

New Telephone Listing
page 10

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

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DIRECTOR'S MESSAGE

FELLOWSHIPS AT AFIP

FROM YEAR-LONG CALLENDER-BINFORD Fellowships, to military residency training programs and 6-week training opportunities for military pathology residents, AFIP offers a variety of programs to benefit the worldwide medical community. This is an outstanding way for the Institute to provide training opportunities for pathologists and other biomedical experts, and for us to learn from them.

Established in 1985 and funded by the American Registry of Pathology (ARP), Callender-Binford Fellowships were originally awarded to one or two civilians per year. This year, ARP will fund 17 Callender-Binford Fellows, including up to 7 foreign nationals.

Callender-Binford Fellowships are awarded to candidates with the highest qualifications in pathology or other biomedical sciences. Fellows can train in one or more of AFIP's outstanding subspecialty

areas, including cellular, chemical, forensic, oral, and veterinary pathology. Depending upon qualification and experience, teaching and education are integrated into the trainee's program, and Fellows also take part in the monthly Callender-Binford Lecture Series.

In addition to the long-established military residencies that AFIP has been famous for, the Institute recently established a unique 4 to 6 week training program for military pathology residents. This creates the opportunity for them to become more familiar with the AFIP, and allows us to benefit from their fresh ideas and perspectives while developing a strong tie for the future.

Fourth-year residents from Naval Hospital San Diego, California; Madigan Army Medical Center, Tacoma, Washington; and the combined program at Brooke Army Medical Center and Wilford Hall Medical Center, San Antonio, Texas, can now come to the AFIP and train in selected departments. The feedback has been excellent. Residents are evaluated by senior AFIP staff and have the opportunity to learn more about our activities.



Left to right: Callender-Binford Fellows Philip Branton, MD, and Ciaran Mannion, MB, BCh, review study results for presentation at the departmental research seminar with Fattaneh Tavassoli, MD, department chair (center), Jim Caruso, LCDR, MC, USNR, resident, and Ruth Lininger, MD, MPH, staff pathologist and former Callender-Binford fellow.

We're able to develop their special interests, which they'll take back to the field with them. This is really a 'win-win' situation.

For application information on Callender-Binford Fellowships, contact the American Registry of Pathology, 6825 16th St., Bldg. 54, Washington, DC 20306-6000. Military pathology residents interested in fourth-year training at the AFIP should contact the Office of the Deputy Directors, AFIP-ZC, Washington, DC 20306-6000.

Michael J. Dickerson
Col, USAF, MC
The Director

First Mendez Fellows Honored

Omar J. Perez, MD, and Sonia B. Nieves, MD, have been honored for their contributions as the first two Enrique Mendez Fellows in Clinical Medicine. See related story on page 6.

NOTICE

Oral Pathology, AIDS Pathology are retitled

The Department of Oral Pathology had been retitled the Department of Oral and Maxillofacial Pathology. "The American Academy of Oral Pathology and the American Board of Oral Pathology have officially changed their names to reflect the scope of the specialty's practice," says Harvey Kessler, COL, DC, USA, department chair, "and this more accurately reflects the day-to-day work we do here at AFIP."

The Division of AIDS Pathology, Department of Infectious and Parasitic Diseases Pathology, has been retitled the Division of AIDS and Emerging Infectious Diseases.

"National and international agencies have initiated surveillance and prevention programs for emerging and re-emerging infectious diseases," says Ann M. Nelson, MD, chief of the division. "In light of that, and the fact that many of the newly-emerging or re-emerging infectious diseases are seen in the context of HIV infection and AIDS, it was felt appropriate to expand the scope and title of our division."

Tumors of the Esophagus and Stomach Atlas of Tumor Pathology, Third Series, Fascicle 18

Klaus J. Lewin, MD, FRCPath, and Henry D. Appelman, MD
Armed Forces Institute of Pathology, Washington, DC

1996. ISBN: 1-881041-27-1

In the last few years there have been major new developments in the areas of etiology, pathogenesis, identification of premalignant lesions, and management of esophageal and gastric cancers and gastric lymphomas. These important subjects are discussed in detail in this latest AFIP tumor fascicle.

The following are some of the topics covered in the fascicle that have practical importance in the diagnosis and management of esophageal and gastric tumors.

- Precursor lesions: A critically important issue is the demonstration that all gastrointestinal carcinomas develop from precursor lesions, ranging from metaplastic to neoplastic premalignant lesions. As a result, surveillance programs have been established for several types of cancer with the main intent of detecting morphologic changes before the carcinomas develop, or at least at the earliest stage of cancer. Unfortunately, in the case of the esophagus

and stomach there is still much confusion because of nomenclature problems, and the following areas are discussed in detail:

- The definition of Barrett esophagus and its association with dysplasia and carcinoma and cancers of the cardia.
- Definitional problems associated with dysplasia; raised, flat, and depressed adenomas; and early gastric carcinomas.

Other interesting subjects covered are:

- The fascinating association of *H pylori* with gastric adenocarcinoma and lymphoma;
- The concept of MALTomas and the new classification of gastrointestinal lymphoma; and
- Stromal tumors and gastric mucosal polyps, written by one of the world's foremost experts in the field.

With 667 high-quality color photographs and 39 halftones, this book should be an invaluable and indispensable source for pathologists and gastroenterologists.

NEW AFIP TUMOR ATLAS ON CD-ROM

TUMORS OF THE LOWER RESPIRATORY TRACT

Atlas of Tumor Pathology: Third Series, Fascicle 13

Thomas V. Colby, MD, Michael N. Koss, MD, and William D. Travis, MD
Armed Forces Institute of Pathology, Washington, D.C. 554 pages

ISBN:1-881041-17-4 (Printed) 1995 - ISBN: 1-881041-31-X (CD-ROM) 1996

The Armed Forces Institute of Pathology and the American Registry of Pathology have just published a new CD-ROM containing Fascicle 13 of the Third Series of the Atlas of Tumor Pathology, Tumors of the Lower Respiratory Tract.

This electronic publication contains all of the text and illustrations of the printed version plus about 550 additional color illustrations, most of which are entirely new; some are replacements for black-and-white figures in the printed version. This book will be an invaluable and indispensable resource for resident and practicing pathologists and thoracic physicians.

The electronic fascicle permits rapid

searching for words and combinations of words in the text, references, and figure legends. Illustrations can be examined at three size levels. It has provision for the user to place bookmarks and make "marginal" notes. The single disk can be used for both Windows (PC) and MAC. It is truly "user friendly," and a toll-free 800 helpline is available to make it even friendlier.

This disk joins the series of seven CD-ROMs issued earlier this year that contained the first 12 tumor fascicles in the Third Series. CD-ROM versions of the remaining atlases will appear over the next several years.

EDUCATION SPOTLIGHT

Controversias Y Adelantos En Patologia Quirurgia, December 4-7, 1996, Guadalajara, Mexico

“CONTROVERSIAS Y ADELANTOS EN PATOLOGIA QUIRURGIA,” presented entirely in Spanish, will be held from December 4-7, 1996, in Guadalajara, Mexico. According to course codirector Florabel G. Mullick, MD, SES, AFIP Associate Director, the course is designed to reach out to the vast Spanish-speaking pathology community in Latin America and Spain. “This is the third time we’ve offered the course in Spanish,” she notes. “We had 166 participants in Valencia, Spain for this course in June 1996, and we expect another large turnout in Guadalajara.”

Settled by the Spanish in 1542, Guadalajara served as the capital of Mexico in 1858. Today, this beautiful city maintains its colonial heritage while embracing modern technology. It recently served as the summit city for Latin American countries and in December 1996 will host this AFIP course.

The course will bring new advances and techniques in diagnostic pathology to participants. All faculty members are pathologists whose native language is Spanish and who practice pathology in the United States. They are fully capable of responding to any question posed by participants, since their native language is

Spanish. Included are 33 hours of conferences, followed by open discussions with participants at the end of each presentation. Recent advances in controversial diagnoses in pathology, including a discussion of immunopathology and electron microscopy in diagnostic pathology, will be covered.

Topics include gastrointestinal pathology, hepatic pathology, dermatopathology, endocrine pathology, gynecologic and breast pathology, pulmonary and mediastinal pathology, hematopathology, cytopathology, pediatric pathology, genitourinary pathology, and soft tissue pathology.

In addition to AFIP faculty, noted lecturers include representatives from UT-Southwestern Medical Center, Dallas, Texas; M.D. Anderson Cancer



Cathedral, Guadalajara, Mexico.

Center, Houston, Texas; New York University Medical Center, New York, N.Y.; Baylor College of Medicine, Houston, Texas; Mt. Sinai Medical Center, Miami, Fla.; and the National Institute of Health in Mexico City.

For more information about the course, contact Carlos Moran, course coordinator, at 202.782.2556. (FAX) 202.782.7166.

DEPARTMENT OF REPOSITORY AND RESEARCH SERVICES

The Receiving and Accessions Division has begun a new system of tracking how cases are sent to the Institute by our contributors. There are now six categories of case receipt that are captured by our computer system to include various types of express mail, routine mail delivery, delivery by courier service, and in-house accessions. We hope that by actively capturing this information, we will be able to better identify problem areas and thus decrease delivery delays. In addition, the division will be receiving new mail handling and sorting furniture and equip-

ment to facilitate expeditious case processing.

The Materials Repository Division processes over 1,000 requests for the return or loan of pathologic material each month. In an effort to expedite this process, this division will also be receiving new mail handling and sorting furniture and equipment. We anticipate that this equipment will be invaluable in facilitating the sorting and tracking of the large volume of material that is forwarded to the repository each day for filing or sending outside the Institute.

PROFILE



Sarah S. Frankel, MD, named winner of 1996 John Hill Brinton Award

SARAH S. FRANKEL, MD, STAFF pathologist, Division of AIDS and Emerging Infections, Department of Infectious and Parasitic Diseases Pathology, received the 1996 John Hill Brinton Award at the Ash Lecture on May 23. She won the award for her article, "Replication of HIV-1 in Dendritic Cell-Derived Syncytia at the Mucosal Surface of the Adenoid," published in the April 5, 1996, edition of *SCIENCE*. Named after the first curator of the Army Medical Museum, the award is given in recognition of excellence in research to a junior staff member selected by a panel from the AFIP's Scientific Advisory Board. The winner must be under age 41 and not a department chairperson or equivalent, and must serve as the primary author of a scientific publication.

Dr. Frankel's award-winning article was coauthored by Bruce M. Wenig, MD, Allen P. Burke, MD, Poonam Mannan, MA, Lester D. R. Thompson, MD, Susan L. Abbondanzo, MD, Ann H. Nelson, MD, Melissa Pope, PhD, and Ralph M. Steinman, MD.

The *SCIENCE* article reported the finding that human immunodeficiency virus (HIV) appears to continuously replicate in extranodal lymphoid tissues. The researchers discovered HIV actively replicating in the mucous membranes above the lymph glands of the throat in 13 HIV-positive, asymptomatic individuals. These patients (11 of whom did not know they were HIV-positive) had surgery to remove an enlarged tonsil or adenoid.

In a study supported by a research grant from the American Registry of Pathology, Dr. Frankel and her colleagues

found that the main site of HIV replication in mucous membranes is dendritic cell-derived syncytia. Discovered in 1973 by coauthor Ralph Steinman, MD and the late Zanvil Cohn, MD, of the Rockefeller University, dendritic cells are white blood cells with threadlike tentacles that capture bits of protein from infectious agents and present them to T-cell lymphocytes. Scientists believe that studying dendritic cells will be important to designing HIV-1 vaccines.

Dr. Frankel received her BA degree in biological sciences from Wellesley College in 1981, graduating as a Wellesley scholar. In 1985, she received her MD degree from Rush University Medical College, Chicago, and was the winner of the Janet Glasgow Award for Academic Achievement. She then completed an internship in general surgery and a year of residency training in Otorhinolaryngology at the Albert Einstein College of Medicine in New York. Dr. Frankel completed a residency in anatomic pathology at the New York Hospital-Cornell Medical Center in 1990, where she was chief resident in pathology.

After completing her residency, she joined the staff of The New York Hospital and The Manhattan Eye and Throat Hospital as assistant attending pathologist and the faculty of Cornell University Medical College as assistant professor of pathology. In 1991, she moved to Buffalo, New York, where she was on the staff of

the Buffalo General Hospital and the Roswell Park Cancer Center. She also served as assistant professor of pathology and ophthalmology at the State University of New York at Buffalo, where she twice received the Siegal Commendation for Excellence in Teaching.

In 1994, Dr. Frankel assumed her present position as staff pathologist at AFIP. She is also a clinical assistant professor of pathology at Georgetown University School of Medicine, and serves as a staff scientist in the Division of Retrovirology, Department of Vaccine Development, Walter Reed Army Institute of Research.

Dr. Frankel is board-certified in anatomic pathology. She is a member of the International Academy of Pathology and the American Medical Women's Association and a fellow of the College of American Pathologists. She is married to Dr. Stanley R. Frankel, director of the Adult Leukemia Service at Georgetown University Medical Center. They have four sons: Joshua, 8; Zachary, 6; Daniel, 3; and Joseph, 1.

PROFILE

Philip J. Kenney, MD, Armed Forces Institute of Pathology 1996-1997 Distinguished Scientist

PHILIP J. KENNEY, MD, IS SERVING AS Distinguished Scientist in the Department of Radiologic Pathology at the Armed Forces Institute of Pathology from July 1, 1996, to June 30, 1997. Dr. Kenney is a professor of radiology at the University of Alabama at Birmingham, whose area of expertise is genitourinary radiology. He obtained his medical degree from the Johns Hopkins University in Baltimore in 1977 and completed his residency training in diagnostic radiology at the Mallinckrodt Institute of Radiology in St. Louis, Missouri. Since the completion of his

training, he served in the Department of Radiology at the SUNY Upstate Medical Center in Syracuse, New York from 1981 to 1985 and in the Department of Radiology at the University of Alabama at Birmingham from 1985 to the present time, where he is currently the chief of the Genitourinary Radiology Section and the director of Magnetic Resonance Imaging.

Dr. Kenney is active in numerous national and international societies, including the Radiological Society of North America, the American College of Radiology, the American Roentgen Ray Society, the Society of Uroradiology, and the International Society for Magnetic Resonance in Medicine. He is a reviewer and abstractor for Radiology and a reviewer for the *American Journal of Roentgenology*, *RadioGraphics*, and the *American Journal of Kidney Diseases*. Dr. Kenney is the author of 43 original publications and multiple book chapters

on the subject of genitourinary radiology.

As Distinguished Scientist, Dr. Kenney will participate in the educational and research programs of the Department of Radiologic Pathology at the Armed Forces Institute of Pathology, thus making a major contribution toward the education of radiology residents and practicing radiologists in the United States and throughout the world.

The Distinguished Scientist Program was established in 1983 and is now an integral part of the Department of Radiologic Pathology. The position is federally funded through the American Registry of Pathology but is generously supported by contributions from the American College of Radiology, the Radiological Society of North America, the American Roentgen Ray Society, the Association of University Radiologists, and the American Osteopathic College of Radiology. Representatives from each of these organizations, together with a representative from the Association of Program Directors in Radiology, form the Conjoint Committee for Radiology at the Armed Forces Institute of Pathology and are responsible for selecting the Distinguished Scientist each year.

Any established academic radiologist interested in spending up to 1 year studying the correlation between abnormal radiologic images and their underlying pathology is welcome to apply. Those interested should submit a letter of interest outlining the projects they would pursue and a copy of their curriculum vitae to M. L. Rosado-de-Christenson at the Department of Radiologic Pathology, Armed Forces Institute of Pathology, Washington, DC, 20306-6000. Applications for the Distinguished Scientist position for the 1998-1999 academic year must be received by December 15, 1996.

Upcoming AFIP Radiologic Pathology Courses

ONE-WEEK CATEGORICAL COURSE - CME: 24-40

- **Thoracic Radiology - February 3-7, 1997**

Tuition: Civilian; \$525; DoD/Military/VA/PHS: \$225, Residents: \$315
Contact: Mrs. Renee Weidman, 202.782.2272

WEEKEND COURSES

- **12th Annual Washington Neuroradiology**

22-23 February 1997, Hyatt Regency Bethesda, Md.

- **Women's Imaging**

5-6 April 1997, Menger Hotel, San Antonio, Texas

- **2nd Abdominal & Pelvic Imaging Review Course**

12-13 April 1997, Marriott Hotel, Washington, DC

Tuition: Civilian: \$300; DoD/Military/VA/PHS: \$75; Residents: \$180
(early registration)) Late registration: add \$30 per category above
Contact: Ms. Earlene Turner, 202.782.2438; FAX: 202.782.0768

PROFILES

First Mendez Fellows honored at June ceremony

OMAR J. PEREZ, MD, AND SONIA B. NIEVES, MD, the first two Mendez Fellows, were recognized for their contributions at a special ceremony honoring Enrique Mendez, Jr., MD, on June 19, 1996. Dr. Mendez is the former Assistant Secretary of Defense (Health Affairs) and a long-standing friend of the AFIP. The Enrique Mendez, Jr. Clinical Fellowship in Internal Medicine was established in January 1993 in recognition of his support of the AFIP during his tenure as Deputy Surgeon General of the Army, Commanding General of Walter Reed Army Medical Center, and Assistant Secretary of Defense (Health Affairs).

During the ceremony, AFIP Associate Director Florabel G. Mullick, MD, SES, noted that the establishment of this fellowship "is a tribute in life to the best friend we have ever had. He always understood and understands our science and what we do. He encouraged and promoted our role in military medicine,

guided us and advised us during years of change, and with his help we established and expanded a number of programs."

Dr. Mullick noted that AFIP could not just say goodbye to Dr. Mendez upon his 1993 retirement. "We all agreed it was natural for us to create a fellowship that would bring clinicians and pathologists together," she said. The resulting fellowships brought Dr. Perez to the Department of Hepatic and Gastrointestinal Pathology and Dr. Nieves to the Department of Environmental and Toxicologic Pathology.

"Thank you for your inspiration and



Sonia B. Nieves, MD, Enrique Mendez, Jr., MD, Omar J. Perez, MD, and Florabel G. Mullick, MD, SES, at the ceremony.

for making us better," Dr. Mullick said in conclusion to Dr. Mendez, who then addressed the assembled guests by thanking them for this honor and noting that "Dr. Perez and Dr. Nieves represent the future of medicine, and it is in good hands."



Robert B. Brannon, Col, USAF, DC, retires as Chair, Department of Oral and Maxillofacial Pathology

ROBERT B. BRANNON, COL, USAF, DC, retired after 30 years of distinguished service in the Air Force on June 30, 1996. Col Brannon had served as the chair, Department of Oral and Maxillofacial Pathology since August 1993.

A native of Fort Worth, Texas, Col Brannon graduated from Texas Christian University in 1962 and the Baylor Univer-

sity College of Dentistry in 1966. He began his service to the country and the Air Force in 1966 as a dental intern at Travis AFB, California. He completed specialty training in oral and maxillofacial pathology at Indiana University, earning an MSD degree in 1973. His assignments in addition to the AFIP included Wiesbaden, Germany; Wilford Hall USAF Medical Center, Lackland AFB, Texas; and the Naval Dental School, National Naval Dental Center, Bethesda, Maryland, as a professor.

Col Brannon will be remembered fondly by scores of military and civilian

dentists in every specialty of dentistry as an enthusiastic and dedicated educator. He set high standards for himself and expected others to meet those same standards. The accomplishments of the numerous residents he helped train over his long career is a testimony to his ability and success as a teacher. Col Brannon and his wife Julie have relocated to New Orleans, Louisiana, where he has accepted a position as associate professor of oral and maxillofacial pathology at Louisiana State University. We at the Institute wish them well.

Charles J. Stahl, MD, retires as the Armed Forces Medical Examiner



CHARLES J. STAHL, MD, retired as the Armed Forces Medical Examiner on August 30, 1996. Dr. Stahl became the Armed Forces Medical Examiner on October 1, 1992, following 34 years of service with the Federal Government.

During his tenure, he significantly increased the visibility and capabilities of the Armed Forces Medical Examiner System in meeting its worldwide mission requirements, and earned a reputation as an

excellent administrator, educator, and pathologist.

Prior to his AFIP appointment, Dr. Stahl served the Department of Veterans Affairs as deputy medical inspector (1991-1992); chief of staff for the VA Medical Center, Dayton, Ohio (1986-1992); and chief, Laboratory Service, VA Medical Center, Mountain Home, Tennessee (1980-1983). He also served as Assistant Chief Medical Examiner for the State of Tennessee from 1983 to 1986.

A native of Philadelphia, Dr. Stahl graduated from Ursinus College and Jefferson Medical College. He served 25 years in the U.S. Navy, retiring in 1980 at the rank of Captain, Medical Corps.

Dr. Stahl is a diplomate of the American Board of Pathology in anatomic, clinical, and forensic pathology and has directed residency programs in all three

fields. He is a distinguished fellow of the American Academy of Forensic Sciences; a fellow of the College of American Pathologists and the American Society of Clinical Pathologists; and an honorary fellow, American College of Legal Medicine.

He has held faculty appointments at the Uniformed Services University of the Health Sciences, Georgetown University, George Washington University, East Tennessee State University, and Wright State University.

Dr. Stahl has been the assistant editor, associate editor, and editor of the *Journal of Forensic Sciences*.

Dr. Stahl and his wife, Ellen, traveled to China and Hong Kong in September, and his future plans include writing and spending time with his children and grandchildren.

Dr. Robert W. Leader, 77, Scientific Advisory Board Chair

ROBERT W. LEADER, DVM, an international expert in comparative pathology and veterinary science and chair of AFIP's Scientific Advisory Board, died on August 1, 1996.

Dr. Leader was professor emeritus and former chair of the Department of Pathology at Michigan State University at the time of his death.

He played a prominent role in the field of pathology, serving as president of the American College of Veterinary Pathologists (1980) and as president of the U.S. and Canadian Academy of Pathology (1987). His expertise was of great value to the AFIP, and he provided outstanding scientific and professional guidance through his leadership of the Institute's Scientific Advisory Board.



Born in 1919 in Tacoma, Washington, Dr. Leader was a Navy veteran who survived the attack on Pearl Harbor and served in the South Pacific Theater throughout World War II. In 1952, he graduated with highest honors from the College of Veterinary Medicine, Washington State University, and later served as a postdoctoral fellow with Dr. Wendell Stanley, the Nobel laureate in virology at the University of California.

He was recognized internationally for research addressing both human and animal disease and pioneered work on Aleutian disease of mink, the Chediak-Higashi syndrome, hereditary cyclic

neutropenia, and Ehlers-Danlos syndrome. Dr. Leader is survived by his wife, Isabel, and five children.

HISTONOTES

Helpful Hint:

Bubbles in water bath; stretching out paraffin sections

If you are having trouble with bubbles in your water bath, boiling distilled water will alleviate the problem. Add a few drops of concentrated formaldehyde to the water to prevent contamination.

If paraffin sections are sticking to positive-charged slides before they are placed in proper position on the slide, put the paraffin ribbons in cold distilled water with a few drops of concentrated formaldehyde. Separate the sections and place the sections and the slide into the warm water bath. The sections will stretch out.

MUSEUM

THE ART OF MEDICINE: Museum exhibit focuses on patient's experience

BALTIMORE STONE SCULPTOR JILL LION didn't set out to create a body of work on breast cancer. Work was simply the place where she put all that stuff between fearing bad news, getting bad news, and acting on it.

"It (sculpting) is what I do. I don't know. What do other people do? If I were a baker, I would have made a lot of cakes, I guess," she explained, waving away any notion she had accomplished anything out of the ordinary.

Mammogram, sonogram, needle biopsy, two surgical biopsies, diagnosis, decision, double mastectomy, recovery. Bore. Cut. Chisel. Scrape. Sand. Polish. Recovery.

In the end, Lion forged an enduring documentary on her singular human response to catastrophic illness -- a series of four sculptures titled "Breast Cancer Fears" and two additional pieces illustrating her varying reactions to double mastectomy. The six sculptures go on display at the National Museum of Health and Medicine beginning November 8.

The artist couldn't be happier. Though she has exhibited in New England and throughout the mid-Atlantic region, Lion has long thought AFIP's National Museum of Health and Medicine to be the perfect venue for these particular works.

"The Museum is a serious place. I had some good medical care and some I didn't like at all. Maybe it's important to have some kind of dialogue about that," Lion said.

The Museum, agrees director Adrienne Noe, PhD, is an appropriate location for such exchange. In fact, in recent years the Museum has been home to a variety of "art" exhibits exploring the patient's experience. Since disease happens to people, providing ways to better understand how people respond and cope is an important component to discussions on the subject. The Lion exhibit augments work the Museum has already begun in that regard.

"This is another in a continuing series

of exhibits that allows the Museum to present the art of medicine, whether in research, application, or as experienced by the patient. We are fortunate to have a superb example of the patient's experience in Jill Lion's work," Noe explained.

But Noe, who cites breast cancer as "an area of increasing concern among women and their families," also views the Lion exhibit as "an opportunity to bring together and present contemporary information on breast cancer and supplement Ms. Lion's work." A separate exhibit and public program, each focusing on the science of breast cancer, and each with contributions from AFIP staff, are also planned. They will run in conjunction with the Lion exhibit.

So, the Lion exhibit provides an additional opportunity for the Museum to make inroads on another front as well. "Ms. Lion's show also inaugurates a series of exhibits the Museum is planning that highlight women's health issues," Noe added.

The second in the "Women's Health" series, opening within the next several months, explores various physiological and psychosocial aspects of pregnancy. Its goal is to educate women so they can make informed decisions about their health.

This exhibit is actually the prototype for a permanent pregnancy unit that will eventually tour the nation as part of a traveling exhibit covering a wide range of women's health issues and concerns.

For more information about the Jill Lion exhibit, the Museum's "Art of Medicine Series," or future women's health initiatives, contact the Museum Public Affairs Office at 202-782-2675.



Photo by Bruce Savidow

Endocrine Pathology Teaching Slide Set Available

The Department of Otolaryngic and Endocrine Pathology, Division of Endocrine Pathology, now has a teaching set available for loan. The study set is composed of 52 slides of lesions, both benign and malignant, from the thyroid gland, parathyroid gland, pancreas, and adrenal gland. The set includes the most common lesions for the organ site, as well as a number of the more diagnostically challenging and difficult cases endocrine pathologists encounter.

Contact Ms. Haydee Velazques in the Instructional Material Division, Department of Education Services, 202.782.2697, or COL Clara Heffess, chief, Division of Endocrine Pathology, 202.782.2782.

AFIP STAFF IN THE NEWS

Left to right: Kathryn S. Kalasinsky, PhD; Bruce H. Williams, MAJ, VC, USA; Leslie H. Sobin, MD; Kamal G. Ishak, MD, PhD; Jose A. Centeno, PhD; F.K. Mostofi, MD, and Sharda G. Sabnis, MD.



■ The Division of Forensic Toxicology was represented by **Kathryn S. Kalasinsky, PhD**, chief, Research and Education, at the 34th Triennial Meeting of the International Association of Forensic Toxicologists (TIAFT) in Interlaken, Switzerland, August 11-15, 1996, where she presented a keynote address, "Analytical Techniques for the Determination of Drug Distributions in Blood, Brain and Hair."

■ **Bruce H. Williams, MAJ, VC, USA**, Department of Veterinary Pathology, served as course director for the 5th Annual Descriptive Veterinary Pathology Course at the National Institutes of Health, Bethesda, Md. During the course, Dr. Williams gave a series of lectures on descriptive and interpretive techniques for gross and microscopic lesions in animal tissues. This year's Descriptive Veterinary Pathology Course was attended by 50 participants from four countries, and was considered a tremendous success. In July, MAJ Williams lectured on the World Wide Web and Online Resources for Veterinarians at the American Veterinary Medical Association Convention in Louisville, Kentucky.

■ **Leslie H. Sobin, MD**, chief, Division of Gastrointestinal Pathology, Department of Hepatic and Gastrointestinal Pathology, and head of the World Health Organization's (WHO) Collaborating Center for International Histological Classification of Tumors, was in Lyon, France, July 8-10, as a consultant to the International Agency for Research on Cancer for their preparation of a new edition of *Cancer Incidence in Five Continents*. Dr. Sobin has been selected for the Roll of Honor of the International Union Against Cancer (UICC). He is among 40 distinguished

members honored for their contributions to the UICC's cancer programs. Members of the Roll of Honor are from 21 countries on five continents. He has also been chair of the UICC's TNM/Prognostic Factors project since 1982. During this period he presided over the fourth revision of the TNM Classification of Malignant Tumors and the development of the expanded role of the project into the field of prognostic factors.

■ **Kamal G. Ishak, MD, PhD**, chair, Department of Hepatic and Gastrointestinal Pathology, attended the 30th Annual Meeting of the International Liver Study Group, held in Leuven, Belgium, May 22-25. He presented a lecture entitled "Vascular Tumors of the Liver: The Usual and the Unusual," and discussed two cases of autoimmune cholangitis. On June 20, he served as visiting professor at the Department of Pathology, Mount Sinai School of Medicine, New York. While there, he lectured on benign hepatic tumors and discussed a slide seminar of 12 cases of medical and surgical diseases of the liver.

■ **Jose A. Centeno, PhD**, research scientist, Department of Environmental and Toxicologic Pathology, participated in the Fourth International Symposium on Metal Ions in Biology and Medicine, held in Barcelona, Spain, May 19-22, 1996. Dr. Centeno presented two research papers on "The Assessment of Trace Elements and Toxic Metal Ions in Human Placental Tissues" and "Analytical Evaluation of Local Tissues Surrounding Titanium Implants." Dr. Centeno also participated at the International Meeting of the Nickel Producers Environmental Research Association, held in Rockville, Md., June 2-5, 1996. Dr. Centeno

attended sections on hazard identification, dose response, carcinogenicity studies, exposure assessment, and risk characterization of nickel compounds.

■ **F.K. Mostofi, MD**, chair, Department of Genitourinary Pathology, was recently honored at the International Meeting on Pre-Malignant Lesions of the Prostate, held at the National Institutes of Health (NIH), on July 1, 1996. Dr. Mostofi was presented with a plaque in recognition of his contributions as a teacher, advisor, and consultant in the field. The International Society of Urological Pathology has also established the F.K. Mostofi Distinguished Service Award. This is in addition to the annual F.K. Mostofi Award for outstanding service to pathology, established by the U.S. and Canadian Division of the International Academy of Pathology in 1989.

■ **Sharda G. Sabnis, MD**, chief, Division of Nephropathology, Department of Genitourinary Pathology, is the editor-in-chief of the Association of Indian Pathologists in North America (AIPNA) newsletter. The newsletter is designed to communicate between the AIPNA and other Indian organizations, including the Indian Association of Pathologists and Microbiologists (IAPM) and the College of Indian Pathologists. AIPNA has 115 members and continues to grow. Those interested in becoming a member or to receive the newsletter should contact Dr. Sabnis at 202.782.1717/1711, by FAX at 202.782.0435, or by e-mail at SABNIS@email.afip.osd.mil.

ARMED FORCES INSTITUTE OF PATHOLOGY

SEPTEMBER 1996

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Basic Forensic Pathology	21–25 October 96	DoubleTree Hotel, Rockville, MD
Abdominal & Gastrointestinal Radiology	21–25 October 96	AFIP, Washington, DC
Pediatric Radiology	28 Oct–1 Nov 96	AFIP, Washington, DC
Interpretation of Prostatic Biopsies	2–3 November 96	Holiday Inn, Silver Spring, MD
The Dermatopathology Workshop	8–9 November 96	Ritz-Carlton Hotel, Pentagon City, Arlington, VA
Difficult Diagnoses in Surgical Pathology	13–16 November 96	Charleston Place, Charleston, SC
Controversias y Adelantos en Patología Quirúrgica	4–7 December 96	Hotel Presidente Intercontinental Guadalajara, Mexico
DNA Databanks & Repositories	9–12 December 96	The Ramada Inn, Tallahassee, FL
Uro pathology	27–31 January 97	DoubleTree Hotel, Rockville, MD
35th Annual Neuropathology Review	24–28 February 97	Hyatt Regency, Bethesda, MD
33rd Annual Forensic Dentistry	3–8 March 97	Hyatt Regency, Bethesda, MD
43rd Annual Course in Oral Pathology	1–4 April 97	Hyatt Regency, Bethesda, MD
Advanced Forensic Pathology	6–11 April 97	TBA, Quantico, VA
Abdominal & Pelvic Imaging Review	12–13 April 97	Washington Marriott, Washington, DC
Lymph Node Interpretation: A Glass Slide Workshop	26 April 97	AFIP, Washington, DC
7th Anatomic Pathology Update & Review	April 97	TBA
Multidisciplinary Course - Breast Cancer	May 25–26 97	TBA
10th Annual Forensic Anthropology	9–13 June 97	TBA, Bethesda, MD
Descriptive Veterinary Pathology	1–13 June 97	TBA, Bethesda, MD

DNA Databanks & Repositories

Over forty states have legislatively mandated the collection of DNA samples from convicted offenders and the establishment of DNA databases for law enforcement purposes. The Federal DNA Identification Act of 1994 provides \$40 million for a 5-year program for state and local forensic laboratories. The Act also authorizes the FBI to create a national DNA Identification Index for law enforcement purposes. This national system, known as CODIS-Combined DNA Index System-allows forensic laboratories to store and match DNA records from convicted offenders and crime scene evidence. In response to growing national concerns, DNA repositories have been established for identification of military human remains, for scientific human genetic diversity studies, and for numerous public health reasons.

This year's course format differs from previous years. The two and one-half day conference also serves as the Third Annual CODIS User's Group Meeting and includes user workshops and CODIS program updates. A pre-conference program is scheduled for the day before the conference and is designed specially for federal, state, and local policy makers without a technical background. The agenda is packed with practical discussions and tips on collection programs and DNA databases, including success factors and resource requirements. The main conference features panel discussions on DNA Sample Collection, the National Research Council's Report, Impediments to Database Implementation, STR's, Contracting Out DNA Analyses and Sexual Assault Response Teams.

Attendees will also have an opportunity to tour the Florida Department of Law Enforcement's Crime Laboratory at Tallahassee. Vendors from throughout the DNA community will display DNA equipment, products and services in an exhibit hall.

Uro pathology

This course is primarily for urologists preparing for their boards. The in-depth study of pathological material and the manner of presentation are intended to provide a more fundamental and lasting understanding of genitourinary pathology. The course also offers the opportunity for participants to acquaint themselves with the modern-day concepts of urological pathology.

Pathologists are also welcome and will find the course helpful in their daily practice. For practicing urologists the course offers an opportunity to acquaint themselves with modern-day concepts of urological pathology. Lectures will alternate with laboratory sessions for study of microscopic slides, supplemented by Kodachrome reviews and quizzes. During the course the attendees will have the opportunity to study 150 microscopic slides of various diseases. In addition to Kodachromes shown in the lectures, over 2,500 Kodachromes illustrating various diseases of the genitourinary system will be available for small group study. Overall the participants will see approximately 5,000 photomicrographs. A pre- and post-examination will enable the participants to evaluate their own progress.

**INTERNET updates on courses available at our new Website <http://www.afip.mil>
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REPRINTS

Aggressive angiomyxoma: a clinicopathologic study of 29 female patients

John F. Fetsch, MD, William B. Laskin, MD, Martin Lefkowitz, MD, Lars-Gunnar Kindblom, MD, and Jeanne M. Meis-Kindblom, M.D

BACKGROUND. Aggressive angiomyxoma is an uncommon mesenchymal tumor that preferentially involves the pelvic and perineal regions of females. Since its initial description in 1983, approximately 65 cases have been reported in the English literature.

METHODS. The clinical and pathologic features of 29 cases of aggressive angiomyxoma were evaluated in a review of archival material from the Armed Forces Institute of Pathology (1960-1992). Histochemical stains for mucosubstances and immunohistochemistry (avidin-biotin complex method) were utilized to characterize the neoplasms further.

RESULTS. All patients were females, between 16 and 70 years (median; 34 years). The soft tissues of the pelvis, perineum, vulva, buttock, retroperitoneum, and inguinal regions were involved. The majority of the tumors were 210 centimeters in greatest dimension. Follow-up ranging from 8 to 198 months (mean, 93 months; median, 95 months) was available for 22 patients. Eight patients developed recurrent tumor, from 10 months to 7 years after the initial resection. No patient developed metastases and there were no tumor related deaths. Histologically, the neoplasms were sparsely to moderately cellular and predominantly composed of bland, relatively nondescript, stellate and spindled cells embedded in a loosely collagenized matrix with scattered vessels of varied caliber. A few cases contained some tumor cells with more abundant eosinophilic cytoplasm that raised the possibility of focal smooth muscle differentiation. The tumor matrix was no more than weakly reactive for mucosubstances; thus, while glycosaminoglycans are present to a limited extent, edema fluid appears to be a major component of the noncollagenous stroma. The neoplastic cells were at least focally immunoreactive for desmin (22/22), smooth muscle actin (19/20), muscle specific actin (16/19), vimentin (17/17), CD34/QBEND-10 (8/16), and estrogen (13/14) and progesterone (9/10) receptor. All of the examined tumors were negative for S100 protein (20/20). Ki67 (MIB1) immunoreactivity was present in < 1% of the tumor nuclei in all 16 cases tested.

CONCLUSIONS. Aggressive angiomyxoma is a distinctive, locally aggressive, mesenchymal tumor that appears to be relatively site specific and has a peak incidence in females in the fourth decade of life. There is a strong propensity for local recurrence but metastatic disease has not

been reported. Since the first evidence of recurrence may be many years after the initial resection, long term follow-up is required. The neoplastic cells of aggressive angiomyxoma exhibit fibroblastic and myofibroblastic features and appear to be hormonally influenced. The possibility that the progenitor cell has a capacity for smooth muscle differentiation is raised.

Cancer. 1996;78:79-90.

United States lung carcinoma incidence trends: declining for most histologic types among males, increasing among females

William D. Travis, MD, Jay Lubin, PhD, Lynn Ries, MS, and Susan Devesa, PhD

BACKGROUND. Lung carcinoma is now the most frequently diagnosed major cancer in the world and is also the most common cause of cancer deaths in males and females in the United States and worldwide. Based on trends in cigarette smoking and on analysis of lung cancer rates by birth cohort, it was predicted that a decline would occur in age-adjusted lung cancer rates, initially in males, and approximately 10 years later in females. We evaluated age-adjusted lung cancer incidence rates for changes in trends by race, sex, and histologic type to determine if and when rates may have started declining.

METHODS. We analyzed population-based incidence data from the National Cancer Institute's Third National Cancer Survey conducted between 1969 and 1971 and from the Surveillance, Epidemiology and End-Results (SEER) program conducted between 1974 and 1991. Age-adjusted rates were plotted by time period using a logarithmic scale for the ordinate. We used regression methods for grouped time-to-response data to fit a model to the disease rate for age, and calendar year to estimate the calendar year of maximum disease rate.

RESULTS. During this period, the overall age-adjusted lung cancer incidence rate rose from 37.8 to 68.2 per 100,000. Lung cancer rates in both white and black males climaxed around 1984 and declined subsequently. Furthermore, among white and black males, the rates of squamous cell carcinoma, small cell carcinoma, and large cell carcinoma declined after peaks in 1981 and 1982, 1986 and 1987, and 1986 and 1988, respectively. The rates for adenocarcinoma in black males peaked in 1987 whereas the rates in white males appeared to have plateaued between 1989 and 1991. Total lung cancer rates in males exceeded those in females, with rates in black males exceeding rates in white males. Age-adjusted lung carcinoma rates among white and black females continued to increase for all histologic types, with the exception of large cell carcinoma among whites, bronchioloalveolar carcinoma among whites and

blacks, and adenosquamous carcinoma among blacks.

CONCLUSIONS. The cumulative effect of these trends has resulted in a plateau of total lung carcinoma incidence in all persons combined, and a decline might be expected soon, as has already been observed among males. Most of these changes reflect past cigarette smoking patterns. Demonstration of declines and tapering increases among several population subgroups suggests impending reductions in the incidence and mortality rate for this highly fatal cancer.

Cancer. 1996;77:2464-70.

Leiomyosarcoma of the esophagus: radiographic findings in 10 patients

Marc S. Levine, James L. Buck, Linda Pantongrag-Brown, Peter C. Buetow, James R. Hallman, and Leslie H. Sobin

OBJECTIVE. Leiomyosarcomas of the esophagus are rare malignant smooth-muscle tumors that have been described only anecdotally in the radiology literature. The objective of this study was to evaluate the clinical and radiographic findings of this unusual lesion.

MATERIALS AND METHODS. A search of the radiology archives of the Armed Forces Institute of Pathology revealed 10 cases of esophageal leiomyosarcomas. Clinical and radiographic findings were reviewed retrospectively. **RESULTS.** All but one patient presented with dysphagia. The average duration of the dysphagia was 6.7 months, but five patients had dysphagia for 3 or fewer months. Frontal chest radiographs revealed a mediastinal mass in five patients. Barium studies revealed intramural lesions in six patients, intraluminal lesions in two, and infiltrative lesions in two. The intramural lesions all had large exophytic components, and three contained ulceration or tracking. One of the intraluminal lesions appeared as a polypoid expansile mass and the other, as a smooth expansile sausage-shaped mass mimicking a fibrovascular polyp. CT revealed a mass involving the esophagus in five patients; three of these patients had heterogeneous lesions containing large exophytic components, central areas of low density, and extraluminal gas or contrast material within the tumor. In two patients, MR imaging revealed large masses that were isointense with skeletal muscle on T1-weighted images and hyperintense on T2-weighted images.

CONCLUSION. Our experience suggests that esophageal leiomyosarcomas have radiographic findings similar to those of leiomyosarcomas elsewhere in the gastrointestinal tract. Esophageal leiomyosarcomas have a better prognosis than squamous cell carcinomas and are often amenable to surgical cure.

AJR Am J Roentgenol. 1996;167:27-32.

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2. Nelson AM, Sledzik PS, Mullick FG. The Army Medical Museum/ Armed Forces Institute of Pathology and emerging infections: from camp fevers and diarrhea during the American Civil War in the 1860s to global molecular epidemiology and pathology in the 1990s. *Arch Pathol Lab Med*. 1996;120:129-133.
3. Levine MS, Buck JL, Pantongrag-Brown L, Buetow PC, Hallman JR, Sobin LH. Leiomyosarcoma of the esophagus: radiographic findings in 10 patients. *AJR Am J Roentgenol*. 1996;167:27-32.
4. Travis WD, Lubin J, Ries L, Devesa S. United States lung carcinoma incidence trends: declining for most histologic types among males, increasing among females. *Cancer*. 1996;77:2464-2470.