



DEPARTMENT of PATHOLOGY
& LABORATORY MEDICINE

PATHOLOGY & LABORATORY MEDICINE NEWSLETTER

Volume 3, Issue 3 2012

Jeanette E South-Paul, M.D.



The Department of Pathology and Laboratory Medicine hosted guest speaker, **Jeanette E South-Paul, MD**, on September 24, 2012. She is the Andrew W Mathieson Professor and Department of Family Medicine Chair at the University of Pittsburgh Medical Center (UPMC). She completed her **BS** degree at the University of Pennsylvania in medical technology and her **MD** at the University of Pittsburgh School of Medicine. Her medical career began in the United States Army where she served 22 years prior to retirement at the level of Professor and Chair of the Department of Family Medicine of the Uniformed Services University of the Health Sciences. While Chair, she worked with a private organization in order to provide care to those she could not see in practice. At that time, when interviewed by *Medical Economics* (February 22, 1999), she stated “Being able to treat the poor allows me to be comfortable enough to stay in the system and fight”.

Upon retiring from the army, she returned to UPMC in 2001 as the first permanent woman and first permanent African American Chair at that institution. She now is responsible for the educational, research and clinical activities of the undergraduate and graduate medical education, faculty practice, and community arms of 3 family medicine residencies and nine ambulatory clinical sites in Pittsburgh. She is a practicing family physician and academician with concentrations in areas of maternity care, cultural competence, and health disparities.

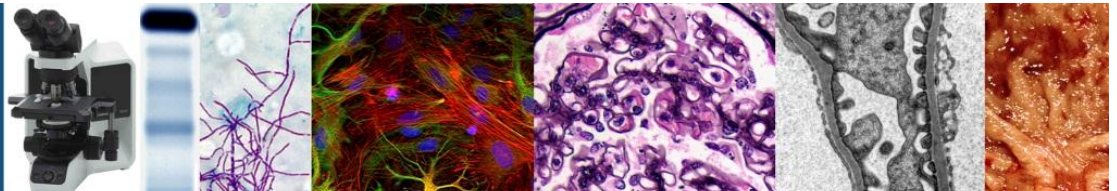
Dr. South-Paul was elected a member of the Institute of Medicine in 2011, exemplifying a lifelong commitment to service and gaining recognition for her expanse of professional achievement. She served as President of the Uniformed Services Academy of Family Physicians (1994-95), President of the Society of Teachers of Family Medicine (2004-2005), and on numerous committees, task forces, and projects associated with her research concentrations. Awards include the John G Walsh Founders Award from the American Academy of Family Physicians (2008), the Joy McCann Foundation Mentoring Award (2004), and inclusion in the Library of Medicine “Changing the Face of Medicine” exhibit (2003).

During each of her interactive presentations to the members of the pathology department, she emphasized the collaboration and cooperation between caregivers, patients, families, institutions, and community organizations. She shared pointed scenarios with us that aptly demonstrated cultural differences that could impair treatment and health and that could easily be misinterpreted or overlooked by caregivers. In addition, she gave us an evidence-based framework from which to bolster our own diversity and cultural competence programs and a dose of incentive to strengthen them.

As pathology changes with the changing face of medicine and the changing regional and national demographics, each member of the health care team should be attuned to differences within the population they serve, the people they serve, and the people they collaborate with in order to provide the most optimum care for each individual.

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DEPARTMENT of PATHOLOGY & LABORATORY MEDICINE

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PATHOLOGY
 AND
 LABORATORY
 MEDICINE

NEWS FROM DEPARTMENT ADMINISTRATION & BUSINESS OFFICE

CONGRATULATIONS!

**The Annual Service Awards Ceremony for the Medical University of South Carolina
 was held on Thursday, September 13, 2012 at 2:00 pm
 in the Drug Discovery Auditorium.**

**Employees who have achieved a milestone of 10, 20, 30, 40, or 50 years of service
 between July 1, 2011 and June 30, 2012 were recognized at the ceremony.**

BEAUFORT, LINDA A	10 Years of Service	PHLEBOTOMY TECHNICIAN II
BURCKHALTER, MICHELLE MATHIS	10 Years of Service	MEDICAL LAB TECHNICIAN
DIAZ, MOLLI	10 Years of Service	CLINICAL ADMINISTRATIVE SUPPORT
GERMAN, JENNIFER FOSTER	10 Years of Service	HISTOLOGY TECHNOLOGIST
KELLEY-ZABAWA, ANN M.	10 Years of Service	MEDICAL TECHNOLOGIST
MCLAUGHLIN, ELIZABETH FLYNN	10 Years of Service	MEDICAL TECHNOLOGIST
NEAL, MARGUERITE IRENE	10 Years of Service	MEDICAL LAB CLERK
PENNINGTON, JANET L.	10 Years of Service	MEDICAL TECHNOLOGIST COOR/LINE SUPERVISOR
TAYLOR, SALLY J.	10 Years of Service	MEDICAL LAB CLERK
WALKER, LYNN H	10 Years of Service	MEDICAL TECHNOLOGIST
ALTMAN, STELLA MARIE	20 Years of Service	MEDICAL TECHNOLOGIST ADVANCED
FISCHINGER, ANTHONY A.	20 Years of Service	MEDICAL TECHNOLOGIST
GEILS, KAREN BRINKER	20 Years of Service	HISTOTECHNOLOGIST PROGRAM COORDINATOR
SWINTON, ADELL	20 Years of Service	PHLEBOTOMY TECHNICIAN II
CARR, RANDALL	30 Years of Service	MEDICAL TECHNOLOGIST COOR/LINE SUPERVISOR
HOUSER, PATRICIA M.	30 Years of Service	CYTOTECHNOLOGIST SUPERVISOR
LANCASTER, STACIA LOUISE	30 Years of Service	BUSINESS COORDINATOR II
MCCARSON, LINDA	30 Years of Service	RESEARCH ADMINISTRATIVE SUPPORT
SIMMONS, YVONNE BONAPARTE	30 Years of Service	MEDICAL TECHNOLOGIST
WESSELL, NANCY H.	30 Years of Service	MEDICAL TECHNOLOGIST SPECIALIST
WILLIAMS, LAURIE M.	30 Years of Service	MEDICAL TECHNOLOGIST SPECIALIST

ARRIVALS & DEPARTURES

New Hires:

Anne M. Bartlett, M.D.
Assistant Professor
July 1, 2012

Kathryn Poston
Slide Navigator
July 15, 2012

Robert Wilson, Ph.D.
Research Associate Professor
August 1, 2012

Melinda Washington
Research Specialist I
Dr. Spyropoulos's lab
August 27, 2012

Brittany T. Ivey
Post Doc Scholar
Dr. Ethier's lab
September 1, 2012.

Hiu Wing Cheung, Ph.D.
Assistant Professor
September 1, 2012

Departures & Transfers:

Faisal Radwan
Postdoc Scholar
August 8, 2012.

Masha Bilic, M.D.
Assistant Professor
August 31, 2012

Hongmei Luo
Visiting Scholar
August 31, 2012.



Welcome to Dr. Lage's
new grandson, **Wesley**,
born on the hottest day in July
at a full 8 pounds and 15 ounces.



Welcome to Dr. Chandrakala Puligilla's
new son, **Saideep Bikkineni**,
who arrived on Tuesday, August 28th,
2012 at 9:22 PM.



Eowyn Corcrain
Autopsy Pathologist Assistant

1st Nomination: Tireless and dedicated!

2nd Nomination: Eowyn is a daily lifesaver, and keeps things flowing smoothly, working out any glitches that may arise. What would we do without her! Thanks, Eowyn!

Other Nominees: Tony Eisenhart, Patty Houser, Teresa Kennedy, Kate Lindsey, Jim Nicholson, Jackie Savage



ASCP 2012 ANNUAL MEETING, OCTOBER 31 – NOVEMBER 3, 2012, BOSTON, MA

**PATHOLOGY AND LABORATORY FACULTY & STAFF HOLIDAY PARTY
7-11:00 PM ON DECEMBER 14, 2012 AT LIGHTHOUSE ON THE CREEK**

102ND USCAP ANNUAL MEETING, MARCH 2–8, 2013, BALTIMORE, MD

PATHOLOGY SPRING SYMPOSIA, APRIL 22-27, 2013 AT KIAWAH

APC 2013 ANNUAL MEETING, JULY 10-12, 2013, BOSTON, MA

CAP 2013 – THE PATHOLOGISTS MEETING, OCTOBER 13–16, 2013, ORLANDO, FL

FACULTY PORTRAITS

Over time, portraits of our most accomplished Faculty in Clinical/Teaching/ and Research were painted by local artist, Robert Maniscalco.



Russell A. Harley, MD
Professor
Anatomic Pathology



John Lazarchick, MD
Professor
Vice Chair Clinical Pathology
Director, Hematology and
Hematopathology Fellowship Program



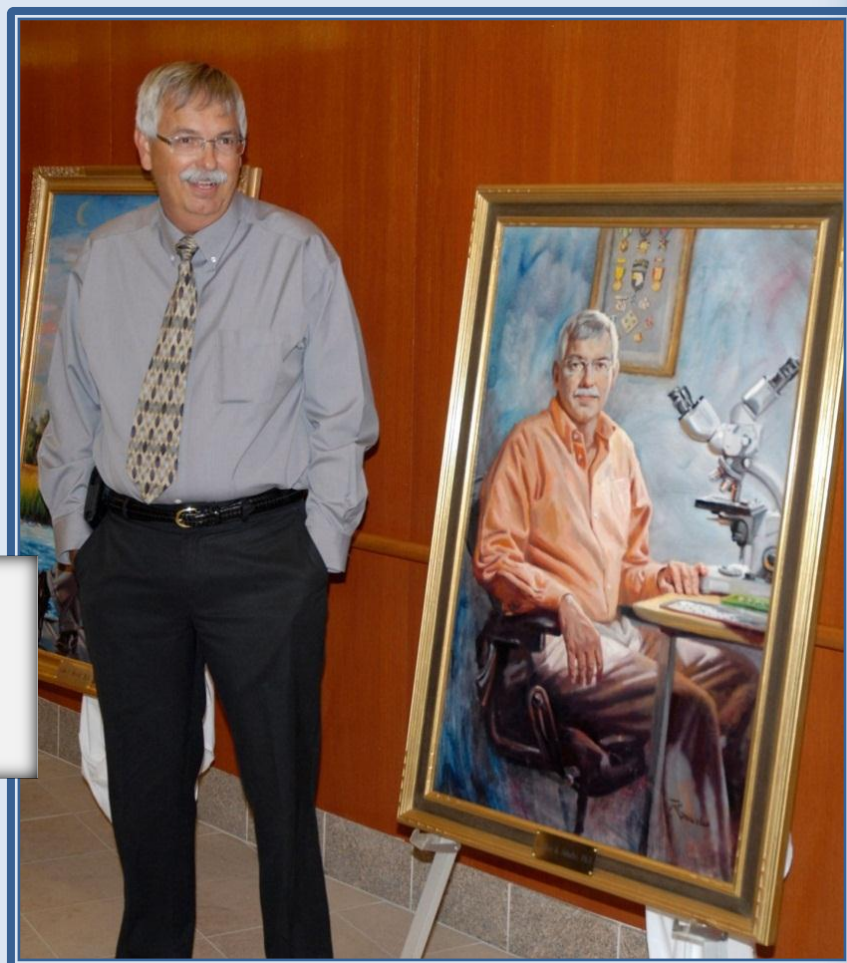
John S. Metcalf, MD

Professor

Vice Chair Anatomic Pathology

Director Dermatopathology

Director Dermatopathology Fellowship



Bradley A. Schulte, Ph.D.

Professor

Vice Chair Research



Sally E. Self, MD
Professor
Laboratory Medicine
Director of Diagnostic Immunology
Associate Dean for Student Progress



Jane Upshur, M.D.
Professor (Retired)



UNIVERSITY HR | MEDICAL CENTER HR | MUSC PHYSICIANS (UMA) HR

2012 Annual Enrollment

<http://academicdepartments.musc.edu/hr/university/benefits/2012%20annual%20enrollment.htm>

Annual Enrollment is from October 1 - October 31, 2012.

Click on the link above to read more about Annual Enrollment

All premium and plan changes are effective January 1, 2013.

During Annual Enrollment you may make the following changes:

- Change health insurance plan (i.e.: CIGNA to Standard)
- Add/Drop the State Vision Plan for employees and/or dependents (dependent documentation may be required)
- Enroll/Increase up to \$50,000 of optional life insurance, in \$10,000 increments, without medical evidence of good health
- Decrease/Cancel optional or dependent life insurance
- Enroll/Re-enroll in Medical Spending or Dependent Care Accounts (required)

Comparison of Current Statute to H.4967 Changes

Affected System/Group	Current Statute	H.4967 Changes
SCRS		
<i>For Retired Members</i>		
Post-Retirement Benefit Adjustments (formally known as COLAs)	1 percent automatic	Retirement allowances annually increased by 1 percent, capped at \$500; effective for July 1, 2012
<i>For Current Members and New Hires (Class Two and Class Three Members – All Dates of Membership)</i>		
Contribution Rates	SCRS 6.5 percent	Employee contribution rate increased from 6.5 percent to 8.0 percent in 0.5 percent increments annually from July 1, 2012 to July 1, 2014
		Employer contribution rate will be 10.6 percent beginning July 1, 2012, and for July 1, 2013, and will increase to 10.9 percent beginning July 1, 2014
		If additional contribution increases are required, both employee and employer contribution rates are increased to maintain a 2.90 differential between the rates
		No decrease in contribution rates may be made until the System is at least 90 percent funded
Service Purchase Cost (also applies to GARS members by cross-reference)	Qualified time 16 percent of highest salary; Non-qualified time 35 percent of highest salary	Actuarially neutral service purchase cost, effective January 2, 2013; qualified time will cost no less than 16 percent of highest salary and non-qualified time will cost no less than 35 percent of highest salary
Earnable Compensation	SCRS members allowed to use overtime and special pay as earnable compensation	Effective January 1, 2013, earnable compensation does not include pay for non-mandatory overtime

Affected System/Group	Current Statute	H.4967 Changes
Interest on Inactive Accounts	Interest accrues to inactive accounts	No interest accrued on inactive accounts effective July 1, 2012 (interest will be paid on balance as of June 30, 2012, but not thereafter)
Death Benefit		Clarifies that if a member dies prior to retirement, but was eligible to retire at the time of death, the member's beneficiary may elect a retirement allowance in lieu of a lump-sum return of contributions – effective July 1, 2012
Disability Retirement	Occupation/job specific	Conforms state disability standards to Social Security provisions effective January 1, 2014
Return-to-work Provisions	No earnings limitation	Participation in the TERI Program ended as of June 30, 2018 (i.e., new enrollees in the Program after June 30, 2012, must end their participation by five years after their retirement date or June 30, 2018, whichever is earlier) For retirements on or after January 2, 2013, a retiree may return to work after being retired for 30 days and receive a benefit subject to a \$10,000 earnings limitation; however, the \$10,000 limitation does not apply if the retiree was at least 62 years of age at retirement or has returned to certain elected or appointed positions
<i>For New Hires Only (Class Three Members – Dates of Membership After June 30, 2012)</i>		
Benefit Accruals	Average Final Compensation based upon the member's three highest years of earnable compensation	Average Final Compensation based upon the member's five highest years of earnable compensation effective July 1, 2012
	Annual leave (45 days) added to the AFC	Payments for unused annual leave no longer included in a member's AFC effective July 1, 2012

Affected System/Group	Current Statute	H.4967 Changes
	Sick leave (90 days) added for additional service credit	No service credit awarded for unused sick leave at retirement effective July 1, 2012
"Vesting" (Minimum Service Requirement)	Five years earned service	Eight years of earned service required for eligibility for service retirement benefits, disability benefits based upon non-work-related injuries, in-service death benefits, the ability to purchase non-qualified service credit, etc., effective July 1, 2012
Retirement Eligibility	28 years with full benefits	Effective July 1, 2012, a member may retire if the member (1) has eight or more years of earned service; (2) has reached age 65 (or age 60 with a 5 percent reduction for each year the member retires before age 65) or has satisfied the Rule of 90; and (3) has separated from service Service retirement benefit calculation remains unchanged (but see five- year AFC and no sick or annual leave) Early retirement at age 55 with at least 25 years of service is not available effective July 1, 2012

*Provided by University HRM



Research Division Update

Bradley Schulte, Ph.D.
Vice Chair for Research

Statistics for the Division of Research from July through September.

Eleven grant proposals were submitted requesting \$1,508,883 in total first year costs. Also, during this period seven grants were awarded totaling \$1,356,033 (see table below). Congratulations and many thanks to everyone involved in obtaining these awards.

GRANTS SUBMITTED 7/1/12-9/30/12			
Faculty	Requested Start Date	Title	Total 1st YR Dollars
Sun	9/24/2012	One-Sided Insulated Cautery Blade/Snare for Surgery	\$100,000
Puligilla	2/1/2013	Heat Shock Protein-Induced Protection Against Cisplatin-Induced Hair Cell Death	\$71,399
Cheung	10/1/2012	Role of ID4 in Ovarian Cancer Development and Metastasis	\$100,000
Ethier	7/1/2013	Oncogene Interaction Networks in Breast Cancer	\$368,750
Hill	4/1/2013	Molecular Signaling of AMPK activation in Sensory Hair Cells via Traumatic Noise	\$51,969
Sobolesky	4/1/2013	The Regulation of the Tumor Suppressor FOXO3 by the Thromboxane Beta Receptor	\$51,969
Spyropoulos	7/1/2013	A Lung Cryopreservation Approach that Maintains Cell Viability and Tissue Architecture	\$398,887
Turner	9/1/2013	Primary Cell Cultures as Race Specific Models of Cancer Disparity	\$44,393
Turner	6/1/2013	Dissecting the Contribution of Advanced Glycation End Products to Cancer Associated Inflammation	\$100,266
Wang	4/1/2013	Lung Cancer Chemoprevention with Luteolin	\$73,750
Wang	5/1/2013	Targeting EMT for Lung Cancer Prevention and Treatment	\$147,500
Total Proposals = 11			\$1,508,883
AWARDS RECEIVED 7/1/12-9/30/12			
Baker, T	9/28/2012	Heat Shock Protein-Induced Protection Against Cisplatin-Induced Hair Cell Death	\$35,099
Cheung	10/1/2012	Role of ID4 in Ovarian Cancer Development and Metastasis	\$100,000
Ethier, S	6/1/2012	Amphiregulin Signaling in Human Breast Cancer	\$1,494
Lang	7/10/2012	Auditory Nerve Degeneration and Repair	\$368,750
Lang	8/1/2012	Experimental and Clinical Studies Presbycusis	\$395,865
Sha	7/1/2012	Protection from Aminoglycoside Ototoxicity	\$64,240
Spyropoulos	10/1/2012	Using Embryonic Stem Cell Fate to Determine Potential Adverse Effects of Petroleum/Dispersant Exposure	\$390,585
Total Awards = 7			\$1,356,033



Women in Pathology A Brief History

Cynthia A. Schandl, M.D., Ph.D.

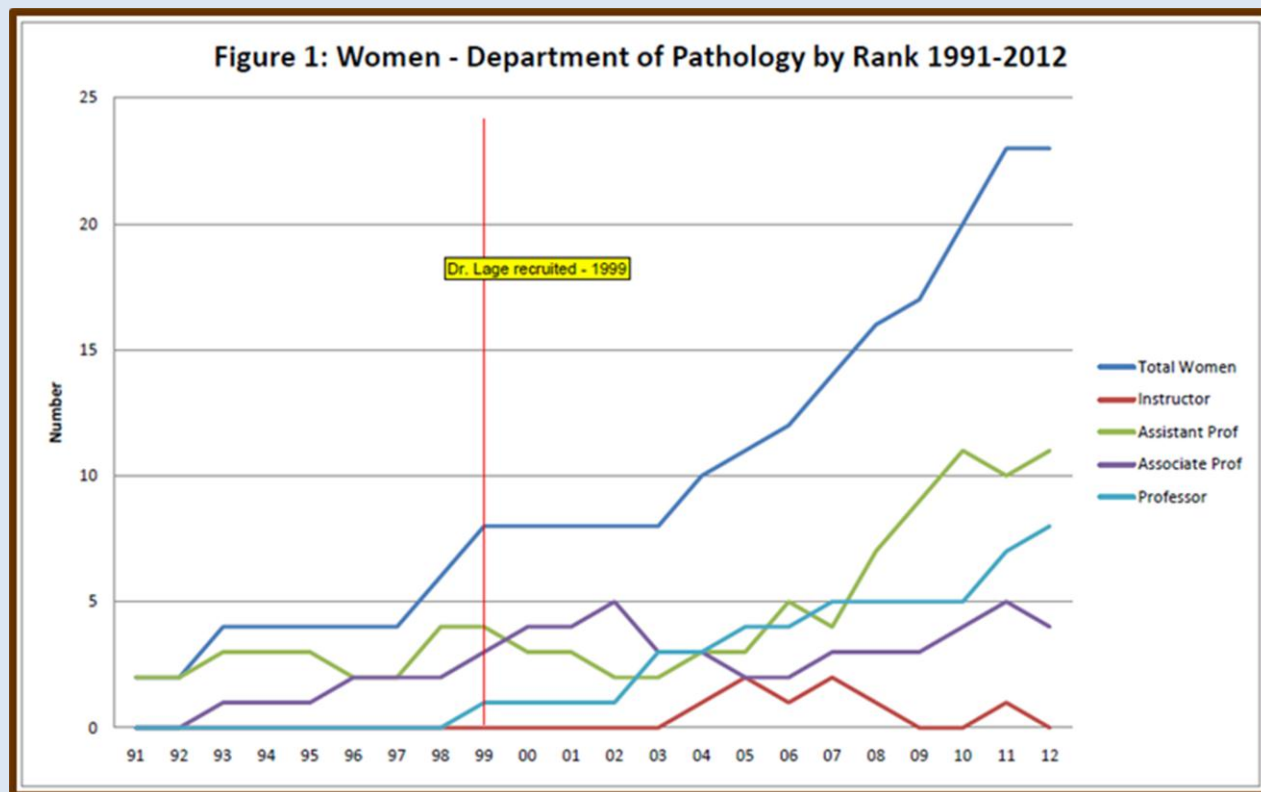
The American Medical Association celebrates the “Women in Medicine” month every September. There have been amazing changes in medicine over the past years with a 447% increase in women physicians between 1980 and 2010 (www.ama-assn.org). The AMA maintains a timeline of women’s “firsts” in the US. For example, the first US medical school graduate was Elizabeth Blackwell in 1849. In 1903, Florence Sabin, MD became the first female faculty member at Johns Hopkins School of Medicine. Harvard Medical School first admitted women in 1945. In the spirit of WIM month, a MEDLINE search for the terms “Pathology” and “Women – physicians” was performed. Little data was forthcoming. Herein, the available published data regarding women pathologists is described, the Medical University of South Carolina’s own Pathology and Laboratory Medicine department’s firsts are noted, and the progress of the Department over the last two decades is documented.

The most recently published article addressing women in pathology was from 2010 (*American Journal of Clinical Pathology* 134(2):185-92). Therein, the authors determined that the Hirsch (h) index of pathology chairpersons compared favorably to chairpersons in seven other disciplines. Forty one medical schools were studied. The other conclusion reached was that female chairs over all specialties were rare having increased from 3.7% in the study group in 1999 to 7% in 2007; and **no** female chairs were in place in the pathology departments the 41 medical schools studied.

A commentary published in 1998 in the *American Journal of Pathology* (153(4):1014) by pathologist Ramzi S. Cotran notes “It has taken us [American Society for Experimental Pathology] 40 years to select a woman, Dr. Cynthia Morton, in 1997” for the Warner-Lambert/Parke Davis award (an award for young pathologist investigators). Two published letters from a female pathologist, Kay H. Woodruff, MD describe her own observations in 1974 (*American Journal of Clinical Pathology* 64(2): 284) and 1975 (*Human Pathology* 6(5):640) of the lack of women on editorial boards and in other leadership positions in academia. In response, one editor stated they would “act promptly and affirmatively to correct this oversight” and proceeded to cite several investigatory agencies that ought to be useful in correcting such abnormalities (Title VII – Civil Rights Act of 1964; Equal Pay Act of 1963; etc).

A telling letter by Julia T. Apter, MD, PhD reproduced in the *Archives of Pathology* in October of 1972 (94:371-372) states the following: “We hope that the people who are giving Secretary Richardson the information that there just ‘aren’t many women pathologists’ ... will be replaced with women who are fully cognizant of the quality and quantity of the female talent pool in this country”. The letter was apparently written in response to the fact that “there are no women pathologists on NIH public advisory groups.” In 1969, Majorie J. Williams, MD wrote that “Serious consideration should be given to the development of programs designed to enhance the recruitment of women physicians into pathology” (*Archives of Pathology* 88:42-45, July 1969).

In spite of the paucity of apparent recognition, women are invaluable in pathology and have been furthering the science and medicine of the field for decades. For example, Edith Potter is considered the founding “mother” of pediatric pathology. Dr. Potter was at Cook County Hospital in the 1940s and 50s. Also well-known are Rebecca Baergen’s contributions to placental pathology, Anna-Luise Katzenstein’s contributions to lung disease, Sharon Weiss’ contributions to soft tissue pathology, Kathryn Foucar and Elaine Jaffe’s contributions to hematopathology, and Fattaneh Tavassoli’s contributions to breast and gynecologic pathology, to name a few.



2011 AMA data suggests that there are almost 18,000 pathologists in the US, 28% of whom are women and that 3.2% of all female physicians are pathologists (versus 2.2% of male physicians). As the population of pathologists changes to reflect the population of medical students (with almost 50% women), it is likely that the field of pathology will boast a more even distribution of the sexes. Indeed, pathology residents are likewise almost 50% women. The American Association of Medical Colleges (www.aamc.org) documents that of the US medical school graduating class of 2011, 253 females applied to pathology residency programs while 287 males did. The first female pathology resident at the Medical University of South Carolina was Jane K. Upshur, MD who trained from 1967-1971. She is also MUSC's first female pathologist faculty member. To MUSC's credit, she remained with MUSC through a long and prestigious career during which she emphasized teaching not only the facts of pathology to the medical students, but also the importance of pathology and autopsy to the field of medicine.

Our chair, Dr. Janice M. Lage (recruited in 1999), is now one of several female chairs of pathology departments. According to the Association of Pathology Chairs website, 15 of the last 75 (20%) chairs appointed (2006-2012) are women. The Department has seen a monumental change in its female faculty component in the last two decades. Figure 1 shows female faculty rank over time and Figure 2 shows and female faculty tenure over time. Since 1991, the number of female faculty has gone from two assistant professors to 23 female faculty members. In 2012, 57% of the women faculty members are at associate or full professor rank and the vast majority of these hold leadership roles in the Department, College, and/or University. No women held tenure in 1991; nine do in 2012. Compared to online published information from several pathology departments in colleges of medicine in Pennsylvania (i.e. 26% women faculty 11% with tenure), MUSC surpasses all expectations.

It would seem that the paucity of women in leadership roles and in the history books in the field of pathology will end and MUSC's Department of Pathology and Laboratory Medicine should be applauded for its remarkable progress in the promotion of equality.

MUSC Medical Autopsy Result Utilization: 2011 – 12

S. Erin Presnell, MD



The Medical and Forensic Autopsy Section strives to provide a service with utmost clinical utility, promoting quality assurance, teaching, enhanced clinical relevance, and pertinent diagnostic information sharing. Over the last fiscal year, our faculty and staff have performed 779 autopsies, as follows:

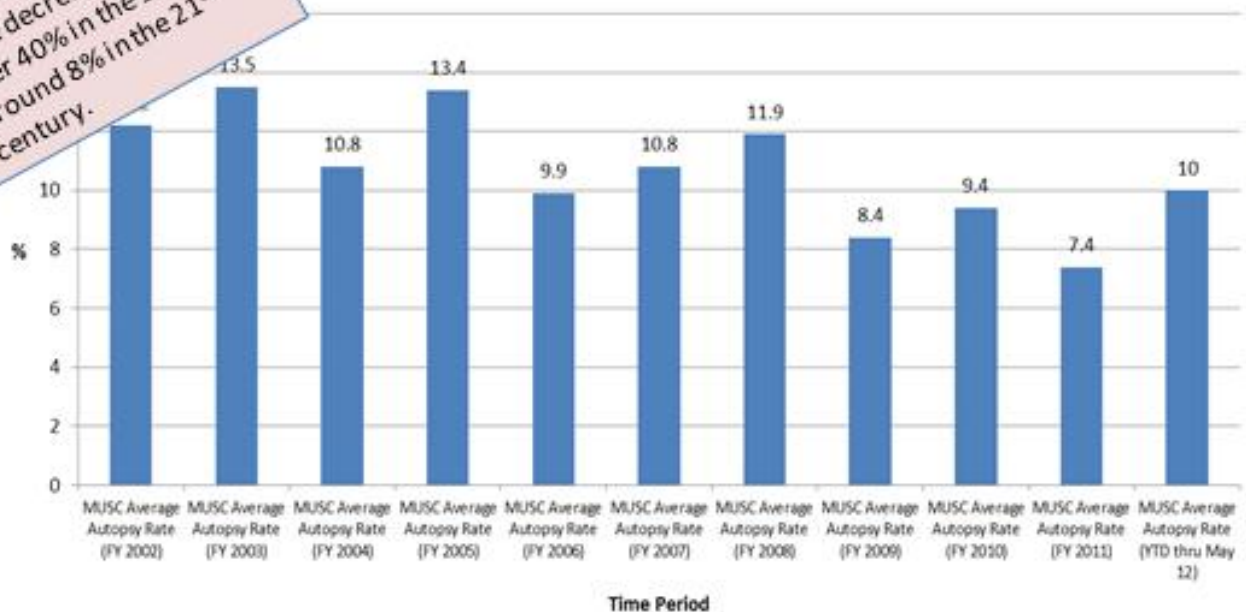
Autopsy Case Type	Classification	Numbers of Cases (signed out)
AM*	MUSC Inpatient Death	76
AB	MUSC Stillborn	14
AO	Outside Hospital Medical Autopsy	20
FA	Medicolegal (Coroner) Autopsy	669

MUSC Medical Autopsy Rate

The MUSC Clinical Services decedent care program is outlined in the MUSC Medical Center Policy Manual: [link](#) All MUSC Hospital inpatient deaths require the clinical team to complete a Death Note. Excluding coroner cases, MUSC clinicians are encouraged to request permission from the next-of-kin for an autopsy examination on all appropriate in-house deaths (see MUSC [Death Note](#)). This past year fiscal year, the MUSC medical autopsy rate on inpatient deaths averaged 10%.

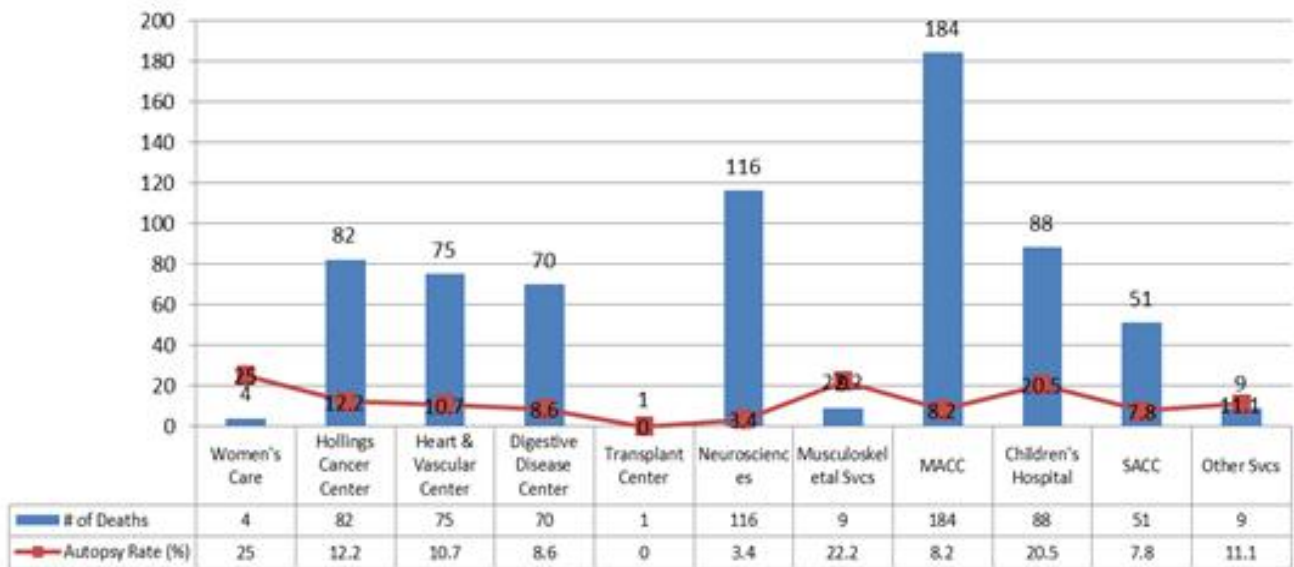
Nationally, autopsy rates have decreased from over 40% in the 1960's to around 8% in the 21st century.

MUSC AUTOPSY RATE
Data Obtained from MUSC Service Report

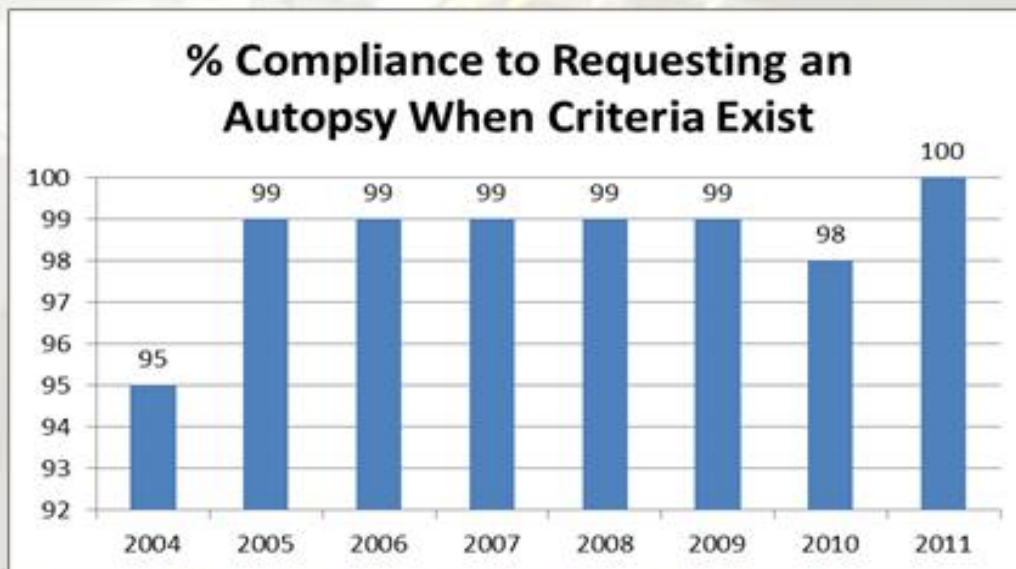


Autopsy Rate per Service Line

AUTOPSY RATE / SERVICE LINE
Fiscal Year to Date May 2012
Data obtained from Service Report



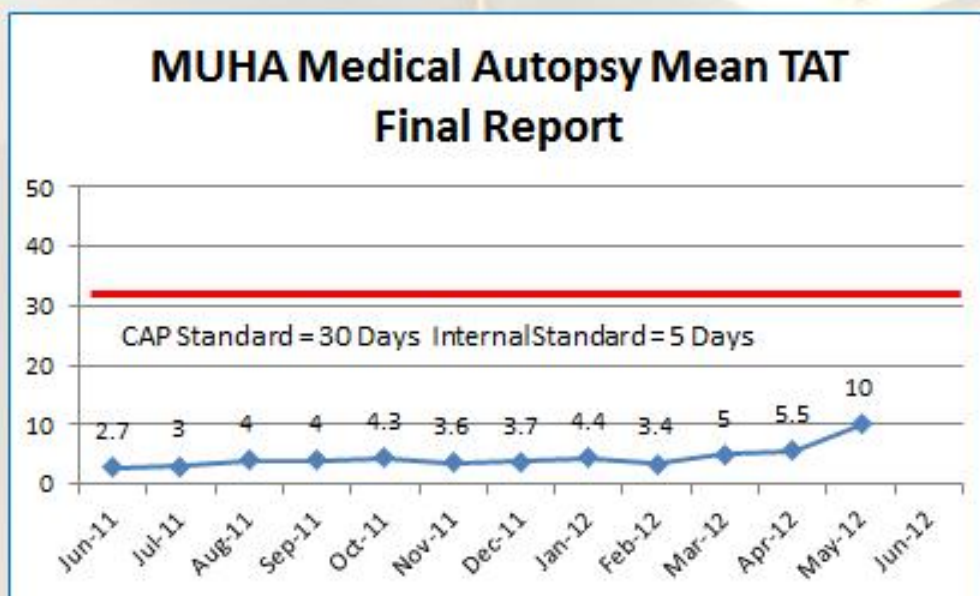
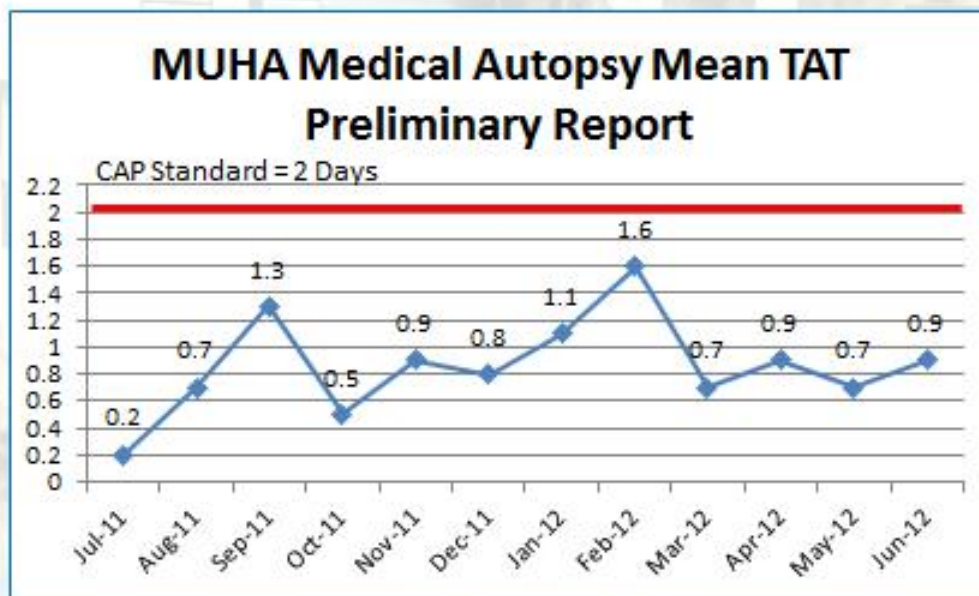
Percent Compliance to Requesting a Medical Autopsy When Criteria Exist



During the 2011–12 fiscal year, 104 out of the 690 total MUSC inpatient deaths were reviewed. 100% of the reviewed cases that fit the defined criteria for a medical autopsy either received a postmortem examination or a postmortem examination was requested but not authorized by the next of kin.

Medical Autopsy Turnaround Times

Turnaround times for MUSC medical autopsies performed by the Section within the Department of Pathology and Laboratory Medicine were reviewed monthly. Prior to 2010, turnaround times averaged ~30 days with almost 20% extending to the ~60 day turnaround time range. Clinician requests for autopsy procedures on in-hospital deaths were as low as 4.1%. Procedures and processes were reviewed and changes were implemented in order to achieve an average turnaround time of 5 working days for all medical autopsies; this is in lieu of the national standard as set by the College of American Pathologists, which recommends a 30 day turnaround time. These changes were implemented in December 2009; with the support of Dr. Lage, staff pathologists, pathology residents, histology personnel, and pathologist assistant Eowyn Corcraïn, marked improvements have been realized. Parameters are tracked annually by Medical University Hospital Authority.



Unexpected Autopsy Findings

The findings of the postmortem examination including findings that were clinically inapparent but important are documented and used in inter-departmental medical education and quality improvement via correlative clinicopathological teaching to ultimately enhance the quality of patient care. This is accomplished through a correlative note in the autopsy report, a morbidity and mortality conference, and/or gross pathology conference. The findings are compared to the coded diagnoses in the patient chart.

UNEXPECTED FINDINGS Percentage of autopsies with:	Aggregate (%) Literature	Aggregate (%) MUSC
Major finding contributing to death	40%	19%
Major finding not contributing to death	24%	1%
Minor finding contributing to death	17%	11%
Minor finding which may have eventually required treatment	31.8%	38%

14 autopsy cases with significant unexpected findings were referred to MUSC Health Information Services for further review due to a diagnosis cited in the autopsy but not coded clinically. The coding did not change in 13/14 cases (severity and risk were already at maximum score).

Many thanks go out to Nina Epps who compiles the autopsy statistics annually!

MUSC Department of Pathology & Laboratory Medicine

Mission Statement:

To serve patients, health care providers, research scientists, scholars, and society by providing excellence and innovation in diagnostic services and educational resources in a respectful, professional and culturally diverse atmosphere.

Vision:

To become a preeminent leader in academic anatomic and clinical pathology while translating basic science discovery to improved clinical care.

www.musc.edu/pathology