



# Association of Indian Pathologists in North America

Volume 7

Issue 2

Editor: Vijayalakshmi Padmanabhan, MD

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**AIPNA Executive 2009:** From left Drs Ashraf Khan (Section of CME), Sharda Sabnis (Member-at-Large Emeritus), Megha Joshi (Past President), Bakul Dalal (President), Meenakshi Singh (President Elect), Vijayalakshmi Padmanabhan (Newsletter Editor), Kedar Inamdar (Treasurer), Subodh Lele (Secretary).

Absent: Drs. Shivayogi Bhusnurmath (Section of Pathology Education), Rajan Mariappan (Section of Molecular Pathology), Prashant Jani (Canadian Contributor), Nirag Jhala (Section of Quality Assurance), Neeraja Kambham (Member-at-Large), Vinay Kumar (Section of Pathology Education), Khush Mittal (Webmaster), Veena Shah (Jt Treasurer), Jagmohan Sidhu (Member-at-Large)

## AIPNA Officers 2009 (Click on the name to email)

**President:** [Bakul I. Dalal MD FRCPC FCAP](#) Hematopathology, Vancouver, BC, Canada

**President Elect:** [Meenakshi Singh MD](#) Anatomic Pathology, Stonybrook, NY

**Past President** [Megha Joshi MD](#) Anatomic Pathology, Boston, MA

**Secretary:** [Subodh Lele MD](#), Anatomic Pathology, Lincoln, NE

**Treasurer:** [Kedar Inamdar MD](#), Anatomic Pathology, Detroit, MI

**Jt-treasurer:** [Veena Shah MD](#), Anatomic Pathology, Detroit, MI

### Members-at-Large

[Sharda Sabnis MD](#) (emeritus), Anatomic Pathology, Washington, DC

[Neeraja Kambham MD](#), Stanford, CA

[Jagmohan Sidhu MD](#), Anatomic and Hematopathology, Johnson City, NY

**Newsletter Editor:** [Vijayalakshmi Padmanabhan MD](#), Anatomic Pathology, Dartmouth, NH

**Canadian chapter contributions:** [Prashant Jani MBBS, FRCPC](#) Anatomic Pathology, Thunder Bay, ON, Canada

**Resident Coordinator:** [Renuka Kulkarni MD](#), Atlanta GA

**Web Master:** [Khush Mittal MD](#), New York, NY

**Section of CME:** [Ashraf Khan MD](#), Anatomic Pathology, Boston, MA

**Section of Quality Assurance:** [Nirag Jhala MD](#), Anatomic Pathology, Birmingham, Alabama

**Section of Pathology Education:** [Vinay Kumar MD](#), Chicago, IL

**Section of Pathology Education:** [Shivayogi Bhusnurmath MD](#) Grenada, West Indies

**Section of Molecular Pathology:** [Rajan Mariappan MD](#), Boston, MA

## From the editor's desk:



It's time to pass the baton. A hearty welcome to Dr. Bakul Dalal, the new president of AIPNA. Dr. Megha Joshi, Megha, as we all know her has strived hard to make AIPNA a renowned and well known organization. Though we will miss

her, I am sure that she will continue to be an active participant and ambassador for AIPNA. Bakul brings new blood (he is a hematopathologist!) and enthusiasm.

In this issue we cover the AIPNA meeting highlights from USCAP 2009 in Boston. We had a wonderful turnout and the dinner was excellent. Congratulations to Dr Sharda Sabnis who was awarded the Lorraine Duggan, *genzyme*, "Service to AIPNA Award." Don't miss the piece on Jayson Marwaha, a 16 year old with 2 abstracts at this year's USCAP meeting in Boston. We also welcome Drs Neeraja Kambham and Jagmohan Sidhu as members-at-large.

AIPNA members usually contribute extensively to the education and research arenas. I urge you to please send a small write-up and photographs of your activities to the editors so that we could share it with all our readers.

As you can see AIPNA is a very active organization with diverse interests. People make an organization (not the other way around), so, endorsements from current members to the new kids on the block would only add to it's strength (hint, hint).

Cheers!

Viju

## President's Message:



I am honored to be invited to lead AIPNA, especially at this stage when your association is undergoing rapid expansion, transformation and diversification.

AIPNA was conceived by a visionary Hartford CT pathologist [Dr. Vijay Joshi](#) in 1980's and 90's primarily as a forum for Indian pathologists practicing in North America to meet, exchange notes, and interact with their colleagues in India. The members used to meet annually during the USCAP meeting, and continue to do so, thanks to tireless efforts of subsequent presidents Drs Sharda Sabnis and Megha Joshi, and their executives.

Annual CME conferences were organized in various cities in India by tireless efforts Drs. Vijay Joshi, Venkat Challa, Srinu Mandavelli, Ashraf Khan, and the selfless contributions of time and effort by the august faculty from US, Canada, India and elsewhere. Initially focusing on Anatomic Pathology and Cytology, other laboratory specialties like hematopathology, molecular pathology, pathology education and such are now becoming integral part of these CMEs.

Activities of AIPNA are now more diverse, and are aimed at India as well as North America. A group of selfless, dedicated pathologists like Selwyn Baptist has visited India to boost the Quality Assurance of the Laboratories there, and help with CAP Accreditation. A new **Section of Molecular Pathology** has been formed under the energetic leadership of Dr. Rajan Dewar of Harvard; it will have its own very first CME next year in Pune, and the members plan to meet separately and collectively at the USCAP and AMP meetings. A

**Section of Pathology Education** (undergraduate and postgraduate) has been formed to enhance the Pathology training in India. It will be spearheaded by Drs Vinay Kumar of Chicago and Bhusnurmath of Grenada. They had a parallel workshop with the Agra CME last year, and plan to have the same this year.

Many more initiatives are under way that I will elaborate in the upcoming months.

I am an outsider will need a much hand-holding from the likes of Drs Vijayalakshmi Padmanabhan and Megha Joshi, guidance from the other leaders of this august society and patience from you, the members.

Yours truly



**Excerpts from the minutes of the AIPNA  
Executive Committee meeting**

*Dalton Room, Sheraton Boston  
Saturday March 7, 2009 at 5:00 PM*

**In attendance:** Megha Joshi (MJ), Boston, Sharda Sabnis, Silver Spring, MD, Srinivas Mandavilli (SM), Hartford, CT, Bharti Bhusnurmath (BB), Grenada, Shivayogi Bhusnurmath (SB), Grenada, Rajan Mariappan (RM), Boston, Subodh Lele, Omaha, NE, Meenakshi Singh (MS), President-elect, Wallingford, CT, Ashraf Khan, Wooster, MA, Anand Lagoo (AL), Durham, NC, Vijayalakshmi Padmanabhan, Dartmouth, NH, Newsletter Editor and Gajanan Sabnis (GS), Visitor

**MJ-** Membership needs to grow. Currently, there are 4,000+ pathologists of Indian origin in the US of which even 10% are not AIPNA members. Membership committee (newly elected members **SL** and **SM**) should work on it. **SM** reminded the committee that **MJ** and others in the past had tried making a membership directory from CAP membership directory. He suggested that we could try delegating responsibility to individual state level pathologists; **SM** would take the responsibility of contacting local community pathologists and residents in Connecticut.

There is a need to raise money to sponsor Trainees/Residents in Pathology in India to attend Indo US CME. AIPNA should have free membership for

US residents and fellows. This will help AIPNA goal for recruiting more members at earlier stages of career.

QUIP Program has now grown up to 43 cases. MJ thanked all those who contributed. She asked members to spread the word and get more momentum on this aspect, which will be very helpful in making membership grow.

**MJ** mentioned about the nomination of Anand Lagoo for President Elect's position after

**MS** mentioned about the 2 year term. GS mentioned that there should no call for nomination for President-elect as one needs to have experience and working relationship with others involved prior to his/her term. Secretary, Treasurer, will move on to be President Elect.

Rajan mentioned the need to integrate Molecular Pathology (MP) in CME in India, as there is a great need for it. There is a large existing counterpart in India which could provide an excellent base and forum for interaction. Anand Lagoo mentioned that Duke as an active MP group and could provide some help. MS told that QUEST has a large lab in India and we should work with them. **RM** was asked to take lead and check the possibility of MP becoming an added activity in AIPNA (and in CME in India).

**MS** talked about Singapore conference of Asia Pacific Div of IAP last August that she attended. She added that the next Asia Pacific Div of IAP has its meeting scheduled in Cochin in August 2009. She also mentioned that many AIPNA members participate in teaching activities in India and this can be an additional venue for visibility for AIPNA.

**SB** told of his experiences in India. He and his wife, **BB** have been conducting several workshops in medical colleges in India for the past six years on improving the teaching of pathology to medical students based on his experience as a faculty of National teacher training program- NTTC at PGI Chandigarh for 12 years. The two of them had developed several innovative teaching technologies at the St Georges University, Grenada, West Indies over the past 13 years with excellent results.

There seems to be a general apathy in India to teaching pathology and most students study it as a necessary burden to clear before they can move on to exciting clinical years. If the pathology teaching could be converted to a clinical problem- solving format with active learning and to make it patient centered

instead of subject oriented, the students would definitely show keen interest. They would see it as something directly relevant and useful to their future career as doctors. It would also attract many bright students to consider pathology as a career instead of opting it as a last choice if they failed to get clinical postgraduate residencies.

The results of these workshops have been very encouraging like the ones at Dayanand medical college, Ludhiana and St Johns Medical College, Ludhiana. They presented their data in the meeting at Chandigarh last year and the students are now pressurizing the faculty to use the new teaching methods. Dr Vijay Joshi attended one such workshop in Ludhiana and another in Chandigarh and proposed that AIPNA form a new wing or chapter for the improvement of pathology teaching in India. It might be worthwhile exploring the possibility of assisting towards improvement of postgraduate pathology teaching in India.

Currently there is a wide disparity in standards between various medical colleges and universities and it is difficult to evaluate the relative merits of one over the other. There is also a wide variation in the faculty resources, laboratory facilities and pathology material between colleges. The AIPNA wing could act as a nodal point to assist them to include more standard teaching and testing and provide resources in the form of faculty, pathology slides etc. This should be carefully done to act as catalysts without overbearing or questioning their existing practices to turn them away from the main focus.

They proposed the formation of an AIPNA wing or chapter for conducting workshops and assist in the improvement of pathology teaching in India.

*(Action item: SB to prepare a plan and pursue this proposal with MJ and BD on this item.)*

Meeting was adjourned at 7 PM

Minutes written and submitted by GS  
March 24, 2009

### **Perinatal outcomes study receives attention from Pathologists** **Rajan Mariappan**

Health challenges unique to people of South Asian origin have been largely ignored in the North American Medical System. Adverse perinatal

outcomes among mothers of South Asian origin is a case in point.

**Why low birth wait in Indian Babies?** The perinatal outcome studies among mothers of South Asian origin in the United States, extrapolated mostly from population registries in the United States shows that even though Indians living in the United States are highly educated, receive better prenatal care and have higher socio-economic standards of living, their infant mortality rates are higher and birth weight are lower than people from other ethnic groups (e.g. Mexican immigrants). These studies were carried out by Dr. Ashima Madan from Stanford University Medical Center, who calls it a 'dual epidemiological paradox'. Alarmed by these findings, [Dr. Neeraja Kambham](#), a pathologist at Stanford, CA and a Member-at-Large of AIPNA immediately arranged a meeting with Dr. Madan and Prof. Usha Chitkara, head of Fetal Maternal Medicine (high risk OB) at Stanford.

**A Call to Arms for Indian Pathologists:** Dr. Neeraja Kambham and others have called for physicians of South Asian Indian origin to be involved in looking closely at this problem. Their findings will be shortly published in the AAPI Journal (Co- authors Drs. Neeraja Kambham (Stanford), Vinita Parkash (Yale), Shenbagam Dewar (Boston University), and [Meenakshi Singh](#) (SUNY, Stony Brook, President Elect of AIPNA).

**Prenatal testing for Thalassemia etc:** There are at least two major issues related to pathology, which could influence the perinatal outcome data. Firstly, is there a need for customized, South Asian ethnicity based prenatal care or testing menu? For example, as part of the ACOG's prenatal genetic testing, obstetricians offer cystic fibrosis testing to most pregnant women. This CF panel has undergone revisions to accommodate needs of other ethnicities such as Mexican Americans. Given that, diseases such as cystic fibrosis is extremely rare, but diseases such as Thalassemia is much more common, should Indian pathologists be actively involved in educating their obstetrician colleagues in ordering the right laboratory test at prenatal care?

**Placental studies:** The second major suggestion by Dr. Ashima Madan, who is the lead investigator in the published studies, was for placental studies. Dr. Madan calls for the pathology community to get involved in her research through analyzing placenta to try to understand if there was a biological basis for low birth weight or an adverse pregnancy outcome. A

small group of prominent placental researchers (e.g., Vinita Parkash) is being proposed as an outcome of these discussions.

**You can make a difference:** AIPNA members and readers are invited to contact any of the investigators or authors to be involved and know more about these projects or published studies.

### **Quest laboratory in India**

**Neena Singh MD, Wallingford, CT 06492**

Quest has now opened a very large state of the art laboratory in India. This laboratory is CAP certified and is of the same standard as all of our US laboratories and has much to offer. As you are probably aware India has one of the highest incidences of cervical cancer and there is a great need of both MD and patient education regarding the need for pap smears and HPV testing. I was part of a panel discussion in India on Cervical cancer screening strategies and involvement in this panel showed me how much India needs to do in this regard. There is also a great need for Physicians in India to recognize the important role laboratory tests play in diagnostic medicine and the need to use a laboratory that focuses on quality.

**Jayson Marwaha** is a 16 year old high school student had who 2 abstracts at the USCAP. Here's a small write-up on this bright young man who must make his parents proud!

Jayson is currently an 11th grader at the Thomas Jefferson High School for Science and Technology in Alexandria, Virginia (ranked as the number one public high school in the United States by \*US News and World Reports\*). He was introduced to pathology in the summer of 2007, when he worked under Dr. Zachary Goodman at the AFIP in Washington, D.C. During the summer of 2008 he formally applied for an internship there and was assigned to Dr. Fanburg-Smith, his mentor for the projects submitted to USCAP. His interest in pathology (and medicine in general) is further exhibited by his participation in the 2009 Intel Science and Engineering Fair where he competed in the Medicine and Health category at the school, county, and state levels earlier this year and was recognized by a number of public and private institutions. He regularly volunteers at churches during the weekends in coordination with a local free clinic. He attends Saturday church gatherings to

administer blood pressure tests for Hispanics without health insurance and talks to them about the risks of high/low blood pressure and what they can do to avoid such conditions. He coordinated donation of \$65,000 worth of laboratory equipment to their school research labs from a nearby diagnostics facility that had lab equipment they were not using and were planning to get rid of. He is also very interested in chess and has founded a school club comprised of student volunteers who regularly visit elementary schools to teach young children how to play chess and encourage them to get involved in local chess tournaments. He is also a member of the school Model United Nations team.

I'm sure we will hear more about Jayson in the coming years.

### **CHOP is not rearranged in epithelioid pleomorphic liposarcoma. Fluorescence in situ hybridization (FISH) study on four cases.**

***Jerzy Lasota, M.D., Jason S. Marwaha, and Julie C. Fanburg-Smith, M.D.***

Department of Orthopaedic and Soft Tissue Pathology, Armed Forces Institute of Pathology, Washington, DC, United States.

### **Central Nervous System and Musculoskeletal Mesenchymal Chondrosarcoma *Julie C. Fanburg-Smith, M.D.,<sup>1</sup> Aaron Auerbach, M.D. M.P.H.,<sup>2,3</sup> Jayson S. Marwaha,<sup>1</sup> Zengfeng Wang, PhD,<sup>3</sup> Mariarita Santi, M.D.<sup>5</sup> Alexander R. Judkins, M.D.,<sup>5</sup> and Elisabeth J. Rushing, M.D. <sup>4</sup>***

Departments of 1Orthopaedic and Soft Tissue Pathology, 2Hematopathology, 3Immunohistochemistry and 4Neuropathology, Armed Forces Institute of Pathology, Washington DC 20306-6000. 5Department of Pathology, Children's Hospital of Philadelphia, University of Pennsylvania School of Medicine, Philadelphia, PA.

### Treasurer's report

By Kedar V Inamdar, Treasurer, AIPNA

<b>2009 Tally of expenses</b>	<b>Amount</b>
Balance as of March 1, 2009	\$14,351.61
Checks received at Boston AIPNA 2009	\$8800.00
Cash received at Boston AIPNA 2009	\$450.00
CME activity contributions at Boston AIPNA 2009	\$700.00
<b>Total = collections + previous balance</b>	<b>\$24301.61</b>

<b>2009 Expenses</b>	
Meeting room charges	\$-3750.00
Food Catering	\$-2400.00
Exec Meeting Lunch	\$-394.47
Megha Joshi check reimbursement for meeting related expenses	\$-203.83
Comerica Service charge	\$-0.63
<b>Total Expenses</b>	<b>\$-6748.93</b>

**Current balance, March 23, 2009 after expense deductions** **\$17552.68**

28-Mar-09	
Member deposit	\$25.00
Member deposit	\$50.00
CME money from Ashraf Khan	\$100.00
Total	\$175.00

30-Mar-09	
Annual fee for Website maintenance	\$-99.00

**Current balance, April 3, 2009 (after expense deductions)** **\$17628.68**

### Highlights of AIPNA AGM



AIPNA Annual General Meeting was held on Sunday, March 8 at the Sheraton Republican ball room in Boston, along with the USCAP meeting. Dinner was sponsored by Clarinet. It was a well attended affair with great food.



Dr Yogeshwar Dayal presented The Lorraine Duggan, *genzyme*, "Service to AIPNA Award to Dr Sharda Sabnis. Also in the picture are Drs Bakul Dalal and Meenakshi Singh



Dr Shivayogi Bhusnurmath presenting Rashmi K Shamanna the AIPNA award for the best abstract (vide infra). Also seen in the picture is Dr Joshi



From Left to Right:  
Drs Rajan Mariappan, Bharti Bhusnurmath, Shivayogi Bhusnurmath, Bakul Dalal



A big thank you to **Dr Khettry** who helped man the registration desk



**AIPNA registration desk, USCAP, Boston**



**Dinner, USCAP, Boston**



**Drs Megha Joshi, Deepali Jain, (Post Doctoral Fellow, Eye pathology and Johns Hopkins Medical Institutions, Baltimore, MD, USA) and Ashraf Khan**



**Dr Sharda Sabnis and family**



**AIPNA 2009**



### **Coverage of AIPNA member activities for 2009**

1. A full day "Surgical Pathology CME" was organized at Pune, India by international and national faculty members.

Dr. Prashant Jani from Thunder Bay, Onatrio, Canada and Dr. Mrs M.V. Jadhav, Professor of Pathology at B.J. Medical College were the CME co-coordinators. International faculty included Dr. Prashant Jani from Canada, Dr.Subodh Lele and Majiri Lele from USA. Dr. Kedar Deodhar from Tata Memorial Hospital, Bombay was the national faculty member participating in the CME. Topics included Breast Pathology (Dr Jani), Kidney pathology (Dr. Subodh Lele), Ovarian tumors (Dr.Kedar Deodhar) and interesting cases in Surgical pathology (Dr.Manjiri Lele). The chair persons for the CME were Dr.Sanjay Deshmukh, Professor of Pathology, Sinhgadh institute and Dr.Mrs Karandikar, Professor of pathology at Bharati Vidhyapith Medical College.

Delicious food was served for breakfast and lunch. All the participants including the faculty members were awarded participation certificates. Dr. Jani donated 10,000 Rs. towards the purchase of books at B.J. Medical college.

A total of 220 participants from Nasik, Mumbai, Solapur, Pune AFMC, Pune Bharatividhyapith Medical college, DY Patil Medical college and Pravara Nagar Medical college registered for the CME. Dr. Prashant Jani

### **ANNOUNCEMENTS**

**1. Dr Anand Shreeram Lagoo, MD, PhD,** Associate Professor of Pathology, Director, Clinical Flow Cytometry Laboratory, Associate Director (CP), Residency Program, Duke University was appointed president of AIPNA for 2011.

**2. Dr Anand Shreeram Lagoo, MD, PhD,** has been elected Vice President on NC Medical society.

**3. Dr Vijayalakshmi Padmanabhan, MBBS, MD,** Assistant Professor of Pathology, Medical Director, Cytopathology, Director Cytopathology Fellowship, Dartmouth Hitchcock Medical Center, Lebanon, NH has been elected Secretary/ Treasurer, NH Society of Pathologists.

Folks, here's a letter from Dr Robboy, a candidate for the position of president elect of the College of American Pathologists (CAP).

Dear Megha,

Thank you for the opportunity to appear before the AIPNA members at your annual meeting last month in Boston. It was a great pleasure also to witness AIPNA's impressive growth since it began just 20 years ago. As it happens, AIPNA's founder, Dr. Vijay Joshi, was a faculty member in my Department at the New Jersey Medical School and was a wonderful inspiration, teacher and mentor for our residents.

As your Society has grown, more of the members have become politically active. It is my hope that many in your group will continue on their leadership paths and will actively engage in the national debates already taking place in healthcare in general and in pathology in particular. We are witnessing the most massive transformational change in healthcare ever encountered in our country. None of us know exactly where these debates will lead us, but it is crucial we all become vocal and involved.

I am currently a candidate for the position of president elect of the College of American Pathologists (CAP) and would very much like the support of your members. My goal in pursuing this office is to ensure that pathology, and we as pathologists, are integral to the national debate on healthcare. We must continue

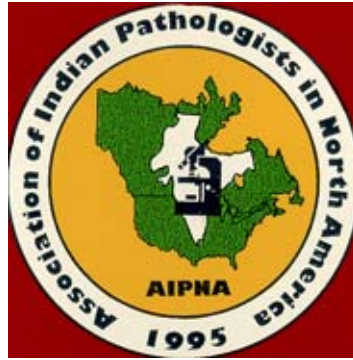
to advocate for and build on the high quality of care to which patients have become accustomed in both anatomic and clinical laboratory medicine. I want to ensure that our profession remains at the forefront of emerging innovations, especially in molecular diagnostics and digital pathology. I would like for us all to embrace the transformation currently underway to allow us to become more involved in and central to patient care.

A second goal is to see CAP work more closely with and encourage collaboration with organizations like AIPNA to support pathology education and laboratory accreditation and standardization worldwide. During this past year, the CAP approved the category of International Fellow, expressly to recognize that the pathology community is world-wide. In our digital age, the world has shrunk. If elected CAP President, I assure you that CAP will have a strong international focus.

I thank you and all AIPNA members for their support.

Stanley J. Robboy, MD, FCAP  
Professor of Pathology  
Professor of Obstetrics & Gynecology  
Vice Chairman for Diagnostic Services  
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## **Association of Indian Pathologists in North America**

Best Abstract Award

Presented at the USCAP meeting in Boston, USA

**“Aurora-A Kinase distinguishes ALK+ Anaplastic Large Cell Lymphoma from ALK negative and Cutaneous ALCL among other T-Cell Lymphomas: Analysis of 72 Cases”**

Presented to

**Rashmi K Shamanna, MD**

**March 8, 2009**

**Nirag Jhala, M.D**  
Abstract Committee

**Varsha Shah, M.D**  
Abstract Committee

**Megha Joshi, M.D**  
President, AIPNA