**YOLANDA OERTEL, MD**

Washington Hospital Center, Washington DC



Dr. Bedrossian presented Dr. Oertel with the International Cytopathologist Award at the Annual Meeting of USCAP, VanCouver, BC, Canada, March, 2004.

**TOP 2 ABSTRACTS SUBMITTED BY PATHOLOGISTS-IN-TRAINING**

**First Place:**

X Qian, GT McKee. Large Bare Nuclei in Pap Smears: A Clue to High Grade Dysplasia. Brigham & Women's Hospital, Boston, MA; and Massachusetts General Hospital, Boston, MA

**Second Place:**

LA Kubba, K Patel, H Du, EA Hahn, CD Sturgis. Atypical Parakeratotic Spikes and HCII HPV Results: Correlation in Liquid-Based Cervicovaginal Cytology Specimens Interpreted as ASC-US. Evanston Northwestern Healthcare, Evanston, IL; Northwestern University Feinberg School of Medicine, Chicago, IL; ENH Center for Outcome Research and Education, Evanston IL.

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**PRESIDENT'S MESSAGE** *(continued from page 1)*

aspirates. Using an average cytotechnologist's salary (including benefits) of \$27 plus change per hour and a Medicare technical reimbursement of under \$17, no situation appears profitable.

I believe one area for political or insurance bargaining needs to be a significant increase in the reimbursement for on-site evaluation. I would dread the day when we are "informed" that we can no longer provide this

service as it is a consistent money loser. I truly would like to learn what others in and out of the PSC think about this specific situation, before it is too late for a forum on this to develop. In the meantime, please do not forget to document an interpretation and charge for such on each FNAB needle pass during a given a single aspiration procedure. Two or more meager 88172 returns are better than one.

# ANNOUNCEMENTS

## PSC ANNUAL ACTIVITIES IN SAN ANTONIO, TEXAS

SATURDAY, FEBRUARY 26, 2005

*Save the date and the times!*

2 - 4pm

*Scientific Session of the International Relations Committee*

### CELLS WITHOUT BORDERS II:

**Medicolegal Aspects of Cytopathology on the International Front**

**Moderators: Steve Raab, MD and Eric Suba, MD**

#### **Medicolegal Issues and Tort Reform in Australia**

Andrew Field, MD, St. Vincents Hospital, Sydney, Australia

#### **Coming to Terms with Vietnam: The Association between War and Cervical Cancer Among Vietnamese Women**

Eric J. Suba, MD, Vietnam/American Cervical Cancer Prevention Project, San Francisco, California

#### **Medicolegal Aspects of the Association between the Vietnam War and Cervical Cancer**

David Richards, Esq., Attorney, Activist, Author, Mill Valley, California

#### **Cervical Cancer Screening in Brazil: Political and Medico-Legal Implications**

Carlos Alberto Ribeiro, MD, Federal University of Minas Gerais, Belo Horizonte, Brazil

#### **Automated Cytoscreening for Cancer of the Cervix: The Dutch Experience and Its Medico-Legal Impact**

Prof. Mathilde E. Boon, MD, FIAC, The Leiden Cytology and Pathology Laboratory, Leiden, The Netherlands

4 - 5 pm

*Annual Business Meeting*

5:30 pm

*Annual Cocktail Reception*

7 - 9 pm

*Evening Companion Meeting: Annual Scientific Session*

### MEDICOLEGAL ASPECTS OF THE PAP TEST: THE EXPERTS SPEAK "FROM BOTH SIDES NOW"

**Moderators: Andrea Abati, MD and Maureen Zakowski, MD**

#### **Defending the Public Interest and the Pap Test, Medical History's Most Effective Cancer Screening Test**

R. Marshall Austin, M.D., Coastal Pathology Laboratories, Charleston, South Carolina

#### **The PAP Smear Case: The Defense Perspective**

Alex J. Hagan, Esq., Ellis Winters, LLP, Raleigh, North Carolina

#### **Pap Test Litigation: A Pathologist's Perspective from the Plaintiff's Side**

Dorothy Rosenthal, M.D., Johns Hopkins Bayview Medical Center, Baltimore, Maryland

#### **The PAP Smear Case: A Plaintiff's Perspective**

Jerry I. Meyers Esq., Meyers, Kenrick & Giuffre, Pittsburgh, Pennsylvania

# PROFILES IN CYTOPATHOLOGY: YENER EROZAN, MD

Aylin Simsir, MD, New York University, New York, New York

One of the most challenging tasks I had to undertake since I became the editor of the Focus Newsletter over a year ago has undoubtedly been writing this synopsis of the remarkable career of a world renowned cytopathologist, Dr. Erozan. Dr. Erozan is well known to us as an extraordinarily talented clinician, a prolific scientist, a gifted educator, and a wonderful human being. It truly is impossible to summarize Dr. Erozan's accomplishments in such a limited space and be fair to his exceptionally prolific career. Therefore, I decided to leave most of the talking to him after a brief introduction.

Dr. Erozan completed his fellowship in Cytopathology under the mentorship of John K Frost, MD in 1964 and then spent the great majority of his career at The Johns Hopkins Hospital. He briefly left The Johns Hopkins Hospital in 1965, and relocated to his home country Turkey for a few years where he was on faculty at one of the most prestigious medical schools in Turkey, The Hacettepe University in Ankara. Shortly thereafter, he returned to Johns Hopkins to resume his outstanding career in academic cytopathology. Over the years, he became the director of the cytopathology laboratory, and was promoted to professorship in 1995. Dr. Erozan published more than 100 peer-reviewed articles, numerous book chapters, two books (Erozan YS, and Bonfiglio TA (Eds): Fine Needle Aspiration of Subcutaneous Organs and Masses. Lippincott-Raven 1996, Philadelphia, PA and Bonfiglio TA and Erozan YS (Eds): Gynecologic Cytopathology. Lippincott-Raven, 1996, Philadelphia, PA), and a variety of multimedia teaching materials. He has been an Associate editor of Acta Cytologica since 1992. Dr. Erozan served as the President of the American Society of Cytopathology (ASC), and received many high honors including the Papanicolaou Award of the ASC, and the educator of the year award of the Papanicolaou Society of Cytopathology.

Dr. Erozan continues to inspire newer generations of cytopathologists by his relentless active involvement in professional societies including the Papanicolaou Society of Cytopathology. His lifelong dedication to cytopathology, both with his research and his teaching, continues to touch the lives of many patients and students of medicine at every level from residents, fellows to practicing pathologists. On a more personal note, Dr. Erozan is a remarkably kind, gentle and a wonderfully pleasant human being. The following excerpts are from my communication with Dr. Erozan:



## What made you decide on pursuing a career in medicine, and specifically in the field of cytopathology?

As long as I can remember, I wanted to be a doctor. Perhaps it was because my father died from lung cancer when I was 5 years old. My interest in pathology started during Dr. Philip Schwartz's lectures in our pathology course in medical school at Istanbul University. Although my main interest was internal medicine, I realized that pathology is the basis of medicine and decided to get training in pathology before my clinical training. I was fortunate to have great mentors during my pathology training: Professor Muammer Yenerman in Turkey and Colonel James E. Ash in the United States. I became more interested as I learned more about pathology and decided not to pursue my original plan to train in internal medicine. When I completed my pathology residency in the USA, I thought it would be a good idea to do a fellowship in cytopathology before returning to Turkey, since there were only a few trained cytopathologists in the country at that time. After two years of fellowship and one year on the faculty at Johns Hopkins with Dr. John K. Frost, another great mentor, I was "hooked."

## Having trained in medicine and practiced in Turkey for a short while, what are the major differences you see in the practice of

## cytopathology in the US and a developing country such as Turkey?

Cytopathology practice differs among the developing countries. I am most familiar with practice in Turkey and somewhat familiar with practice in Romania (going back to the early nineties). There were differences between these two countries, and I am sure that that is true among "developing countries" worldwide. Cytopathology has flourished in Turkey during the past two decades. Many competent cytopathologists practice similarly to the practice in the USA. Some differences, such as a somewhat limited use of ancillary techniques, are due to financial constraints which probably apply to all developing countries. Other differences include lack of well-structured and regulated training of cytotechnologists and pathology residents, and lack of cytotechnologists and pathologists with cytopathology experience in many medical centers, all of which are being addressed. One more difference, in Turkey's favor, is the virtual nonexistence of malpractice suits involving cytopathology.

## Your career in cytopathology expands over almost 40 years. How has the practice of cytopathology changed during this time?

Reporting of cytopathology results has been improved. Gynecologic cytopathology reporting has become more descriptive and uniform. Non-gynecologic cytopathology has become a more definitive diagnostic method, especially in the diagnosis of cancer, based on which patients can be treated. Abrasive and minimally invasive specimen collection techniques, such as brushings and fine needle aspirations (FNAs), have replaced or been added to "exfoliative cytology." Advancements in imaging and endoscopic techniques and their use in combination with the above techniques, especially with FNAs, have expanded the field of diagnostic cytopathology. New ancillary techniques, such as flow cytometry and immunohistochemistry, have become a part of the routine cytopathology practice, and emerging molecular techniques have been increasingly used in cytologic specimens. New techniques (or new versions of old techniques) such as liquid preparations and automation in cytologic specimen preparation, have been introduced. Training of pathology residents in cytopathology is better organized and regulated. Programs offering fellowships in cytopathology, as well as applications to these programs, have significantly increased. And, examination for qualification in cytopathology has been added to the Anatomic Pathology Board.

## In your opinion, what has been the single most important advancement in the practice of cytopathology?

Introduction of fine needle aspiration into the routine practice of cytopathology.

## What do you feel are your most important professional accomplishments?

To be a good diagnostician and an effective teacher have been my goals. I hope I have accomplished these.

## What do you feel are the major challenges the young cytopathologist faces today, and will continue to face in the future?

To keep up with the emerging technologies and their applications to cytopathology. In addition to immunohisto/chem, which is routinely used in diagnosis today, molecular, genetic and quantitative analytical techniques have been increasingly employed for the detection and diagnosis of diseases, especially of cancer.

*Continued on page 12*

# TIMELY TOPICS

## CREATING A "HIPAA FRIENDLY" CYTOLOGY LABORATORY: PART 1

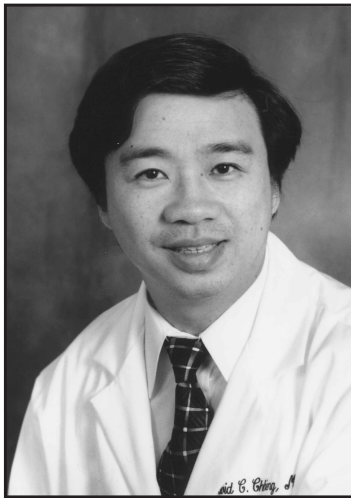
Janie Roberson, SCT (ASCP), Gary W Gill, CT (ASCP)\*, CFIAC, David C. Chhieng, MD. University of Alabama at Birmingham, Birmingham, AL and DCL Medical Laboratories, Indianapolis IN\*

### Introduction and History: The Health Insurance Portability and Accountability Act of 1996 (HIPAA)

establishes privacy rules for the protection of patient health information. These rules apply to "covered entities", which include pathologists and laboratories-among others- if they transmit protected health information (PHI) electronically. HIPAA was signed into law in 1996 to address many health care issues such as the portability of health insurance coverage, control of fraud and abuse in health insurance and health care delivery, improved access to long-term care services and delivery, and guaranteed security and privacy of health information.<sup>1</sup> As a result, beginning in 1998, a series of proposed rules were introduced. These rules apply to all health care entities that electronically transmit individually identifiable patient health care information, thus include clinical laboratories. These rules cover the following areas: (1) electronic transactions and code sets, (2) privacy standards, (3) security and electronic signature standards, (4) national standard health care provider identifiers, and (5) national standard



Ms. Roberson



Dr. Chhieng

employer identifiers. Table 1 summarizes the timetable for the industry to implement the proposed rules.<sup>2</sup>

The final version of the Privacy rule was posted in December 2000. Despite much protest by health care organizations, the privacy rule was put into effect in April 2001, and the date required for implementation was April 14, 2003. Non-compliance may result in severe civil and criminal penalties, which include fines up to \$25,000 per violation of a civil nature, and fines up to \$250,000 and/or imprisonment of up to 10 years for knowing misuse of individually identifiable health information.

### Understanding the Language of HIPAA

Applying HIPAA in day-to day lab practices requires a critical look at laboratory policies. Understanding a few basic definitions is helpful before implementing HIPAA regulations within the laboratory.<sup>3</sup>

**Protected Health Information (PHI)** refers to individually identifiable health information. This is information is a subset of health information including demographic information collected from an individual, and is created or received by a health care provider, health plan, employer, or health care clearinghouse. It relates to the provision of health care, or payment for the provision of health care to an individual. PHI includes:

- |  |   |
|--|---|
| 1. Name of patient or relatives                    | 10. Account numbers                                   |
| 2. ZIP codes                                       | 11. Certificate or license numbers                    |
| 3. All date elements (except year)... <sup>1</sup> | 12. Vehicle identifiers & serial numbers <sup>2</sup> |
| 4. Telephone numbers                               | 13. Device identifiers & serial numbers               |
| 5. Fax numbers                                     | 14. Web Universal Resource Locators <sup>3</sup>      |
| 6. Electronic mail addresses                       | 15. Internet Protocol (IP) address nos.               |
| 7. Social security numbers                         | 16. Biometric identifiers, including... <sup>4</sup>  |
| 8. Medical record numbers                          | 17. Full face photographic images                     |
| 9. Health plan beneficiary numbers                 | 18. Any other unique identifying data                 |

PHI within the context of a typical Cytopathology laboratory may include, but is not limited to:

- Glass slides with patient material labeled with an identifier unique to patient and/or specimen
- Blocks with patient material labeled with an identifier unique to patient and/or specimen
- Specimen container with patient material labeled with an identifier unique to patient and/or specimen
- Reports, worksheets or drafts containing an identifier unique to patient and/or specimen
- Lists and/or data searches/sets (SNOMED or free text) containing unique patient identifier and/or medical information
- QA/QI reports containing unique patient identifier and/or medical information

Rule	Compliance Deadline
Privacy	April 14, 2003-all covered entities except small health plans (April 14, 2004)
Electronic Transaction and Code Sets	October 16, 2003-Medicare will not accept paper claims except under limited circumstances
National Employer Identifier	July 30, 2004-all covered entities except small health plans (August 1, 2005)
Security	April 21, 2005-all covered entities except small health plans (April 21, 2006)
National Provider Identifier	Yet to be determined

Table 1. HIPAA Compliance Deadlines

Continued on page 7

- Teaching/Study set packets and workshop material containing unique patient identifier and/or medical information
- Microfilm of reports, worksheets or drafts containing unique patient identifier and/or medical information

### **TPO-Treatment, Payment, Operations**

**Treatment:** The provision, coordination, or management of health care services by providers, e.g. the coordinator of management of health care by a provider with a third party; consultation between providers relating to a patient for health care for one provider to another.

**Payments:** This refers to activities undertaken by a provider to obtain or provide reimbursement for the provision of health care such as determination of eligibility or coverage; adjusting the amounts due; billing, claims management, and collection activities; review of health care services with respect to medical necessity and coverage; utilization review activities, include precertification and preauthorization of services; and disclosure to consumer reporting agencies of the following information: name/address, DOB, SS #, payment history, account # and name/address of the provider.

**Operations:** These include any of the activities set forth in the regulation. Some examples include:

- Conducting quality assessment and improvement activities
- Reviewing the competence, performance, and qualifications of health care professional, conducting training programs and providing certification/licensing for healthcare professionals
- Underwriting, premium rating and other activities relating to health plan contracts
- Conducting medical review, legal services auditing and compliance functions
- Business planning and development; and business management and general administrative activities

**Direct treatment relationship:** Most clinical laboratories do not have a “direct treatment relationship” with patients because the delivery of service is based on the orders of other health care providers and the laboratories typically report results directly to other health care providers and not to patients. Therefore, as indirect treatment providers, pathologists or laboratories typically do not have to provide a “Notice of Privacy Practice” to patients. If the laboratory performs a test at the direction of a patient and reports directly to the patient, such as performance of fine needle aspiration by a pathologist, they would be considered a direct treatment provider.

**Disclosure** is defined as the release, transfer, provision of access to, or divulging in any other manner of PHI outside the institution. Patient authorization is usually required except for certain circumstances such as government agencies for public health and law enforcement purposes, organ donation, and worker compensation. Incidental disclosures of PHI such as providers conversations between patients or fellow providers in a semi-private

environment, is not considered a violation of the privacy rule provider that the covered entity meets reasonable safeguards and minimum necessary requirements.

**Disclosure Accounting:** HIPAA grants individuals/patients the right to an accounting of the disclosures of their PHI by a covered entity and its business associates within the past 6 years preceding the request. The accounting must include the date of disclosure, the name of the entity or person receiving the PHI and the purpose of the disclosure. Exceptions to the accounting requirement include disclosures made before April 14, 2003, for TPO, for public health and government security or intelligence purposes. Tracking of disclosures may be the biggest challenge to the laboratory implementation of HIPAA. Fortunately, software applications are available commercially for such tracking.

**Minimum Necessary Standard** refers to policies and procedures that ensure the use and disclosure of PHI is limited to the minimum information necessary to accomplish the purpose of the use or disclosure. There are a few exceptions to this “minimum necessary” requirement. For example, it does not apply to disclosures for TPO purpose, authorized by patient, and required by law.

**Business Associate Agreements** are agreements with third parties that perform services on behalf of the laboratory or pathologist and have access to PHI. This is intended to ensure that business associates adhere to the Privacy Regulations.

The Part 2 of this article, which will appear in the next issue of Focus, will discuss how to incorporate HIPAA-privacy act into existing laboratory practice and workflow, and examine the implications of the rules on research practices.

### **REFERENCES:**

1. Office for Civil Rights Summary of the HIPAA Privacy Rule Available at [www.hhs.gov/ocr/privacysummary.pdf](http://www.hhs.gov/ocr/privacysummary.pdf) Accessed Apr 10th 2004
2. Anonymous HIPAA Administrative Simplification Compliance Deadlines Available at <http://www.cms.hhs.gov/hipaa/hipaa2/general/deadlines.asp> Accessed Apr, 10th 2004
3. Anonymous Application Of HIPAA Privacy Regulations To Pathologists And Laboratories Available at [http://www.cap.org/apps/docs/hipaa/application\\_to\\_pathologists\\_and\\_labs.pdf](http://www.cap.org/apps/docs/hipaa/application_to_pathologists_and_labs.pdf) Accessed Apr 10th 2004

# STATE AND FEDERAL NEWS

JOAN GANGIARELLA, MD, NEW YORK UNIVERSITY, NEW YORK, NEW YORK

## SECRETARY THOMPSON LAUNCHES "DECADE OF HEALTH INFORMATION TECHNOLOGY": Strategic Report Outlines Steps to Implement Widespread Adoption of Electronic Health Records and New Nationwide Interoperable Health Information Network

On July 21, 2004, HHS Secretary Tommy G. Thompson released the first outline of a 10-year plan to transform the delivery of health care by building a new health information infrastructure, including electronic health records and a new network to link health records nationwide. At the same time, he announced a number of new action steps to help advance health information technology immediately. The plan, prepared by the new National Coordinator for Health Information Technology, David J. Brailer, M.D., Ph.D., lays out the broad steps needed to achieve always-current, always-available electronic health records (EHR) for Americans. EHR systems would enable physicians and other health professionals to electronically tap into a wealth of treatment information as they care for patients. "Health information technology can improve quality of care and reduce medical errors, even as it lowers administrative costs. It has the potential to produce savings of 10 percent of our total annual spending on health care, even as it improves care for patients and provides new support for health care professionals. At the same time, security and privacy of electronic medical records would be improved over protections of paper-based records" Secretary Thompson said. HHS will begin reviewing the feasibility of a private sector consortium to plan and develop a new nationwide network for health information. Secretary Thompson also announced new grants to help develop information exchanges in nine communities, adding that \$50 million more in seed funding will be provided



to five states this fall, with plans doubling the investment in 2005. President Bush in April called for electronic health records for most Americans within 10 years. In an executive order, he created the new Office of the National Coordinator for Health Information Technology, and in May, David J. Brailer, M.D., Ph.D., was appointed to the new position.

## DIGENE'S RAPID CAPTURE SYSTEM RECEIVES FDA APPROVAL

The FDA has approved the Rapid Capture System for Digene's Hybrid Capture2 High Risk HPV DNA test. This system has high throughput testing, allowing 352 patient samples to be analyzed by one technologist in a 6.5 hour shift. Digene's High risk HPV DNA test is FDA approved as part of routine cervical cancer screening in conjunction with a Pap test in women 30 years or older, or as a followup evaluation of an inconclusive Pap test in a women

of any age. The use of the Rapid Capture system with the HPV DNA test will offer laboratories increased productivity and performance.

## BILL TO AMEND EDUCATION LAW IN RELATION TO PRACTICE AND LICENSING OF CLINICAL LABORATORY PROFESSIONALS RETURNS TO SENATE

Bill S3762B has passed the assembly and returned to the senate. This bill would require licensing and certification for professional and technical personnel performing clinical laboratory testing. This legislation will create standards for licensure of personnel and will protect patients by creating minimum qualifications for clinical laboratory professionals.

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## ANNOUNCEMENTS (CONTINUED)

The Papanicolaou Society of Cytopathology announced the establishment of a new award sponsored by Yolanda Oertel, MD called **THE INTERVENTIONAL CYTOPATHOLOGIST AWARD** at the annual USCAP meeting in Vancouver BC, Canada, in March, 2004. The award is in the monetary amount of \$1,000 given annually to the individual selected.

**Objectives** of the Award are to: (a) Acknowledge the contribution of pathologists for the performance of fine needle aspiration, (b) Recognize those who promote the use of fine needle aspiration, (c) Encourage other pathologists to utilize fine needle aspiration.

**Criteria for the Award** are: (a) Any cytopathologist promoting or utilizing the fine needle aspiration service is eligible for the award. (b) An international candidate should be considered once every four (4) years at a minimum. The Awardee is selected by the Nominating Committee.

**The nominating committee** for the award includes at least one (1) international member. Dr. Oertel is the Chair of the Nominating Committee for two (2) years. The committee has four other selected members.



# DIAGNOSTIC CHALLENGES

## THYROID NODULES ARISING IN CHRONIC LYMPHOCYTIC THYROIDITIS AND GRAVES' DISEASE: CYTOLOGIC DIAGNOSIS AND PITFALLS

Zubair W. Baloch, MD, PhD, University of Pennsylvania Medical Center, Philadelphia, PA.

**Chronic lymphocytic thyroiditis (CLT)** also known as Hashimoto's thyroiditis, autoimmune thyroiditis and lymphadenoid goiter is an autoimmune disease of the thyroid. It is more common in women and presents as nodular or diffuse enlargement of the thyroid depending upon the duration of the disease. Clinically the patient presents with hyperthyroidism in the initial stages of the disease due to destruction of the thyroid follicles, however, eventually the majority develop clinical or subclinical hypothyroidism.

The key histologic features of CLT include lympho-plasmacytic infiltrates, lymphoid follicle formation, follicular atrophy, Hürthle cell metaplasia, decrease or absent colloid and a varying amount of fibrosis. The lymphocytic population consists of an equal ratio (50:50) of B and T cells and both plasma cells and B-cells express IgG, IgM, IgA heavy chains and kappa and lambda light chains.<sup>1, 2</sup>

Thyroid nodules are common in CLT and most of these consist solely of oncocytic/Hürthle cells or a mixture of follicular cells and Hürthle cells.<sup>1</sup> Cytologic atypia is common in chronic lymphocytic thyroiditis and is believed to be due to cytokines produced by the inflammatory infiltrate.<sup>1</sup> This atypia can occur either as random nuclear enlargement and hyperchromasia or prominent nuclear chromatin clearing, intra-nuclear grooves and irregular nuclear contours.<sup>3</sup> The latter is the most troublesome pathologically since it appears similar to nuclear clearing observed in papillary carcinoma.<sup>3, 4</sup>

As with histology, fine-needle aspiration specimens of the thyroid gland affected by CLT can be challenging.<sup>4</sup> The two most difficult situations are to differentiate Hürthle cell lesion/neoplasm from focal Hürthle cell change in CLT; and to distinguish reactive nuclear changes from papillary carcinoma arising in the background of CLT.<sup>4-6, 7</sup> The aspirates from patients with lymphocytic thyroiditis usually show an admixture of follicular cells, Hürthle cells and lymphocytes. The latter are seen in the background and percolating among the follicular and Hürthle cell groups.<sup>8</sup> Due to an increased number of Hürthle cells one always entertains a diagnosis of Hürthle cell lesion/neoplasm.<sup>9</sup> FNA specimens from true Hürthle cell lesions (adenoma or carcinoma) usually show a preponderance of Hürthle cells (> 70% of the cell population) arranged in sheets and follicular groups and are devoid of infiltrating lymphocytes.<sup>9</sup> This is similar to surgical pathology specimens where the Hürthle cell neoplasms in CLT are thickly encapsulated and usually contain no inflammation or a minimal inflammatory component as compared to the surrounding thyroid.<sup>2</sup>

The follicular epithelium in FNA specimens of CLT cases appears as large tissue fragments and papillary clusters and can display nuclear enlargement, marked nuclear membrane irregularities, chromatin clearing and even intra-nuclear grooves. The most difficult task is to differentiate these reactive/reparative cellular changes from papillary carcinoma arising in CLT. Similar to the histologic sections the atypical nuclear changes are observed in the cells groups infiltrated by the inflammatory cells. This contrasts to papillary carcinoma in CLT whereas, aspirates of papillary carcinoma arising in CLT shows two cell populations; tumor cell fragments with easily recognizable features of papillary carcinoma devoid of infiltrating lymphocytes, and follicular cells and/or Hürthle cell groups with lymphocytes with or without reactive nuclear changes.<sup>4, 5, 7</sup>

**Graves' disease (GD)** is a common endocrine disorder with an annual incidence of around 0.5 per 1000, with onset mainly between the ages of 40 to 60 years.<sup>10</sup> In Graves' patients the prevalence of palpable thyroid nodules is approximately threefold higher than in the general population.<sup>10</sup> Thyroid nodules in Graves' patients present a significant diagnostic dilemma.<sup>11</sup> Cytomorphologic changes due to the GD process may mimic the findings in papillary thyroid carcinoma.<sup>12</sup> In addition, treatment of GD particularly with radioactive iodine may cause significant cytologic changes, further increasing the diagnostic difficulty of interpretation of fine needle aspiration biopsy specimens. Graves' disease can cause significant cytomorphologic changes, which can mimic papillary thyroid carcinoma.<sup>13, 14</sup>

Common cytomorphologic findings in GD include cellular specimens comprised of follicular and oncocytic/Hürthle cells arranged in follicular groups and papillary clusters with focal cellular atypia. "Fire-flare" cells are also common and small numbers of lymphocytes and multi-nucleated giant cells can also be seen. The cellular atypia can be challenging when attempting to differentiate between benign and malignant nodules in the background of GD. Similar to cytology, the diagnosis of papillary carcinoma in GD can be challenging in histologic sections. Papillary hyperplasia combined with nuclear chromatin clearing and focal intra-nuclear grooves can be mistaken for foci of papillary carcinoma. However, in Graves' disease these changes are encountered throughout the gland, the nuclei are usually round, basally placed, and lack other features of papillary thyroid carcinoma. Papillary carcinoma arising in a background of Graves' disease usually shows a well-formed nodule with sclerosis, papillary or follicular architecture and nuclear features of papillary carcinoma.<sup>15-17</sup>

Therefore, as mentioned above for chronic lymphocytic thyroiditis the diagnosis of papillary carcinoma in cytology specimens from patients with GD should only be entertained when one see a distinct population of tumor cells with easily recognizable features of papillary carcinoma.

Treatment of Graves' disease with radioactive iodine (RAI) is also well known to cause significant atypia in the follicular cells. These changes can occur as early as one week from initiation to decades after treatment. Typical cyto-morphologic changes associated with RAI include nuclear and cellular enlargement, coarse chromatin, anisonucleosis, hyperchromasia, and cytoplasmic vacuolization.<sup>12</sup> A distinct morphologic pattern does not emerge from any published series on the changes due to RAI. It is helpful to note, however, that the overt papillary architecture, and the fine, powdery chromatin of papillary carcinoma have not been attributed to <sup>131</sup>I.<sup>15</sup>

### Role of Special Stains in the Diagnosis of Thyroid Nodules Arising in CLT & GD

There are almost twice as many tumor markers as variants of papillary carcinoma that have been either explored or claimed to be very useful in the diagnosis of papillary thyroid carcinoma. Most of these have been studied in surgical pathology specimens (fresh and formalin fixed); however, a few studies have also found them to be useful in FNA specimens. The noteworthy markers include CK-19, HBME-1, Ret-oncoprotein and galectin-3.<sup>18-20</sup> These markers have shown some promise but none have been found to be 100% specific. Interestingly almost all these markers are expressed in



*Continued on page 10*

the benign follicular epithelium affected by lymphocytic thyroiditis. Therefore, extreme caution should be exercised in rendering a diagnosis of papillary carcinoma based upon immunohistochemistry or molecular studies performed on thyroid FNA specimens. Recently it has been shown that a somatic point mutation of BRAF gene can be seen in up to 38% of papillary thyroid carcinomas.<sup>21, 22</sup> According to a recent study by Cohen et al BRAF mutation analysis can be successfully performed on thyroid FNA specimens. In this study a BRAF mutation confirmed the diagnosis of papillary carcinoma in 72% of cases in the malignant group and also established the diagnosis of papillary carcinoma in 16% of cases classified as indeterminate on FNA.<sup>23</sup>

The above-mentioned studies do show a promise however, further studies are needed to establish their role in the diagnosis of thyroid nodules arising in LT and GD.

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## ANNOUNCEMENTS CONTINUED EVOLVING CYTOPATHOLOGY NOVEMBER 20-22, 2004 MEMORIAL SLOAN-KETTERING CANCER CENTER

The Department of Pathology, Cytology Service at Memorial Sloan-Kettering Cancer Center will present a comprehensive 3-day course in cytopathology, to be held at the Rockefeller Research Laboratory facility at the main campus of MSKCC in New York City, New York. The course Director is Maureen F. Zakowski, M.D. of MSKCC and the Co-Director, Hormoz Ehya, M.D. of The Fox Chase Cancer Center. This course will be held on November 20-22, 2004. The course is designed for practicing pathologists and cytopathologists and trainees at the resident and fellowship level. It will include topics of interest to experienced cytotechnologists and to those preparing for the Cytology sub-specialty certification by the ABP. This didactic and glass slide program will provide a thorough in-depth review of selected areas of cytology with emphasis on cytology in oncologic practice and newer, more controversial areas of cytology. The course will provide morphologic, clinicopathologic and molecular correlation along with patient management based on cytologic findings.

Instruction will be primarily in the form of lectures, and will include MSKCC faculty as well as outside faculty with extensive oncologic cytology experience. Guest Faculty will include Drs. Andrea D. Abati, Syed Z. Ali, Edmund S. Cibas, Hormoz Ehya, William J. Frable, Kim R. Geisinger, Peter B. Illei, Leopold G. Koss, Thomas C. Wright and Muhammad B. Zaman. The course format combines both a series of didactic lectures and interactive microscopic sessions. Emphasis will be placed on the practical utilization of cytology as a diagnostic tool in neoplastic diseases. The course meets the criteria for 20 hours in Category I accreditation by the American Medical Association. For further information please contact: Maureen Flaherty, Course Coordinator, Memorial Sloan-Kettering Cancer Center, Department of Pathology, 1275 York Avenue, New York, New York 10021. TEL: 212-639-8338; Fax: 212-772-8521; e-mail: flahertm@mskcc.org.

# BULLETIN BOARD

## Papanicolaou Society Committees and Task Forces

- NEW TECHNOLOGY:** The committee has been working to update the PSC webpage including the application of several new features that may be beneficial to PSC members. Andrew J. Creager, MD (Chair), Duke University Medical Center, Department of Pathology, DUMC 3712, Durham, NC 27710. Tel:(919)668-3353, email: creag001@mc.duke.edu Members: I Jovanovic, R Dash.
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- AWARDS COMMITTEE:** The committee's charge is to select the best candidate for the Papanicolaou Society of Cytopathology Educator of the Year Award. William J. Frable (Chair), VCUMC Box 980115, Richmond, VA 23298-0115. Tel:(804)828-4918, Fax:(804)828-8733, email: wfrable@mail2.vcu.edu. Members: LG Koss, T Bonfiglio, Y Erozan.
- 
- BUDGET AND FINANCE:** The committee prepares a budget for the ensuing year in concert with the treasurer, to recommend a change in membership dues if and when necessary, and to recommend ways to increase the financial stability of the PSC. Martha Bishop Pitman (Chair), Director, Fine Needle Aspiration Biopsy Service Department of Pathology, Massachusetts General Hospital, 14 Fruit Street, Boston, MA 02114, Tel: (617)726-3185, Fax:(617)724-6564, email: mpitman@partners.org. Members: M Zarka, R Tambouret, M Cohen, W Faquin, U Bedrossian (ex officio).
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- PROGRAM DEVELOPMENT:** The committee's goals are to raise funds to support the various programs and activities of the PSC. Joel S. Bentz (Chair), Department of Pathology, University of Utah School of Medicine, 50 No. Medical Dr., Salt Lake City, UT 84132. Tel:(801)583-2787 ext. 2060 Fax:(801)584-5031, e-mail: bentzj@aruplab.com Members: J Linder, BM Ljung, R Luff.
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- PUBLICATION COMMITTEE:** The Publication Committee prepares and publishes the biannual PSC newsletter "Focus". Focus is published online, and also, is mailed to all PSC members through a generous donation from Cytyc Corporation. The newsletter aims to disseminate information related to the past and upcoming PSC events, society related news, new developments and timely topics associated with the practice of cytopathology. Aylin Simsir (Chair), NYU Medical Center, 530 First Avenue, West Tower, Suite 10U, New York, NY 10016. Tel:(212)263-5479, email: aylin.simsir@med.nyu.edu. Members: J Cangiarella, O Lin, M Stanley, B Winkler.
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- SCIENTIFIC PROGRAM:** The Scientific Program Committee has selected and developed what we hope will be an exciting and timely program for the San Antonio meeting of the Society. Along with the International Relations Committee, we have rekindled the afternoon scientific session, aptly named "Cells without Borders II". Distinguished cytopathologists from around the globe will discuss advances and issues affecting their practices. The evening session entitled "Medicolegal Aspects of the Pap Test" will feature 4 renowned speakers in the field of litigation issues in cytopathology: R. Marshall Austin, MD, Alex J. Hagan, Esq., Dorothy Rosenthal, MD, Jerry I. Meyers, Esq. Andrea Abati (Chair), Cytopathology Section, NIH/NCI. Tel:(301)496-6355, Fax:(301)402-2585, email: abatia@mail.nih.gov. Members: S Raab, D Rosenthal, M Stanley, C Bedrossian, K Geisinger.
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- EDUCATION & TRAINING:** This year the committee has focused on two main areas. Cytology Training: During the year, the committee worked on a draft of learning objectives that Larry Fowler of the ASCP shared with us, and also, on documents pertaining to the Cytopathology Competency Task Force for the ASC, which Doug Clark shared with us. Our comments on these documents are now with Doug Clark. We hope that the three committees will be able to consolidate the findings, and publish these guidelines. The second focus is to continue publishing interesting cases on the PSC website. David Chhieng (Chair), University of Alabama at Birmingham, KB 627, 619 19St S, Birmingham, AL 35249-6823. Tel:(205) 934-6160, Fax:(205) 975-7284, email: dchhieng@path.uab.edu. Members: A Afify, J Cangairella, I Eltoun, O Lin.
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- GOVERNMENT RELATIONS:** The Government Relations Task Force monitors legislative and regulatory issues, and proposes for advocacy efforts by the membership. The Task Force communicates, and partners with other medical and cytopathology organizations including the CAP, ASC, and AMA, on topics important to cytopathology. Diane Davey (Chair), Univ of Kentucky Medical Center, 800 Rose Street, Lexington, KY 40536-0298, Tel:(859) 257-9547, Fax:(859) 323-2094, email: ddavey@uky.edu. Members: A Berry, E Volk, T Miller, M Austin.
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- RESEARCH TASK FORCE:** The purpose of the task force is to encourage quality research and exchange of ideas relevant to Cytopathology among pathologists-in-training. Every year, members of the research committee review Cytopathology abstracts submitted to the USCAP in order to select the recipients of the Papanicolaou Society Research Awards. Applications for the awards are accepted automatically via the Stowell-Orbison award or by submitting the application form distributed via the society listserv. For details pertaining to the application and selection process please refer to the society website. The authors will be presented with the awards at the Papanicolaou Society companion meeting of the USCAP, in Vancouver, BC, Canada. Sana O. Tabbara (Chair), The George Washington University, Department of Pathology, 2300 eye Street, NW, Ross Hall Room 502, Washington DC 20037. Tel:(202) 994-0313, Fax:(202) 994-2618. Members: B Atkinson, A Creager, H Ehya, M Henry, J Silverman.
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- QUALITY ASSURANCE:** The major activity of the committee is to propose quality assurance guidelines and standards of practice in various avenues of GYN and Non-GYN cytology. This is accomplished by a thorough review of recent literature and personal institutional experiences. Zubair Baloch (Chair), UPENN Medical Center, 3400 Spruce St., Philadelphia, PA. 19104. Tel:(215) 662-3209, Fax:(215)349-8994, e-mail: baloch@mail.med.upenn.edu. Members: E Bourtsos, C McGrath, K Khurana, Y Dai.
- 
- INTERNATIONAL RELATIONS:** The function of this committee is the interchange of ideas and information between members and committees of various cytology organizations at the international level. The committee facilitates joint sessions among these organizations and assists PSC in the recruitment of prospective members. Carlos Bedrossian (Chair), Northwestern Memorial Hospital, 303 E. Superior, Chicago, IL 60611. Tel:(312)908-1191, Fax:(312)908-8950, email: carlos@bedrossians.com. Members: F Schmitt, L Palombini, F Bleggi-Torres, B Knight, T Kobayayashi.

- CONSTITUTION & BYLAWS:** The Constitution and ByLaws Committee has completed an updated version of the Constitution and ByLaws which was approved at the March 2003 business meeting in Washington DC. R. Marshall Austin (Chair), Coastal Pathology Laboratories ,1128 Lango Avenue, Charleston, South Carolina 29407 .Tel:(843)769-6345 ext 14, Fax:(843)769-7614, email: austindr@aol.com. Members: A Abati, K Geisinger, D Kurtycz, A Moriarity, R DeMay, S Raab, E Cibas.
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- NOMINATING COMMITTEE:** It is the charge of the nominating committee to produce a slate of nominees for all elections for the PSC. Most recently, the committee sought nominations from the membership and submitted to the Board a slate of nominees for the Treasurer and members-at-large (3 positions) for the 2004 elections. Mary Sidawy (Chair), The George Washington University, 2300 Eye St. NW, Washington, DC 20037. Tel:(202) 994-8824, email: msidawy@mfa.gwu.edu. Members: C Bedrossian, M Stanley.
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- PRACTICE GUIDELINES:** The Practice Guidelines Task Force is working on the recommendations regarding educational notes and disclaimers on reports of negative cervical cytologic examination. In addition, the task force is also working on the recommendations for procedures and reporting of urinary cytology. Lester Layfield (Chair), Department of Pathology, University of Utah, 50 N. Medical Dr., Salt Lake City, UT. Tel:(801)585-2541, Fax:(801)585-3831, email: layfield@aruplab.com. Members: H Cramer, T Elsheik, V Shidham.
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- MEMBERSHIP COMMITTEE:** The charge of the Membership Committee is to increase membership with a particular focus on recruiting junior members. To attract other young pathologists, the Membership Committee plans to contact recent graduates of cytopathology and surgical pathology fellowship programs who are not yet members of the Papanicolaou Society and invite them to become full members. Also, Dr. Ursula Bedrossian has provided a list of former members who have not renewed their membership to the chair of the Membership Committee. The committee will attempt to contact these individuals to learn why they have not renewed their membership and if appropriate, invite them to reconsider membership in the PSC. The data gleaned from this may prove helpful to other committees looking at the development and future directions of the PSC. Lisa A.Teot (Chair), Department of Pathology,Children's Hospital of Pittsburgh, 3705 Fifth Avenue, Pittsburgh, PA 15213. Tel:(692)5650, email: Lisa.Teot@chp.edu. Members: D Hamela-Bena, S Bergman, K Clary, B Centeno.

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*Profiles in Cytopathology continued from page 5*

**With the new developments in gynecologic cytopathology such as the liquid based cytology and HPV testing, how do you see the future of gynecologic cytopathology? Will Pap smear screening be obsolete in the future?**

Gynecologic cytopathology will survive, but probably not as we are practicing it now. HPV testing can tell us the patient's risk of having a cervical neoplastic or preneoplastic lesion, but not that a lesion is present. In contrast, cytopathology detects morphological evidence of the lesion. I do not think screening of gynecologic cytology samples will become obsolete in the near future. We will probably do it in a more "sophisticated" way, in combination with some form of automated cytology.

**What are your hobbies and nonmedical interests?**

I like photography, traveling, theater, music, and reading mystery books.

**If you had a chance to travel back in time, is there anything you would consider doing differently?**

Yes, I would pursue training in internal medicine and somehow combine my practice with pathology.

**Any advice for the new generation of cytopathologists and residents who would like to specialize in cytopathology?**

For those who choose an academic career in cytopathology my advise is, in order to become an effective investigator, get additional training in one of the fields (e.g., molecular pathology, genetics) which are complimentary to morphology. I would also advise them, above all, not to forget their obligation to the patient.

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## Call for Nominations

**Deadline: September 20, 2004**

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*Sana Tabbara, M.D.*

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#### **President-Elect :**

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#### **Secretary :**

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Nominations can be received via fax, e-mail or regular mail. (See below.)

The election will be conducted by ballots, and the results will be announced on March 4, 2004, during the PSC Annual Business Meeting.

Fax to: Claire W. Michael, M.D.  
734-763-4095

Secretariat  
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## CALL FOR NOMINATIONS

*The Papanicolaou Society of Cytopathology invites you to submit nominations for the following positions for the PSC Executive Board and for the annual PSC Awards.*

### **1. President Elect**

### **2. Secretary**

This year nominations are needed for the positions of *President Elect* and *Secretary*. According to the bylaws, the president elect position is only one term for two years. The secretary's position is a three years term and is eligible to run for a second term.

Remember, you can send your response by e-mail, fax or regular mail no later than September 20, 04. Please see the back of this insert for the nomination form.

### **3. The Educator of the Year Award**

The criteria and guidelines for selection of awardee: (a) The awardee should have an established record of a very high level of academic productivity (high quality of contribution). (b) The awardee should have an established presence in the national and international scientific meetings. (c) The awardee should have received invitations to provide lectures and workshops outside their own institution. (d) The awardee should not be a member of the committee or the Executive Board. (e) The committee should receive a complete CV from the awardee for their evaluation. (f) The awardee should have made a significant contribution to the field of cytopathology.

### **4. The Papanicolaou Research Award for Pathologists-in-Training**

The awardees are selected by the members of the Research Committee of the PSC. Every year, once the selection process of abstracts for the USCAP annual meeting is completed, members of the research committee review Cytopathology abstracts accepted for presentation at the USCAP meeting in order to select the recipients of the Papanicolaou Society Research Awards. Two awards are given every year, the first prize consists of a monetary award of \$500.00 and a plaque, while the second place winner is recognized with a plaque. Abstracts are entered in the pool in two ways:

1. All Cytopathology abstracts submitted for the Stowell-Orbison Award are identified and automatically entered in the competition. Authors are not required to submit an application.
2. All other Cytopathology abstracts for which an application form is submitted to the chair of the research committee are also entered. The application form is distributed via the society listserv.

The abstracts are rendered anonymous, and each abstract is reviewed and scored by four members of the Research Committee. Abstracts are scored for novelty of idea (new ideas will receive a higher rate than an evaluation or repeat of a previous study), scientific and /or practical value (some may have cutting edge technology while others may be routinely used technology with great practical use) and for effort put in the study by the author (higher rating will be given to study where criteria and slides are reviewed). Scores are compiled and the top five abstracts are identified. If a tie exists the top five abstracts are re-scored by the reviewers to identify the first and second prize winners. The final results are reported to the president of the society and announced at the USCAP annual meeting. The winners are notified by the chair of the committee prior to the meeting, and the title and authors of the top five abstracts are published in the FOCUS newsletter. Last year, members of the committee (Drs. Andrew Creager, Hormoz Ehya, Michael Henry, Jan Silverman and Sana Tabbara), reviewed 30 abstracts and completed the selection process. The winners of the first and second prizes were presented with their awards by the president of the PSC society, Dr. Kim Geisinger at the Papanicolaou Society companion meeting of the USCAP, in Vancouver, BC, Canada.