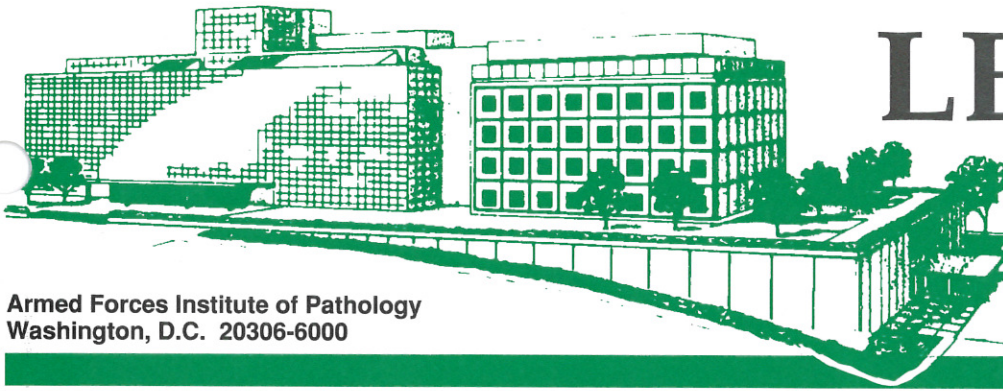


# the AFIP LETTER



Armed Forces Institute of Pathology  
Washington, D.C. 20306-6000

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## AFIP STAFF MONITORS KUWAIT FIRES

*Environmental risk to troops  
is assessed*

Two members of the AFIP, Dr. Victor Kalasinsky and PFC Brenda Larman of the Department of Environmental and Toxicologic Pathology, recently traveled to Kuwait to assist the U.S. Army Environmental Hygiene Agency (USAEHA) in monitoring U.S. troops deployed in the area.

The oil fires in Kuwait present a potential health risk to military personnel and civilian populations, and the project involving the AFIP is part of a larger DoD program to assess the environmental factors which might adversely affect U.S. troops.

The smoke from the oil fires is expected to contain significant quantities of heavy metals, compounds such as polycyclic aromatic hydrocarbons (PAH), and certain toxic gases. Dr. Kalasinsky and PFC Larman were part of a seven-member team sent to Kuwait to administer surveys, conduct pulmonary function tests, and

*Continued on page 4.*

## SURGICAL PATHOLOGY SEMINAR SET FOR ORLANDO

*February 10-14 at Disney's Contemporary Resort*



The AFIP, in conjunction with the American Registry of Pathology, will be hosting a new and exciting continuing education seminar "Controversies and Recent Advances in Surgical Pathology," from February 10-14, 1992 in Orlando, Florida. Topics exploring recent advances and controversial areas of surgical pathology will be presented by a faculty comprised of members of the AFIP's senior staff and its advisory boards. Drawing on 45,000 to 50,000 difficult, unusual, or "classical" cases seen each year at the AFIP, the presentations will detail the latest in diagnostic technology.

Held at the new convention and meeting center of Disney's Contempo-

rary Resort, the meeting will be centrally located to the many attractions of WALT DISNEY WORLD® Resort, including EPCOT® Center, MAGIC KINGDOM® Park, Disney-MGM Studios Theme Park, Pleasure Island, and Typhoon Lagoon. Participants and their families will be eligible for substantially reduced admission prices for these attractions for three days before, during, and three days after the conference. The conference schedule is designed to allow ample time for families to enjoy the Orlando area.

Controversial areas in the morphologic diagnosis of disease will include the problem of adenocarcinoma simulating mesothelioma, problematic

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## DIRECTOR'S MESSAGE

### IMPORTANT SURVEY PLANNED



A new fiscal year began on October 1, and we're constantly looking at ways to improve our service to you in a streamlined and efficient

manner. Our consultations have leveled off to about 45,000 a year, and turn-around time is improving towards our goal of 72 hours. In the next few months, we'll be sending out a comprehensive survey to find out what you think the AFIP is doing well or can do better.

Please take a few minutes from your busy schedules to complete and return the questionnaire. Your responses will give us a better idea of how we can **help you** in the best way possible.

The focus of the October AFIP Letter is on our education mission, which serves as a vital link to the international pathology community. We provide pathologists with a variety of courses, training requests, use of study sets, and access to our special collections. Also in the planning stages are a number of programs designed to bring the AFIP closer to you.

In February, we'll be in Orlando to hold our "Controversies and Recent Advances in Surgical Pathology" seminar. This will be a great opportunity for you to enjoy WALT DISNEY WORLD® with your family while having access to the finest in pathology education.

I urge you to read COL Tom Stocker's interview on page 3. In it, the Institute's senior deputy director

## MELANOCYTIC TUMORS OF THE SKIN

### ATLAS OF TUMOR PATHOLOGY: Third Series, Fascicle 2

by George F. Murphy and David E. Elder  
Armed Forces Institute of Pathology,  
Washington, DC, 1991  
ISSN 0160-63441

The new Fascicle concerning Melanocytic Tumors of the Skin follows an identical style and format as its companion on non-melanocytic skin tumors (Fascicle 1 in this series). Particular emphasis has been placed on presenting descriptions and diagnostic criteria for commonly encountered entities, as well as those rare disorders that often escape mention in conventional texts, e.g. neurotropic malignant melanoma, deep penetrating nevus, and nevi of genital skin. As in Fascicle 1, all disorders are presented according to their salient structural features at scanning magnification as well as at higher magnification for diagnostically critical points.

Areas that readers may find particularly useful include: definitive description and clinicopathologic criteria for diagnosis of dysplastic nevi;

describes in detail some very exciting education developments. He's overseeing initiatives which will bring courses to military and civilian pathologists around the country, including such areas as San Diego and San Antonio.


We're also planning the second edition of "Basic Problems in Pathology," a two-week course to be held here next March. COL Stocker also describes in detail such innovative developments as the use of laser disc technology for our study sets, along with the availability of special Institute collections for study.

comprehensive description of nevus and melanoma variants; an extensive discussion of Spitz nevi and variants; meaning, significance, and criteria for diagnosis of minimal deviation melanoma; and current use of monoclonal antibodies in diagnosis of melanoma.

The text is extensive and replete with comparative and summary tables, e.g. Spitz nevus vs. melanoma. The sections on malignant melanoma not only include comprehensive rosters of diagnostic and grading criteria, but also detailed charts and tables from the extensive experience of the Pigmented Lesion Study Group and Database at the University of Pennsylvania that enable prediction of outcome based on morphologic features. This model should promote precision and consistency in melanoma diagnosis, treatment, and follow-up.

The clinical and microscopic illustrations are of the high quality that have been synonymous with this series. Dermatologists as well as pathologists will find it indispensable. An order form for this fascicle is on page 11 of this issue.

Finally, the new Fascicle on Melanocytic Tumors of the Skin is now available. Please see the description of this fascicle in the above article and the order form on page 11.

  
Vernon W. Armbrustmacher  
Col, USAF, MC  
The Director

INTERVIEW

## DEPUTY DIRECTOR REVIEWS EDUCATION MISSION *New Course Offerings, Collections Highlighted*

In a comprehensive interview, Col. J. Thomas Stocker, USA, Deputy Director, speaks about the wide range of educational opportunities offered at the AFIP.

**Q.** The AFIP's education mission includes a number of short and long courses for pathologists. What are some of the changes happening in this area?

**A.** Our short and long courses are clearly the most visible component of our educational program, especially to the civilian community, and these courses have been offered primarily in the Washington area. Over the next few years, however, we'll be expanding beyond the Washington area to the rest of the country and eventually hope to add courses around the world.

We're putting on about 50 courses a year now, with a vast majority being short courses that involve a specific topic or pathology of a specific organ system. These courses are usually 3 to 5 days in length. We recognize the difficulty in attending if one is outside our area, so we'll be planning courses in different parts of the country.

"Infectious & Parasitic Diseases in the Tropics & in the U.S." will be a course held next winter in Key Biscayne, Florida. We're beginning an annual course on "Controversies and Recent Advances in Surgical Pathology," to be held next year from February 10th to the 14th at the Disney's Contemporary Resort, in Florida. The faculty

will be drawn from our senior AFIP Scientists, as well as from the AFIP Scientific Advisory Board and the Governing Board of the American Registry of Pathology.

We're planning a course on Basic Aspects of Forensic Pathology, to be held in Denver, CO in September, 1992. Over the next few years we also are



looking to hold courses in San Diego, San Antonio, Salt Lake City and other places. We want to bring these courses to areas with large military populations, but also to civilians as well.

Equally important is that we can call on military and civilians from these areas to participate as faculty in these courses. This will allow us to use expertise from the Institute as well as from a medical center or university in the place where we will be meeting, thus giving the best possible course for the participants.

**Q.** What about our long courses? The Radiologic Pathology course comes to mind. Are we planning to expand other long courses as well?

**A.** Our long courses usually last five to six weeks, with our most well

known one being the Radiologic Pathology course. This is a six week course put on six different times a year, and about 80 percent of radiology residents in the U.S. attend it. In fact, there's always a waiting list. We also have long courses in ENT and Orthopedic Pathology, among others.

In 1991 we began a new educational program lasting two weeks entitled "Basic Problems in Anatomic Pathology," designed primarily for the senior year or 5th year resident in pathology who will be going out into the world and encountering "real" problems in pathology.

Because we see the unusual, problematic, and complicated cases at the AFIP, we can offer our experience in those areas to pathology residents in their final year of training. They could then go into their new positions with a better understanding of what's ahead.

The first year of this course had 30 students, primarily military residents, and now we're opening it up to civilian pathology residents as well. The course involves a combination of didactic lectures and microscopic slide study materials, along with monitored slide seminars. We have a study set of about 350 microscopic slide cases that we are adding to each year, accompanied by about 400 35-mm slides gross features, x-rays, and a syllabus that must number up to 800 pages. We feel this will become as popular as the Radiologic Pathology course. The course is

*Continued on page 6*

Kuwaiti fires, continued from page 1

collect specimens of blood and urine.

The specimens are subjected to toxicologic tests of various kinds. Levels of volatile organics in blood samples, changes in the rates of sister chromatid exchange (SCE), and the presence of DNA adducts with PAH's are being monitored in a core group of soldiers. The AFIP's specific toxicologic task will be to determine the levels of certain metals in blood and urine specimens from a group of approximately 200 soldiers. Recently acquired atomic absorption spectrophotometry equipment will be utilized for measuring metal concentrations, and Dr. Jose Centeno, also of the Department of Environmental and Toxicologic Pathology, will be involved with these analyses.

The toxicologic data will be combined with the results of the spirometry and other environmental testing being conducted in Kuwait by the USAEHA. A database of toxicologic and environmental information will ultimately be constructed and combined with morphologic findings which are being collected in the Kuwait Theater Toxic Registry at AFIP.



A Kuwaiti oil well burns out of control, darkening the skies at 2 in the afternoon.  
(Photo by Dr. Kalasinsky)

Orlando Seminar, continued from page 1

melanocytic lesions of the skin, peripheral and central nervous system PNET, low-grade B cell and peripheral T cell lymphomas, and diagnostic dilemmas in gynecologic pathology. This latter area will include discussions of vulva Bowenoid papulosis versus VIN, leiomyoma versus leiomyosarcoma, endometrial hyperplasia versus carcinoma, transitional cell carcinoma of the ovary, and low malignant potential tumors of the ovary.

Other presentations during the course of the week-long seminar will examine the diagnosis and differential diagnosis of liver biopsy of chronic liver disease, prognostic criteria for primary central nervous system tumors, Langerhans' and non-Langerhans' histiocytosis, and recently described soft tissue tumors. A "mini-symposium" of seven presentations will examine many issues of pediatric and adult pulmonary pathology.

The Institute is looking forward to provide a unique educational experience for conference participants. To be placed on a mailing list for application materials, please contact the Education Division at (301) 427-5231.

## AFIP STAFF "IN THE NEWS"

■ **LTC Clara S. Heffess, MC, USA**, Department of Endocrine Pathology, received first prize in the electron microscopic category for her entry "Psammoma Body," at the 1991 ASCP Medical Photography Competition.

■ The National Institute of Allergy and Infectious Diseases (NIAID), National Institutes of Health (NIH), awarded **Shyh-Ching Lo, MD, COL Douglas J. Wear, MC, USA**, and **Richard Wang, PhD**, Department of Infectious and Parasitic Disease Pathology, a three year grant to study the

incidence and timing of *M. fermentans* in AIDS patients. The title: "Study of AIDS Associated Mycoplasma."

■ An abstract submitted at the annual meeting of the American Association of Neuropathologists earned **Jorge L. Ribas, DVM**, Department of Cardiovascular Pathology, and **LTC Hernando Mena, MC, USA**, Department of Neuropathology, an honorable mention for the association's Rubenstein Award. The title of their abstract was "Central Nervous System Meningioma In the Dog: A Review of 50 Cases."

■ **Jose A. Centeno, PhD**, Department of Environmental and Toxicologic Pathology, conducted a "Spectroscopy Workshop" at the University of Puerto Rico, Mayaguez Campus, from 27-29 June 1991. The workshop trained faculty and students in the use of modern spectroscopic techniques.

■ The Department of Oral Pathology's **Paul L. Auclair, CAPT, DC, USN**, Chairman, and **Gary L. Ellis, DDS**, Asst. Chairman, edited and contributed to "Surgical Pathology of the Salivary Glands," published in August, 1991 by W. B. Saunders Co. The 605 page volume included contributions from 20

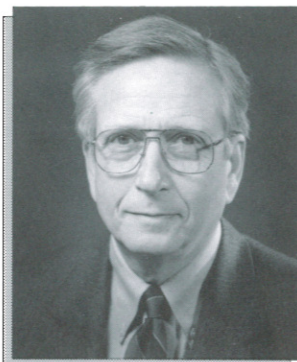
## Robert H. Ackerman Named Distinguished Scientist

### *One Year Tenure Set for Department of Radiologic Pathology*

Robert H. Ackerman, M.D., is serving as the Distinguished Scientist in the Department of Radiologic Pathology at the Armed Forces Institute of Pathology for the academic year July 1, 1991 through June 30, 1992.

Dr. Ackerman is an Associate Professor of Radiology at Harvard Medical School and a radiologist and neurologist at the Massachusetts General Hospital (MGH), where he also is director of the Neurovascular Laboratory. He is certified by the American Board of Radiology (Diagnostic Radiology) and the American Board of Psychiatry and Neurology (Neurology).

His major research interests have been in stroke disease, especially in the application of radiological tools to the better identification and treatment of stroke-prone and acute stroke patients.



He helped pioneer the development of non-invasive modalities for the diagnosis of carotid disease and the use of

positron emission tomography in the study of ischemic stroke, and has been program director of the NIH-funded MGH Interdepartmental Stroke Center. His bibliography includes nearly 100 scientific publications on neurovascular disease. He is on the editorial boards of the American Journal of Neuroradiology, Stroke and Archives of Neurology.

Dr. Ackerman received his BA degree from Brown University in 1957 and his MD degree from the University of Rochester in 1964. He interned at the Mary Imogene Bassett Hospital, Cooperstown, NY, and completed his residencies in neurology (1970) and radiology (1975) at the Massachusetts General Hospital. In 1970-71, he was

an MGH Dalton Scholar at the Neurological Institute Queen Square, London, England, where he studied cerebral blood flow techniques.

The Distinguished Scientist Program in the Department of Radiologic Pathology has been a huge success. The previous Distinguished Scientists have made and continue to make important contributions to the research and educational programs at the AFIP. Dr. Ackerman will, no doubt, continue this fine tradition.



experts and was also edited by Douglas R. Gnepp, M.D., Professor, Dept. of Pathology, St. Louis University School of Medicine.

■ In an effort to learn more about special AFIP programs, **Principal Deputy Assistant Secretary of the Army, William Clark**, (right) received a briefing on the Armed Forces DNA Identification Laboratory (AFDIL) from **MAJ Victor W. Weedn, MC, USA**, Chief of AFDIL. Mr. Clark visited AFIP on 12 September 1991.



INTERVIEW, continued from page 3

scheduled for March 22 to April 3, 1992.

**Q.** What about special training requests? Doesn't the Institute make a special effort to accommodate individual needs?

**A.** Absolutely. Educational opportunities are offered here for training requests in specific areas or for a standard month-long or year-long training in a particular area. Dr. Ishak for years has welcomed residents and fellows from NIH, VA, and the civilian community from around the world to his GI and Hepatic Pathology area for training. Programs can be designed to accommodate someone's special interests, for instance, in Cellular Pathology, and other areas that combine pathology and biomedical engineering, computers, and epidemiological studies.

**Q.** What about the Institute's special collections? How can the public take advantage of them?

**A.** We offer public access to our collections for both military and civilians. We have the Yakovlev Collection of nearly 2,000 brains, we have a number of forensic pathology collections, and we now have the new Human Developmental Anatomy Center

that combines a number of collections related to embryology and development, and to pediatric pathology as well. These collections are available at the AFIP to people who want to come and study them. They'll become more important as time goes on.

**Q.** For many years the AFIP has been known for its study sets. What changes are being made in this area?

**A.** Our microscopic slide pathology sets are the only ones available in the

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**“The next big step we're going to take is to develop video disc/laser disc study sets.”**

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U.S. through interlibrary loan, and we're updating and expanding them to accommodate new types of technology. We offer hundreds of different sets, from liver or brain pathology to exotic pathology of an enormous variety of animals and fish available through Veterinary Pathology and Comparative Pathology.

A few years ago the American Registry of Pathology began developing 35mm slide sets that cover various diseases or organ systems and are offered for sale. The next big step we're going to take is to develop video disc/laser disc study sets using materials from our repository or combining our material with those of other groups. These sets have the advantage of allowing an enormous number of images to be put into one laser disc - as many as 50,000. We hope to make and reproduce study sets on a disc and offer them at a reasonable price, so that a particular AFIP department could utilize their large collection of 35mm slides and prepare a syllabus that would describe the pathology of a broad area of their specialty.

This is one area that we've begun a collaborative effort with the Association of Pathology Chairmen, who have expressed an interest in this type of teaching material for their residents in the 200 pathology training programs around the country.

In the last couple of years we have seen education take its place alongside of consultation and research here at AFIP, and become an integral part of our mission for both the military and civilian community. Our educational programs can take advantage of the enormous repository here at the AFIP to train pathologists around the world.

## Histotechnology Notes

### Helpful Hints for Ideal Tissue Sections

In our quest for ideal tissue sections, we naturally focus our attention on the major functions that directly affect our ability to prepare them. Obviously, proper fixation, processing, embedding, and microtomy are required in order to obtain the desired slides. An often overlooked but essential element in microtomy, however, is proper room air conditioning (specifically temperature and humidity).

All of us know the problems encountered with actually trying to get a

section when the room temperature is too hot and dry. The same holds true when the room is too hot and humid, but with the additional problem of poor retention of the section during deparaffinization. This is especially true when using Poly-L-Lysine treated slides. In such cases, we have observed that water is trapped between the tissue section and the glass slide. This can be seen by holding the slide at an angle and running a fingernail under the tissue section so as to lift the section and

release the trapped water.

Since correcting the room's air conditioning is an item often beyond the technician's control, we suggest an alternative. Place slides directly into a 60° C oven for *twenty minutes* in lieu of air drying or overnight placement on a warming table. Sections given this alternative treatment will generally remain on the slide, preventing the need for additional sectioning.

## Museum Is Founding Member Of National AIDS Exhibit Consortium

AFIP's National Museum of Health and Medicine has become a charter member of the National AIDS Exhibit Consortium (NAEC). The new organization, which received a \$1.5 million start-up grant from the Centers For Disease Control has an urgent mission. The consortium is responsible for developing mobile AIDS education exhibits which will tour the country. NAEC is well equipped to meet this challenge because its members include scientists, curators and exhibit specialists from the most prestigious science museums in the U.S.

The eight other consortium members are: The Franklin Institute of Philadelphia, the Boston Museum of Science, Chicago's Museum of Science and Industry, the New York Hall of Science, the Los Angeles based California Museum of Science and Industry, San Francisco's unique Exploratorium, the Maryland Science Center, and the American Medical Association. Together the nine consortium members serve 50 million visitors in the course of a year. Studies indicate that more than half of these visitors are young people. Among the members of NAEC, the

National Museum of Health and Medicine was the first to complete a major AIDS exhibit, "Living In A World With AIDS" opened by C. Everett Koop in June, 1988.

The National Museum of Health and Medicine/AFIP will host a two day meeting for the members of the NAEC beginning on September 30, 1991. During this time, the participants plan to tour the Museum's AIDS exhibit, make plans to evaluate the AIDS exhibits produced by consortium members, and continue working on their master plan for mobile exhibits and traveling educational programs.

Asked to comment on the consortium's long-term future, Dr. Marc Micozzi, Associate Director of the AFIP for the Museum, said:

"Given the growing need for effective, state-of-the-art museum exhibits and educational programs addressing such issues as cancer, heart disease and nutrition I would like to see the group evolve into a national health exhibits consortium. It seems to me that a comprehensive approach to these problems would represent the most cost effective strategy, and such a consortium would be the best way of realizing the Museum's long-term goals for a national traveling exhibit program as envisioned by AFIP leadership and Museum trustees."

## Department of Radiologic Pathology announces Sterling Winthrop Guest Lectureships

Sterling Drug, Inc., will again support the Sterling Winthrop Visiting Professorship in Diagnostic Imaging and the Sterling Winthrop National Guest Lectureships in the Department of Radiologic Pathology.

Anne G. Osborn, MD, University of

Utah, will continue as the Sterling Winthrop visiting Professor in Diagnostic Imaging.

The Sterling Winthrop National Guest Lecturers for 1991-92 are doctors Marc S. Levine, Hospital of the University of Pennsylvania; H. Ric Harnsberger, University of Utah; Joseph K.T. Lee, University of North Carolina; Nestor L. Muller, University of British Columbia; Thomas H. Berquist, Mayo Medical School; and James C. Reed, Bowman Gray School of Medicine, Wake Forest University.

## Repository and Research Services

In an effort to help improve case turn-around time, the Receiving and Accessions Division instituted a new accessioned case materials delivery service during the month of August. Receiving and Accessions personnel now make at least four deliveries a day of accessioned case materials to our over 20 pathology departments. This means that once a case is received at the Institute, it is processed through the Receiving and Accessions Division and delivered to the applicable pathology department in usually less than two hours from the time of receipt. This service also picks up and delivers inter-departmental requests for consultation and materials being requested from or returned to the repositories. In October we hope to expand this service to include the pick-up and delivery of laboratory requests and completed lab work.

In order to improve our responsiveness to requests from contributors requesting the return of paraffin blocks at the time a case is accessioned, the Receiving and Accessions Division has also begun to identify and highlight those cases at the time the case is received. These cases are then tracked by Materials Repository personnel 45 days after receipt of a case to insure the blocks have been returned as requested. If they have not been returned, Materials Repository personnel will pull the blocks and forward them at that time if they are in the repository. If they are still in the applicable pathology department, the reviewing pathologist will be asked to release the blocks or contact the contributing pathologist for permission to retain the blocks.

With the implementation of these two new programs, we hope we have been able to measurably improve the level of service the Institute is providing our contributors. We are committed to total quality management and improvement initiatives and will be periodically reporting on additional efforts to improve service in future editions of this letter.

## Abstracts

### **Dracunculiasis of the Orbit and Eyelid Light and Electron Microscopic Observations of Two Cases**

Miguel Burnier Jr., MD, Ahmed A. Hidayat, MD, and Ronald Neafie

Dracunculiasis, an infection caused by the nematode parasite, *Dracunculus medinensis*, usually affects the skin and subcutaneous tissue. The authors studied two cases of dracunculiasis involving the orbit and eyelid in African children. In the first case, the patient presented with proptosis and the clinical diagnosis was Burkitt's lymphoma. In the second patient, the eyelid lesion was diagnosed as a dermoid cyst. Histopathologically, the orbital lesion showed a degenerated and partially calcified worm within a large intraconal abscess. The eyelid lesion contained a well-preserved gravid female worm filled with larvae. The results of transmission and scanning electron microscopic studies are discussed.

*Ophthalmology*. 1991; 98:919-924.

### **In Vitro Antimicrobial Susceptibility Testing for the Newly Identified AIDS- Associated *Mycoplasma***

Michael M. Hayes, MS; COL Douglas J. Wear, MC, USA; Shyh-Ching Lo, MD, PhD

*Mycoplasma fermentans* (incognitus strain) has recently been recognized as a possible infectious pathogen in humans. This mycoplasma is associated with an acute fatal disease in previously healthy patients who do not have the acquired immunodeficiency syndrome. Many patients with the acquired immunodeficiency syndrome suffer a systemic infection with this microbe. Quantitative assay of antimicrobial susceptibility for *M fermentans* (incognitus strain) in cultures to representative antibiotics has revealed that the microbe is not sensitive to erythromycin, the most commonly used antibiotic for human mycoplasma infections. The testing shows that *M fermentans* (incognitus strain) is sensitive in vitro to the antibiotics tetracycline, doxycycline, chloramphenicol, clindamycin, lincomycin, and ciprofloxacin.

*Arch Pathol Lab Med*. 1991; 115:464-466.

### **Tegumental Laminations in Echinococci Using Gomori's Methenamine Silver Stain**

Aileen M. Marty, LCDR, MC, USN, and Steven J. Hess

The Gomori methenamine silver (GMS) stain can simplify the recognition of echinococcosis. This technique should enable individuals with little experience in tissue

parasitology to readily recognize hydatid cysts in tissue sections. We reviewed 10 infections of echinococcosis and found that the GMS was uniformly an excellent technique for highlighting the larval cestode.

*Laboratory Medicine*. 1991;22:419-420.

### **Primary Angiosarcoma of the Central Nervous System Study of eight cases and review of the literature**

Hernando Mena, MD; Jorge L. Ribas, DVM; Franz M. Enzinger, MD; and Joseph E. Parisi, MD

Angiosarcoma arising in the central or peripheral nervous system has rarely been reported. Eight patients with primary angiosarcoma of the central nervous system are described here; these included five males and three females ranging in age from 2 weeks to 72 years (mean 38 years). Of the eight neoplasms, six were located in the cerebral hemispheres and one was in the meninges; the site was unknown in the other. All patients underwent surgical resection. Five of the eight patients died, four within 4 months after surgery and one after 30 months. Two of the remaining three patients were 17 and 27 years old at the time of diagnosis and were alive at follow-up review 39 and 102 months after surgery, respectively. One patient was lost to follow-up monitoring.

Microscopically, all eight tumors demonstrated a well-differentiated pattern with irregular vascular channels and intraluminal papillae; in addition, four showed poorly differentiated solid areas. Immunohistochemical staining of neoplastic cells to factor VIII-related antigen and *Ulex europaeus* agglutinin I was performed in five tumors and was focally positive in four. No correlation could be shown between the histological features and the growth and biological behavior of the tumors.

*J Neurosurg*. 1991;75:73-76.

### **Can Pathology Predict Response Role of Classic Methods and Modern Techniques**

F.K. Mostofi, I.A. Sesterhenn, C. J. Davis, Jr.

Various non-surgical modalities are currently used in treatment of prostatic carcinoma (PCa): of these the classic methods - radiation and estrogen therapy have been and are being extensively utilized. A great deal is known about their pathology; however, until recently there has been little attempt at a systemic study of the situation.

This presentation will be mainly of changes in estrogen and radiation therapy as basically the changes are similar with all forms of therapy.

*EORTC Genitourinary Group Monograph 10-Urological Oncology: Reconstructive Surgery, Organ Conservation, and Restoration of Function*, New York, NY:Wiley-Liss, Inc; 1991:237-248.



# Postgraduate Short Courses in Continuing Education

## Academic Year 1991-92

Course Title	Scheduled Dates	Application Deadline	Tuition	Military, DoD, VA & PHS Fee
Orthopedic Pathology .....	2-7 Feb 92 .....	6 Jan 92 .....	\$500 .....	\$100
Infectious & Parasitic Diseases in the Tropics & in the U.S. ....	3-7 Feb 92 .....	6 Jan 92 .....	\$495 .....	\$300
Genitourinary Pathology .....	8-12 Feb 92 .....	10 Jan 92 .....	\$350 .....	\$150
Controversies & Recent Advances in Surgical Pathology .....	10-14 Feb 92 .....	13 Jan 92 .....	\$650 .....	\$300
Neuroradiology Review .....	29 Feb - 1 Mar 92 .....	31 Jan 92 .....	\$300 .....	\$50
Neuropathology Review .....	2-6 Mar 92 .....	3 Feb 92 .....	\$500 .....	\$225
Forensic Dentistry .....	16-20 Mar 92 .....	18 Feb 92 .....	\$495 .....	\$95
Problems in Anatomic Pathology .....	22 Mar - 3 Apr 92 .....	24 Feb 92 .....	\$1000 .....	\$250
Gastrointestinal Pathology Review .....	30 Mar - 1 Apr 92 .....	2 Mar 92 .....	\$325 .....	\$150

### Course Descriptions

#### Orthopedic Pathology

Course introduces experienced pathologists and senior trainees to basic biological principles underlying orthopedic pathology through a conceptual approach, and will provide better understanding of roles of radiologists, orthopedic surgeons, and pathologists in diagnosis of bone disorders. Course will emphasize radiologic-pathologic correlation and conceptual morphologic analysis developed at the AFIP.

Enrollment limited to 90. Approximately 46 CME credit hours.

#### Infectious & Parasitic Diseases in the Tropics and the U.S.

This seminar is designed for clinicians, pathologists, parasitologists, and veterinarians who have an interest in the study and control of infectious, parasitic, and tropical diseases. The seminar will be presented in lecture format with time allocated for the study of microscopic slides. The course will be held in Key Biscayne, Florida.

Enrollment limited to 150. Approximately 41 CME credit hours.

#### Genitourinary Pathology and Uroradiology

Course is primarily for urologists preparing for their boards, however, pathologists will find course helpful. Practicing urologists can acquaint themselves with modern-day concepts of urological pathology. Lectures will alternate with lab sessions with the opportunity to study 150 microscopic slides of various diseases. In addition to slides shown in lectures, over 2,500 kodachromes illustrating various diseases of the GU system will be available.

Enrollment limited to 250. Approximately 58.25 CME credit hours.

#### Controversies & Recent Advances in Surgical Pathology

This conference will explore recent advances in controversial areas of surgical pathology. Drawing on the 45,000-50,000 difficult, unusual, or "classical" cases seen each year at the AFIP, the presentations will detail the latest in new technology available to aid in the diagnosis of these cases. Course will be held in Orlando, Florida.

Approximately 26.25 credit hours.

#### Neuroradiology Review

Course is designed to offer neurologists, neurosurgeons, pathologists, and radiologists a basic review of neuroradiology. The essential morphologic and physiologic principles which create the diagnostic image will be emphasized. Important radiologic-pathologic concepts will be illustrated by CT, MRI, as well as conventional studies. Faculty from AFIP will be supplemented by nationally recognized guest speakers.

Enrollment limited to 400. Approximately 12 CME credit hours.

#### Neuropathology Review

Course will provide comprehensive review of neuropathology for individuals interested in neurosciences and pathology. Basic neuropathology and recent developments in the pathophysiology of neurological disorders will be discussed. Lectures will be illustrated by gross and microscopic photographs and supplemented by course syllabus.

Enrollment limited to 250. Approximately 33 CME credit hours.

#### Forensic Dentistry

Presented by specialists in the fields of forensic dentistry, criminal investigation and law, this five-day course will consist of lectures, panel discussions, illustrative situations and student participation in a laboratory exercise involving the identification of human remains by dental means.

Enrollment limited to 200. Approximately 36 CME credit hours.

#### Problems in Anatomic Pathology

Two-week intensive review of problem areas in anatomic pathology is directed towards pathology residents in their final two years of training, and will focus on difficult and problem areas in all subspecialties of pathology. Didactic lectures will be complemented by an extensive syllabus, and "hands-on" microscopic sessions proctored by leaders in pathology. Daily sessions will include 8-10 hours of supervised instruction. A library of microscopic slides and photomicrographs will be available for individual review.

Enrollment limited to 75. Approximately 75 CME credit hours.

#### Gastrointestinal Pathology Review

Seminar will provide comprehensive, practical review in diagnostic surgical pathology of the GI tract for practicing pathologists, pathology residents, gastroenterologists, and gastrointestinal fellows. Emphasis on interpretation of histological material, but clinico-pathologic-radiologic correlation will be used to understand the disease process. Didactic lectures on neoplastic and non-neoplastic diseases of the GI tract will be supplemented by a slide seminar of selected cases. Microscopes and slides will be available throughout course and in evenings.

Enrollment limited to 100. Approximately 22 CME credit hours.

# Instructions for Filling Out Application Form for AFIP Courses

1. **Course Fee:** Checks for all courses are to be made payable to the American Registry of Pathology (ARP). To safeguard your course space, we strongly encourage advance fee payment when application form is submitted, but not later than the Application Priority Deadline (does not apply to non U.S. citizens).
2. **Application Priority Deadline:** Fifty percent of the course spaces are reserved for federal applicants and 50% for non-federal applicants until the Application Priority Deadline Date. After that date applications will be considered on a first-received, first-accepted basis.
3. **Federal Personnel Please Note:** To insure a space will be held for you, submit an application for each course you desire to attend directly to the Education Division, AFIP. Do this regardless of any funding action.
4. **Accreditation:** The Armed Forces Institute of Pathology is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians.
5. **Registration Procedures for International Applicants:**

Mail letter of application to:

Chief, Program Resources Branch  
E/VCP, Rm 266  
United States Information Agency  
301 4th Street, S. W.  
Washington, D.C. 20547  
FAX: (202) 619-4655

**Civilians:**

Letter of application should include:

1. Title of Course
2. Inclusive dates of course
3. Your present position
4. Your home and office mailing address
5. Your date and place of birth
6. Your country of citizenship
7. Your financial arrangements for stay at this course (U.S. Government cannot be responsible for any expenses incurred while you are in the U.S.)

With letter of application, attach a copy of course application form, a check drawn on a U.S. bank or International Money Order, payable to the American Registry of Pathology, in U.S. dollars in the amount required.

**Military:**

Request the desired training through your military training channels to the Security Assistance Office of the U.S. Mission in your country.

**International Applicants Employed by an Agency of the U.S. Government**

Attach to letter of application (see above) a letter certifying employment from your servicing personnel office and mail to:  
International Training Program Manager,  
U.S. Army Health Professional Support Agency  
Attn: SGPS-EDI; International Training Officer  
5109 Leesburg Pike  
Falls Church, VA 22041-3258  
FAX: (703) 756-7535

Residents and fellows deduct 25% of Course Fee

Friends of AFIP deduct 10% of Course Fee

## APPLICATION FORM - AFIP COURSES

Course Title & Dates \_\_\_\_\_

Name (Last, First, MI) \_\_\_\_\_

Mailing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Specialty \_\_\_\_\_ Board Status:  Certified  Eligible

Citizenship \_\_\_\_\_  Resident/Fellow  Friend of AFIP Membership # \_\_\_\_\_

Military/Federal Civilian Employees (Only): Rank/Civilian Grade \_\_\_\_\_

Service Agency: \_\_\_\_\_

Corps:  MC,  DC,  NC,  VC,  Biomedical/Allied Science

Payment Enclosed: (Payable in U.S. dollars only) Tuition \$ \_\_\_\_\_ DoD, VA, and PHS Fee \$ \_\_\_\_\_

Method of Payment:  Check/Money Order  MasterCard  Visa

Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name as it appears on card \_\_\_\_\_

Signature \_\_\_\_\_

Make All Payments to: AMERICAN REGISTRY OF PATHOLOGY

Mail To: Armed Forces Institute of Pathology  
Education Division  
Washington, D.C. 20306-6000

Telephone: (301) 427-5231  
AUTOVON: 291-5231 FAX: 301-427-5001



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## Recent Publications by AFIP Staff

1. Burnier M Jr., Hidayat AA, Neafie, R. Dracunculiasis of the orbit and eyelid: light and electron microscopic observations of two cases. *Ophthalmology*. 1991; 98:919-924.
2. Hayes MM, Wear DJ, Lo SC. In vitro antimicrobial susceptibility testing for the newly identified AIDS-associated Mycoplasma: *Mycoplasma fermentans* (incognitus strain). *Arch Pathol Lab Med*. 1991; 115:464-466.
3. Marty AM, Hess SJ. Tegumental laminations in Echinococci using Gomori's methenamine silver stain. *Laboratory Medicine*. 1991;22:419-420.
4. Mena H, Ribas JL, Enzinger FM, Parisi JE. Primary angiosarcoma of the central nervous system: study of eight cases and review of the literature. *J Neurosurg*. 1991;75:73-76.
5. Mostofi FK, Sesterhenn IA, Davis CJ Jr. Can pathology predict response role of classic methods and modern techniques. In: *EORTC Genitourinary Group Monograph 10-Urological Oncology: Reconstructive Surgery, Organ Conservation, and Restoration of Function*. New York, NY:Wiley-Liss, Inc.; 1991:237-248.
6. Podkowik BI, Kippenberger DJ, Smith ML. Interference in GC/MS confirmation of delta-9-tetrahydrocannabinol-9-carboxylic acid by a secondary tetrahydrocannabinol metabolite. *Clin Chem*. 1991;37:1307-1308. Letter.
7. Podkowik BI, Repka ML, Smith ML. Interference by ritodrine in GC/MS confirmation of delta-9-tetrahydrocannabinol-9-carboxylic acid in urine. *Clin Chem*. 1991;37:1305-1306. Letter.