



Diagnosis • Treatment
Education & Research

American Academy of Oral and Maxillofacial Pathology



ANNUAL MEETING & CONTINUING EDUCATION PROGRAM

APRIL 20 - 24, 2002
NEW ORLEANS, LOUISIANA

PRESIDENT'S MESSAGE



**Paul L. Auclair,
D.M.D., M.S.**

As we approach the time of our annual meeting in New Orleans, I know that following last fall's events most of us have a slightly different

perspective about many aspects of our lives, especially concerning travel. Although less convenient, travel is probably much safer today and, with this in mind, I hope you and your family are comfortable travelling and are planning to attend our meeting. I also hope you will take full advantage of the outstanding educational program that Dr. Susan Zunt and the Education Committee have arranged for our edification.

Following a symposium and CE course on Saturday, six courses are offered on Sunday, concurrent Essays on Monday, the Founder's Seminar and a symposium on Tuesday, and the CPC on Wednesday. I am very excited that our friend and colleague, Dr. Gary Ellis, the world's leading authority on disease of the salivary glands, will be our Founders' Seminarian. He has selected outstanding

cases and prepared a truly comprehensive "handout" for distribution on CD that will include hundreds of images as well as accompanying text.

I have had time this past year to reflect on our Academy, its past and future, on our relationship to dentistry and medicine, and on the many talented members who have contributed so much to patient care and medical knowledge during the past 54 years since we first became a specialty. In this last President's Message that I will write, with the knowledge that a symposium is being dedicated to the subject of our future at the upcoming meeting, I would like to share with you two reasons why I see a need to consider altering the approach we have followed thus far, despite its success in most areas. Please excuse some repetition from the summer Newsletter and Long Range Planning Committee, but I believe this issue is critical to our future success and deserves emphasis.

My first concern relates to a deficiency that has existed since we became a specialty. In the hospital where I practice, and most likely everywhere else in the country, post-biopsy excisions or resections are nearly always performed in the hospital and, consequently, submitted to the *hospital* laboratory.

Because most of us do not practice in hospitals, few of these resected specimens are ever managed by oral and maxillofacial

pathologists. On a national level, our expertise is severely under utilized because few of us are at the receiving end of those cases. When combined with the fact that otolaryngologists submit a significant number of oral and other head and neck surgical specimens to *hospital* laboratories, it is disappointingly clear that we, the individuals most highly and specifically trained to diagnose oral and head and neck disease, are involved with a relatively small proportion of surgical submissions and nearly none of the resections for aggressive or malignant disease.

A second concern for us, one that has not always existed, is the expanding number of adjunctive procedures that have become diagnostically important and that many small laboratories can not provide. For example, when lymphoma is suspected in patients having a biopsy performed in hospital or outlying clinics, in addition to the need for an extensive immunohistochemical panel, tissue is also *routinely* processed for flow cytometry and often for other molecular and genetic studies. As we know, lymphoma is a disease that frequently involves head and neck sites. Similarly, other tissue specific tests that are *routinely* performed include, among others, ER/PR, Her-2/neu by FISH and IHC, and microsatellite instability testing of GI polyps in some patients. We are most likely approaching the time when

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ABOUT NEW ORLEANS AND THE HOTEL INTER-CONTINENTAL

Legendary for its lively celebrations and festive atmosphere, rich in history and culture, New Orleans is one of the most exciting destinations for both business and leisure. In the heart of this colorful city, on the historic St. Charles Avenue streetcar line, you'll find the Hotel Inter-Continental New Orleans.

Hotel Inter-Continental New Orleans invites you to experience all that the city and our hotel have to offer. Conveniently located, the Hotel Inter-Continental is just minutes from the Aquarium of the Americas, the French Quarter, the Riverwalk, and Audobon Park & Zoological Gardens.

The deadline for the block of rooms reserved by AAOMP is thirty days (March 20, 2002) prior to arrival. All rooms not secured with a one night's deposit will be released. Reservation requests made after the cut-off date will be confirmed on a space available basis at the conference rate. The room rate per night is \$181 single and \$196 double occupancy. The special guest room rate will apply three days before and after the official dates of the AAOMP's meeting. All reservations must be accompanied by one night's deposit for room and tax.

Hotel Inter-Continental New Orleans
444 St. Charles Avenue • New Orleans, LA 70130-3171 • (504) 525-5566 or (800) 445-6563

GENERAL INFORMATION

REGISTRATION

Individuals are encouraged to register by mail as soon as possible to avoid delays on-site. Registration Forms postmarked on or after March 20, 2002 and individuals registering on-site will be charged an additional \$25.00 fee. A registration fee for spouses attending the meeting is being charged to offset a portion of the cost of the services which the academy provides them. You must register to attend any portion of the meeting. To register, fill out the Registration Form, (available on the website) attach your check payable in U.S. funds to American Academy of Oral & Maxillofacial Pathology (AAOMP), and mail both to:

AAOMP

710 E. Ogden Avenue, Suite 600
Naperville, Illinois 60563-8614 U.S.A.
Toll Free 888/552-2667 or 630/579-3252

Additional Office Information

Fax: 630/369-2488, E-Mail: aaomp@b-online.com
Jeanette Helfrich, Executive Director
Liz Lenard, Administrative Director

MICROSCOPES AVAILABLE

A formal WCTB will not be scheduled. However, microscopes will be available for slide review and informal consultations in the WCTB/CCA Room.

MANUSCRIPTS FOR OOOOE REQUESTED

As Editor of the *Oral and Maxillofacial Pathology Section of Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics*, I have had the opportunity to observe a number of trends in manuscript submissions and publications. One matter of concern is the declining percentage of submitted manuscripts originating from members of the American Academy of Oral and Maxillofacial Pathology. In the most recent 12 month period examined, less than 5% of Academy members made any direct contribution (e.g. author or co-author) of the manuscript content of the Oral and Maxillofacial Pathology Section of the Journal. In my role as Editor I have made a number of direct solicitations to Academy members for manuscript preparation and submission. Several authors from within the Academy have graciously responded with high-quality submissions. Although this method for gaining Academy contributions to the Journal has thus achieved a measure of success, the strategy does not represent a longterm workable mechanism to achieve the desired outcome.

Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology, and Endodontics is recognized monthly within the Journal as "the official publication for" the American Academy of Oral and Maxillofacial Pathology. Although the Academy supports the Journal in part by providing a Section Editor and much of the Section Editorial Board, I encourage Academy members to also consider the importance of supporting our organization's "official publication" through the contribution of scientific manuscripts and reports.

I believe it is important that the Section on Oral and Maxillofacial Pathology continue to reflect the scientific and intellectual contributions of the Academy to the specialty and science of Oral and Maxillofacial Pathology.

Sincerely,

Alan R. Gould, Editor
Section of Oral and Maxillofacial Pathology
Oral Surgery, Oral Medicine, Oral Pathology, Oral Radiology,
and Endodontics

PRESIDENT'S MESSAGE CONTINUED

molecular studies of oral mucosal disease, for instance, ploidy studies for suspected squamous carcinoma, will be an important component of the disease evaluation. Will our current practice model be able to efficiently integrate these developments.

Information management is also rapidly evolving. Reports are managed with a dedicated, expensive, anatomic pathology software system that is customized to send copies by telefax or e-mail, to contributors in or out of the hospital, and to whichever of several clinics they practice. The results are available online simultaneously with the patients' laboratory results and diagnostic

images. Even in our moderately sized hospital, the economy of scale is sufficient to offer significant advantages to everyone involved in the healthcare process including, most importantly, the patient. Across the country it seems that the greatest success is being enjoyed by large laboratories with a regional emphasis. This provides broad expertise in the various facets of anatomic

pathology, personalized service, and economy of scale. Advances in laboratory medicine and information management undoubtedly will continue to rapidly evolve. Again, with our current practice model, will we be able to offer the comprehensive service needed in the future for optimal patient care if we are not, at least in part, an integral component of the larger system? How can we best contribute to the care and welfare of patients with head and neck disease?

Before the meeting please consider whether it would be best (1) to try to maintain and improve the small, niche status we now enjoy, or (2) to become an integral part of the very much larger anatomic pathology community. Each has inherent advantages and risks. We have had consensus in the past regarding the disadvantages of small member numbers, both politically and financially, and over the past few years that disadvantage seemingly looms as large as ever. If we do decide to try to integrate, we

need to be eligible to staff hospital pathology departments and, therefore, would need AP certification. The American Board of Medical Specialties mandates an M.D. degree to qualify for AP certification.

This leads me to Tuesday's symposium. These and other related subjects will be presented by a panel of talented, experienced individuals and the audience will have an opportunity for questions and comment. I strongly encourage everyone to give the subject of our future serious thought, and to attend and participate. Even though few if any of us currently practicing will be directly affected by these decisions, we have an obligation to past and future generations to maintain and improve the practice standards and viability of our specialty. Regardless of the course we choose, each of us has an opportunity to contribute to this decision. I sincerely look forward to seeing everyone in New Orleans.

IN MEMORIAM

Harold R. Stanley, Jr., D.D.S., M.S., D.Sc.

by Ronald A. Baughman



Dr. Harold Stanley died suddenly at his home in Ormond Beach, Florida on November 10, 2001. He was known as "Stan" to his friends in the academy. Born in Salem, Mass., Stan served in the U.S. Army with the U.S. Public Health Service during World War II. He received a B.S. from American University, his D.D.S. from Baltimore College of Dental Medicine and a D.Sc. from Georgetown University in 1988. He

completed his training in Oral and Maxillofacial Pathology at Georgetown University earning an M.S. in 1953. He became a Diplomate of our Board in 1957 and served as president of the Board in 1973, having previously served as president of the Academy in 1967.

Stan was known globally for his research on dental pulp pathology. A prolific writer, he authored 160 referred journal articles, 145 abstracts, 5 textbooks and co-authored 24 others. His research on pulp pathology earned him an international reputation. Stan was a dedicated researcher throughout his entire professional life. His research won him many awards including the IADR Science Award in 1976, American Endodontic Association Lewis Grossman Award in 1981, Academy of Operative Dentistry Hollenbeck Memorial Award in 1983, IADR Pulp Biology Award in 1992 and Alpha Omega Achievement Medal in 1994. He was the recipient of the Distinguished Alumnus Award and inducted into the Hall of Fame of the Baltimore College of Dental Surgery, University of Maryland in 1991.

Stan served on multiple research committees for the ADA and FDA. He was Chairman of the ADA's Accredited and Standards's Committee for 5 years.

As a recognition for his scientific and writing achievements, he served on the editorial boards of several national journals. Stan was an accomplished public speaker and lecturer which kept him in demand across the U.S. and internationally. In addition to his scientific lectures he was well known as a master "story teller" who greatly enjoyed humor.

On a personal note, I knew Stan as a friend and colleague for over 30-years. He recruited me to the University of Florida in 1971, where he served as the first chair of the new College of Dentistry's Department of Oral Medicine from 1968-85. After his retirement, Stan did not retire but kept up his very active research until his untimely death. To the end, Stan continuously secured research funds from many sources and kept our laboratory busy processing human and animal tissues for his various on-going research studies. He was working vigorously on a manuscript at the end.

Stan was a true professional, researcher, academician and friend. He was always a gentlemen's "gentleman" who had a tremendous compassion for people at every level. He was a loving husband and father, great storyteller and musician. Most people are not aware that he was an excellent pianist.

Stan will be greatly missed by all of us who knew him. Oral and Maxillofacial Pathology has lost a great pioneer, humanitarian and shining example of the kind of person most of us wish to be.

NEW ORLEANS SCHEDULE

2002 CONTINUED COMPETENCY

ASSURANCE PROGRAM

(3 credits)

Friday, April 19

2:00 pm Executive Council Meeting

Saturday, April 20

8:00 - 5:00 pm Fellowship Exam
8:00 - 5:00 pm Fellowship Committee
8:30 - 11:30 am CE #1 23rd Annual AFIP Seminar
1:00 - 5:00 pm Symposium A

Sunday, April 21

8:30 - 11:30 am CE #2 - Dr. Barnes
CE #3 - Dr. Baker
CE #4 - Dr. Eisen
2:00 - 5:00 pm CE #5 - Dr. Hood
CE #6 - Dr. Tying
CE #7 - Dr. Wenig
6:00 - 7:30 pm Welcome Reception

Monday, April 22

7:00 - 8:00 am Editors' Breakfast
Iowa Breakfast
8:00 - 12:30 pm Essay I & II
12:00 - 1:00 pm Program Directors' Lunch
12:30 - 1:30 pm Army, Navy & Air Force Luncheons
2:00 - 5:00 pm Fellows' Business Meeting
3:00 - 4:30 pm Spouses' Reception
5:00 - 6:30 pm Canadian Academy of Oral
Pathology Reception
Indiana Reception
6:00 - 7:30 pm Emory Reception
9:00 - 10:30 pm Residents' Reception

Tuesday, April 23

7:00 - 8:00 am Education Committee Breakfast
8:00 - 11:30 am Founder's Memorial Seminar
11:30 - 1:00 pm Past Presidents Lunch
1:00 - 5:30 pm Symposium B
6:00 - 9:00 pm President's Reception & Banquet

Wednesday, April 24

9:00 - 11:00 am Clinical Pathology Conference

The Academy is once again sponsoring a Continued Competency Assurance program (CCA). The registration fee for members is \$50 and \$65 for non-members should be included with your registration form. In the past, the CCA was available for Diplomates only, but on a trial basis, it will be offered to all AAOMP members at the New Orleans meeting in 2002.

The AAOMP CCA is in a self-assessment format. Upon arriving at the meeting, participants should pick up their CCA packet from the registration desk. Each packet will contain self-assessment questions relevant to the CCA materials provided at the meeting along with an AAOMP CCA Participation Document.

The CCA cases will be available for review in the microscope room. See the Schedule at a Glance for times and location. The cases are individually packaged with appropriate histories, clinical photographs, radiographs and glass slides. Each of the 20 cases should be reviewed individually and completely and returned to their container. Upon completion of the CCA, each registrant should return the Participation Document to the registration desk. At that time, the diagnoses, discussion and references will be supplied for all cases presented.

The American Board of Oral and Maxillofacial Pathology will be provided with the list of completed participants.

Hotel Reservations

The deadline for hotel reservations is March 20, 2002. If you haven't already done so, please make your hotel reservations NOW!

Tours

The deadline to register for the tours is March 13, 2002. If interested in attending any of the tours, please register NOW! A minimum number is required for each tour. If the minimum(s) are not met, the tour(s) will be cancelled.

MEETING PROGRAM AND SCHEDULE

Friday, April 19, 2002

2:00 pm

Executive Council Meeting

Saturday, April 20, 2002

8:00 am - 5:00 pm

Fellowship Examination and
Fellowship Committee Meeting

8:30 am - 11:30 am

CE Program #1 (3 credits)

23rd Annual AFIP Seminar

Charles W. Pemble, COL, USAF, DC

Gary L. Ellis, DDS

Esther L. Childers, COL, DC, USA

Douglas M. Arendt, CAPT, DC, USN

Stephen B. Williams, LTCOL, DC, USA

Kevin R. Torske, LCDR, DC, USN

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 60,000 cases in the Registry of Oral and Maxillofacial Pathology.

Microscopic slides of the cases to be presented will be sent, in advance, to the first 50 registered participants. These do NOT have to be returned; however, we do ask that these 50 pathologists send us their diagnosis for each case. We use them as a framework for our discussions. All attendees will receive a CD "handout" containing histories, digital images, diagnoses, discussions, and references.

Objectives:

1. To present rare, unusual, or challenging cases from the Registry of Oral and Maxillofacial Pathology of the American Registry of Pathology.
2. To discuss the development of clinical and histopathologic differential diagnoses.
3. To provide the rationale for the design and use of adjunctive histopathologic, immunohistochemical, and molecular studies as deemed appropriate.

1:00 pm - 5:00 pm

Symposium A (4 credits)

Dr. David Hatcher

"3-Dimensional Imaging and Modeling"

Visualization and reconstruction of craniofacial anatomy is integral to diagnosis and the understanding of the biomechanical relationships in the face and jaws. This review considers the options available for this purpose, and the way in which current imaging techniques can be used to provide anatomical models suitable for physical analysis and treatment simulations. Clinically useful predictions depend on the way imaging and biomechanical understanding are combined, and upon the validity of the predictions. This presentation summarizes the present state of clinically-useful analyses, status of 3D imaging, and the developments which are taking place to identify anatomical and functional anomalies which seem to have biomechanical components.

Objectives:

1. Describe uses and limitations of current imaging modalities.
2. Describe attributes of digital imaging technology.
3. Describe attributes of 3D models.
4. Describe the construction techniques used to create spatially accurate anatomic models.
5. Describe clinical and research applications using 3 dimensional anatomic models.

Sunday, April 21, 2002

8:30 am - 11:30 am

CE Program #2 (3 credits)

Dr. Leon Barnes, M.D.

"Selected Soft Tissue Tumors of the Head and Neck"

Participants will be provided with a set of microscopic slides and appropriate clinical histories for independent study. Each case will be discussed in detail, and a comprehensive manual will be distributed. **These glass slides must be returned at the meeting site.**

Objectives:

1. Acquaint the participant with a variety of benign and malignant soft tissue tumors of the head and neck.
2. Address important clinical, histological, immunohistochemical and cytogenetic features that are useful in differential diagnosis.

MEETING PROGRAM AND SCHEDULE

8:30 am - 11:30 am

CE Program #3 (3 credits)

Dr. Karen Baker

“Innovative Therapies for Mucositis and Chronic Pain”

Therapeutic management of head and neck disorders has become even more challenging in recent years. Patients are increasingly medically complex and drug therapy choices are rapidly multiplying. This program is designed to update the dental practitioner on new developments in the treatment of oral mucositis and chronic stomatitis, lichen planus, benign mucous membrane pemphigoid, herpes simplex, herpes zoster, and candidosis. Since mucosal disease can be drug-induced, a listing of the causative agents will be provided along with an extensive discussion of prevention and treatment of xerostomia. Chronic pain disorders such as headaches, neuralgias, and burning mouth syndrome will be discussed with respect to patient-specific treatment modalities. New topical and systemic agents will be listed and evaluated. Extensive and very current handouts will be provided in order to maximize the take home value of this program.

Objectives:

1. To review the effectiveness of topical and systemic therapies for non-microbial mucositis.
2. To discuss patient-specific selection criteria for systemic and topical antifungals and antivirals.
3. To evaluate the cost/benefit of systemic antifungals and antivirals.
4. To review drug-induced intra-oral effects.
5. To outline strategies for preventing and/or treating xerostomia.
6. To review new approaches for pharmacologic management of vascular headache and orofacial neuralgias.

Outcomes:

After attending this program and reviewing the handouts, the participant should be able to:

1. Choose an effective topical corticosteroid for non-microbial mucositis treatment based on patient needs.
2. Prescribe an effective topical antifungal after treatment failure with topical nystatin.
3. List systemic antiviral regimens for chronic prevention as well as acute treatment of herpes simplex or zoster.
4. Discuss 4 strategies for managing severe xerostomia.
5. List indications and contraindications for systemic pilocarpine therapy for xerostomia.
6. Describe 3 new topical agents useful in treating chronic head and neck pain.

8:30 am - 11:30 am

CE Program #4 (3 credits)

Dore Eisen, MD, DDS

“The Clinical Manifestations and Management of Oral Vesiculoerosive Diseases”

The oral and extraoral manifestations of various vesiculoerosive diseases will be presented. Emphasis will be placed on the management of these patients by both topical and systemic therapy. Methods of monitoring patients on these treatments as well as their potential adverse effects will also be addressed.

Objectives:

1. The recognition of oral and extraoral features of vesiculoerosive diseases.
2. The use of various topical preparations for vesiculoerosive diseases.
3. The use of systemic preparations for vesiculoerosive diseases.
4. How to monitor patients undergoing treatment with systemic agents for vesiculoerosive diseases.
5. The potential adverse effects of these systemic treatments.

2:00 pm - 5:00 pm

CE Program #5 (3 credits)

Dr. Antoinette Hood

“A Primer of Dermatopathy for the Oral Pathologist: Tumors and Inflammatory Lesions of the Head and Neck”

10 cases of tumors and inflammatory lesions typically occurring on the head and neck region will be presented. These cases will be used as a springboard for discussing disorders of relevance to an oral pathologist and will include the following:

Problematic melanocytic lesions
Keratinocytic tumors, benign and malignant
Adnexal tumors
Vascular and fibrous tumors, and
Common inflammatory lesions biopsied for diagnostic purposes.

Clinical-pathologic correlation will be emphasized.

Objectives:

1. At the end of this session the participant should be more comfortable with the terminology used by dermatopathologists;
2. Recognize the histopathology of common cutaneous lesions on the head and neck;
3. Be able to generate a differential diagnosis for tumors and inflammatory lesions.

MEETING PROGRAM AND SCHEDULE

2:00 pm - 5:00 pm

CE Program #6 (3 credits)

Stephen K. Tyring, M.D., Ph. D.

“Dermatology and Viral Diseases”

Sponsored by 3M

Eight human herpesviruses have been identified and 11 antiviral drugs are Food and Drug Administration approved for their therapy. The herpesviruses are unique in that they all may cause primary infection, establish latency, and then reactivate if conditions of altered immunity develop. Over 30 antiviral drugs are now available for a variety of infections. Prophylactic vaccines are available for 12 viral infections and are much more effective (and cost effective) than antiviral drugs in controlling viral epidemics. These interventions are best utilized in conjunction with proper education and other public health measures.

Objectives:

1. Discuss new treatments and prevention for human papillomavirus infections
2. Discuss new treatments and prevention for human herpesvirus infections.
3. Discuss new treatments and prophylaxis for HIV infections.

2:00 pm - 5:00 pm

CE Program #7 (3 credits)

Bruce Wenig, M.D.

“Selected Lesions of the Head and Neck”

By the end of the seminar the attendee will:

1. Discuss and utilize 10 cases to illustrate difficult diagnostic problems in head and neck pathology. Will include selected non-neoplastic and neoplastic (benign & malignant) lesions of the head & neck, including the sinonasal tract, oral cavity, pharynx, nasopharynx, larynx, neck region (e.g., thyroid parathyroid, cervical lymph nodes), salivary glands and the ear.
2. Emphasis will be placed on the clinical and pathologic correlation of each disease.
3. The criteria for diagnosis by light microscopy will be detailed and supplemented (when needed) by special studies (e.g., histochemistry, immuno- histochemistry, electron microscopy, molecular biology.)
4. Participants will be provided with a set of microscopic slides and appropriate clinical histories for independent study. **These glass slides must be returned at the meeting site.**

6:00 - 7:30 pm – Welcome Reception

Monday, April 22, 2002

7:00 - 8:00 am – Editor’s Breakfast

Iowa Breakfast

8:00 - 12:30 pm – Essay 1 & II (4.5 credits)

12:00 - 1:00 pm – Program Directors’ Lunch

12:30 - 1:30 pm – Army, Navy & Air Force Luncheons

2:00 - 5:00 pm – Fellows’ Business Meeting

3:00 - 4:30 pm – Spouses’ Reception

5:00-6:30 pm – Canadian Academy of Oral Pathology Reception
Indiana Reception

6:00-7:30 pm – Emory Reception

9:00 - 10:30 pm – Resident’s Reception

Tuesday, April 23, 2002

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

8:00 - 11:30 am

Founder’s Memorial Seminar (4 credits)

Gary L. Ellis, D.D.S.

“Issues and Problems in Diagnostic Surgical Pathology of Salivary Gland Diseases”

Oral and maxillofacial pathologists are undoubtedly the most knowledgeable group of people on the diagnosis of salivary gland diseases. Still, the remarkable histomorphologic diversity and spectrum of neoplastic and non-neoplastic salivary gland diseases and the uncommon occurrence of many of these diseases can create diagnostic challenges. Further, due to the nature of their laboratory practices, many oral and maxillofacial pathologists have limited opportunity to examine tissue specimens from the major salivary glands. In addition, some publications in the scientific literature have proposed additions (new entities?) to the classification of salivary gland diseases. The ten cases in the microslide set will serve as focal points for discussions of issues and problems in the diagnosis of surgical specimens of salivary glands. These ten cases will be liberally supplemented by illustrations of additional cases so that the discussions will extend beyond the entities represented in the microslides. Discussion points will include helpful diagnosis features, differential diagnosis, grading, controversies, and “new” diagnoses. Immunohistochemistry and new molecular biologic

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methodologies will be included where applicable, but histomorphologic evaluation remains the principal method for diagnosis of salivary gland lesions and is the emphasis of this seminar. Many of the discussion points and views presented will be based upon Dr. Ellis' personal experience with thousands of salivary gland lesions.

Objectives:

1. To illustrate diagnostic features that are helpful in the diagnosis of common and uncommon salivary gland lesions.
2. To discuss the differential diagnosis of selected diseases of salivary glands and illustrate discriminatory histomorphologic features.
3. To discuss criteria for grading of selected salivary gland pathology and discuss the validity of these diagnoses.
4. To present some "new" entities in salivary gland pathology and discuss the validity of these diagnosis.
5. To provide reference lists for the key points of discussions.

11:30 - 1:00 pm – Past President's Luncheon

1:00 - 5:30 pm

Symposium B (4.5 credits)

Dr. Steven Vincent

"The Future of Oral and Maxillofacial Pathology"

The idea for this symposium grew out of a recommendation from the AAOMP Long Range Planning Committee. The primary focus for this symposium is to evaluate the future of oral and maxillofacial pathology emphasizing anatomic pathology aspect of the specialty because this the aspect that qualifies us as a specialty. Speakers will discuss the impact, pros and cons, of a MD degree on the future of oral and maxillofacial pathology.

Dr. Steven Vincent, Moderator
(AAOMP Education Committee)

The Future of Oral Pathology Practice: Challenges and Opportunities

Dr. Ken McClatchey,
Loyola University Medical Center,
Maywood, Illinois

New Directions in Resident Education for OMP

Dr. Steve D. Budnick,
Associate Professor of Pathology,
Emory University Hospital,
Atlanta, Georgia

Does an oral pathologist need to have an MD in the 21st Century?

Dr. Valerie A. Murrah,
Univeristy of North Carolina

AAOMP Long Range Planning Committee: Survey of Oral and Maxillofacial Pathologists < 10 year Postgraduate Training

Results of a survey of recent graduates of Oral and Maxillofacial Pathology residency programs to indentify concerns, opinions and job trends of recent trainees.

Dr. Susan Muller,
Emory Univeristy Hospital,
Department of Pathology

Dr. John M. Wright (chair of LRPC 2001-2),
TAMUS HSC/Baylor College of Dentistry,
Department of Diagnostic Sciences,
Dallas, Texas

6:00 - 9:00 pm – President's Reception & Banquet

Wednesday, April 24, 2002

9:00 - 11:00 am – Clinical Pathology Conference -
(2 credits)

UNIVERSITY OF TENNESSEE DIVISION OF ORAL AND MAXILLOFACIAL PATHOLOGY

The Department of Biologic and Diagnostic Sciences, Division of Oral and Maxillofacial Pathology, at the University of Tennessee, Memphis, College of Dentistry invites applications for a full-time tenure-track position at the Associate/Full Professor level available June 1, 2002. Responsibilities include didactic and clinical teaching, institutional service and scholarly activity. The opportunity to participate in an intramural practice is available. Applicants must have a DDS/DMD degree to be eligible for Tennessee licensure. Board certification in Oral and Maxillofacial Pathology is preferred. Salary and academic rank are commensurate with qualifications and experience. Qualified applicants should submit a letter of intent, curriculum vitae and the names and addresses of three references to Dr. Marjorie A. Woods, Acting Chair, Department of Biologic and Diagnostic Sciences, University of Tennessee College of Dentistry, 875 Union Avenue, Memphis, Tennessee 38163. The University of Tennessee Health Science Center is an Equal Employment Opportunity/Affirmative Action/Titles VI and IX/Section 504/ADA/ADEA employer committed to an aggressive affirmative action effort and encourages applications from qualified women and minorities.