



## AAOMP & ADA

# Dentistry is Not Just About Teeth

The AAOMP leadership held its annual meeting with American Dental Association (ADA) leaders on February 27 2009. The group discussed issues of mutual interest including oral cancer screening, reimbursement, licensing, and public awareness that dentistry is more than

## just teeth.

AAOMP President Valerie Murrah was enthused about discussion of a public awareness campaign to emphasize that dentistry is “not just about teeth”. Instead, it is about “oral health care” in the context of total health care. “A Dentistry is Not Just About Teeth campaign could help to emphasize that edentulous adults need to have periodic check-ups with dentists, just like dentate people, as well as to continue the emphasis that young children need to begin visits to the dentist at an early age” said Dr Murrah. A nationwide oral cancer-screening event, similar to Give Kids A Smile, was proposed as an initiative that oral and maxillofacial pathology could undertake.

“We are concerned that training in disease recognition must be emphasized for those individuals who become mid-level healthcare providers”, said Dr Murrah. “The names of the various mid-level healthcare providers vary from state-to-state, however training in oral disease recognition by appropriate educators must be a high priority for any new types of providers that are created.” She also reiterated reimbursement issues for specific ICD-9 codes and asked that the ADA provide support, as needed, to emphasize to Medicare, Medicaid and other insurance bodies that a biopsy is a “test for malignancy” and therefore is a medical procedure.

The group also discussed ADA neutrality regarding product advertising. AAOMP leadership urged that misleading advertising that does not bear out ADA decisions regarding the quality of the product must be avoided. The AAOMP recommended sponsorship of potential consensus conferences for interface issues among general dentistry, the AAOMP, and other specialists, including implantology, cone beam CT imaging and interpretation and geriatric dentistry.

AAOMP leadership asked that the ADA assume a strong stance regarding the free movement of specialists from state to state by advocating licensure by credentials and specialty licensure. “We sought ADA advocacy for ‘dentists utilizing other dentists’ rather than utilizing healthcare providers whose training in the head and neck regions may be much less specific” said Dr Murrah. This would include diagnostic procedures (oral and maxillofacial pathologists and oral and maxillofacial radiologists) as well as treatment procedures (oral and maxillofacial surgeons and facial pain specialists).

“The AAOMP officers emphasized that we will continue to advocate that all members of our organization also be members of the ADA and continue our support of the ADA by participation on appropriate councils and expert panels”, said Dr Murrah. “Drs. Findley and Tankersley were excellent hosts on a typical wintery day in Chicago. They committed to providing continuing support for the issues that were placed on the table.”

## SAVE THE DATE

Annual Meeting  
May 16-20, 2009  
Montreal, Quebec  
CANADA

Hilton Montreal Bonaventure  
900 de La Gauchetiere West  
Ph 514-878-2332  
www.Hilton.com

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AMERICAN ACADEMY OF ORAL & MAXILLOFACIAL PATHOLOGY



# PRESIDENT'S MESSAGE

Dear Colleagues:

I hope that your spring has been fabulous so far! You can make it even more fabulous by attending the AAOMP Annual Meeting in Montreal May 16-20. Our wonderful lineup will address everything from practical practice management to surgical pathology dilemmas to clinical treatment protocols. I extend my warmest thanks to John Hellstein and his education committee; the local arrangements committee including Peter Chauvin, Adel Kauzman and Julien Ghannoum; President-Elect Susan Zunt and her administrative associates, Vice President Harvey Kessler and, of course, Liz Lenard and Janet Svazas for their hard work in preparation for the meeting.

All Fellows should attend the Fellow's Business Meeting as there are a number of serious issues that need to be addressed, including a proposed amendment to the constitution to address ad hoc committees, and a request to increase dues. Both proposals have been sent to all Fellows in advance.

As healthcare reform in the United States picks up speed, it will be increasingly important for us to be present at the table in multiple arenas. In December, I took part in the ADA Lobbyist Convention. Early in 2009 Drs. Zunt and Goldblatt joined me in meeting with the ADA President John Findley and President-elect Ron Tankersley (see story Page 1). Subsequently I attended the meeting of the Organized Dentistry Coalition in Washington DC. This group promises to be important in helping multiple specialist and generalist organizations to present the agendas of dentistry to the US Congress. The majority of the funding for the Organized Dentistry Coalition comes from the American Association of Oral and Maxillofacial Surgeons, but all specialties have a voice and can sign onto letters supporting various bills or legislative initiatives as they see fit.

In this past year, as I have tried to posture the Academy to be a much more active player in the interest of the

political and educational agendas of our members, it has become increasingly evident to me that to be of maximum effectiveness, we require the services of a full-time executive director. Please feel free to email your thoughts to me regarding this issue prior to our meeting in Montreal. Our initiatives with pathology have borne early fruit and will continue to bear fruit as we join forces to improve the larger climate of pathology in the country. John Kalmar represents our Academy with the College of American Pathologists and I have served for many years as our representative to the Intersociety Pathology Council, where I currently am vice president.

I propose that we join the Intersociety Council for Pathology Information, Inc. (ICPI). ICPI is a non-profit educational organization sponsored by national pathology societies to serve as a central source of information about pathology in the practice of medicine and in medical research and education. Each year it publishes the Directory of Pathology Training Programs in the United States and Canada and also publishes the brochure Pathology is a Career in Medicine. Joining this Council would give us increased visibility with our pathology colleagues and potential trainees.

Those who attended the meeting of the American Dental Education Association (ADEA) last month had the opportunity to help delineate what oral pathologists feel are the principle ingredients of a thorough head and neck examination (see story in this newsletter). I joined with Dr. Mike Siegel as an individual to express the concern that the Commission on Dental Accreditation adopt an addition to the CODA document entitled Accreditation Standards For Dental Education Programs (2-23i) to include Diagnosis and Referral of Oral Head and Neck Cancer. I will take this to council to approve, and it will subsequently move forward to the Commission on Dental Accreditation at its next meeting in July.

As I mentioned in my presidential inauguration address last June, it is time for us to step out from behind our microscopes and engage ourselves in greater depth with all communities of interest. A number of years ago, the Long Range Planning Committee of the AAOMP made the recommendation that all oral and maxillofacial pathologists join local pathology organizations to become more visible within the larger pathology community. I hope that everyone has taken this recommendation to heart. It is important for us, also, to be leaders in education concerning credentialing and billing issues. We must continuously educate multiple relevant parties that CLIA 1988 gave oral and maxillofacial pathologists the right to direct laboratories and provide pathology services in our areas of anatomical expertise. With the goal in mind of perfecting our knowledge concerning issues of filing, coding and reimbursement, I hope that you will join me in attending Jane Pine Wood's presentation in Montreal on May 16, to learn some of the finer points of oral and maxillofacial pathology practice management. I anticipate that these areas will be in flux constantly as healthcare reform continues.

In the area of research, we also need a greater presence in national and international organizations. In addition, many feel that sponsorship of an additional journal, Head and Neck Pathology, will add to our presence in the publication arena. We will discuss this in Council and at the business meeting.

It has been an honor and a privilege to serve as your president this past year. To paraphrase Richard Valachovic, Executive Director of ADEA, this past year my theme has been "the relentless pursuit of strategic partnerships" for the AAOMP and the nurturance of existing alignments and partnerships so that we, as oral and maxillofacial pathologists, can work with others to better serve humanity. See you in Montreal!

***Valerie Murrah***

**NEWS BRIEF**

# ADEA Section Focuses on Oral Cancer Detection Education

*The 2009 executive of the oral and maxillofacial pathology section of ADEA is, left to right: Craig Whitt, secretary; Sara Gordon, chair; Jerry Bouquot, immediate past chair; Alice Curran, councilor; and Terry Dean, chair-elect. Photo by Valerie Murrah.*

**The Oral and Maxillofacial Pathology section debated the boundaries of the head and neck cancer examination as taught to dental undergraduates, at the American Dental Education Association meeting in Phoenix in late March.**

About 36 people, a mixture of oral pathologists and other dental educators, attended the interactive section program entitled Head and Neck Examination in Predoctoral Education: How Much is Enough? The program was presented by oral pathologists Dr Sara Gordon (UIC), Dr Mike Kahn (Tufts), Dr Jim Geist (UDM), and public health dentist Dr Linda Kaste (UIC).

The presenters had recently surveyed section members about how far they went in their head and neck examination, and presented the findings to the membership. They used an audience response clicker system to attempt to build consensus about their findings. They reported that not all oral pathologists and other oral pathology educators consistently palpate the tongue when providing an oral cancer screening, although attendees agreed that they should. They also found that most clinicians do not routinely palpate the soft palate and base of tongue. The consensus among attendees was that this is often not possible in a dental setting, but that if a lesion is suspected further referral may be necessary. Dr Gordon presented a synopsis of these findings to the Organization of Teachers of Oral Diagnosis (OTOD) at their Founders Dinner later that night.

Dr Jerry Bouquot (UT-H), section chair, opened the section meeting following the presentation. The section now has 846 members.

ADEA's Task Force on Foundation Knowledge recently asked the OMP section to comment on how to address some of the Foundation Knowledge skills. Dr Craig Whitt (UM-KC) agreed to chair an ad hoc committee to address this issue, and will be appointing committee members from within the oral pathology community.

Dr Alice Curran (UNC), section councilor, announced that the 2010 ADEA meeting will be held in Washington DC from February 27 to March 3, earlier in the winter than the normal timing. Accordingly, the submission deadline has been moved to June 1. The 2009 fall meeting will be held in Dallas from October 21 to 24.

Dr Mike Siegel (Nova) announced that he as an individual submitted and verbally made a recommendation to

amend the Accreditation Standards for Dental Education Programs to include the diagnosis and referral of oral, head and neck cancer. Dr Val Murrah (UNC) supported Dr Seigel in this recommendation.

Elections resulted in the appointment of Dr Gordon as chair, Dr Terry Dean (WKU) as chair-elect, Dr Whitt as secretary, and the continuation of Dr Curran for a second term as councilor.

Dr Dean announced that the oral and maxillofacial pathology section will partner with the dental hygiene section for the 2010 section program, The Head and Neck Examination/Oral Cancer screening: What are the essential elements for dental hygiene care and how do we teach and assess it.

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**Friday, May 15**

**12:00 pm**

Executive Council Meeting

**Saturday, May 16**

**7:00 am – 10:00 am**

Spouse Gathering Room

**8:00 am – 5:00 pm**

Fellowship Exam

Fellowship Committee

**8:30 am – 11:30 am**

CE #1 30th Annual AFIP Seminar

**1:00 pm – 4:00 pm**

Symposium

**6:30 pm – 9:00 pm**

NY Hospital Queens

Oral Pathology Laboratory Reception

**Sunday, May 17**

**7:00 am – 10:00 am**

Spouse Gathering Room

**8:30 am – 11:30 am**

CE #2 – Dr. Van Beek

CE #3 – Dr. Banks

CE #4 – Dr. Zunt  
**11:30 am – 1:30 pm** Speaker/Education Comm. Luncheon  
**2:00 pm – 5:00 pm**  
CE #5 – Dr. Siegel  
CE #6 – Dr. Ehrlich  
CE #7 – Dr. Fanburg-Smith  
**6:00 pm – 8:00 pm**  
Welcome Reception

**Monday, May 18**

**7:00 am – 8:00 am**  
Editor's Breakfast  
**7:00 am – 10:00 am**  
Spouse Breakfast  
**8:00 am – 12:30 pm**  
Essay Program  
**12:30 pm – 2:00 pm** Iowa Luncheon  
Program Directors Luncheon  
**2:00 pm – 5:00 pm**  
Fellows' Business Meeting  
**3:00 pm – 4:30 pm**  
Spouses' Reception  
**5:00 pm – 6:30 pm**  
Indiana Reception  
CAOMPOM Annual Meeting (offsite)  
Emory Reception  
**9:00 pm – 10:30 pm**  
Residents Reception

**Tuesday, May 19**

**7:00 am – 10:00 am** Spouse Gathering Room  
**7:00 am – 8:00 am**  
Education Committee Breakfast  
**8:00 am – 11:30 am**  
Poster Program  
**11:30 am – 1:00 pm**  
Past Presidents' Luncheon  
ADEA Luncheon  
**1:00 pm – 5:30 pm**  
Founders' Memorial Seminar  
**6:00 pm – Midnight**  
President's Reception,  
Banquet & Entertainment

**Wednesday, May 20**

**7:00 am – 10:00 am**  
Spouse Gathering Room  
**8:00 am – 10:30 am**  
Clinical Pathology Conference

# Meeting Details

## Friday, May 15

**12:00 pm**

Executive Council Meeting

## Saturday, May 16

7:00 am – 10:00 am Spouse Gathering Room  
7:00 am – 10:00 pm Continued Competency Assurance Exam  
7:30 am – 5:30 pm Registration  
8:00 am – 5:00 pm Fellowship Committee Meeting  
8:00 am – 5:00 pm Fellowship Examination

8:30 am -11:30 am

### **30th Annual AFIP Seminar**

CE Program #1 (3 credits)

Robert D. Foss, CAPT, DC, USN

Christopher G. Fielding, COL, DC, USA

Duane R. Schafer, CAPT, DC, USN

Jose E. Colon, DDS, DMSc

Michael T. Gardner, Maj, DC, USAF

Bradley E. Jones, LCDR, DC, USN

Ten challenging surgical pathology cases will be presented. The AFIP diagnosis for each will be offered and discussed in the context of the attendees' diagnoses.

The Armed Forces Institute of Pathology, in conjunction with the American Registry of Pathology, is an international reference center for pathology. An act of the United States Congress authorizes this Department of Defense agency and its 23 departments to render consultative opinions on challenging and interesting cases from military, federal and civilian pathologists worldwide. The Department of Oral and Maxillofacial Pathology maintains over 65,000 cases in the Registry of Oral and Maxillofacial Pathology. The staff of the department will present atypical, unusual or uncommon lesions from the head and neck region that have been accessioned through the registry. Cases selected typically include recently described entities, rare lesions or variants of well-characterized tumors. Emphasis will be placed on the histopathologic differential diagnosis, adjunctive special laboratory studies and the rationale used to arrive at a final diagnosis.

The first 50 registrants will receive glass slides of the cases prior to the meeting. **These slides need not be returned**, however, these 50 attendees are strongly encouraged to submit their diagnoses for the cases. Diagnoses will be used as a framework to help guide the discussion. All attendees will receive a handout containing histories, diagnoses, discussion and references. A CD that contains the handout material as well as a number of representative images of each case is available for purchase following the meeting.

Objectives:

1. To review rare, unusual, or challenging cases from the Registry of Oral and Maxillofacial Pathology.
2. To discuss the development of a clinical and histopathologic differential diagnosis.
3. To provide the rationale for the use and application of adjunctive histopathologic, immunohistochemical and molecular studies in challenging diagnostic scenarios.

1:00 pm - 5:00 pm

### **Symposium: Medicare Reimbursement and Other Billing Issues for your Oral Pathology Practice**

Jane Pine-Wood, Esq.

Symposium (4 credits)

This presentation will address current legal issues facial oral pathologists, including common Medicare billing and reimbursement issues, managed care contracting issues, and compliance issues related to arrangements with referral sources. More specifically, participants in the session will obtain an update on new developments in Medicare billing and reimbursement with respect to pathology services, and will have an opportunity obtain additional information in the question and answer session on Medicare billing and reimbursement issues.

With respect to payer contracting, participants will be provided with information to assess payer contracts, and to identify potential pitfalls in payer contracts.

Finally, participants will be provided with additional information regarding arrangements with referral sources, including the trend towards more in-house laboratories operated by referring physicians, account billing arrangements, and other financial relationships.

**Objectives:**

At the end of this course the participants should be able to:

1. Avoid potential pitfalls related to their practice.
2. In addition, participants should be able to validate current practices and or improve billing productivity.

**Sunday, May 17**

7:00 am – 10:00 am Spouse Gathering Room  
7:00 am – 10:00 pm Continued Competency Assurance Exam  
8:00 am – 5:30 pm Registration

8:30 am – 11:30 am

**Advances in Mohs Surgery of the Oral-Facial Region**

Marta VanBeek, MD  
CE Program #2 (3 credits)

There is a significant amount of overlap between the fields of dermatology and oral pathology with Mohs surgery being a mainstay of maxillofacial tumor therapy. This course will attempt to bridge the gap by clearly demonstrating Mohs surgical advances with clinical-pathologic correlations. The focus will be on communication between pathologist, dermatologist and Mohs surgeon as well as the actual histopathologic diagnosis.

The course will be divided into three segments:

1. Communication issues associated with Mohs surgery. Including appropriate referral from tumor board, potential tissue orientation problems and potential clinical follow-up issues for the Oral Pathologist.
2. Clinical pathologic correlation with the clinical presentation of the presenting lesion and development of the appropriate clinical differential diagnosis.
3. Common and uncommon tumors of the head and neck region, managed through Mohs Surgery will be covered.

**Objectives:**

At the end of this course the participants should be able to:

1. To be able to formulate a differential diagnosis of facial tumors then properly refer and follow-up the patient through the treatment continuum.

8:30 am – 11:30 am

**Lymphoproliferative Disorders of the Head & Neck**

Peter M. Banks, MD  
CE Program #3 (3 credits)

Because of its exposure to environmental pathogens the upper aerodigestive tract and lymph nodes draining this region are among those most commonly sampled due to clinical suspicions of malignancy. Utilizing 12 selected cases, participants in this course will learn methods to avoid misinterpretation of reactive processes as malignancy, as well as the criteria for precise classification of lymphomas arising in this region. Particular emphasis will be placed on the question of when very small samples, including fine needle aspiration cytology, can be relied upon in rendering a definitive diagnosis. Entities include among the cases include Rosai-Dorfman disease, Langerhans histiocytosis, Castleman disease, nasal type NK/T-cell lymphoma, Burkitt lymphoma, follicular lymphoma, as well as both nodular lymphocyte predominance and classical types of Hodgkin lymphoma.

Image scans allowing computer virtual microscopy of the cases will be distributed to registrants to retain for their own educational purposes.

Objectives:

At the end of this course the participants should be able to:

1. Retain illustrative scan images from 12 cases representing diverse benign and neoplastic entities encountered in biopsies from this region.
2. Become familiar with the WHO classification of hematic-lymphoid neoplasms, in particular as it relates to tumors arising in this anatomic region.
3. Become aware of the benign proliferations that most commonly mimic lymphomas, both clinically and microscopically.

*8:30 am – 11:30 am*

**Xerostomia: Diagnosis & Management**

Susan L. Zunt, DDS, MS

CE Program #4 (3 credits)

Xerostomia (salivary gland hypofunction, SGH) is a common problem in dental patients resulting in oral mucosal discomfort, burning, increased risk for oral and dental infections including candidiasis, and loss of dental hard tissues through dental caries, erosion and abrasion. Complex patients managed by the oral and maxillofacial pathologists frequently have vesiculo-ulcerative disease complicated by SGH. This course explores the objective diagnosis using unstimulated and stimulated salivary flow measurements, the management of xerostomia including the use of secretagogue medications pilocarpine and cevimeline; and other prescription and over the counter options for dry mouth care. The patient must be drinking adequate water daily. Please read all prescribing information prior to introducing new medications into patient care.

Objectives:

At the end of this course the participants should be able to:

1. Discuss the impact of xerostomia/dry mouth/hyposalivation on oral soft and hard tissues
2. Discuss methods to measure salivary flow
3. Discuss therapeutic and palliative measures to manage dry mouth

*11:30am – 1:30 pm*

**Speaker/Education Committee Luncheon**

*2:00 pm – 5:00 pm*

**Translational Oral Medicine**

Michael Siegel, DDS, MS

CE Program #5 (3 credits)

The World Health Organization has predicted that, in the twenty-first century, dentists will assume the role of “Oral Physicians”. The Oral Medicine and Oral Pathology communities have already assumed this role. This course will cover some of the “oral medicine pearls” that translate well into oral pathology practice. The first part of this lecture will review the current guide-lines for the management of hypertension that were published in May, 2003 (JNC-7) and will detail the genetics of drug

metabolism, pathophysiology of hypertension, all of the major categories of antihypertensive medications and their pharmacologic actions, as well as the intraoral side effects caused by these medications. The second part of this course will present a number of radiographic and soft tissue pathology clinical cases that will highlight the management of patients taking multiple medications. The final section of this course will review the clinical work-up and biopsy techniques for patients with vesiculo-bullous diseases. Diagnostic and therapeutic modalities that can be utilized by the dental treatment team as well as current trends in oral diseases and their management will be addressed. Special attention will be given to the medical implications of these disorders. The format of this course will include case presentations; audience participation will be encouraged.

**Objectives:**

At the end of this course the participants should be able to:

1. Understand the genetics of drug metabolism so as to better predict potential drug interactions.
2. Understand the specific actions of antihypertensive medications and predict intraoral side effects they may cause.
3. Identify radiographic subtleties in the periodontal ligament space and correlate them with the resultant histopathology.
4. Clinically predict the histopathologic diagnosis of vesiculo-bullous diseases based on clinical appearance and manipulation of soft tissues.
5. Recommend appropriate biopsy techniques to those who submit cases to your pathology service

*2:00 pm – 5:00 pm*

**TMD Diagnosis and Management: Clarifying the Issues**

Captain A. Dale Ehrlich, DDS

CE Program #6 (3 credits)

Temporomandibular disorders (TMD) encompass a multitude of conditions that involve the temporomandibular joints, muscles of mastication, and/or contiguous structures. Many TMD diagnostic subgroups share common clinical characteristics. Diagnosis and management of TMD has been associated with many misconceptions and much debate. It is now recognized that multiple factors are involved with the initiation and/or perpetuation of TMD. Additionally, we now have a greater appreciation for the total pain experience including pain mechanisms and pathways, and pain referral in the head and neck. The importance of individualizing diagnosis and management for optimum therapeutic outcomes is well recognized. This course will emphasize diagnosis and non-surgical management of this challenging, yet common group of musculoskeletal disorders.

**Objectives:**

At the end of this course the participants should be able to:

1. The rationale for a thorough history and examination
2. Current concepts of pain referral in the head and neck diagnostic criteria for commonly occurring TMD subgroups.
3. Etiologic considerations essential for case-specific management.
4. Reversible approaches to management in the vast majority of cases.
5. The development of a “case-specific” plan of care for each patient.
6. The concept of multidisciplinary management of TMD.

*2:00 pm – 5:00 pm*

**Mesenchymal Lesions of the Oral and Maxillofacial Region**

Julie C. Fanburg-Smith, MD

CE Program #7 (3 credits)

The seminar will be based on DVD virtual microscopic slides. The aim is to present and discuss a selection of soft tissue neoplasms which may present in the oral cavity or adjacent structures. The following topics and subtopics will be discussed.

1. Specialized Myofibroblastic Tumors
2. Myomelanocytic/Melanocytic Tumors
3. Nerve Sheath Tumors
4. Adipocytic Tumors

- 5. Round Cell Tumors and Genetics
- 6 Overall approach to soft tissue tumors
  - a. Phenotype and Immunostains
  - b. Classification and Grading

The importance and relevance of accurate differential diagnosis will be stressed. Modern diagnostic techniques (including molecular genetics) will be described as appropriate.

Objectives:

At the end of this course the participants should be able to:

1. To better understand the diagnosis, differential diagnosis and natural history of mesenchymal tumors in head and neck region.

### **Sunday, May 17 (continued)**

*6:00 pm – 8:00 pm* Welcome Reception

### **Monday, May 18**

*7:00 am – 8:00 am* Editors Breakfast

*7:00 am – 10:00 am* Spouse Breakfast

*7:00 am – 10:00 pm* Continued Competency Assurance Exam

*7:30 am – 5:30 pm* Registration

*8:00 am – 12:30 pm* Essay Program

*12:30 pm – 2:00 pm* Iowa Luncheon

Program Directors Luncheon

*2:00 pm – 5:00 pm* Fellows' Business Meeting

*3:00 pm – 4:30 pm* Spouses' Reception

*5:00 pm – 6:30 pm* Indiana Reception

CAOMPOM Annual Meeting (offsite)

Emory Reception

*9:00 pm – 10:30 pm* Residents Reception

### **Tuesday, May 19**

*7:00 am – 8:00 am* Education Committee Breakfast

*7:00 am – 10:00 am* Spouse Gathering Room

*7:00 am – 10:00 pm* Continued Competency Assurance Exam

*7:30 am – 5:30 pm* Registration

*8:00 am – 11:30 am* Poster Program

*11:30 am – 1:00 pm* Past Presidents' Luncheon

ADEA Luncheon

*1:00 pm – 5:30 pm*

#### **Diagnostic Dilemmas in Bone and Soft Tissue Pathology of the Head and Neck**

Scott Kilpatrick, MD

Founders Memorial Seminar (4 credits)

Dr. Scott Kilpatrick, using both didactic and case-based presentations, will discuss challenging bone and soft tissue lesions of the head and neck. Dr. Kilpatrick is currently chief of Pathologists Diagnostic Services, a private practice group affiliated with the Novant Health System, Winston-Salem, North Carolina. Prior to joining the Winston-Salem group, he served as Director of Surgical Pathology at the University of North Carolina. He currently holds academic clinical appointments at both the University of North Carolina School of Medicine and Wake Forest University Baptist Medical Center. He is a nationally and internationally well-recognized speaker and a consultant in his area of expertise. Dr. Kilpatrick is author of the text, Diagnostic

Musculoskeletal Surgical Pathology: Clinicoradiologic and Cytologic Correlations.

Upon completion of the course, the participants should be able to:

- 1) Confidently approach the differential diagnosis of the more common problematic areas in bone and soft tissue pathology.
- 2) Discuss and recognize diagnostic pitfalls in bone and soft tissue pathology.
- 3) Know when to avoid as well as effectively utilize ancillary techniques for the diagnosis of specific bone and soft tissue lesions.

6:00 pm – *Midnight* President's Reception,  
Banquet & Entertainment

### **Wednesday, May 20**

7:00 am – 10:00 am	Spouse Gathering Room
7:00 am – 11:00 am	Continued Competency Assurance Exam
7:30 am – 12:00 pm	Registration
8:00 am – 10:30 am	Clinical Pathology Conference

Register by mail as soon as possible to avoid delays on-site. Registrations forms postmarked on or after April 15, 2009 and individuals registering on-site will be charged an additional \$50 fee. A registration fee for spouses attending the meeting is being charged to offset a portion of the cost of the services that the Academy provides them. You must register to attend any portion of the meeting. To register, fill out the registration form (also available at [www.aaomp.org](http://www.aaomp.org)). Attach your payment in US funds to America Academy of Oral and Maxillofacial Pathology (AAOMP) and mail to:

AAOMP  
214 N. Hale Street  
Wheaton, Illinois 60187

Toll Free: 888-552-2667 or  
630-510-4552

Additional Office Information  
Fax: 630-510-4501  
Email: [aaomp@b-online.com](mailto:aaomp@b-online.com)

### **HOTEL INFORMATION**

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Montreal (QC) Canada H5A 1E4  
(514) 878-2332 | (800) 445-8667

(514) 878-3881  
info@hiltonmontreal.com

Mention "AAOMP" to receive our special rate of \$179 for a single/double or \$199 for a triple/quad.

**AIRLINE TICKETS/CAR RESERVATIONS:**

AAOMP's Travel Agency, CEM Travel Services will take care of ALL your travel needs (24/7). They specialize in finding you the lowest airfare from your city and will reserve a car rental too. They work with all the major airlines and rental agencies. Either call them at 800-247-8785 (Monday-Friday: 9am-5pm Central Time) to speak with a "live" agent who will personally assist you - Mention you're calling from AAOMP or if you prefer to make your own reservations, just log onto their website: <http://www.cemchicago.com>. "Register to Book Online" then go into the reservation database "Registered Travelers Book Online".



**This year's WESTOP meeting will be held from September 13 to 15 in Westlake Village, California. It appears that it will be held at the Four Season Hotel at Westlake Village, northwest of Los Angeles. This is a fabulous hotel that is close to many of the attractions in Southern California. One of the speakers will be David Sachs, M.D. He is the director of the Palo Alto Center for Pulmonary Disease, a smoking cessation research institute. He is one of the leading physicians in California on nicotine addiction. He is also a clinical associate professor at Stanford University School of Medicine. The second speaker may be Linda Ferry, M.D. from Loma Linda**

University. She is the physician who did the clinical research on Zyban.

- Lane Thomsen, Loma Linda University

This year's ESTOP meeting will be held from October 30 to November 1 in Asheville, North Carolina, hosted by the oral pathology group at the University of North Carolina. The large Grove Park Inn houses one of the most renowned spas in the country and there is an excellent golf course on site, as well. There will be a full day Halloween program for children there, in case attendees may be thinking of bringing their families. The beauty of this setting in the Blue Ridge Mountains is amazing, and this should be peak time for autumn leaves. Details will follow concerning the feature speaker and registration info. For an introduction to the venue, please check out [www.grovesparkinn.com](http://www.grovesparkinn.com)

- Valerie Murrah, University of North Carolina

# AAOMP Traveler's Guide to Montreal

## Favorable Exchange Rates

In mid-April, one US dollar would purchase \$1.21 Canadian. In other words, an item priced at \$100 Canadian would cost about \$82 US. The Canadian dollar fluctuates daily against the US dollar. You can check the daily exchange online at the Bank of Canada: <http://bankofcanada.ca/en/rates/exchange.html>.

If you arrive at the airport with no Canadian currency, many businesses will accept US dollars, but the exchange rate will not be as favorable as through a bank (or an ATM).

## Moderate Weather

Unlike the last Canadian AAOMP meeting in Banff, this meeting is at a lower elevation and further south. The weather should be much more moderate. Montreal lies 329 miles directly north of New York City, at the meeting-place of the Ottawa and Saint Lawrence Rivers. It is at about the same latitude as Minneapolis. The average daytime high temperature in May is 66 F (19C) and low is 46 F (7.7 C). Average rainfall in May is 3 inches (76 mm) –not a lot, but bring your umbrella or raincoat just in case.

## Language

Montreal is a bilingual city, and of course we mean French and English. Many Montrealers are fluent in both official languages. English speakers should have no problem getting around Montreal even if they speak no French.

## Airport Transportation

The main airport is Montréal-Pierre Elliott Trudeau International Airport - but it is still called by its old name.

Dorval Airport, by some long-time Montrealers and also on the hotel website. A bus to the hotel typically costs about \$15 (\$12.25 US), a taxi typically costs about \$38 (\$31 US), and you should expect to pay at least \$65 (\$53 US) for a limosine.



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Harvey Kessler, Valerie Murrah, Lane Thomsen, Susan Zunt.

Got a photo or news story? Please send it. ***We welcome your submissions!***

**DR. WILLIAM C. HuRT • The AAOMP notes with sadness the passing of Dr. William C. Hurt. Though Dr. Hurt was a distinguished leader in the field of Periodontics, he maintained an interest in pathology throughout his career and had attained fellowship status in our academy. Dr. Hurt died on December 31, 2008 after a prolonged illness. At the time of his death, he was an Emeritus Fellow of the AAOMP. Bill had a special influence on all who knew him and was respected as a mentor, teacher and academic pillar in Periodontics. He served as Chairman of the Department of Periodontics at Baylor College of Dentistry from 1972 – 1988 after completing a distinguished career in the United States Army Dental Corps. His interest in pathology and the treatment of patients with difficult to manage disorders led him to become the co-founder of the Stomatology Center within the Department of Periodontics. He also served as the editor to the Journal of Periodontology for several years and was instrumental in bringing Periodontics to the forefront of dentistry. Dr. Hurt dedicated his life to education. He had a lasting effect on all those fortunate enough to have served with him at Baylor or**

**to have been his students. We send our condolences to Dr. Hurt's family on their loss. His memory will live on through the legacy of his accomplishment as an educator.**

**- Harvey Kessler**