



# 2023 Fall Newsletter

Volume 28, Issue 4

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## Editor's Note

Another fall has come and with it the Fall 2023 meeting held in Portland, Oregon. My praise goes out to **Terry Morgan** and his previous meeting co-chair **Jessica Davis** for a job well done. This year, I was not able to travel, so I availed myself of the video online option, as well as the after-meeting website, for learning opportunities. Boy, was there a lot to learn, particularly about the latest in placenta research. I now find myself awash in subcellular particles, such as extravesicular vesicles, of which I had no previous knowledge. Sadly, I was not able to participate in the extracurricular activities and schmoozing associated with fall meetings. Also, the new meeting style does not allow for the "name that disease" tournaments we played during the COVID era. But for learning opportunities, you can't beat the live/video format, and I needed those CME points for my Arkansas license.

Online learning is indeed been a great achievement, both for the SPP and for pathology in general. An article published in the recent November 2023 *Archives of Pathology and Laboratory Medicine* reported the results of a survey-based study sent to Canadian pathology residents, all of whom indicated that on-line learning comprised at least part of their curriculum. Most felt that their education had not been negatively affected, but a sizeable minority reported that it had. On the positive side were more convenience and less intimidation, but negative effects included technical issues and loss of engagement. To deal with lack of engagement, they recommended using the camera and avoiding use of personal phones - good ideas! Also on the plus side for residents and fellows, the same *Archives* issue reported that the job market is better than it has been in many years; now if we could just get more residents and fellows!

I hope you are having a great fall, and I wish you a happy holiday season. Thanks to all of the contributors to this newsletter for your hard work,

David



David Parham, MD  
Newsletter Editor

## President's Letter

Dear SPP Members,

As the weather grows cold here in Chicago and we embark upon the end of daylight savings, I think of my SPP friends across North America and beyond who are doing their best to cope with the seasonal changes, the shorter days, and the many children's specimens awaiting their attention and diligent care. I wish you all a healthy Fall-Winter season, and hope you will be able to maintain your energy through the seasonal changes.

There are lots of changes within the SPP too! We have been searching for a new association management company (AMC) since July when we learned that our contract with AOE would not be renewed. The Board of Directors approved a search committee which included myself, **Cristina Pacheco**- President-Elect, **Charles Timmons**-Past-President, **Chandra Krishnan**-Treasurer, Bruce Pawel-**Publications Committee Chair**, and **Lauren Parsons**-Education Committee Chair. Importantly, the SPP also hired an AMC search consultant, Meggan Teague of Association Options, who was integral to the success of the search. We have concluded the search after more than 118 volunteer hours of time, and we now are in contract negotiations with the new AMC. Stayed tuned in the coming months for details about the new AMC and the new staff with whom we will be working. We look forward to a new chapter for the SPP and hope that a fresh new look will help it to move into the future and beyond.

Despite all this change, the business and mission of the SPP goes on! We are currently looking forward to releasing the third and final set of the Slide Survey Online [*Ed. Note: Slide Survey Case Set #3 has already launched.*]. Be sure to sign up before the end of the year to claim CME credits for 2023. In addition, we look forward to our January workshop month which features 4 NEW workshops aimed to educate our members and other interested individuals on topics such as liver tumors, congenital cystic lung lesions, and otorhinolaryngologic and oromaxillofacial pathology. I encourage you to check out these offerings and also to let your trainees know about these fantastic learning opportunities. We hope these workshops will be a bright spot in the dark winter month of January. Lastly, we continue planning for our upcoming Spring meeting in Baltimore in March 2024. A call for abstracts for the SPP Spring meeting will be coming out soon, so get your study data tidied up and readied for presentation to the premiere audience of Pediatric Pathologists in North America.

Over the past few months, I have been truly impressed by the dedication and hard work put in by the SPP committee members and chairs, whom I thank for everything they do. I would like to offer a special thanks to those members of the AMC search committee and to Meggan Teague who were instrumental in this very important work of the society. I know my meager thanks are not nearly enough to express my gratitude, and I feel very lucky to be surrounded by such talented and dedicated humans.

My best,

Linda



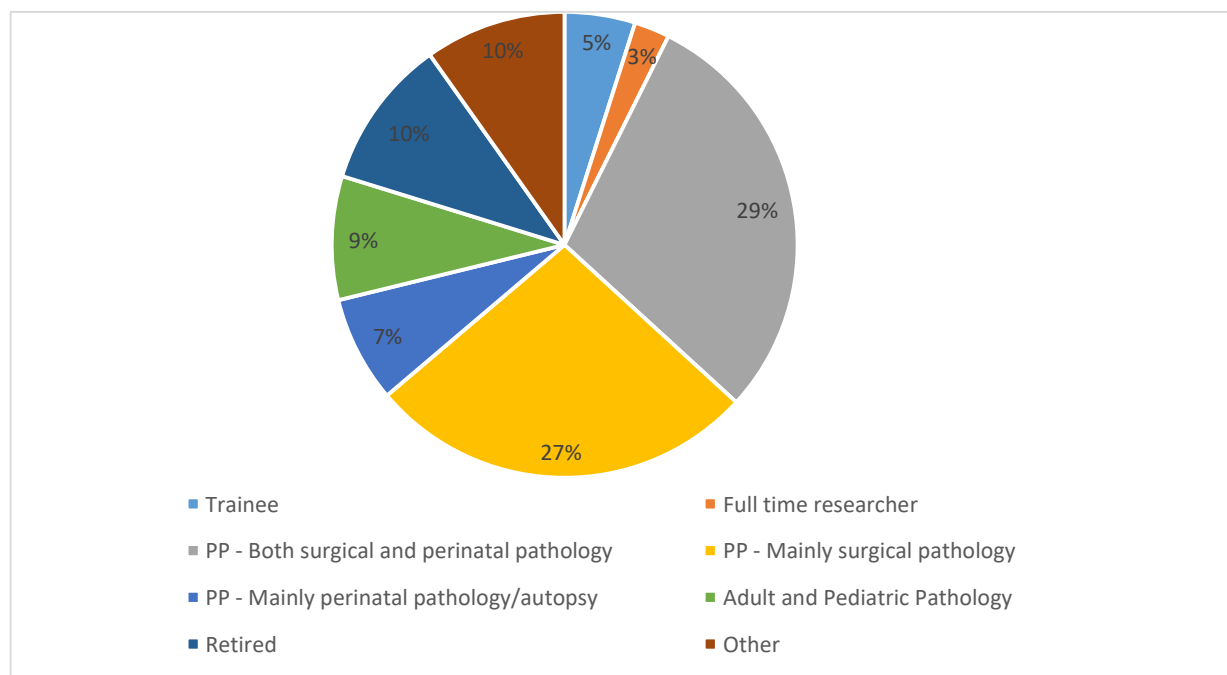
**Linda Ernst, MD**  
SPP President

## 2023 Membership Survey

The membership survey results are in! Thanks to all of the respondents. Your participation can help to shape the future of the SPP. Below is a summary of the results.

### 1) General characteristics of the respondents

There were 163 respondents: 8 trainees (5 residents, 3 fellows) and 155 Pathologists/ Researchers. The breakdown of the respondent's professional status is shown below.



### 2) Research:

- The majority of respondents indicated they would be interested in participating in a recurring virtual research forum in which participants would present research and research ideas, as a way to solicit feedback and identify collaborators (Yes = 55%, Unsure=29%, No = 16%)
- Most folks (84%) preferred a quarterly or semi-annual virtual meeting.
- The majority of respondents learn about their colleagues' research through SPP meetings (67%), PubMed/Google Scholar (63%), and personal communication (57%).
- There was some diversity of opinion regarding the ways that SPP can help promote members' research, without overwhelming support for any one option. About half of respondents would like SPP to help facilitate collaborations with other groups and societies (50%) and to compile a centralized database of member research and research interests (48%). A minority requested more networking opportunities at SPP meetings (31%), establishment of specialty research interest groups (31%), or establishment of a general research interest group (28%).

### 3) Mentoring network program:

- Only 14% of respondents were negative about participating in a mentoring program, but many (47%) were unsure or responded “maybe, depending on the setup”.
- 38% of those surveyed were positive and interested in participating as either a mentor or mentee or both.

### 4) Publications

- The vast majority of respondents indicated that PDP was valuable, and felt that PDP articles are of high quality.
- Most respondents (81%) found the digital PDP content accessible.
- The majority of the respondents (85%) usually consider PDP for publication of their research.
  - The major reasons authors submit to other journals: Impact factor and TAT.
  - PDP's major competitors for manuscript submissions are the larger general pathology journals (Modern Pathology, AJSP, Archives, Human Pathology)
  - 20% of respondents would consider submitting to Fetal and Pediatric Pathology
- There were varying opinions on the ease of access to PDP online articles with 21% finding it difficult and 37% only somewhat satisfied with the ease of access.
- The Nxtbook format not widely adopted by the respondents, most rarely or never use it.
- The majority of respondents (88%) found Perspectives valuable.
- The vast majority of respondents enjoy reading the SPP newsletter.

### 5) Other

- There was overwhelming support (84%) for a reception at USCAP, open to all residents with interest in Pediatric Pathology.
- The major leading pathology-related organizations which appear to have strong representation with a significant percentage of respondents belonging to the CAP (56%), USCAP (55%), COG (41%), ASCP (35%), and ABP (19%).
- Some respondents felt increased engagement in the CAP (6%), ASCP (3%), and USCAP (2%) was desirable, particularly in relation to resident engagement (e.g. CAP Resident Forum).
- The majority of respondents do not utilize social media platforms (51%). LinkedIn was the most popular social media platform (28%), followed by Twitter (26%), Facebook (19%) and Instagram (12%).

## Institution Highlight: Great Ormond Street Hospital

Professor Neil Sebire is Professor of Paediatric and Developmental Pathology at Great Ormond Street Hospital (GOSH) and the Institute of Child Health at University College London, and the Chief Research Information Officer and Director of the Digital Research, Informatics and Virtual Environment unit (<https://www.goshdrive.com/digital-research>). Most readers will know him from his textbooks in their department or his >800 publications spanning pediatric pathology. He is dual boarded in pathology and obstetrics & gynecology, which explains some of his interest in the perinatal sphere. Professor Sebire provided an interview, and we will publish it in two parts: what is the practice of pediatric pathology like at the UK's Great Ormond Street Hospital (GOSH), and how did your research interests change to produce a new career?

**JOE RUTLEDGE:** *How does GOSH fit into the National Health Service (NHS)?*

**NEIL SEBIRE:** The whole system in the UK more or less still is NHS. There are a few little pockets of private practice. We are an NHS hospital, but we are a specialist tertiary care hospital. We basically don't see any routine patients from the local surrounding area, and we don't have an emergency department. Essentially we only see tertiary referrals, but we see them from more or less all over the country. Only about 25% of our patients are from London, the rest are from a wider area around the country. We've about 420 or so beds and about 50 ICU beds. We have almost all of the specialist services. The only specialist service we don't do is liver transplants, because that's done at King's College, and intestine transplants are at one site in the UK, Birmingham. But for everything else, we do all the specialties, all the transplants, and so forth, and we host 20 of the national specialist services. What that basically means is that we get paid by the central government, as none of the patients pay apart from international private patients, regardless of

whatever they have done. And all of the care that we provide for all of the specialties is tertiary. As a result, we get a very skewed and disproportionate population compared to hospitals that also have a local, normal pediatric population.

*JOE RUTLEDGE: So, then you're the penultimate hospital, and a child with renal disease would come from around the country to GOSH, for example.*

NEIL SEBIRE: That's correct. If they can be managed in a local regional center, they'll go there first; if not, they might end up then coming to us. We disproportionately have many more patients with rare diseases or weird variants of things. We don't see normal standard patients with asthma or reflux or any of those kinds of things. We only see the regional fails. For example, we are not burdened with hernia sacs! I think our department sees perhaps one or two appendices a year, we see multiple patients with rare tumors and weird immunological disorders a day.

*JOE RUTLEDGE: So then how do you approach this complex pathology? Is it divided up by subspecialty or does do you have others like yourself that really look at everything?*

NEIL SEBIRE: A bit of both actually. The department sits within laboratory medicine. We're lucky to be one of the remaining UK pediatric hospitals that are entirely independent. We're also lucky that we have our own labs covering all of laboratory medicine in house. Within histology, we see about 6000 patient specimens and 600 autopsies a year, seen by four full time consultants in pediatric pathology and one and 1.5 consultants in pediatric neuropathology.

The way we divide the caseload is that essentially we all report everything, but we each have subspecialist areas of interest. For me, pediatric renal biopsies and oncology are my particular areas, so I will run those multidisciplinary team meetings and review those cases with colleagues, whereas there is someone else that specializes in GI biopsies, someone else that will do the immunodeficiency meeting, etc.

We send out some things for further opinions or reporting because there are also other national centers for certain diseases nearby. There's a large center, the Royal National Orthopedic Hospital, where all the bone tumors go, so we send bone specimens there. We send complex hematopathology cases to the nearby large center at University College Hospital and liver pathology to the center at King's College Hospital. All of our molecular testing is done on site. Our lab is one of a few NHS genomic medicine services, and we are a genomic laboratory hub for the region, not just for pediatrics but for all of the genomic testing.

*JOE RUTLEDGE: Would prenatal diagnosis be part of that work coming in, and would that be paid through the NHS?*

NEIL SEBIRE: That's correct, and it's paid through a slightly different route, because NHS genomics is slightly different to the rest of NHS activity. NHS pays by a fee for procedure process; in other words, you get paid a certain amount to report an appendectomy specimen or you get paid a certain amount to perform a procedure. For the hospital, it's a disaster in general because if you've had a bone marrow transplant, you're very ill, you're immunocompromised, and now you have an appendectomy with us, we essentially get paid the same amount to take care of you as what a local hospital receives for doing an appendectomy, even though our patient requires dramatically more care. There's ongoing discussion with the government, because we probably couldn't carry on as a hospital if we only had basic government funding. Lots of activity, especially research, is also supported by charity, and we also have an international and private patient wing that also contributes to the hospital's bottom line.

*JOE RUTLEDGE: So, you're paid by diagnosis regardless of all the complicated other diagnoses?*

NEIL SEBIRE: Correct, and it's the same from the pathology perspective. If we do a whole load of immunostaining, we can't charge for each immunostain. We can only charge for the overall specimen; for example, if we receive a nephrectomy, we will receive only a set amount of money irrespective of what is required to make a diagnosis. What you generally find is that people tend to be more targeted, *i.e.*, they'll only do the immunostains that are required to make the diagnosis perhaps rather than a wider panel.

*JOE RUTLEDGE: Your number of autopsies will astound people because rates are so low over here. And does that include fetal and stillborns or is it only regular patient autopsies?*

NEIL SEBIRE: No, it's a mixture of between 200 and 250 pediatric autopsies, and the remainder are perinatal, fetal and stillbirth. Of the pediatric autopsies, 80-90% are performed on behalf of the Coroner, mainly for sudden expected deaths in infancy and childhood. That's the biggest kind of autopsies we do. Our work also includes some forensic cases with the police. We have two consultants that do forensic work, but those cases are very time consuming. We can actually do a significant amount of forensic research because of the volume.

*JOE RUTLEDGE: What has happened with the virtual autopsy that was explored after the adverse publicity around the pediatric autopsies?*

NEIL SEBIRE: They have been quite a major effort. Our work on the virtual autopsy has been developing, I suppose, for about 10 years. I was quite interested in this area due to my prior involvement in fetal cases stemming from my background in obstetrics and fetal medicine and my interest in imaging. We started looking at post-mortem imaging for a range of applications, particularly for fetal stillbirth cases, because the consent rates in the UK generally are quite low for those. They're certainly under 50%. We wanted look at whether there were any kind of alternatives, so we began an initiative around post-mortem imaging, starting with post-mortem MRI and a bit of CT. Particularly for fetuses, micro-CT is amazingly good with basically almost histological levels of anatomical detail in small fetuses.

And, in fact more than 50% of our consented autopsies are now less invasive than a fully standard autopsy, as they are based on imaging. We have a flow chart type system where we say, "what's the clinical question here?" If the clinical question is, "what skeletal dysplasia is this?", then what we really want is imaging and some initial genetic testing. If you get the diagnosis from that, we don't need to do anything further. We don't need to look at the spleen and the thymus and similar organs that don't yield much. Actually, PM imaging is now almost a standard tool for us. In fact, all of our forensic cases now have post-mortem MRI and CT for reconstruction purposes. Almost all of our fetal cases will have some type of post-mortem imaging. We have done a bit of work even looking at things like post-mortem ultrasound and ultrasound guided tissue biopsy, needle biopsies instead of doing open PMs, etc. Less invasive autopsies are now generally the largest part of our postmortem case load. Just this year, the Royal College of Pathologists guidelines specifically state that a request for autopsy is a request for a consultation with a pathologist, and it's up to the pathologist then to decide what they need to do to answer that question. In some cases, that may include full autopsy, and in other cases, it may just be a genetic test and imaging, or even imaging alone.

*JOE RUTLEDGE: With the micro-CT, what's the size limit you can go up to with that instrument?*

NEIL SEBIRE: Roughly 16 weeks; the smaller the fetus, the better the resolution. In fact, we've imaged mouse embryos a couple of millimeters in size, and it is amazingly good for that! You can go up to a maximum of about 16 weeks. That's probably about the maximum but certainly at 12 weeks--13 weeks, you can get amazing quality from micro-CT. It is time consuming because there's a bit of prep required, as the fetus needs to be iodinated. The parents need to be made aware that it takes a bit of time and that there's changes in coloration if they want to see the fetus. We're now finding micro-CT to be quite useful even for very targeted scanning, even in some of the forensic cases. It's amazingly good, for example, for documenting microfractures.

*JOE RUTLEDGE: And you can, for example, have a very good look at the posterior fossa from malformations of the cerebellum that sometimes disappear during dissection?*

NEIL SEBIRE: Generally, we find that post-mortem imaging is really good for neuroanatomy. Obviously, there's some things you need histology for (before a neuropathologist comes and attacks me). We've had cases where post mortem MRI yields quite good brain anatomy, then after brain extraction, even with fixation or anything else, it has been almost impossible to maintain any kind of shape and intact structure. An additional benefit is 3-D reconstructions, as you can reconstruct things in any plane.



**Professor Neil Sebire**

Professor of Paediatric and Developmental Pathology at Great Ormond Street Hospital

## In Memoriam



**Dr. John Opitz** passed away in his home on August 31, 2022. Known by all involved in genetic research and diagnosis, Dr. Opitz was the product of a lifelong study of nature, people, and morphology. Born in Hamburg, Germany, his family migrated to Iowa City in 1950, where his uncle was professor of cello and chamber music. There, he was introduced to the study of zoology, and he was set to pursue a PhD. in that field until his mother persuaded him to attend medical school instead.

While in medical school, John continued his zoology-based research and meanwhile completed a pediatrics residency. Afterwards, he began work at the University of Wisconsin, where he spent 18 years, establishing the Wisconsin Clinical Genetics Center and in association with Enid Gilbert-Barness, a developmental pathology program.

In 1979 John left Wisconsin to direct the regional genetic service program at Shodair Children's Hospital in Helena, Montana. There, he chaired the Department of Medical Genetics and continued work on genetic syndromes, describing the Pallister-Hall, KBG, and Pallister-Killian syndromes in collaboration with Dr. Phil Pallister. This led to the discovery of the first human X-autosome translocation at the dawn of the era of chromosome mapping.

In 1997, John joined the faculty at the University of Utah School of Medicine, where his interests covered a wide spectrum of genetic anomalies, particularly ones affected sex differentiation, skeletal development, mental retardation, and the relationship of evolution and development. His research resulted in naming of an array of "Opitz syndromes" and finding of new information on a variety of other diseases.

John was the Editor-in-Chief of the American Journal of Clinical Genetics for many years. He authored or co-authored over 500 articles, and he edited 12 textbooks. He will be missed by all students of pediatric pathology. Those wishing to pay him tribute are advised to contribute to the National Organization of Rare Diseases (<https://rarediseases.org>).

## Important Items



### Reminders

- We are excited to announce the launch of the Society for Pediatric Pathology's 2024 January Workshop Month! Please visit [this link](#) to register.
  - Registration remains open for the August 2023 Workshops as recordings are available for one-year from launch of the workshop. Please visit [this link](#) to register.
- Slide Survey Online 2023, Case Sets #1, #2, and #3 have launched! Please visit [this link](#) to register. Participants must complete the requirements and claim credit by December 31, 2023.
- If you are interested in hosting a future SPP Fall Meeting, please visit the SPP website at Fall Meeting Host Submissions ([spponline.org](https://spponline.org)) to complete an application.

## Committee Reports



## Education Committee

### Highlights from Last Quarter

- 2023 Fall Annual Meeting: The 2023 Hybrid Fall Annual Meeting in Portland, OR offered 14.50 AMA PRA Category 1 Credits™ and garnered 155 registered attendees.
- Education Committee Meeting: The Education Committee met in September to discuss workshops, symposia, 2023 Spring Annual Meeting outcomes, and the Slide Survey Online activity.

### Announcements and Upcoming Initiatives

- 2024 Spring Annual Meeting: The 2024 Spring Annual Meeting is set to occur in Baltimore, Maryland from March 22<sup>nd</sup> – 23<sup>rd</sup>, 2024. The meeting will feature a symposium on *Pediatric Thyroid Tumors: A Practical Update on The Classification, Molecular Diagnostics and Management Strategies*.
- 2024 Fall Annual Meeting: The 2024 Fall Annual Meeting will be a joint SPP/PPS Meeting September 12<sup>th</sup> – 14<sup>th</sup> in Dublin, Ireland. More information is forthcoming.
- January Workshop Month – Registration Launch: We are excited to announce the launch of the Society for Pediatric Pathology's 2024 January Workshop Month! Please visit [this link](#) to register and read the instructions carefully for how to register for the workshop(s) you're interested in attending. Each workshop will be offered as a live, virtual presentation inclusive of live Q&A. The live portion will be recorded and made available to registrants for one year after the live workshop date. Each workshop will occur from 12:00 pm – 2:00 pm Eastern Time (inclusive of a 10-minute break) on the following dates:
  - **January 5: Update on Pathology of Liver Tumors**
    - Sarangarajan Ranganathan, MD - *Cincinnati Children's Hospital Medical Center*
    - Rita Alaggio, MD – *IRCCS Ospedale Pediatrico Bambino Gesù, Università La Sapienza, Rome*
  - **January 12: Pediatric Liver Tumors Outside the Hepatoblastoma Box**
    - M. Cristina Pacheco, MD – *Seattle Children's Hospital*
    - Iván A. González, MD – *Indiana University School of Medicine*
  - **January 19: Congenital Cystic Lung Lesions: An Update on Clinical and Pathologic Correlates**
    - Jennifer Pogoriler, MD, PhD – *The Children's Hospital of Philadelphia*
    - Jason Jarzembowski, MD, PhD – *Medical College of Wisconsin*
  - **January 26: Selected Topics in Pediatric Otorhinolaryngologic and Oromaxillofacial Pathology with an Emphasis on Development and Syndromic Associations**
    - John Ozolek, MD – *West Virginia University*
    - Kalyani Patel, MD – *Texas Children's Hospital*

You may register for each workshop individually or you may register for all four workshops at a discounted, bundled rate as outlined below.

- Pricing Per Workshop
  - \$150: Members
  - \$200: Non-Members
  - \$50: Trainees
- 2023 Bundled Pricing (access to all 4 Workshops)
  - \$550: Members
  - \$700: Non-Members
  - \$150: Trainees



- **Other Educational Opportunities:** Please check out other SPP educational opportunities as follows.
  - **2023 August Workshop Month:** It's not too late to register for the Society for Pediatric Pathology's 2023 August Workshop Month bundle which provides a discounted, bundled rate to all four workshops or register for workshops individually. Member and trainee pricing is available. Though all four workshops already occurred live, the recordings are available for one-year from the live workshop date. Please visit [this link](#) to register for the workshop bundle or individual workshops. Read the instructions carefully for how to register for the workshop(s) you're interested in attending.
    - **Triaging Surgical Specimens of Products of Conception and Post-Partum Bleeding**
      - Philip Katzman, MD – *University of Rochester Medical Center*
      - Jonathan Hecht, MD, PhD – *Beth-Israel Deaconess Medical Center*
    - **A Contemporary Approach to Pediatric Non-Neoplastic Liver Disease**
      - Juan Putra, MD – *Boston Children's Hospital*
      - Sarangarajan Ranganathan, MD – *Cincinnati Children's Hospital Medical Center*
    - **Handling the Post-Operative Heart**
      - Chrystalle Katte Carreon, MD – *Boston Children's Hospital*
      - Stephen Sanders, MD – *Boston Children's Hospital*
    - **Germ Cell Tumors in Pediatric Patients: A Systematic Review**
      - Florette K. Gray Hazard, MD – *Stanford University Medical Center*
      - Chia-Sui Kao, MD – *Cleveland Clinic*
  - **2023 Slide Survey Online:** Case Set 1, Case Set 2, and Case Set 3 of the 2023 Slide Survey Online activity are accessible. Please visit this [link](#) to register.



**Lauren Parsons, MD**  
Chair, Education Committee



### **Fellowship Committee**

#### **Announcements and Upcoming Initiatives**

- Welcome to new junior member, Julieta D'Ardis.
- Junior committee slating was completed, with four new junior members joining SPP committees.
- The committee continues to work to increase engagement among fellows and residents by advertising offerings such as workshops, slide survey, and the annual meeting through program directors.
- The Fellowships by State webpage on the SPP's website has been updated with the most accurate fellowship information.
  - The committee requests that any program directors that have updates that need to be made, please reach out to [aheider@med.umich.edu](mailto:aheider@med.umich.edu).
- A potential decrease of required autopsies during fellowship from 40 to 30 is forthcoming by the ACGME.
- A unified timeline for fellowship applications and offers continues to be a topic of discussion among the committee.

- The committee continues to collaborate with the Informatics & Communications Committee to create a “Day in the Life of a Pediatric Pathologist” video.



**Amer Heider, MD**  
Chair, Fellowship Committee



#### Finance Committee

##### Highlights from Last Quarter

- August 2023 Workshop Month garnered additional revenue with approximately 130 total registrants across all four workshops; 50 of which purchased the bundle.
- Slide Survey Case Set #2 launched, bringing in additional registration revenue. As of 9/27/23 there were 214 paid registrants for SSO 2023. *[Ed. Note: Slide Survey Case Set #3 has also launched.]*
- The Fall 2023 Meeting Budget is in the process of reconciliation. Final registration totals were: 109 Onsite attendees; 46 Virtual attendees.
- The committee, along with the Executive Committee, worked with SPP’s financial advisor at Merrill Lynch to implement a Certificate of Deposit ladder strategy for short term investments, using funds from the operational reserves account.

##### Announcements and Upcoming Initiatives

- The committee will continue to evaluate SPP’s financial status and continue to monitor operating expenses and revenue.
- In Q4 2023, the committee will begin to draft the 2024 Operations Budget to be approved by the Executive Committee and Board of Directors.
- Additionally, the Spring 2024 Meeting Budget will be drafted for review and approval.



**Rebecca Collins, MD**  
Chair, Finance Committee



#### Membership Committee

### Highlights from Last Quarter

- Welcome to new junior member, Lamé Balikani.
- The July Membership Committee review of applications and status transition requests resulted in the following:
  - New Affiliate: 1
  - New Regular Members: 6
  - New Junior Members: 5

### Announcements and Upcoming Initiatives

- The next membership application and transition request review will occur in October 2023.
- The committee sent a survey out to the SPP Membership. Data collected will be utilized to take actions, or make decisions, to improve membership experience and/or knowledge/performance in the field of pediatric pathology.
  - The committee will take the lead in planning a reception during the 2025 companion meeting with USCAP.
  - The committee is working to implement a new mentorship program. Those individuals interested in becoming a mentor or mentee, please reach out to [SGong@luriechildrens.org](mailto:SGong@luriechildrens.org).
- The committee will implement a new process for including member highlights in upcoming newsletters.
- The committee is exploring a room sharing option for upcoming meetings.



**Shawn Gong, MD, PhD**  
Chair, Membership Committee



### Perinatal Committee

### Announcements and Upcoming Initiatives

- Upcoming Perinatal Symposiums
  - Fall 2024:
    - Joint PPS Meeting in Dublin
    - September 12-14, 2024
  - Fall 2025:
    - Children's Hospital of Philadelphia
- The committee is assisting Drs. Carreon and Ernst in the planning of an upcoming Perinatal Pathology Course.
- Perinatal Curbside Consultations continue to be successful, and particularly beneficial for residents and fellows.
  - The committee encourages members to submit cases via this link:  
[https://mcwisc.co1.qualtrics.com/jfe/form/SV\\_OPNy4a3gbygcI5g](https://mcwisc.co1.qualtrics.com/jfe/form/SV_OPNy4a3gbygcI5g).
- The committee has drafted questions for the next membership survey.



**Eumenia Castro, MD, PhD**  
Chair, Perinatal Committee



### **Practice Committee**

#### **Highlights from Last Quarter**

- The drafted survey, Evaluate the Use of Molecular Assays by Pathologists Caring for Children with Solid Tumors, was shared with the Executive Committee. The Executive Committee provided feedback, and the Practice Committee updated the survey and resubmitted the survey for approval.
- The committee received a response from Centers for Medicare & Medicaid Services (CMS), regarding the request to update current requirements for cytopathology data collection and reporting for pediatric pathologists. They directed the committee to the Clinical Laboratory Improvement Advisory (CLIA) Committee. The committee is working to update the letter to send to CLIA.
- The committee submitted questions in the membership survey and is addressing action steps based on the compiled data at their fall meeting.
- The committee has completed their final review of a CNS Tumor survey and Drs. Alexandrescu, Cole, and Rajaram are working to finalize the survey to take to the Executive Committee for approval.

#### **Announcements and Upcoming Initiatives**

- Dr. Matthew Keisling is taking the lead on a project related to what kind of genetic testing may be routinely ordered and/or be available for products of conception/fetal cases, such as karyotype only versus microarray versus select panels. He is currently working to draft a survey for the Practice Committee's review.
- The Practice Committee would like to collaborate with the Informatics & Communication Committee on submissions for their repository lab project. They would also like to collaborate with Drs. Hecht and Ernst on the possibility of expanding the Perinatal Curbside offerings.



**Portia Kreiger, MD**  
Chair, Practice Committee



### **Publications Committee**

#### **Highlights from Last Quarter**

- The Board of Directors approved the Publications Open Access Award proposal, funding up to three articles for open access in PDP a year.
- The committee updated their Committee Roles & Responsibilities within the SPP Committees Guidelines and Procedures Manual.
- The committee analyzed responses to the 2023 membership survey and presented their findings to the Executive committee, Board of Directors, and the *Pediatric and Developmental Pathology* Editorial Board.
- The committee continues to collaborate with the Informatics & Communication Committee on the SPP's podcast.

## Announcements and Upcoming Initiatives

- The PDP Editorial Board is exploring ways to increase international representation.

## SAGE Publications Report

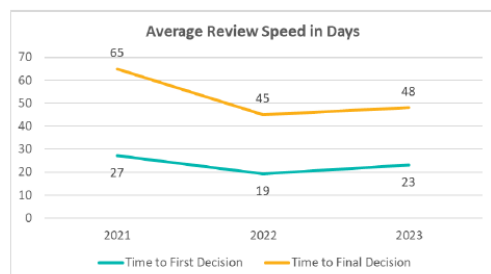
### *Pediatric and Developmental Pathology*

September 2023

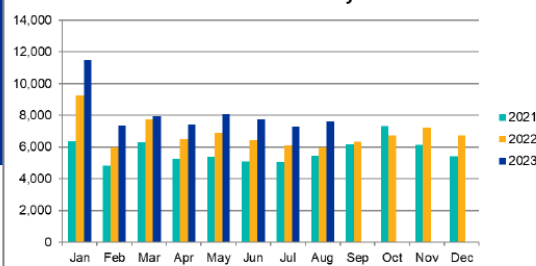
Prepared by Alyssa Venezia, Publishing Editor

#### Submissions

	2021	2022	2023
<b>Total</b>	370	284	216
<b>Original</b>	218	195	147
<b>Accept</b>	98	63	48
<b>Reject</b>	124	131	86
<b>Accept Ratio</b>	44%	32%	36%



#### Full-Text Downloads by Year



Total downloads in 2023 YTD: 64,935

#### Readership

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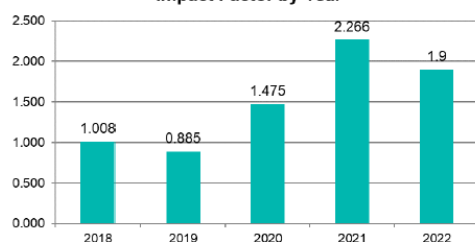
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#### Circulation

Current subscriptions for *Pediatric and Developmental Pathology* include:

- 13 institutional subscriptions
- 2,349 package, read only subscriptions
- 699 package, with Open Access subscriptions
- 8,344 lower income country subscriptions provided in partnership with Research4Life, INASP, and eIFL
- 99.0% renewal rate between 2021 and 2022

Impact Factor by Year



	2018	2019	2020	2021	2022	Percent Change 2021-2022
Impact Factor	1.008	0.885	1.475	2.266	1.9	-16%
Ranking in Pathology (SCIE)	63/76	67/78	62/77	50/77	50/76	N/A
Ranking in Pediatrics (SCIE)	104/124	114/128	101/129	83/130	74/130	N/A
Cites to Recent Items	132	116	208	349	319	-9%
Citable Items	131	131	141	154	168	9%
Total Citations	1,243	1,300	1,818	1,987	1,734	-13%
Immediacy Index	0.475	0.329	1.149	0.303	0.300	-1%
5-Year Impact Factor	0.988	0.972	1.398	1.858	1.5	-19%

## Pharmacology, Toxicology and Pathology Discipline Hub

*Pediatric and Developmental Pathology* content is being featured on our Pharmacology, Toxicology and Pathology Discipline Hub, which drives content awareness amongst related Sage titles in the discipline.

Pageviews	Unique Pageviews	Sessions
2,439	2,084	1,332

## Resources



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**Bruce Pawel, MD**

Chair, Publications Committee



## Informatics & Communication Committee (ICC)

## Highlights from Last Quarter

- Committee members have posted updates to social media platforms.
- The committee continues to work on a resource page for the website and a collaboration with the Children's Oncology Group to summarize their requirements and make them more easily accessible.
- Committee members met with several individuals over the last few months to plan and map out additional atlases.
- The committee requested social media handles from members in the recent membership survey.
  - The committee will follow the accounts that were shared, tag accounts shared in posts, and engage with accounts that were shared, specifically the other society accounts.

## Announcements and Upcoming Initiatives

- In order to increase the SPP's Facebook presence, the committee is investigating different structures for the Facebook page.
- A focus for the upcoming months will be to continue to collaborate with other committees, such as the Fellowship and Education committees, on projects.
- The committee will continue to post about SPP events, job postings, and educational offerings.
- Follow SPP on [Twitter](#), [Facebook](#), and [LinkedIn](#) for updates.



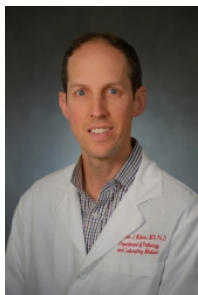
**Michael Arnold, MD, PhD**  
Chair, Informatics & Communication Committee



### Research & Awards Committee

#### Highlights from Last Quarter

- **Congratulations to the following award recipients presented at the 2023 SPP Fall Meeting:**
  - The Gordon F. Vawter Pathologist-in-Training Award recognizes abstracts presenting meritorious work of medical students, residents, and fellows.
    - Jolee Suddock, DO - University of Southern California
    - “A comprehensive multi-omic diagnostic approach of pediatric choroid plexus tumors”
  - The Harry B. Neustein Award recognizes abstracts presenting meritorious work involving electron microscopy or other innovative technological advances in the study of disorders of children.
    - Simon Zhu - BC Children’s Hospital
    - “Development of rhabdoid tumor patient-derived xenografts using the chicken chorioallantoic membrane system”
  - The Benirschke Perinatal Pathology Award recognizes the best presentation that advances the field of perinatal pathology.
    - Linda Ernst – Northshore University HealthSystem
    - “Patterns of gene expression in chorionic villous tissue based on placental pathology”
  - The Case Report Award recognizes the case report presentation deemed best by a panel of judges;
    - Naseem Uddin, MD - UT Southwestern Medical Center
    - “Chronic granulomatous disease with abnormal RBCs: a manifestation of contiguous genomic deletion”
  - The A. James McAdams Short-Term Study Stipend recognizes a pediatric pathologist or pathology resident with interest in pediatric pathology to offset expenses while gaining experience.
    - Esra Karakus – One month rotation at Children’s Hospital of Philadelphia
  - The SPP International Study Stipend recognizes a pediatric pathologist or pathology resident trainee that lives outside of the U.S. and Canada with interest in pediatric pathology, to offset expenses while gaining experience.
    - Muhammad Ahsan – Rotation at Children’s Hospital Colorado
  - The Resident Recruitment Award is provided to three residents to encourage consideration of a career in pediatric pathology. The 2023 recipients are:
    - Anh Huynh - Massachusetts General Hospital
      - “Kaposiform Hemangioendothelioma Masquerading as Juvenile Idiopathic Arthritis”
    - Krupa Merchant - Northwestern University
      - “T-cell Post-Transplant Lymphoproliferative Disorder Involving a Cardiac Allograft and Masquerading as High-Grade Acute Cellular Rejection”
    - Eunice Chou - Emory University School of Medicine
      - “Multiple intestinal atresias and combined immune deficiency in a patient with TTC7A mutations”



**Benjamin Wilkins, MD, PhD**  
Chair, Research & Awards Committee

## SPP History - 25 years ago

Kudos went to **Larry Becker** and **Glenn Taylor** for hosting an excellent SPP 1998 interim meeting in Toronto. President **Tom Stocker** deemed it a resounding academic and social success. Events included a bus tour of Toronto and a banquet in the Hockey Hall of Fame, with the opportunity to bestow a kiss on the Stanley Cup. Dr. Stocker also outlined his plans to collect an Oral and Video History of the Society that would include interviews with the founding members.

Of special note was a report by **Robert Bendon** of a pre-meeting Toronto gathering of perinatal pathologists founding the Perinatal Pathology Division of the SPP. The gathering featured abstract presentations and discussion groups who outlined goals for this nascent division. Aims included developing a database of NIH-style biographies by the research group, deciding on a list of topics by the education group, choosing appropriate problems to tackle by the practice group, and provision of autopsy materials to study oligohydramnios as an initial step in self-education and research. Also proposed was funding for a perinatal pathology prize for the best presentation at the SPP meeting. The group resolved to make this division a permanent part of the SPP following discussion with its leaders and members.

## Upcoming Meetings of Interest

<i><b>Meeting</b></i>	<i><b>Meeting Dates and Location</b></i>
SPP Spring Meeting 2024	March 22-23, 2024, Baltimore, MD
AANP Annual Meeting 2024	June 6-9, 2024, Olympic Valley CA
SPP/PPS Fall Joint Meeting 2024	September 12-14, 2024, Dublin, Ireland



## SPP Organization

### **Society for Pediatric Pathology**

C/O AMI

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Gig Harbor, WA 98332

E-mail: [pedpathfacebook@gmail.com](mailto:pedpathfacebook@gmail.com)

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