

the AFIP LETTER



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

Vol. 148, No. 5
October 1990

The Director's Message

ANOTHER LOOK AT OUR NEW FEE FOR CONSULTATION PROGRAM

In the last issue of the AFIP Letter, I spoke of the necessity for a new consultation fee program to offset upcoming budget constraints. You should have by now received a letter from the American Registry of Pathology (ARP) which discusses this new program in detail. We've been pleased by the many contributors who have expressed support for the program and understand the financial necessity for its implementation.

Beginning 1 October 1990, Gynecologic and Breast Pathology will be the first department to charge for consultations. No fees will be assessed until then, and no fee will be charged by other departments until the consultation program is expanded, possibly in early 1991.

Maximum effort to ensure a rapid response (2 to 4 days) from the Department of Gynecologic and Breast Pathology is being implemented with additional histologic and clerical support from the American Registry of Pathology (ARP). Remember, specimens received from military, VA and selected foreign hospitals, along with cases solicited for their educational and research value, will remain exempt from fees. If you have any questions about the program, please do not hesitate to contact Mr. Leo Bell at the American Registry of Pathology, at (202) 576-4566/67 or Fax (202) 576-0941.

It is anticipated that this program will be successful and that the Ameri-

can Registry of Pathology will be able to support fellowships, institute new diagnostic procedures, and develop a new environmental pathology center for the Armed Forces Institute of Pathology. The new fee for the consultative program will help us realize many of our goals...and your vital participation will ensure its success.

We look forward to working with you in resolving problem cases and hope that you will become a member of our new society, the "Friends of the AFIP." Society members will receive additional benefits through discounts on our courses and AFIP tumor fascicles, as well as information on Institute activities.

With your continued support, the AFIP will remain a leader and national resource for all areas of medical, dental, and veterinary pathology.

A final note: On page 4 of this issue is a special profile of the Gynecologic and Breast Pathology Department. Please take a few minutes to review their fine work on over 4,500 annual civilian cases, and I am sure you will agree that they are the ideal choice to implement this program.

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Für wotred ich/diezigen an/
Dz diser sey ein malzig man.



Robert F. Karnel, Jr.
ROBERT F. KARNEI, JR.
CAPT, MC, USN
The Director

PROFILES

COL John Jewell Appointed New Executive Officer



COL John Jewell, Ph.D., is the new Executive Officer for the AFIP. In his new role, COL Jewell will coordinate the AFIP's administrative section, with a special interest in equipment purchases and managing civilian pay by budget. COL Jewell comes to AFIP from the Office of the Army Surgeon General (OTSG), where

he served as the OTSG's consultant for biochemistry and the Forensic Toxicology Drug Testing Laboratories (FTDTLs).

A native of central Ohio, COL Jewell received his B.A. degree from Texas Christian University, an M.Sc. degree from Ohio State University and a Ph.D. from Queen's University, Kingston, Ontario, Canada. He has the distinguished "A" prefix awarded by The Surgeon General for outstanding technical proficiency. COL Jewell is a fellow in the American Academy of Forensic Sciences and the American Chemical Society.

Having served a previous tour at the AFIP (1980-1983), COL Jewell is very happy to be back at this tri-service organization. COL Jewell began his military career in 1969 as a biochemist in the third U.S. Army Medical Laboratory, Ft. McPherson, GA. His previous tours include two command positions in Vietnam and at the Ft. Meade FTDTL.

He has also served at the U.S. Army Research Laboratory, Bangkok, Aberdeen Proving Grounds, MD, as well as two tours in the Research and Development Command. COL Jewell earned his academic credentials as an Associate Professor in the Department of Chemistry at the U.S. Military Academy.

COL Jewell has been active in setting up the President's Drug Testing Program, especially the federal program in other than the Department of Defense. He received the Attorney General's Medallion for his work in assisting the Justice Management Division setting up a Drug-Free Federal Workplace.

Major James D. Riley Appointed New Chief of Logistics



Major Jim Riley is the new Chief of Logistics at the AFIP. He is a recent graduate of the Executive Logistics Management Course at Ft. Detrick, MD. His new responsibilities will include oversight and execution of the AFIP's MEDCASE and Capital Equipment Expenditure programs (CEEP), equipment and supply

expenditures, equipment accountability and maintenance programs, facilities management, contracting, housekeeping and hazardous waste management.

A native of St. Helens, Oregon, MAJ Riley graduated in 1977 from Oregon State University with a B.S. in microbiology. He is a recent graduate of the U.S. Army's Command and General Staff College and is working on a master's degree.

MAJ Riley's initial assignment was to Landstuhl, West Germany, where he served as the Clinic Administrator for three medical clinics at Kirscheimbolanden, Priemensen, and Kaiserslautern. He commanded the 566th Medical Detachment and Co. A, 2nd General Hospital in Landstuhl. Extending his tour for field duty, he served as the S2/3 (Operations/Intelligence) officer for the 45th Medical Battalion, 3rd Armored Division. Following the AMEDD advance course, he served as the S4 (Logistics) officer for the 426th Medical Group and as the Chief of Logistics for the 328th General Hospital and the 8th Evacuation Hospital.

MAJ Riley has been recognized for his contributions to fielding and testing the U.S. Army's first Deployable Medical Systems (DEPMEDS) hospital. Using this equipment to recertify AMEDD combat doctrine, MAJ Riley established and sustained a twenty bed DEPMEDS facility in the remote northern Honduras Aquan River Valley. The exercise witnessed the first birth, and numerous minor and major surgical procedures to the indigenous population, most of whom had no previous medical care.

MAJ Riley is married, enjoys alpine skiing and racquetball, and has travelled extensively.

Cover: Woodcut illustration from Hans von Gerfsdorff's Feldbuch der Wundtartzney, 1517. The plates for the reprinted edition were made from copies of the original 1517 Strasbourg edition.

LTC Larry D. Williams Appointed Legal Counsel at AFIP



LTC Larry Williams has been appointed Legal Counsel for the AFIP. In his new role, LTC Williams will provide legal advice to the Director and his staff on the legal implications of Institute policies and procedures, with particular emphasis on the release of medical files, standards of conduct, and private

sector medical malpractice litigation.

A native of Arkadelphia, Arkansas, LTC Williams earned a commission upon graduating from Henderson State College, Arkansas, with a B.S.E. in Biology. Following tours as an Artillery Officer in Germany and Vietnam, he attended law school at University of Arkansas, and was awarded a J.D. in 1974.

From 1974 until 1977, he served as Defense Counsel and Prosecutor in Germany, and then completed the JAGC Advanced Course in Charlottesville, VA in 1978. From 1978 to 1981, he served as Chief, Administrative Law, and Chief, Criminal Law, with the 7th Infantry Division, Fort Ord, CA.

From 1981 to 1984, LTC Williams was Officer-in-Charge, Augsburg Branch Office, Germany, and then served as Branch Chief, Army Criminal Appellate Division, Falls Church, VA until 1987. Prior to his current assignment, LTC Williams was Deputy SJA, V Corps, Frankfurt, Germany.

LTC Williams has completed the Field Artillery Officers' Basic Course, the Judge Advocate General's Basic and Advanced Courses, and the Command and General Staff College. He holds Bar memberships with the Supreme Court of the United States and Arkansas, the U.S. Court of Military Appeals, and the U.S. Army Court of Military Review.

LTC Williams has been awarded the Bronze Star Medal, Vietnam Campaign Medal and Meritorious Service Medal. He is married and has one son, aged 15.



■ Brig Gen Paul D. Gleason, USAF, MC, (l.) Director of Professional Affairs and Quality Assurance for the Surgeon General of the Air Force, visited the AFIP on 7 August. Brig Gen Gleason received a briefing and tour from AFIP Director, Robert F. Karnei, Jr., CAPT, MC, USN, (c.), and Deputy Director, Col Vernon Armbrustmacher, USAF, MC (r.).



■ The National Museum of Health and Medicine of the AFIP played host to a group of visitors from the Russian embassy on 27 August. In addition to a tour, the group received a special briefing from Museum Director, Dr. Marc Micozzi (l.), and learned more about the Otis Archives from Archivist Mike Rhode (c.).

■ Dr. F. K. Mostofi, Chairman, Department of Genitourinary Pathology, and Dr. Leslie H. Sobin, Vice Chairman, Department of Gastrointestinal Pathology, and Associate Director for Scientific Publications, participated in the 15th International Cancer Congress, held in Hamburg, FRG, in August. Dr. Mostofi cochaired a symposium on testicular cancer and presented a paper on the WHO histological classification of testicular tumors. Dr. Sobin gave the keynote lecture at a round table on the new TNM Classification of Malignant Tumors and presented this subject to the General Assembly of the International Union Against Cancer.

DR. LO ADDRESSES SIXTH INTERNATIONAL AIDS CONFERENCE

Dr. Shyh-Ching Lo, Chief, Geographic Pathology Division, Department of Infectious and Parasitic Disease Pathology, AFIP, and Dr. Luc Montagnier, Chief, AIDS Research, Pasteur Institute, Paris, addressed participants at the Sixth International Conference on AIDS at a session arranged and sponsored by the American Medical Association. At the June 20th session, Dr. Montagnier, codiscoverer of the HIV virus, presented independent research findings supportive of Dr. Lo's ongoing work with *Mycoplasma incognitus*, the infectious agent which Dr. Lo and his associates discovered, identified, characterized and have linked to the disease AIDS. According to Dr. Montagnier, HIV may help the mycoplasma penetrate the cell, which in turn may help HIV to replicate and kill.

Dr. Lo was the first to suggest that a mycoplasma may play a major disease promoting role in AIDS. Findings recently released by Dr. Montagnier support Dr. Lo's work. Dr. Montagnier found evidence of mycoplasma infection in the cultured blood of more than one third of 97 AIDS and AIDS Related Complex (ARC) patients, and in the fresh blood of 16 of the patients. In Dr. Montagnier's laboratory, mycoplasma was found to spur slowly reproducing HIV virus to faster growth. He stated that scientists must explain how the retrovirus HIV can be a killer virus. We tend to think of it as a slow virus, but in AIDS, we see a fast, highly pathogenic virus. The difference may be due to mycoplasma infection.

Dr. Lo and Dr. Montagnier's results assist in explaining several current puzzles in AIDS research, namely the unusually long incubation period before clinical symptoms appear and the ineffectiveness of antivirals in combatting the disease. The long, and often different incubation periods may occur as the infection of mycoplasma is transforming the previously benign HIV infection to the disease state of AIDS; appropriate drug regimens may be required for mixed mycoplasma/viral infections as opposed to only the antivirals currently in use. The findings and conclusions first expressed by Dr. Lo and now echoed by Dr. Montagnier have been the subject of scrutiny by virologists and mycoplasmaologists alike.

The scientific community began to express positive interest and support for Dr. Lo's work in the latter part of last year. On December 13-14, 1989, the National Institute of

Allergy and Infectious Diseases (NIAID) of the National Institutes of Health (NIH), sponsored a workshop in San Antonio, Texas, to assess a report of Dr. Lo and Dr. James Wai-Kuo Shih of the NIH Clinical Center. Their article

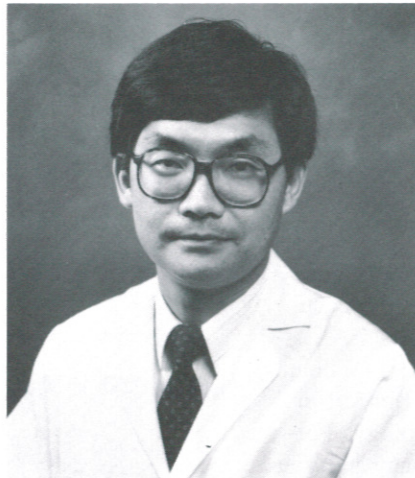
stated that *Mycoplasma incognitus* may be a significant pathogen in both AIDS and non-AIDS patients. Other workshop participants included COL Wear and Dr. J. G. Tully, Laboratory of Molecular Microbiology, NIAID, Frederick Cancer Research Facility, NIH, who is regarded as the country's leading mycoplasmaologist, and a full collaborator with Dr. Lo.

On May 11, 1990, *Science* (1990;248:682-683) featured in its research news section an editorial "Mycoplasmas in the AIDS Spotlight" which chronicled Dr. Lo's work to date, and the work of Dr. Montagnier with regard to the role of mycoplasmas and AIDS. *The*

Journal of the American Medical Association (JAMA) (1990;264:665-666) published the article "Science Ponders Whether HIV Acts Alone or Has Another Microbe's Aid" on August 8, 1990. *JAMA* recounts events of the Sixth International Conference on AIDS, highlighting the work of both Dr. Lo and Dr. Montagnier. The two researchers are now working in close cooperation.

Dr. Lo's scientific reputation as a trailblazer in mycoplasma research was further enhanced when the International Organization for Mycoplasma (IOM) invited him to deliver the keynote address at the organization's conference, held July 8-12, 1990 in Istanbul, Turkey. Dr. Lo's address, "A Previously Unrecognized Human Mycoplasma Disease," was given before an international audience of 300 molecular biologists, microbiologists, and clinicians. He also participated in the workshop "Animal Models of Mycoplasma Diseases" and delivered a speech entitled "Fatal Systemic Infection of Non-Human Primates by *Mycoplasma incognitus*."

Dr. Lo and his research associates are continuing their work at the AFIP.



GYNECOLOGIC AND BREAST PATHOLOGY SELECTED TO IMPLEMENT CONSULTATION FEES

The Department of Gynecologic and Breast Pathology has been selected as the first department to implement consultation fees because of its exemplary performance as part of the AFIP operations. Under the eminent leadership of Dr. Henry J. Norris, Chairperson, and Dr. Fattaneh Tavassoli, Assistant Chairperson, the GYN and Breast Department has established a renowned record of distinguished service to the Institute, and national, and international communities.

The department's expert staff, consisting of COL Martin Lefkowitz, MC, USA, Dr. Y. Ansah Boateng and Dr. Mark Ashton, processes over 4,500 civilian cases a year. They provide diagnostic data critical for the prompt and effective management of patients suffering from a wide range of complex and challenging diseases. The department's pathologists also participate in an outstanding research program, publishing an average of 8 highly relevant scientific publications per year.

Gynecologic and Breast Pathology is continually improving its technical and administrative operations through the addition of preeminent pathologists, along with upgrading facilities and support services. Extraordinary resources have been provided to insure that routine pathology consultations will be reviewed within 24-48 hours of receipt, and reports issued using the latest "fax" and mail services.

All cases requiring special staining or study will require additional time, but highly efficient programs have been implemented to

insure that contributors will be continually updated as to the studies in progress. In addition, the staff is readily available to provide telephone consults on a wide range of relevant medical issues as needed.

The new consultation fee program will offer many benefits, including essential consultative, educational and research programs, along with state of the art technical services, while operating within mandated austere budget reductions. Monies obtained from these consultations will assist the department in meeting emerging clinical challenges by permitting it to institute new diagnostic procedures; fund new diagnostic investigative fellowships; and, develop an Environmental Pathology Center.

The American Registry of Pathology (ARP) will be the agent for receipt of specimens, preparation of reports and billing procedures. As before, specimens will be accepted only from pathologists. Special annual retainer fees for those hospitals located in sites distant from major medical center areas can be arranged based on the number of cases reviewed.



Left: Gayle Andre and Robin Trainham embedding tissue in preparation for histologic studies.

Bottom left: Accessioning and preparing tissue specimens for study in the GYN and Breast Laboratory.

Bottom right: Dr. Norris (l.) and Dr. Lefkowitz (c.) during training with students, review GYN/Breast consultations on multihead microscope.



THE VORWALD COLLECTION

Dr. Arthur J. Vorwald, a pioneer in the field of industrial medicine until his death in 1975, was a leading researcher on the toxicity of dusts. Born in 1904, he received degrees in pathology and medicine from the University of Chicago and later became an expert on the subject of asbestosis.

Conducting the bulk of his research at the Saranac Laboratory of the Trudeau Foundation and at Wayne State University's Department of Industrial Medicine and Hygiene, Dr. Vorwald's expertise soon became widely known. As a result, American corporations and the federal government regularly referred cases to him. He served with the American Cancer Society, the Armed Forces Epidemiological Board, the US Public Health Service and the National Academy of Sciences.

The Vorwald collection was formally donated to the NMHM of the AFIP in 1979, and it quickly became embroiled in controversy. The issue of asbestosis, which forced such major corporations as Johns-Manville into bankruptcy, obviously had historical underpinnings in Vorwald's work.

Numerous confidential patient records are contained in the collection, and the Department of the Army was sued by researchers who wished to examine them. The case was eventually settled by court order, as the Justice Department microfilmed patient records and took responsibility for their distribution. Today, researchers who wish to use patient records must agree not to identify individuals or contact their families.

Asbestos-related records are only a small part of the collection. The research projects of Saranac Laboratory comprise a major part of the collection, as do reprints of articles on pneumoconioses. The collection is now used by historians of industrial medicine and should be of great value for years to come.

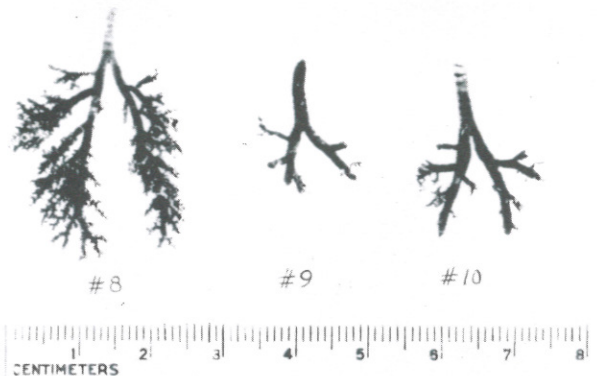
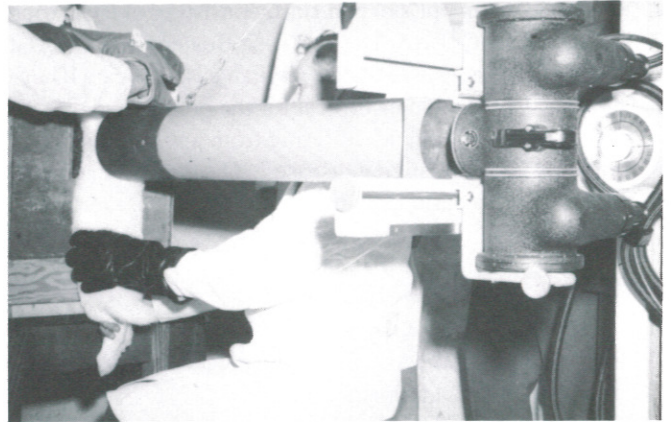
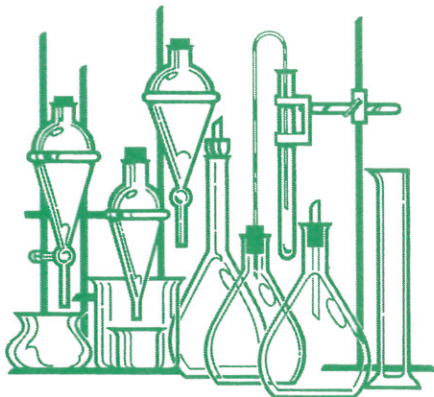


Fig. 6. #8 Cylindric cast of a control, untreated perused lung. #9 Cast of lung which showed spontaneous bronchoconstriction. #10 Cast of a perused lung treated 6 minutes previously with 5.4 mg. of colloidal silica.

Top: Trudeau School, 1951. Dr. Vorwald (right, first row) in the bow tie.

Middle: Animal x-ray.

Bottom: Lung casts.

AUTOPSY PAMPHLET AVAILABLE THROUGH ARP

The AFIP strongly supports the growing effort to reestablish the autopsy as an essential technique for advances in modern medicine. According to MAJ Edwina J. Popek, MC, USA, Chairwoman of the Department of Pediatric Pathology, substantial contributions to the quality of patient care can be made through its use. "Statistics show that the autopsy rate in the United States has fallen to just 13%, including Medical Examiner cases, and this is really unacceptable," she says. "Recent comparisons show a 30% discrepancy rate between the stated cause of death on the certificate and what is found at the time of autopsy, and this really brings home the need for increasing our national autopsy rate."

Dr. Popek notes that the autopsy rate in the field of Pediatrics is close to 70%. "People want to know why an infant or child has died," she says, "but the rest of the population is overlooked." Studies show that in all of the population, the person most likely to be autopsied is a 20-30 year old male, which reflects the manner of accidental and violent deaths in this age group. Still, there is no evidence to suggest a growing public resistance to its use.

"We know that most families want information about an autopsy, even if they find the discussion temporarily upsetting," she notes. "In fact, discussing the autopsy with family members prior to death will result in a 50% rate. We want to stress to the medical community that merely asking permission of a family member to perform an autopsy will result in a much higher rate than exists now."

Dr. Popek notes that formidable changes in health care over the next decade will make the autopsy an invaluable tool for advancing medicine. "We really need to get the message out," she says, "not only to family members but to others with misunderstandings about it, including the clergy, counselors, government agencies and funeral professionals."

The American Registry of Pathology has designed a pamphlet, written in lay terms, which is suitable for display along side other therapy and disease oriented information pamphlets. Entitled "Where Death Comes to the Aid of Life: Autopsy - A Seeing For Oneself," it promotes the autopsy as being indispensable to surviving loved ones. The pamphlet shows how the autopsy provides insight into genetically linked diseases, communicable diseases, work related diseases, and settlement of insurance claims or death benefits.

Make check payable to ARP. Mail order form to:

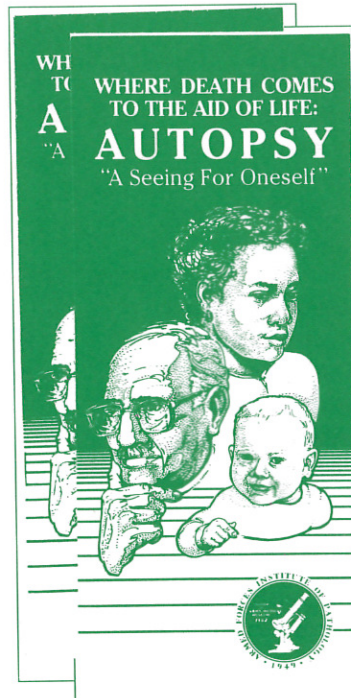
ARP-AFIP
Building 54, Room G 134
Washington, D.C. 20306-6000

100-249.....\$0.35 each/plus \$4.00 postage &

handling

250-599.....\$0.30 each/plus \$6.00 postage & handling

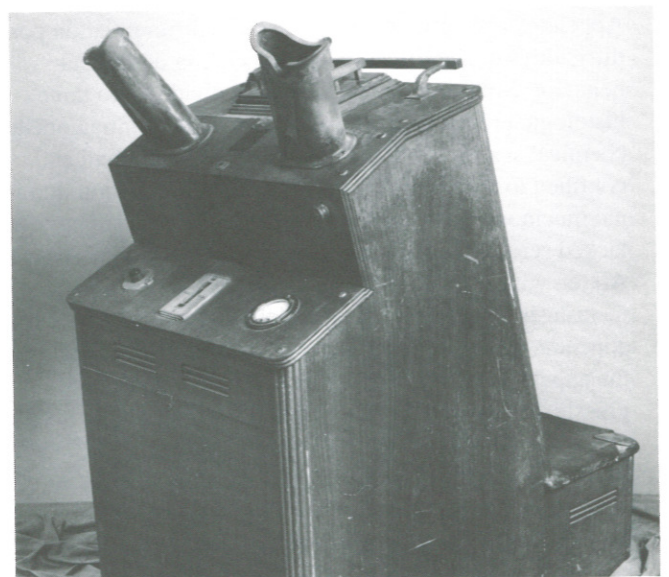
500 or more..\$0.25 each/plus \$8.00 postage & handling



HISTORIC SHOE FLUOROSCOPE DONATED TO NMHM OF THE AFIP

An historic shoe fluoroscope - which used x-ray technology to properly measure foot size - was recently donated to the AFIP's National Museum of Health and Medicine. Shoe fluoroscopes served as fixtures in America's shoe stores from the 1920's to the 1940's, when the true destructive potential of radiation had yet to be established. The devices cost \$2000 each and were popular because of their great accuracy in measuring foot length.

Donator Irv Eisen, General Manager of the Washington area's Boyce and Lewis shoe chain, notes that the FDA banned this great marketing tool in 1953. How important was it from a public relations perspective? Eisen still gets calls from customers who want to use the machine in selecting their next pair of shoes.



Reprints

Carcinoid Tumors of the Duodenum A Clinicopathologic Study of 99 Cases

MAJ Allen P. Burke, MC, USAF; Leslie H. Sobin, MD; Birgitte H. Federspiel, MD; LTC Kris M. Shekitka, MC, USAF; Elson B. Helwig, MD

Ninety-nine carcinoid tumors of the duodenum were studied. Seventy-seven patients were followed up for a mean period of 65 months, 20 tumors were autopsy findings, and two patients were unavailable for follow-up. Sixteen tumors (21%) produced metastases, all discovered initially; 3 patients (4%) died from metastatic disease (mean survival, 37 months postoperatively). Features associated with metastatic risk were involvement of muscularis propria, size greater than 2 cm, and the presence of mitotic figures. For 51 tumors, there was no correlation between immunohistochemical somatostatin and history of diarrhea, cholelithiasis, or diabetes mellitus (somatostatin syndrome). Five tumors were associated with Zollinger-Ellison syndrome and had immunohistochemical gastrin, but in the others there was no correlation between ulcer disease and gastrin positivity. Duodenal carcinoids are indolent, especially when small and localized to the submucosa. Immunohistochemical identification of somatostatin and gastrin has little clinical relevance.

Arch Pathol Lab Med. 1990;114:700-704.

Goblet Cell Carcinoids and Related Tumors of the Vermiform Appendix

Allen P. Burke, MD, (Maj, USAF, MC), Leslie H. Sobin, MD, Birgitte H. Federspiel, MD, Kris M. Shekitka, MD (LtCol, USAF, MC), and Elson B. Helwig, MD

Appendiceal carcinoids with glandular differentiation pose difficulties in classification and prediction of clinical behavior. Sixty-four such cases were divided into three histologic groups on the basis of routine and immunohistochemical stains: (1) Tubular carcinoids were small and confined to the appendix, had small amounts of intraluminal mucin with few or no goblet cells, were nonargentaffin, lacked serotonin, and were diffusely positive for glucagon. All ten with follow-up (mean, 17 months) were without metastasis. (2) Goblet cell carcinoids were confined to the appendix and mesoappendix, circumferentially surrounded the appendiceal lumen, and were often not suspected grossly. Histologically, they were often mixed with small crypt-like glands and were serotonin positive. All 22 with follow-up (mean, 19 months) were without metastasis whether or not right hemicolectomy was performed. (3) Mixed carcinoid-adenocarcinomas showed spread into the cecum or adjacent viscera at the time of diagnosis and had a

large carcinomatous pattern with areas of mucinous, signet-ring, or single-file structure, in addition to goblet cell or insular carcinoid. All patients had right hemicolectomies, and all but two with follow-up died of the disease (mean, 16 months). Although a histologic spectrum exists among carcinoid tumors and certain adenocarcinomas of the appendix, it is possible to delineate three biologically distinct groups. Surgical margins should be taken of all appendices because these tumors often do not form discrete masses.

Am J Clin Pathol. 1990;94:27-35.

REPOSITORY AND RESEARCH SERVICES UPDATE

We would like to remind contributors completing the AFIP Form 288-R, Military and Civilian Contributor's Consultation Request, to completely identify yourself and your laboratory in the same manner each time you submit a case. Your laboratory's complete address with zip code and telephone number must be included on the AFIP Form 288-R. Complete and accurate contributor information will speed the accessioning process and prevent us from maintaining slightly different addresses for the same contributor in our address file.

All case material should be addressed directly to the Receiving and Accessions Division of the AFIP. **DO NOT** send material to a specific department or pathologist. Doing this will only delay the accessioning process. Most cases are accessioned and forwarded to the appropriate pathology department within 24 hours of receipt by the Receiving and Accessions Division.

Lately we have been having some problems concerning the timely return of loaned case materials. Accessioned cases and materials are the property of the AFIP and will be retained. Only paraffin blocks and original photos will be returned to contributors if requested in writing. X-rays will be copied and returned. Arrangements can be made for the loan of materials, but these materials must be returned in a timely manner. Loan periods are usually for 30 days. Requests for loan extension must be in writing and state an estimated return date. The Records Repository will follow-up on all overdue material as necessary. Please help lessen our workload by returning all loaned materials by the due date.

Postgraduate Short Courses in Continuing Education Academic Year 1990-91

Course Title	Scheduled Dates	Application Deadline	Non-Federal Fee	Federal Fee
Oral Pathology	1-5 Oct 90	31 Aug 90	\$295	\$35
Legal Medicine Seminar for Attorneys	17-18 Oct 90	17 Sep 90	\$300	\$30
#Aerospace Pathology	13-16 Nov 90	12 Oct 90	\$200	\$20
Basic Forensic Pathology	12-16 Nov 90	15 Oct 90	\$275	\$30
*Surgical Pathology of the Head & Neck	3-5 Dec 90	2 Nov 90	\$295	\$25
Path of Congenital Heart Disease	3-7 Dec 90	2 Nov 90	\$250	N/A
Orthopaedic Pathology	28 Jan-2 Feb 91	28 Dec 90	\$400	\$30
Neuroradiology Review	2-3 Feb 91	2 Jan 91	\$275	\$20
Neuropathology Review	4-8 Feb 91	4 Jan 91	\$450	\$30
Pathology of Congenital Heart Disease	4-8 Feb 91	4 Jan 91	\$250	N/A
Uroradiology	6-7 Feb 91	7 Jan 91	\$275	\$20
Genitourinary Pathology	8-13 Feb 91	8 Jan 91	\$500	\$100

Reflects change in course dates * Course offered every other year

Course Descriptions

Oral Pathology

Course designed to provide dentists, physicians and trainees in oral pathology, oral and maxillofacial surgery, and general pathology a fundamental knowledge and recent developments of various aspects of oral diseases. Developmental disturbances of the head, neck and oral region, inflammatory diseases of the oral mucosa and jaws, oral manifestations of systemic diseases, and neoplasms of the oral cavity and related structures will be discussed. Lectures will be complemented by case presentations, microscopic slide seminars and clinico-pathologic conferences.

Enrollment limited to 125. Approximately 36 CME credit hours.

Legal Medicine Seminar for Attorneys

Course primarily for attorneys with little or no experience in managing health related cases. It will provide information in management of medical malpractice, personal injury, and other health related claims.

Enrollment limited to 100.

Aerospace Pathology

For flight surgeons, residents in pathology and aerospace medicine, pathologists and other accident investigators with specialized instruction in areas of pathology concerned with aerospace vehicle accident investigations. Will cover pre-accident planning; operational correlations; identification procedures; special autopsy techniques in aircraft correlations; toxicological exam and correlation; practical evaluation and correlation of findings; crashworthiness; survivability and human tolerances; and the flight surgeon's responsibilities.

Enrollment limited to 100. Approximately 24 CME credit hours.

Basic Forensic Pathology

Basic training and review of medicolegal autopsy, identification of human remains, blunt and sharp force injuries, child abuse, basic ballistics and missile wounds, sex crimes, sudden and unexpected deaths, asphyxial deaths, drug reactions and drug deaths, and problems arising from investigations and court presentations.

Enrollment limited to 100. Approximately 29 CME credit hours.

Surgical Pathology of Head & Neck

Course emphasis is on the histopathological appearance of disease processes that involve the upper respiratory tract, salivary glands, thyroid glands and oral regions. Fundamental aspects of surgical pathology of the head and neck will be discussed to include recent developments in these areas. Clinical, radiographic and microscopic characteristics will be illustrated with emphasis on developing an understanding of the basic disease process.

Enrollment limited to 125. Approximately 19 CME credit hours.

Orthopaedic Pathology

Course will consist of lectures, demonstrations, and laboratory experience in orthopaedic pathology, and will emphasize radiologic-pathologic correlation and conceptual morphologic analysis developed at the AFIP. Course is designed to

introduce basic biological principles underlying orthopaedic pathology to both experienced pathologists and senior pathology trainees through a conceptual approach.

Enrollment limited to 90. Approximately 46 CME credit hours.

Neuroradiology Review

The Sixth Annual AFIP Neuroradiology Review Course precedes the Neuropathology Review Course. The course offers 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.

Enrollment limited to 250. Approximately 12 CME credit hours.

Neuropathology Review

A basic review review of neuropathology stressing recent developments in the understanding of clinical and pathophysiological bases of neurological diseases and their techniques of study. Course especially useful in studying for specialty exams. Radiographs and slides of clinical cases will be available for study and will be discussed in a CPC format. Sets of slides will be available for purchase.

Enrollment limited to 250. Approximately 33 CME credit hours.

Pathology of Congenital Heart Disease

Designed for fellows, residents, and board eligible candidates in cardiology, cardiothoracic surgery, pathology and radiology. Lectures on the gross and microscopic pathology of the major forms of congenital heart and aortic disease and demonstrations with gross and microscopic preparations and select videotapes. Ample time for interaction between faculty and attendees.

Enrollment limited to 15. Course offered Feb, May, Aug, and Dec each year. When applying, please specify when you want to attend. Approximately 30 CME credit hours.

Uroradiology

This course is designed to offer radiologists and urologists a summary of the most important morphological principles that underlie the evaluation of roentgenologic signs. Particular emphasis will be placed on the differential diagnosis of abnormal urograms.

Enrollment limited to 200. Approximately 14 CME credit hours.

Genitourinary Pathology

Course consisting of basic and comprehensive survey of pathology of kidney, ureter, bladder, prostate, testes, penis, and urethra. Course designed for urologists and will be presented by lectures, demonstrations, and study of microscopic slides. Course is not designed for pathologists as it is quite elementary. Microscopes will be provided for the microscopic slide portion of the course.

Enrollment will be limited to 250. Approximately 59 CME credit hours.

Instructions for Filling Out Registration Form for AFIP Courses

1. **Course Fee:** Payments for all courses are to be made payable to the American Registry of Pathology or ARP. To safeguard your course space, we strongly encourage advance fee payment when registration form is submitted, but not later than the Application Deadline (does not apply to non U.S. citizens).
2. **Application Deadline:** Fifty percent of the course spaces are reserved for federal applicants and 50% for non-federal applicants until the Application 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:**

Civilians:

Mail letter of application to:
 Chief, Program Resources Branch
 E/VCP
 United States Information Agency
 301 4th Street, S. W.
 Washington, D.C. 20547
 Telephone: (202) 485-7228

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 your letter of application, attach a copy of course application form, a check drawn on a U.S. bank or International Money Order, made 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:

U.S. Army Health Professional Support Agency
 Attn: SGPS-EDI
 5109 Leesburg Pike
 Falls Church, VA 22041-3258

Residents and fellows deduct 25% of Course Fee

Friends of AFIP deduct 10% of Course Fee

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The AFIP Letter is published bimonthly by the Armed Forces Institute of Pathology. Its purpose is to furnish timely information on policies, activities, and programs relevant to the military and civilian pathology community. Use of funds for printing of this publication has been approved by DAAG-PAP, letter dated 6 August 1984, in accordance with the provisions of AR 310-1. The views and opinions expressed are not necessarily those of the Department of Defense or the Department of the Army. Comments or proposed material should be addressed to:

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