Hello everyone! As we near the end of the academic year, and get ready to welcome summer, I hope everyone is doing well and healthy.

This is a very prolific year for the ASC, and I am very excited and energized to see our committees working so hard and our members continuously coming up with projects to better our Society. On April 30, 2021, the ASC Executive Board met virtually for our interim meeting. The Board was very encouraged with the progress the committees have made during the first quarter of 2021 and is excited to see these new projects come to fruition.

The ASC held a very successful ASC companion meeting at the recent United States and Canadian Academy of Pathology (USCAP) Annual Meeting. The companion meeting entitled “Cytological and Clinical Updates on HPV Vaccination and HPV Mediated Diseases of the Female Genitals, Anus, and Head & Neck” was moderated by Charles Sturgis, MD, and included speakers Robert Goulart, MD, Michael Rivera, MD, Jennifer Roberts, MBBS, and Deanna Teoh, MD, MS. Thank you to Dr. Sturgis and all of the speakers for a fabulous session and sharing their knowledge!

This year, I have asked each of our committees to give one online session via the ASC YouTube Channel (@cytopath1951) #WeeklyWebinars.
On Wednesdays throughout the year, the ASC has been sponsoring **FREE WEBINARS**. While there is no CME associated with these presentations and they are for educational use only, we are delighted to see more and more individuals watching these and sending us their positive feedback. The sessions include information on the ASC as well as educational sessions by prominent cytopathologists and cytotechnologists. For a list of the sessions, please visit the ASC website - [https://cytopathology.org/page/liveonlineseries](https://cytopathology.org/page/liveonlineseries). Better yet, subscribe to our YouTube channel and let us know if you have any suggestions for future sessions!

The ASC launched a podcast (CytoPathPod) in January, which is available on Apple Podcast and Podbean. The ASC Podcast has special guests to highlight ASC and cytopathology activities. Eleven episodes have been posted. Including a book review on Dr. Edmund Cibas’ latest edition of *Cytology: Diagnostic Principles and Clinical Correlates*, an update on *The Paris System* with Drs. Eva Wojcik and Dorothy Rosenthal and a discussion about the [ASCCP and ACS Guidelines](https://cytopathology.org/page/liveonlineseries) with Michele Smith, MS, SCT(ASCP) & Diane Davis Davey, MD.

In January, I formed the Diversity, Equity and Inclusion (DEI) Committee and appointed Dr. Alarice Lowe as Chair and Dr. Michele Reid as vice chair. Its four primary goals are: (1) Reviewing the ASC’s policies to determine any opportunities for improvement, (2) Outreach opportunities (both international and domestic) in the areas of education, pathology services, (3) Development of a pipeline for ASC’s provision of early cytopathology and cytotechnology exposure to medical and high school students, and (4) an ASC membership census/demographic survey with questions regarding gender, racial identity, and country of birth/affiliation. In February, the ASC’s DEI Committee underwent a diversity training session. The virtual training was led by ACGME DEI leadership Bonnie Mason, MD, FAAOS, Vice President, Diversity, Equity, and Inclusion and Sunny Nakae, PhD, MSW, Senior Associate Dean-Equity, Inclusion, Diversity, and Community Partnerships at the California University of Science and Medicine. The purpose of the training course was to strengthen both diversity awareness and inclusive practices. The team is currently working on a virtual summer student program. This program will allow high school students the opportunity to gain an in-depth perspective and exposure to science and medicine with a focus on pathology and cytology. It will aim to discuss the tools that are necessary for success in medicine, and particularly pathology. This in-depth program consists of five pre-recorded and four optional live Q&A sessions, which will be provided in July 2021. Students who attend all pre-recorded sessions and complete the pre- and post-session surveys will receive a certificate of participation. Kudos to our hard working DEI committee, in such a short time they have accomplished a lot, and they have a lot more ideas and energy coming our way.

A membership survey designed to explore ways to increase ASC membership benefits and to better serve the educational and professional needs of the membership and cytopathology community was launched on April 23rd. Results of the survey are being compiled and will be included in a future issue of the Bulletin. All members who participated in the survey received a cup of Starbucks’ coffee on the ASC!

Dr. Amy Clayton, Secretary-Treasurer, reviewed the ASC current financial status and stated as of March 31st, the ASC was at 73% of the projected budget for revenue and 66% of the projected budget for expenses. Dr. Clayton also presented the 2021-2022 Financial Budget on behalf of the ASC’s Budget and Finance Committee for budget approval.

The 69th Annual Scientific Meeting, to be held hopefully in person on November 11-14, 2021 at Green Valley Ranch, Henderson, Nevada (minutes away from Las Vegas) will be very exciting. The Scientific Program Committee, chaired by Dr. Zubair Baloch and Vice Chair, Dr. Christine Booth, has outlined a program that is full of educational opportunities for novice and the experienced attendees. The meeting will also be available on demand for those concerned about traveling. All Short Courses and Video Microscopy Tutorials are included in registration. The Scientific Program Committee will have an article soon on the program and keep a watch for emails and social media on the program. The registration material for this year’s meeting will be available in July. Please mark your calendars now for this exciting event! I cannot wait to see you all at our annual meeting.

Dr. Syed Ali, Chair, Nominating Committee, presented the slate of candidates for the 2021 elections as follows:

**Vice President Nominees**
- Barbara Centeno, MD
- Momin Siddiqui, MD

**Medical Member Candidates**
- Ronald Balassanian, MD
- Mohiedean Ghofrani, MD, MBA
- Sinchita Roy-Chowdhuri, MD, PhD
- Christopher J. VandenBussche, MD, PhD

**Cytotechnologist Member Candidates**
- Jacqueline M. Cuda, BS, SCT(ASCP)
- Sean A. McNair, MPH, CT(ASCP)
The Executive Board Ballots will go to the ASC Membership on Monday, August 30 and will be open for voting through October 1st.

During the Executive Board, virtual meeting, the Cytotechnology Program Review Committee (CPRC) chaired by Dr. Amber Donnelly, Dr. Chuck Sturgis (Vice Chair) and Ms. Deb Sheldon (CPRC Coordinator) were invited to present the updated Standards and Guidelines (S&G)/Entry Level Competencies (ELCs) for Accreditation of Educational Programs in Cytotechnology. Dr. Donnelly noted that the revising of the S&G and ELCs began in 2018 after ongoing discussions and data gathering began more than 20 years ago about the future of the profession. The CPRC is responsible for working with its sponsoring organizations in reviewing and revising the Standards. The CPRC is also required to obtain input and consideration from their communities of interest (COIs) – i.e. cytotechnologists, cytotechnology school directors, pathologists and employers. The group is hoping that the revisions will be completed and approved by the end of the year.

Dr. Robert Goulart and Ms. Barbara McGahey Frain, Co-Chairs of the Foundation Board, were invited to give an update on Foundation Board activities and the February 2021 retreat. The purpose of the retreat was to bring together Foundation Board Members and other interested individuals to assess the current state of the ASC Foundation and to design collaboratively a bold and innovative plan to ensure a strong future for the Foundation. An action plan has been developed from the retreat. Items include, a redesign of the current Foundation website, Virtual Happy Hours, Honoring COVID Heroes and establishing a planned giving program. We are looking forward to the upcoming ASC Foundation activities.

Dr. Sara Monaco reviewed the Cytopathology Program Directors Committee activities. The Committee is creating a trial unified timeline and common application for the upcoming recruitment for the 2023-2024 cytopathology fellowship year. A webpage will be created listing the programs that have agreed to the unified timeline and application for applicants.

In addition, the Committee has submitted articles on the unified timeline for an upcoming special edition issue of JASC on cytopathology education. Congratulations to the group for their herculean effort to get the cytopathology programs to coordinate! I am sure we will be hearing more from the group later in the year. And by the way, good luck to all the Cytopathology Fellowship Programs for a successful recruitment year.

The Executive Board and ASC Committees are busy and will remain active with input from its membership and the hard work of Committees. The Board would like to thank the Committee Chairs and Members for their commitment of time dedicated to the ASC. The Board also invites and encourages each member to make suggestions and comments on any subject regarding ASC activities and to recruit their cytology professional peers to membership in our organization. You may contact the Executive Board through the ASC National Office at (302) 543-6583 or asc@cytopathology.org. We would love to hear from you – remember THIS IS YOUR SOCIETY!

And finally for those of you in academic practice, wishing all the graduating cytopathology fellows and cytotechnology students a successful and bright future! And a Happy New Academic Year to All!
The 21st Century Cures Act
The 21st Century Cures Act was signed into law in December 2016.

By: Margaret Louise Compton, MD & Renu Virk, MD

The purpose of the act is to provide widespread mandatory patient access to electronic health information (EHI) that would enable more patient control in healthcare. In addition, the legislation includes provisions designed to improve precision medicine and accelerate the process of drug and device development to bring new innovations and advances to patients who need them faster.

The Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare and Medicaid Services (CMS) both issued a final rule regarding health information access and interoperability. As per rule, interoperability means sharing and use of medical information via computers and online software. The rule is applicable to healthcare providers, healthcare networks and EHR vendors. The rule outlaws any kind of information blocking, which is defined as any practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of EHI. Institutions or individuals who participate in information blocking are liable for penalties, such as fines.

The Cures final rule, published by Health and Human Services (HHS) on May 1, 2020, mandated that patients be provided with widespread and immediate access to their own electronic health information (EHI) and specified eight types of patient data that must be made available to the patient free of charge. Laboratory and pathology report narratives are two of the eight types of patient data that needs to be immediately released. The other 6 patient data include 1) Consultation notes 2) Discharge summary notes, 3) History and physical access, 4) Imaging narrative 5) Procedure notes, 6) Progress notes.

The initial deadline for implementation of these changes (November 2, 2020) was extended to April 5, 2021, due to the COVID-19 pandemic.

There has been a lot of discussion about the potential consequences of this rule on current and future medical practice among physician community. On one hand, physicians have raised concerns about the implications of immediate release of EHI on patients’ well-being particularly pertaining to oncologic diagnosis. The other concern is that EHI contains lot of medical terms that patient will find difficult to comprehend and will inundate physician’s office with numerous questions. Additional concerns are related to privacy and security. To address some of these concerns, HHS has created eight exceptions to information blocking, including preventing harm; promoting the privacy of EHI; maintaining the security of EHI; recovering costs reasonably incurred; responding to requests that are infeasible; licensing of interoperability; maintaining and improving health IT performance; and limiting the content and manner of an actor’s response to EHI requests. On the other hand, providing immediate EHI access to patients have been shown to have advantages for patients as they get more engaged, feel more empowered in healthcare process, improving patient safety by decreasing risk of missed abnormal results and allowing them to more easily transfer their results between healthcare systems.

What are the implications of this rule for pathology? In the past, pathology results (including anatomic and clinical pathology) were being released to patients after the review by the ordering physician. It usually took 4-7 days depending on practice and hospital policies. Now patients will have immediate access to all pathology reports as soon as they are signed out by the pathologist. The most important concern that comes to everyone’s mind is impact of first time, particularly unexpected, oncologic diagnosis on patient’s well-being. Emotional harm due to oncologic diagnosis has already been excluded from list of exceptions. Moreover, exclusion is more at the discretion by ordering physician rather than pathologist at this time. All the exclusions are on case-basis and have to be documented each time exception is requested. Blanket exceptions (for example, blocking the release of all abnormal Pap tests) is specifically prohibited.
Other possible impact on pathology practice includes increased number of calls to pathologist's office. The pathology community need strategies to handle patient calls to provide reasonable answers with empathy while realizing their limitations in further treatment planning, particularly that require multidisciplinary involvement. It would be prudent to encourage the patient to have initial conversation with their doctor who already have established relationship and connection with them. Pathology labs also need to address the issue of their laboratory’s policy on critical values/results and communications with ordering providers. One situation that is particularly relevant to cytopathology is provision of preliminary diagnosis vs. tissue adequacy at the time of rapid onsite evaluation as the results of onsite evaluation are part of final diagnosis. It will be important to keep in mind this fact while providing the onsite assessment.

While the 21st Century Cures Act final rule has the advantage of empowering patients and improving access to health information, there are a few possible downsides associated with immediate release of pathology reports into the patient portal. A lot of thoughts and concerns have been raised regarding the implications of immediate release of patient data, including heightened patient anxiety and increased administrative burden on physicians and laboratories due to a higher volume of patient questions.

To conclude, the Final rule is now in effect and compliance is mandatory. Physician and pathology community needs to adjust to this new situation with timely interdisciplinary communication as well as direct communication with patients while making appropriate adjustments with new challenges in the future as necessary.


ASC Foundation

Mission - The ASC Foundation expands financial support for the Society’s mission and its strategic goals of education, advocacy and innovation.

Contributors - A special thank you goes to those who have supported the ASC Foundation. Without your contributions, we would not be able to meet our goals. We truly appreciate your contributions.

Donate - Your contributions help us to stay relevant, navigate the future, and touch lives through life-saving cytologic techniques. Make a simple and meaningful contribution today by scanning the QR Code on the right.
CytoPathPod, the ASC’s podcast. Join special guests to highlight ASC activities in cytopathology education, advocacy and research. Each episode contains information to help you grow in your cytopathology profession. New episodes are added regularly. Find us on Podbean and search for Cytopathpod.

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ASC Case Study

A Rare Presentation in Pleural Fluid Cytology

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Disclosure: Will your Case Study include discussion of any commercial products or services? No

Continuing Medical Education (CME): The American Society of Cytopathology is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians.

The American Society of Cytopathology designates this enduring educational activity for a maximum of 1 AMA PRA Category 1 credit(s). Physicians should only claim credit commensurate with the extent of their participation in the activity.

American Board of Pathology Continuing Certification (CC): This product can help fulfill the CME requirements and Self-Assessment Modules (SAMs) mandated by the American Board of Pathology CC process.

Continuing Medical Laboratory Education (CMLE): The ASC designates this activity for the indicated number of CMLE credit hours and also fulfills requirements of the ABMS to participate in the Maintenance of Certification program.

This program is approved for continuing education credits in the State of Florida for 1 credit and the State of California for ½ credit.

Disclosure for Education Planners https://education.cytopathology.org/content/rare-presentation-pleural-fluid-cytology
Review the Case Study and visit the ASC Web site (https://education.cytopathology.org/) to take the test for Continuing Education Credit.

Objective 1: To understand the cytomorphology of Epithelioid Hemangioendothelioma (EHE).

Objective 2: To review the ancillary tests required for the diagnosis of Epithelioid Hemangioendothelioma.

Objective 3: To list the differential diagnosis of Epithelioid Hemangioendothelioma in an effusion cytology.
Clinical History
A female in her forties with a significant past medical history of intermediate grade soft tissue neoplasm of lung, with invasion of anterior left 4th-9th ribs. She was treated by resection, localized radiation therapy and systemic chemotherapy, now presents with increasing left sided pleural effusion. An anterior chest x-ray shows moderate left-sided pleural effusion. Diagnostic left pleural thoracentesis fluid was sent for cytologic evaluation.

Features:
The liquid based Cytology preparations (ThinPrep) (Figure 1-4, pre-test) and cell block preparations (Figure 5-6, pre-test) demonstrate increased cellularity with neoplastic cells arranged singly and in loose clusters, with minimal to moderate amount of cytoplasm, and eccentric nuclei (plasmacytoid cells). Some of the cells appear epithelioid with increased nuclear to cytoplasmic ratio, irregular nuclear membranes, multi-nucleation and prominent nucleoli. The chromatin ranges from finely granular to coarse. Immunostains performed on the cellblock (Figure 1-4, post-test) reveal that the tumor cells are positive for CD34 (Figure 1, post-test), CD31 (Figure 2, post-test), ERG (Figure 3, post-test) and focally positive for pancytokeratin (Figure 4, post-test). The tumor cells are negative for calretinin, CD68, and EMA.

Figure 1: Pleural Fluid, Thin prep, Diff-Quik stain, 20x. A cluster of neoplastic epithelioid cells with eccentrically placed nuclei and abundant cytoplasm with some background macrophages.

Figure 2: Pleural Fluid, Thin prep, Diff-Quik stain, 20x. Two malignant epithelioid cells demonstrating pleomorphism and a cytoplasmic vacuole.

Figure 3: Pleural Fluid, Thin prep, Papanicolaou stain, 20x. A cluster of neoplastic epithelioid cells with moderate to abundant cytoplasm, eccentric nuclei, and eosinophilic globules in the cytoplasm.

Figure 4: Pleural Fluid, Thin prep, Papanicolaou stain, 20x. A cluster of malignant epithelioid cells with abundant cytoplasm, eccentric nuclei, and eosinophilic globules with associated red blood cells.

Figure 5: Pleural Fluid, Cell block, H&E stain, 10x. A low power view of malignant epithelioid cells mixed with mesothelial and inflammatory cells.

Figure 6: Pleural Fluid, Cell block, H&E stain, 20x. An intermediate power view of malignant epithelioid cells depicting pleomorphism mixed with mesothelial and inflammatory cells.
Important Dates...

The ASC Foundation’s Art for Advocacy auction returns to the 69th ASC Annual Scientific Meeting in Las Vegas November 11-14, 2021. We want to showcase our resilient and creative colleagues and their art. We invite you to submit works of art for the virtual Art for Advocacy Auction. All artwork is a donation to the ASC Foundation and is tax deductible. Artworks of any medium are acceptable. Up to three pieces may be considered from each artist, for a nominal submission fee of $25. Images of the art work will be required at the time of application as well as artist information, title and description of your piece, medium, and value. After the July 31, 2021 deadline, all works will be judged by committee and acceptance letters will be sent electronically.

Application and artist information for submission is below.

Click here to submit: https://cytopathology.org/page/ACallforArtistArtforAdvocacy

Submission deadline: July 31, 2021.

All accepted submissions will be featured on the ASC website for auction.

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Call For Musicians

We welcome you to come and sing and/or play anything that your heart desires and share your joy with others to contribute towards the ASC Foundation Art for Advocacy, which focuses on raising funds and awareness for patient advocacy.

For the past year, as the pandemic rages through the globe and stay-at-home orders have halted normal daily activities to a standstill, virtual musical programs and instructional classes have increased exponentially on the web. People who have a wish to sing or play an instrument or never had time before now found themselves learning and taking classes for vocal or for playing instruments such as solo piano or dual pianos, guitar, flute, and others. This has led to their inner artists to come out, creating soulful environment that continues to help and nourish all in the community in this pandemic. You can perform live or prerecorded. The ASC will be more than happy to record you via Zoom.

Be a part of the ASC family where music joins cytology and becomes musicology!

The submission deadline is July 31, 2021. Click here to submit!

Each individual can submit up to 1 piece of performance (each approximately 3-5 minutes in duration). Once the submission deadline has passed, our Committee will review and determine what pieces are accepted. Family Members are Welcome to perform!

100% of each sale will be used for patient advocacy programs supported by the American Society of Cytopathology Foundation.
LIVE WEBINAR

MIMICS OF HIGH-GRADE UROTHELIAL CARCINOMA IN URINARY CYTOLOGY

Patrick J. McIntire, MD
Cleveland Clinic
Pathology and Laboratory Medicine Institute
Cleveland, Ohio

Tuesday, June 22, 2021
@ 3 pm ET

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Educational Webinar Series

Cytologic Findings in Effusions from Patients with SARS-CoV-2 Infection

Presented by the eJournal Committee