NEUROPATHOLOGY NEWSLETTER

American Association of Neuropathologists
Volume 15 Number 1
January 2004

DUES ARE DUE!! NEW THIS YEAR NOTICES WERE SENT ELECTRONICALLY!

Annual dues for 2004 will remain $165, $155 and $140 for active, associate and affiliate members, respectively. Postage surcharges for members living overseas and in Canada will also remain the same $40 and $16, respectively. As voted on at the meeting in Orlando, Senior members who wish to continue to receive the Journal will now be billed $120 in January 2004 to cover the cost of publishing. Dues notices/membership renewals have been sent. If you have not received the dues notice or feel that it is inaccurate, please contact the Secretary-Treasurer, George Perry (aanp@case.edu) as soon as possible. Members may renew their membership online at www.aanp-jnen.com. Online renewal is safe and convenient, and is available any time. Deadline for receipt of dues payment was 31 January 2004. Members who have not paid by this time will be ineligible for abstract acceptance, JNEN, membership mailings and listing in the Directory.

IN THIS ISSUE

MARK YOUR CALENDERS!!!
80th ANNUAL MEETING
CLEVELAND, OHIO
JUNE 24-27
PLAN TO ATTEND

AANP ORGANIZATION

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Program – Arie Perry

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Journal of Neuropathology and Experimental Neurology
Michael N. Hart, Editor
Eileen S. Healy, Managing Editor
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NEWSLETTER EDITOR
George Perry

2003 ORLANDO MEETING HIGHLIGHTS

Business Meeting – Minutes enclosed.
Diagnostic Slide Session – Case summaries and discussions enclosed

Highlights of the Orlando Meeting

The 79th Annual Meeting of the American Association of Neuropathologists was held at Wyndham Orlando Resort in Orlando Florida, from 19-22 June 2003. Despite much rain attendees enjoyed an informative meeting.

The **special course**, *Magnetic Resonance Imaging of Neurological Disease* was held on Thursday June 19 and organized by Clayton Wiley and Carolyn Meltzer. Lecturers included Robert I Grossman, James G. Smirniotopoulos, Robert A. Zimmerman, Robert C. McKinstry III, Stephen Z. Grahovac, Clifford R. Jack, and M. Judith Donavan Post.

Samuel K. Ludwin presented the Saul Korey Lecture, Pathology and Pathogenesis in Multiple Sclerosis, on Saturday June 21.

The **Presidential Symposium**, *Positron Emission Tomography in the Study of Neurological Disease*, was held on June 22. It included the Awards Ceremony as well as the Presidential Address, *Kinetics of Macrophage Involvement in Neurodegeneration* by Clayton Wiley. Carolyn C. Meltzer presented the **Matthew T. Moore Distinguished Lecture**, *Future of PET in the Study of Neurological Disease.* Other lecturers included Bradley T. Christian's presentation *Physics and Principles of PET in the Study of Neurological Disease* and Robert Kessler's lecture, *FDG PET and the Nervous System.*

The **Scientific Session** included 182 abstracts covering a wide array of neurological conditions and research.

2003 AWARDS:

Bernardino Ghetti was the honored recipient of the **2003 Meritorious Contributions to Neuropathology Award.**

The **Weil Award** for Best Paper on Experimental Neuropathology was awarded to M.N. Hart, D. Fee, A. Crumbaugh, T. Jacques, B. Herdrich, D.L. Sewell, D. Auerbach, S. Piaskowski, M. Sandor, and Z. Fabry for their presentation *CD4 T cells Exacerbate Acute CNS Trauma.*

The **Moore Award** for Best Paper on Clinico-Pathological Correlation was awarded to J.M. Bilbao, D. Chiasson, and B. Young for their presentation *West Nile Virus Encephalitis: Pathology of Seven Cases*

The **Rubinstein Award** for Best Paper on Neuro-oncology was awarded to W. Paulus, L. Tatenhorst, and V. Senner for their presentation *Microarray Detection of Genes associated with Glioma Cell Motility*

Congratulations to all of the award winners.

ANNUAL MEETING – CLEVELAND 2004

The 80th Annual Meeting of the American Association of Neuropathologists will be held 24-27 June 2004 at the Renaissance Cleveland Hotel in Cleveland, Ohio. Cleveland has spectacular attractions like the Rock and Roll Hall of Fame and the Great Lakes Science Center, plus electrifying entertainment of nightlife in the Warehouse and Gateway Districts. From world-class cultural and performing arts such as the Cleveland Orchestra, Playhouse Square Center and the museums of University Circle, fine dinning at such places as Blue Point Grille and Lola Bistro and Wine Bar along with pro-sports action and sensational events year-round it is no wonder Cleveland was named one of the "Top 10 International Hotspots" by Travel and Leisure magazine. For more information on Cleveland and to help plan your travel itinerary go to: http://www.travelcleveland.com.

ONLINE ABSTRACT SUBMISSION

We are now soliciting abstract submissions for the 2004 meeting. In contrast to prior years, the number of allowable **first author submissions has been expanded to three per person. Abstract submissions will be accepted electronically only.** Abstract submission will be accessed through the AANP website, http://www.aanp-jnen.com. Click on the 2004 AANP meeting Electronic Submission of Abstracts hyperlink that will take you to an instruction page with two additional links: (1) ABSTRACT FORM, and (2) JNEN COPYRIGHT. The ABSTRACT FORM hyperlink will take you to the abstract form and the abstract data sheet. The JNEN COPYRIGHT hyperlink will take you to the Journal's copyright release form. **Please follow the directions closely.** Complete the abstract data sheet (including presentation preference, payment of 2004 AANP member dues, programming topic, key words), and abstract fields (including title, author(s), institutional affiliation, sponsor (if any), text, and acknowledgements). Notification of acceptance and programming decisions regarding abstracts will also be by email. The program should be on the AANP website (www.aanp-jnen.com) by the end of April 2004. If you are unable to submit your abstract electronically, contact Program Committee Chair, Arie Perry at:

Arie Perry, M.D.
Chair, AANP Program Committee
Washington University School of Medicine
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Abstract Deadline: 27 February 2004
ABSTRACTS MUST BE RECEIVED BY MIDNIGHT 27 FEBRUARY 2004.
THIS DEADLINE WILL BE STRICTLY ENFORCED.
Abstract checklist:
Abstract must be received by Friday, 27 February 2004
Abstracts must be submitted online
Each Abstract MUST have a Copyright Release and Disclosure/Conflict of Interest form
Membership dues must be current

DIAGNOSTIC SLIDE SESSION INFORMATION

The popular Diagnostic Slide Session, moderated by Dr. E. Tessa Hedley-Whyte, will be held at 8 pm, Saturday evening, June 26, 2004. Members who have cases they would like considered for inclusion in the Session should contact the Moderator, Dr. E.

Tessa Hedley-Whyte at the address below. **The deadline for consideration of cases is 2 February 2004**. Contributors will be notified of the decision. Cases may be presented as slides, or, in some instances, as kodachromes. You must be able to supply 150 slides in order to accommodate the subscribers. A general limit of one stained and one unstained slide and one kadachrome per case or two kodachromes and no glass slides in imposed. Individual slide sets of the cases to be presented are available for $60. Members may purchase a set either by using the 2004 meeting Registration Form, or by sending a check for $60 US dollars payable to "Diagnostic Slide Session" directly to the Manager, Dr. Leroy Sharer, Department of Pathology, New Jersey Medical School, 185 South Orange Avenue, Newark, NJ 07103, email- Sharer@umdnj.edu, phone: 973-972-4770. Foreign checks, including Canadian, must be issued through an American Bank with a proper routing number. If payment is made by an institutional check, please make certain that the recipient's name is listed on the check or the accompanying paperwork. A limited number of sets are available and these will be sold on a first-come first serve basis, so it is important to plan early to avoid disappointment. Slide sets are limited to one per person. The protocols will be sent from New Jersey and the slides from Boston in early May. Slide delivery before the meeting for any order received after May 17, 2004, cannot be guaranteed. The deadline for online orders is 1 May 2004. Protocols for the Diagnostic Slide Session will be available without charge at the meeting.

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2004 CLEVELAND PRELIMINARY PROGRAM INFORMATION

Special Course: *Advances in the Diagnosis and Biology of Brain Tumors (Thursday June 24)*

The **Special Course** organized by President Joe Parisi and Vice President Scott VandenBerg will provide an overview of recent advances in tumor diagnosis and biology. The morning session will include discussions on the application of new techniques to the diagnosis and classification of tumors, while afternoon lectures will provide an update of selected topics in basic tumor biology. The organizers are committed to providing a practical approach to tumors that participants will be able to take home and apply to their everyday practice. An outstanding roster of speakers has been assembled, and time for questions and discussion will be available. The program will include the following topics and lecturers:

Genetic and Epigenetic Events in the Development of Tumors of Astrocytic Lineage
Paul H. Kleihues, MD (University Hospital, Zurich, Switzerland)

Oligodendrogliomas: Histological, and Molecular Definitions
David N. Louis, MD (Massachusetts General Hospital, Boston, MA)

Medulloblastomas and ATRT
Charles G. Eberhart, MD, PhD (John Hopkins University School of Medicine, Baltimore MD)

Meningiomas: Current Classification and Molecular Features
Arie Perry, MD (Washington University School of Medicine, St. Louis, MO)

New Techniques: Genomics as Applied to the Study of Brain Tumors

Gregory N. Fuller, MD, PhD (University Texas MD Anderson Cancer Center, Houston, TX)

Model Systems: Animal Models

Eric C. Holland, MD, PhD (Memorial Sloan Kettering Cancer Center, New York, NY)

P13 Kinase Pathway Signaling Variants in High Grade Gliomas

Paul S. Mischel, MD (UCLA Medical Center, Los Angeles, CA)

Pathogenesis: Hypoxia, Angiogenesis and Glial Invasiveness

Daniel J. Brat, MD, PhD (Emory University School Medicine, Atlanta, GA)

Brain Tumor Therapy Based on Molecular Pathogenesis

Darell D. Bigner, MD, PhD (Duke University Medical Center, Durham, NC)

Scientific Sessions (Friday and Saturday, June 25 - 26)

Concurrent platform and poster sessions will be held all day Friday and Saturday, June 25 and 26. The program will provide up-to-date developments in all areas of experimental, research and practical neuropathology.

Saul R. Korey Lecture: *The Road Not Taken*, by Dr. James M. Powers (Saturday, June 26)

James M. Powers, MD, University of Rochester, NY, and previous President of the ANP, will present the 2004 Saul R. Korey Distinguished Lecture. Dr. Power's talk, ***The Road Not Taken***, promises to provide an insightful review of his work.

Diagnostic Slide Session (8 pm, Saturday, June 26)

The ever-popular **Diagnostic Slide Session**, moderated by Dr. E. Tessa Hedley-Whyte, will be held at 8:00 pm, Saturday, June 26.

Presidential Symposium: *Neuropathology in the 21st Century* (Sunday, June 27)

President Joe Parisi is organizing a symposium focusing on the practice of neuropathology, including lectures on the impact and application of new and emerging technologies to practice, as well as the impact of external forces. The program will conclude with his Presidential Address, ***Neuropathology in the 21st Century: Challenges and Opportunities***. Please watch for details of the program as they becomes available.

INTERNATIONAL MEETINGS

XVIth INTERNATIONAL CONGRESS OF NEUROPATHOLOGY SAN FRANCISCO, CA SEPTERMBER 9-16, 2006

The XVIth International Congress of Neuropathology, co-sponsored by the AANP and the ISN and hosted by the AANP, will be held September 9-16, 2006 at the Hyatt Regency San Francisco Embarcadero. Congress organizers, Drs Stephen DeArmond, Scott VandenBerg and Richard Davis, already have begun planning for what promises to be an extraordinary Congress. For further information, please visit the website: http://www.icn2006.org, or email: mailto:icn2006@itsa.ucsf.edu.

GROWTH & DEATH IN THE CNS ST MORITZ, SWITZERLAND MARCH 24-28, 2004

The Swiss Society of Neuropathology will sponsor the 20th International Winter Meeting on Growth and Death in the Nervous System, in St. Moritz, Switzerland. Featured, as keynote speaker is Kurt Wüthrich, the most recent Swiss Nobel Prize winner. For all details, please visit the web site: http://www.ssn.unizh.ch/home.html.

FUTURE AANP MEETINGS

2004 Renaissance Cleveland Hotel
Cleveland Ohio
24-27 June 2004

2005 Hyatt Regency Crystal City
Arlington, Virginia
9-12 June 2005

CME STATEMENT

The American Association of Neuropathologists is accredited by the Accreditation Council for Continuing Medical Education to sponsor continuing medical education for physicians and designated the above continuing medical education activities for credit hours in Category 1 of the Physician's Recognition Award of the American Medical Association, as follows:

Hours	Credit
Special Courses	8
Scientific Sessions	15
Saul Korey Lecture	1
Diagnostic Slide Session	3
Presidential Symposium	3
Total	30

DEATHS

It is with great sadness that we report the deaths of three AANP Members. They will be greatly missed.

Dr. Boleslaw Liwnicz died on 20 October 2003 in Loma Linda, California.

Dr. Marius Valsamis died on 6 January 2004 in New York.

Dr. Franklin Robinson, Clinical Professor of Neurosurgery at Yale School of Medicine, died 30 August 2003.

Sponsors of New Member Applications

Mike Hart and Seth Love are sponsoring Paul Ince.
Bernard Jortner and Robert Garman are sponsoring Ann Radovsky.

NEW MEMBERS/ MEMBERSHIP CHANGES

Congratulations and welcome to all new members of the AANP!

The following new members and changes in membership status were approved at the June 2003 annual meeting:

ACTIVE MEMBERSHIP (19)

Safa Al-Sarraj, MBChB, FRCPath
Serguei I Bannykh, MD, PhD
Mark W. Becher, MD*
Lilian Calderon-Garciduenas, MD, PhD
Ivana Delalle, MD, PhD
Christine E. Fuller, MD
Thomas H. Gill, MD
Sue T. Griffin, PhD
Keith Lloyd Ligon, MD
Hiroko Ohgaki, DVM, PhD
John R. Parker, MD*
Martha M. Quezado, MD
V.V. Radhakrishnan, MD
Lothar Resch, MD
Mariarita Santi, MD, PhD
Karl Otto Schwarz, MD
Anat Stemmer-Rachamimov, MD
Chris Zarow, PhD
*Affiliate to Active

ASSOCIATE (2)

Amy Hart, MD
Min Wang, MD, PhD

AFFILIATE (9)

Lorna R. Cruz, MD
Kenneth B. Fallon, MD
Donna E. Hansel, MD, PhD
Bi-Hung Peng, PhD
Rolf Pfanni, MD
Peter Pytel, MD

Veena Rajaram, MBBS
Di Tian, MD, PhD
Pang-hsien Tu, MD, PhD

Senior (11)
Ingrid V. Allen, MD*
J. Richard Baringer, MD*
Heiko Braak, MD**
Mauro C. Dal Canto, MD*
Kikran S. Horoupian, MD*
Uma P. Kalyan-Raman, MD*
John J. Kepes, MD*
Richard F. Mayer, MD**
James E. McLaughlin, MBBS*
William C. Schoene, MD*
Robert D. Yates, PhD**

*Active to Senior
** Associate to Senior

44th ANNUAL DIAGNOSTIC SLIDE SESSION, 2003
REFERENCES AND DIAGNOSES

MODERATOR: E. Tessa Hedley-Whyte, M.D.

EDITOR: Leroy R. Sharer, M.D.

Case 2003-1

Submitted by: Fausto Rodriguez, M.D., Caterina Giannini, M.D., and Bernd Scheithauer, M.D., Mayo Clinic, Rochester, MN

Diagnosis: Solitary fibrous tumor and associated salivary gland heterotopia

Comment: The tumor was positive for CD34 and BCL2. The glandular component was positive for PAS and lysozyme, and the glands were surrounded by a layer of smooth muscle antigen (SMA) positive cells, indicating that the glands are benign.

References:

Carneiro SS, Scheithauer BW, Nascimento AG, et al.: Solitary fibrous tumor of the meninges: a lesion distinct from fibrous meningioma. A clinicopathologic and immunohistochemical study. Am J Clin Pathol 1996; 106:217-224.

Curry B, Taylor CW, Fisher AW: Salivary gland heterotopia: a unique cerebellopontine angle tumor. Arch Pathol Lab Med 1982; 106:35-38.

Peel R: Diseases of the salivary glands. In: Barnes L, Surgical Pathology of the Head and Neck, 2nd ed., New York, NY: Marcel Dekker Inc., 2001; pp. 647-649

Case 2003-2

Submitted by: William McDonald, M.D., and Andrew Bollen, D.V.M., M.D., UCSF, San Francisco, CA

Diagnosis: Paraganglioma with gangliocytic differentiation

Comment: Tumor cells were positive for chromogranin, according to a member of the audience. The presenter reported that the ganglionic tumor cells were positive for neurofilament protein, while the chief cells were positive for synaptophysin. The sustentacular cells were positive for S-100 protein.

The patient subsequently underwent hysterectomy for pelvic symptoms and four large leiomyomas were found. Neurological examination three months after her spinal canal tumor resection was normal, but the patient still had subjective complaints of pain and dysesthesia in her lower extremities.

Comment from the presenter: Paragangliomas are neural crest derived neoplasms that usually arise in association with autonomic ganglia. When arising within the adrenal medulla they are referred to as pheochromocytoma. They may arise in the setting of autosomal dominant syndromes including Multiple Endocrine Neoplasia type 2 (MEN2), von Hippel-Lindau disease (VHL), and rarely neurofibromatosis type 1 (NF1). One quarter of non-syndromic cases of pheochromocytoma and paraganglioma are, nevertheless, associated with germline mutations of RET, VHL, SDHD, and SDHB. The relationship between these mutations and paragangliomas arising in the cauda equina is currently unknown.

References:

Sonneland PR, Scheithauer BW, LeChago J, Crawford BG, Onofrio BM: Paraganglioma of the cauda equina region. Clinicopathologic study of 31 cases with special reference to immunocytology and ultrastructure. Cancer 1986; 58:1720-35.

Baysal BE. Hereditary paraganglioma targets diverse paraganglia. J Med Genet 2002; 39:617-22.

Neumann HP, et al, and the Freiburg-Warsaw-Columbus Pheochromocytoma Study Group: Germ-line mutations in nonsyndromic pheochromocytoma. N Engl J Med 2002; 346:1459-66.

Niemann S, Muller U: Mutations in SDHC cause autosomal dominant paraganglioma, type 3. Nature Genetics 2000; 26:268-70.

Case 2003-3

Submitted by: Ben Pang-Hsien Tu, Robert. E. Schmidt, and Arie Perry, Washington University, St. Louis, MO

Diagnosis: Extra-nodal marginal zone lymphoma (MALT) with tumefactive amyloid deposition

Comment: The cells were strongly positive for CD20, while the tumefactive areas stained for kappa light chain. The amyloid regions were strongly positive with thioflavin S staining. Only about 10 cases of this condition have been reported, all in middle-aged women.

References:
Goetz P, Lafuente J, Revesz T, et al.: Primary low-grade B-cell lymphoma of mucosa-associated lymphoid tissue of the dura mimicking the presentation of an acute subdural hematoma. Case report and review of the literature. J Neurosurg 2002; 96:611-614.
Lehman NL, Horoupian DS, Warnke RA, et al.: Dural marginal zone lymphoma with massive amyloid deposition: rare low-grade primary central nervous system B-cell lymphoma. Case report. J Neurosurg 2002; 96:368-72.

Kumar S, Kumar D, Kaldjian EP, Bauserman S, Raffeld M, Jaffe ES. Primary low-grade B-cell lymphoma of the dura. A mucosa associated lymphoid tissue-type lymphoma. Am J Surg Pathol 1997; 21:81-87.

Case 2003-4

Submitted by: France Berthelet, Notre-Dame Hospital, Montréal, Québec, CANADA

Diagnosis: Adult Alexander's disease with autosomal dominant transmission

Comment: CSF examination during life was normal. In the brainstem, there was cavitation of the pyramids, with general myelin pallor elsewhere. The white matter in many regions of the brain was pale, with astrocytosis and Rosenthal fibers. There were also Rosenthal fibers in the hypothalamus, in the cerebellar white matter (mainly in the hilus of the dentate nucleus), and in the gray and white matter of the spinal cord. There was neither inflammation nor evidence of macrophages in any of the sections.

Genetic testing of the patient's family has revealed a novel mutation in the first exon of the GFAP gene, in the rod domain of the protein. Five out of six heterozygotes in the family are symptomatic, with autosomal dominant transmission.

References:
Li R, Messing A, Goldman JE, Brenner M: GFAP mutations in Alexander's disease. Int J Dev Neurosci 2002; 20:259-268.

Brenner M, Johnson AB, Boespflug-Tanguy O, Rodriguez D, Goldman JE, Messing A: Mutations in GFAP, encoding glial fibrillary acidic protein are associated with Alexander's disease. Nat Genet 2001; 27:117-120.

Schawankhaus JD, Parisi JE, Gulledge WR, Chin L, Currier RD: Hereditary Alexander's disease with palatal myoclonus, spastic paraparesis, and cerebellar ataxia. Neurology 1995; 45:2266-2271.

Howard RS, Greenwood R, Gawler J, Scaravilli F, Marsden CD, Harding AE: A familial disorder associated with palatal myoclonus, other brainstem signs, tetraparesis, ataxia and Rosenthal fiber formation. J Neurol Neurosurg Psychiatry 1993; 56:977-981.

Case 2003-5

Submitted by: Rolf Pfannl, M.D., and E. Tessa Hedley-Whyte, M.D., Massachusetts General Hospital, Harvard Medical School, Boston, MA

Diagnosis: Bilateral degeneration of the amygdala of unknown etiology

Comment: On gross inspection, there was some temporal lobe atrophy on each side. The amygdalae were normal in size, with a bilateral central yellow-white nodule. The microscopic changes present on the slides that were sent out were identical in both amygdalae. One observer suggested grumous degeneration, similar to what can be seen in progressive supranuclear palsy. Dr. Kathy Newell reported that she had seen a similar case, with bilateral lesions in the amygdala, in a 40-year-old woman with non-familial, severe Alzheimer's disease. The current case also exhibited changes associated with Argyrophilic Grain Disease.

Comment from Dr. Hedley-Whyte: I am grateful to John Crary (MD/PhD student at SUNY Downstate, Brooklyn, NY) for bringing to our attention, subsequent to the meeting, an uncommon entity, Urbach-Wiethe's syndrome (lipoid proteinosis cutis et mucosae) This entity, amongst other things, is characterized by bilateral amygdala calcifications. The one or two autopsy reports of the brain have commented upon peculiar degenerative and vascular changes in the amygdalae. Whether our case truly represents this syndrome awaits further exploration.

References:

Holtz KH: Über Gehirn- und Augenveränderungen bei Hyalinosis cutis et mucosae (Lipoidproteinose) mit Autopsiebefund. Arch Klin Exp Derm 1962; 214:289-306.

Siebert M, Markowitsch HJ, Bartel P: Amygdala, affect and cognition: evidence from 10 patients with Urbach-Wiethe disease. Brain 2003 126: (advance electronic copy).

Newton FH, Rosenberg RN, Lampert PW, O'Brien JS: Neurologic involvement in Urbach-Wiethe's disease (lipoid proteinosis). A clinical , ultrastructural, and chemical study. Neurology 1971; 21:1205-1213.

Tolnay M, Ghebremedhin, Probst A, Braak H: Argyrophilic Grain Disease. In Neurodegeneration: The molecular pathology of Dementia and Movement Disorders, Dickson D, ed., ISN Neuropath Press, Basel 2003, pp.132-136.

Case 2003-6

Submitted by: Vernon Armbrustmacher, M. D., and Barbara A. Sampson, M.D., Ph.D., Office of the Chief Medical Examiner of the City of New York, New York, NY

Diagnosis: West Nile virus poliomyelitic encephalitis
Comment: This case occurred in the late summer. There was no evidence of hepatitis or myocarditis, at autopsy. PCR was positive for West Nile virus (WNV) in brain tissue, performed at the Centers for Disease Control and Prevention (CDC).

References:
Sampson BA, Nields H, Armbrustmacher V, Asnis DS: Muscle weakness in West Nile encephalitis is due to destruction of motor neurons. Hum Pathol 2003; 34:628-629.

Sampson BA , Armbrustmacher V: West Nile encephalitis: the neuropathology of four fatalities. Ann N Y Acad Sci 2001; 951:172-178.

Sampson BA , Ambrosi C, Charlot A, Reiber K, Veress JF, Armbrustmacher V: The pathology of human West Nile Virus infection. Hum Pathol 2000; 31:527-531.

Case 2003-7

Submitted by: Ana Sotrel, M.D., William Bellini, Ph.D., Atilano G. Lacson, M.D., Mario A. Reyes, Nolan Altman, M.D., Jeannette Guarner, M.D., Glenn Morrison, M.D., and Michael Duchowny, M.D., Miami Children's Hospital and University of Miami, Miami, FL, Centers for Disease Control and Prevention, Atlanta, GA, and All Children's Hospital and University of South Florida, Tampa, FL

Diagnosis: Subacute sclerosing panencephalitis (SSPE)

Comment: From the presenter: SSPE is a rare, almost "forgotten," potentially "resurging" CNS disorder of children and young adults. It is a slowly-evolving, progressive, untreatable, viral/degenerative panencephalopathy with or without retinopathy, caused by a persistent CNS-retinal infection with a defective, hypermutated, SSPE-form of wild measles virus (WMV). SSPE usually starts

~9y after either a clinically apparent or a subclinical form of systemic WMV infection. No vaccine strains of measles virus have been documented as the cause, by genomic sequence analysis (GSA) in SSPE patients, even though 50% of them have had a history of measles vaccination. Their SSPE is most likely related to a presumed or known exposure to WMV before vaccination took place, at <1y of age. From 1989-1991 there was resurgence of measles in the USA, well documented in 55,622 children, most of whom were either unvaccinated and less than 5 years of age, or pre-vaccinated at greater than 1 year of age. Most causative WMVs during this epidemic were shown to belong to a single indigenous MV-genotype D3.

This patient was born in the USA in 1990 (during the period of the epidemic), and she was first vaccinated in 1991. The light and electron microscopic diagnosis of SSPE was confirmed by the CDC by the demonstration of CSF titers of MV-specific IgG (1:6,400), as well as by immunohistochemically demonstrable MV-antigen within the paraffin-embedded brain tissue, in glial and neuronal nuclei. MV RNA was detected in frozen brain tissue and was proven to be WMV-genotype D3 by GSA (as opposed to the MV-genotype A, which is contained in all currently used measles vaccines).

References:

Garg RK. Subacute sclerosing panencephalitis (review). Postgrad Med J 2002; 78:63-70.

Griffin D, Bellini W: Measles virus. In: Field's Virology, Field BN, et al., eds., Philadelphia-New York: Lippincott-Raven, 1996, pp. 1267-1312.

Mgone CS et al. Clinical presentation of subacute sclerosing panencephalitis in Papua New Guinea. Tropical Medicine and International Health 2003; 8:219-227.

Orenstein WA, Strebel PM, Papania M, Sutter RW, Bellini WJ, and Cochi SL. Measles eradication: Is it in our future? Am J Pub Health 2000; 90:1521-1525.

Case 2003-8

Submitted by: Joshua D. Stephany, M.D., and Gary S. Pearl, M.D., Ph.D., Orlando Regional Medical Center, Orlando, FL

Diagnosis: Amebic meningoencephalitis consistent with *Naegleria fowleri*

Comment: This type of meningoencephalitis was first reported from Orlando, Florida, in 1966. A member of the audience pointed out that the organisms can be recognized in cerebrospinal fluid. The treatment of choice for this disease is amphotericin.

References:
Butt CG: Primary amebic meningoencephalitis. N Engl J Med 1966; 274:1473-1476.

Ma P, Visvesvara G, Martinez A, Theodore F, et al: Naegleria and Acanthamoeba infections: Review. Rev Infect Dis 1990; 12:490-513.

Marciano-Cabral F: Biology of Naegleria spp. Microbiol Rev 1988; 52:114-133.

Case 2003-9

Submitted by: Edward S. Johnson, M.D., Kinga Kowaleswska-Grochowska, M.D., Stan Houston, M.D., and John McKean, M.B.,Ch.B., University of Alberta, Edmonton, Alberta, CANADA

Diagnosis: Focal cerebral neuro-schistosomiasis due to *Schistosoma mekongi*

Comment: In addition to the history supplied, after the lesion was excised it was learned that the patient had recently traveled to Laos, where he swam in the Mekong River on several occasions. The history of travel to the Carribean proved to be incorrect. The diagnosis in this case was made on examination of organisms recovered at the time of surgery. *S. mekongi* does not have a lateral spine, in contrast with *S. mansoni*. The patient had serology that was positive for both *S. japonica* and *S. mekongi*.

References:
Gjerde IO, et al.: Cerebral schistosomiasis presenting as a brain tumor. Eur Neurol 1984; 23:229-236.

MacKenzie IAR, Guha A: Manson's schistosomiasis presenting as a brain tumor. J Neurosurg 1998; 89:1052-1054.

Pittella JEH: Neuroschistosomiasis. Brain Path 1997; 7:649-662.

Urbani C, et al.: Epidemiology and control of mekongi schistosomiasis. Acta Tropica 2002; 82:157-168.

Editor's note: Dr. Carlo Urbani, an expert in parasitic diseases with the World Health Organization, was one of the first people to recognize the newly emerging infection, severe acute respiratory syndrome, or SARS, which he described in Hanoi, Vietnam (reference: Ksiazek TG, Urbani C, and the SARS Working Group: A novel coronavirus associated with severe acute respiratory syndrome. N Engl J Med 2003; 348:1953-1966). Dr. Urbani died of SARS in March 2003.

Case 2003-10

Submitted by: Roberta J. Seidman, M.D., and Stephanie Horowitz, M.D., Stony Brook University Hospital, Stony Brook, NY, and Office of the Medical Examiner, Suffolk County, NY

Diagnosis: Adrenoleukodystrophy, adult cerebral type

Comment: There was some loss of axons, in severely involved areas, as judged by immunocytochemistry for neurofilament protein. Electron microscopy revealed lamellar or striated inclusions in macrophages. The adrenals were not atrophic, but the adrenal cortical cells were distended with material that had striated inclusions, on EM. The peripheral nerve was normal. ALD is a peroxisomal disorder, with a mutation at Xq28. The ALD protein is a peroxisomal membrane protein.

References:

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American Association of Neuropathologists

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MINUTES OF THE ANNUAL BUSINESS MEETING
June 20 and June 21, 2003
Wyndham Orlando Resort
Orlando, FL

Call to Order

With a quorum of active members present, President Clayton A. Wiley called the Annual Business Meeting of the American Association of Neuropathologists to order at 111:50 AM on June 20, 2003. Dr. Wiley asked for approval of the business meeting minutes of the 2002 annual meeting. A motion to approve the minutes was seconded and passed by unanimous voice vote.

Meritorious Service to Neuropathology Awards: Dr. Bernardino Ghetti

Dr. Robert D. Terry introduced Dr. Bernardino Ghetti as the recipient of the 2003 Meritorious Service Award to Neuropathology. Dr. Ghetti was born in Pisa, Italy in 1941. He earned his doctorate in medicine (*cum laude 1966*) and then completed the School of Specialization in Mental and Nervous Disease (*cum laude 1969*) at the Medical School at the University of Pisa, where his interest in Neuropathology was sparked. He trained in Neuropathology in Naples 1968-70, after which he traveled to the United States to study Pathology and Neuropathology at the Albert Einstein College of Medicine, Bronx, NY. During his tenure in New York, from 1970-76, he worked with Drs. Wisniewski and Terry, and was co-author of a classic 1973 paper in the Journal of Neuropathology and Experimental Neurology in which neuritic plaques in the brains of non-human primates were described. Since arriving at Indiana University in 1976, Dr. Ghetti has carried out experimental studies of neurofibrillary degeneration and has led comprehensive investigations of the clinical, pathologic, genetic and biochemical abnormalities in genetically determined neurodegenerative disorders. Dr. Ghetti's most important contributions are in the fields of familial AD, dementias related to mutations of the prion protein gene (*PRNP*) and chromosome 17-linked frontotemporal dementia.

At Indiana University, Dr. Ghetti holds joint appointments in the Departments of Pathology and Laboratory Medicine, Psychiatry, Medical and Molecular Genetics, and Neurology. He was appointed the rank of Distinguished Professor in 1997. Since 1991 Dr. Ghetti has been the Director of the Indiana Alzheimer Disease Center, one of 30 centers funded by the NIA, and since 1993 he has been director of the Indiana University Division of Neuropathology. He is the recipient of numerous awards, including the Javits Neuroscience Investigator Award from the NINDS and the prestigious Potamkin Prize for Research in Pick, Alzheimer and Related Diseases from the American Academy of Neurology for his work on frontotemporal dementias.

A consummate scientist and collaborator, Dr. Ghetti has made enormous contributions to the understanding of hereditary neurodegenerative dementias, including the delineation of new entities, and unique mutations causing familial AD, Gerstmann-Sträussler-Scheinker disease, and frontotemporal dementia linked to

chromosome-17. He has contributed to the understanding of prion protein amyloidosis and Aß amyloidosis, and the role of tau protein in disorders in which tau abnormality coexists with cerebral amyloidosis or exists as unique alteration of neurons and glia in the absence of amyloid pathology.
Dr. Ghetti has been an active member of the American Association of Neuropathologists for decades, having served as President from 1996-1997, as well as councilor to the International Society of Neuropathology (ISN) for many years. From 2000-2003, he was Vice-President of the International Society of Neuropathology.
Dr. Ghetti and his wife of 37 years, Caterina, are proud parents of two children: a daughter Chiara, who is an obstetrician in Oregon, and a son Simone, who is an architect in New York City. Dr. Ghetti was proud to become an U.S. Citizen in 1994. His many contributions to neuropathology and the AANP make him an ideal recipient of the Meritorious Service Award.

In accepting the award, Dr. Ghetti thanked the Nominating Committee and stated it was an honor and privilege to receive the award. He described the circumstances that lead to his decision to enter neuropathology and expressed specific gratitude to his mentor, Dr. Robert Terry.

Constitution Committee, Dr. Christine M. Hulette, Chair

During the past year the Committee has been busy with a request that originated at the 2002 annual meeting from the Membership Committee, chaired by Juan Troncoso, for revisions to membership categories, as described in Article III, Sections 1-5 of the Constitution. The Constitution Committee worked closely with the Membership Committee and the Executive Council to formulate a proposed revision to the Membership section of the Constitution.

Notice of the proposed revisions to the Constitution was posted on the AANP Web site, published in the March and the May Newsletters, and sent from Secretary-Treasurer by the First Class mail to all voting members of the AANP.

Dr. Hulette reviewed the proposed revisions to the following article:
Article III, Sections 1-5, concerning the redefinition of membership categories and the requirements for each, including a new membership category of Member-in-Training, reduction of the Affiliate Member category, and continuation of the Senior and Honorary categories.

> The text of the proposed changes follows (deletions are indicated by overstrikes and additions indicated by underlining):
>
> **Proposed Changes to Article III, Sections 1, 2, and 3 (Sections 4 and 5 to remain as written):**
>
> **ARTICLE III: MEMBERS**
> Section 1
> Active members shall ~~be graduates in medicine or veterinary medicine or~~ hold doctoral degrees ~~in pathology or neuropathology who,~~ and when elected, ~~are~~ shall be actively engaged in neuropathology or allied disciplines including teaching, research, diagnosis and/or practice. They shall have made original contributions to diagnostic or experimental neuropathology. ~~and have had at least four years of specialized training and/or experience in the study of diseases of the nervous system. At least two of these years must directly concern neuropathology, applied or experimental.~~ Active members shall have full voting privileges and the right to be elected and serve as officers and councilors of the Association and to serve on committees.
>
> Section 2
> ~~Associate members shall be persons of postdoctoral status who have had at least four years training and/or experience in any field related to neuropathology and who have made original contributions to neurological sciences. Associate members shall have the right to vote on the admission of new associate members and have the right to serve on committees and on the Executive Council.~~
> Members-in-training shall hold doctoral degrees and, when elected, shall be actively engaged in training in diagnostic or experimental neuropathology. These individuals must qualify for regular

membership within five years after election. Members-in-training shall not be eligible to hold office or vote on the admission of new members, but may serve on committees.

Section 3
~~Affiliate members shall be~~ in one of two categories: 1) Those engaged in the study of neuropathology who have completed at least one year of this study and who must qualify for active or associate membership according to Article III, Sections 1 and 2 within five years after election. If qualification for active or associate membership is not achieved within five years, the affiliate membership will be automatically rescinded, pending review by council, and 2) O~~utstanding individuals who have contributed meritoriously to the field of Neuropathology but who do not hold a doctoral degree. Affiliate members are not eligible to hold office, serve on committees or vote on the admission of new~~ active or associate ~~members.~~

Section 4
Honorary members shall be exceptionally distinguished investigators or teachers in the field of the neurological sciences. They shall not be eligible to hold office or vote in the Association, and shall be exempt from the payment of dues.

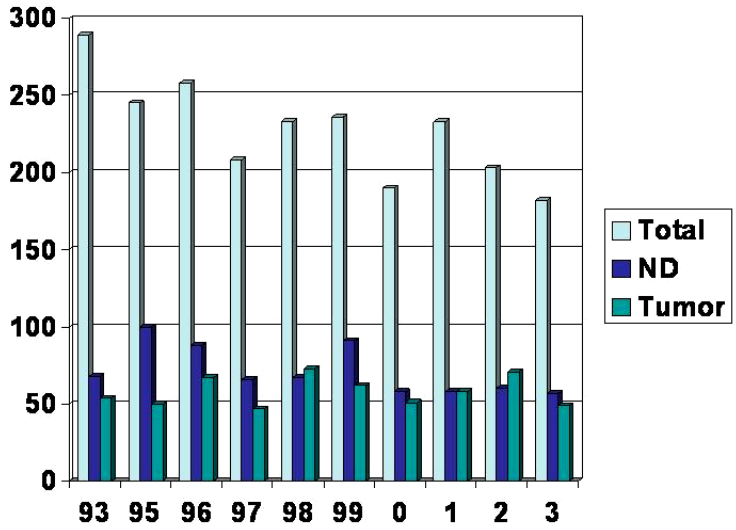
Section 5
Senior members shall be former active or associate members who upon retirement from active professional life have requested and been granted this status. They no longer have to pay dues to the Association, but are entitled to all their previous membership privileges.

Dr. Hulette stated that the intent of the revision was to ensure that no members were disenfranchised. This was followed by considerable discussion. Dr. Richard Davis emphasized that the name of the Association was the American Association of ***Neuropathologists***, and as such was the only organization that represented the MD-neuropathologist. He argued that the AANP had always welcomed other individuals other than MDs working in the neurosciences, but that by abolishing the distinction between the ASC and AFF categories, the organization would no longer represent primarily MDs and this would "change the flavor or the organization." Dr. Seth Love countered and urged acceptance by citing that the majority of UK neuropathologists do not hold doctoral degrees. Drs. Douglas Miller and Karen Weidenheim expressed support for Dr. Davis' opinion, while Dr. Cedric Raine (a self-proclaimed "gate crasher" in the AANP), and Drs. Tessa Hedley-Whyte and Robert Terry advocated acceptance, citing the importance of the organization to be as inclusive as possible. Dr. Mirra seconded a call for the vote by Dr. Terry. Dr. Wiley reviewed the membership requirements for voting and reminded members that a 3/4 acceptance of the proposal was required by the Constitution to be accepted.
The result of the voting was 78-FOR *versus* 29-OPPOSED, for an acceptance of 78/107=73%. Since this was just shy of the required 75%, the proposal was defeated.
Dr. Raine suggested that the Constitution and Membership Committees carefully rework/reword the proposal for presentation at a future meeting.

A motion to accept the report of the Constitution Committee was seconded and passed by unanimous voice vote.

Program Committee, Dr. Arie Perry, Chair

This year, all AANP abstract submissions were received electronically, significantly increasing the efficiency of the Program Committee's review process and allowing for an extension of the abstract deadline from the original date of February 7 to February 28. The extended deadline, later than what has been offered in the past, resulted in a boost in abstract submissions, from 156 on the 7th to 182 on the 28th. Unfortunately, this still represented a significant decrease over submissions in past years. A number of competing meetings this year (e.g., international AD and ISN meetings) may have accounted, in part, for this decrease. Nevertheless, a review of prior submission numbers revealed an overall downward trend, with the following numbers for comparison (ND = neurodegenerative, T = tumor):



The greatest proportional drop in submissions occurred in the non-neurodegenerative, non-tumor associated categories. A number of potential reasons were suggested and proposals for future enhancements of our program were suggested as topics for further discussion.

As in prior years, all submitted abstracts were accepted, with the exception of a single abstract that was submitted a week late. The electronic submission process went smoothly and painlessly for most, with the exception of a few minor glitches, mostly for the Mac users. The special characters list and the ability to cut and paste into submission fields was improved over last year's version. The electronic e-mail confirmations were usually rapid, but occasionally delayed, depending on the frequency of data updates by Allen Press. A single member communicated to Dr. Parisi that his abstract was not included, but he had not received the e-mail confirming that the paper had been successfully transmitted. Since it is too late to remedy this problem now, it was suggested that members be urged in the future to inform the program chair if they are having difficulties with submission or if their confirmation e-mail is not received within a day of submission.

The program committee did an outstanding job, reviewing all 182 abstracts in record time. Based on submitter preferences, presentation format recommendations, and the decreased submissions, the number of platform presentations was reduced from 14 to 12, allowing for both a scientific program of outstanding quality and an extended afternoon break on Saturday. Space allotments also enabled all posters to be left up both days, allowing for increased viewing times and interactions with the presenters. In keeping with last year's introduction of the popular "special lecture," Dr. Robert Terry was enticed to share his experience and perspective on the *AANP: The earlier days- 1955-80*. His talk will be presented Friday evening at the end of the scientific sessions and promises to be a highlight of the meeting.

Despite the website abstract database, the production of the program booklet and published JNEN abstract section was laborious, time consuming, and required more manual manipulation, cutting and pasting, etc., than should be necessary in this electronic age. Dr. Perry indicated that this process could be significantly improved. A greater degree of automation could significantly enhance efficiency and reduce the opportunity for introducing errors during unnecessary data transfer steps. Efforts made by Allen Press, Dr. Parisi, and Dr. Perry to standardize the printing format and correct errors for the abstract publications led to considerable improvements, including a non-redundant author index. Unfortunately though, the absence of university affiliations in some of the abstracts escaped our attention prior to the published version. A potential topic for consideration would be switching to another abstract support service with the goal of making the process more efficient. Dr. Perry concluded by thanking his committee members, the scientific program session chairs during this year's meeting, as well as Drs. Joe Parisi, Bette DeMasters and Jeff Golden.

The discussion that followed included comments by several members regarding the decrease in submissions. Dr. Hedley-Whyte pointed out that the years with the fewest submissions (1997, 2000, and 2003) corresponded with those with International Congresses. Dr. Petito suggested that the current rules regarding the number of papers that could be submitted were restrictive and urged that the restrictions be reviewed. Dr.

Ludwin suggested that the decrease might be "telling us a lot about our profession in general" and urged a more thorough review.

A motion to accept the report of Dr. Perry was seconded and approved by unanimous voice vote.

Membership Committee, Dr. Juan C. Troncoso, Chair

Dr. Troncoso reported that the committee discussed and drafted the proposal for amending the Constitution and had worked closely with the Constitution Committee on the proposed membership revision that had been defeated.

The Committee had approved 19 members for Active Membership, including 13 new members and the advancement of 2 members from Affiliate-to-Active, 2 new members for Associate Membership, 9 for Affiliate and 13 for Senior Status. The roster of candidates had been published in the May Newsletter and distributed at the meeting. A motion to accept the proposed slate was made, seconded and passed by unanimous voice vote.

MEMBERSHIP APPLICATIONS/CHANGES APPROVED FOR 2003

ACTIVE MEMBERSHIP (19)

Safa Al-Sarraj, MBChB, FRCPath
Serguei I. Bannykh, MD, PhD
Mark W. Becher, MD*
Lilian Calderon-Garciduenas, MD, PhD
Ivana Delalle, MD, PhD
Christine E. Fuller, MD
Thomas H. Gill, MD
Aaron M. Gleckman, MD
Sue T. Griffin, PhD
Keith Lloyd Ligon, MD
Hiroko Ohgaki, DVM, PhD
John R. Parker, MD*
Martha M. Quezado, MD
V. V. Radhakrishnan, MD
Lothar Resch, MD
Mariarita Santi, MD, PhD
Karl Otto Schwarz, MD
Anat Stemmer-Rachamimov, MD
Chris Zarow, PhD

* Affiliate to Active

ASSOCIATE MEMBERSHIP (2)

Amy Hart, MD
Min Wang, MD, PhD

AFFILIATE MEMBERSHIP (9)

Lorna R. Cruz, MD
Kenneth B. Fallon, MD
Donna E. Hansel, MD, PhD
Bi-Hung Peng, PhD
Rolf Pfannl, MD
Peter Pytel, MD
Veena Rajaram, M.B.B.S.
Di Tian, MD, PhD
Pang-hsien Tu, MD, PhD

SENIOR MEMBERSHIP (11)

Ingrid V. Allen, MD*
J. Richard Baringer, MD*
Heiko Braak, MD**
Mauro C. Dal Canto, MD*
Dikran S. Horoupian, MD*
Uma P. Kalyan-Raman, MD*
John J. Kepes, MD*
Richard F. Mayer, MD**
James E. McLaughlin, MBBS*
William C. Schoene, MD*
Robert D. Yates, PhD**

*Active to Senior
**Associate to Senior

Dr. Troncoso concluded by stating that the number of applications received this year is substantial and is a testimony to the vitality of our specialty and our Association. He thanked the members of his committee and recognized the substantial contributions of Mrs. Audrey Horter, from the Division of Neuropathology at Johns Hopkins, who has very effectively served as secretary to the committee.

Awards Committee, Dr. Andrew W. Bollen

Dr. Bollen thanked the members of the committee for their efforts prior to and during the meeting to evaluate the presented work at the scientific sessions. The 18-member committee already had met briefly Thursday evening and would be meeting on Friday and Saturday evenings. To avoid diluting the importance of the awards, this year the committee was attempting to award one winner and one honorable mention in each category. The results of the Awards Committee work will be announced on Sunday morning at the presentation of the awards. A motion to approve Dr. Bollen's report was made, seconded, and passed by unanimous voice vote.

Diagnostic Slide Session, Dr. E. Tessa Hedley-Whyte

Dr. Hedley-Whyte reported that 12 wonderful cases had been accepted for presentation at the 2003 Saturday evening Diagnostic Slide Session. Overall, 2 new cases had been rejected and one already has been accepted previously. All 150 sets prepared had been sold and members were reminded that the slide sets available for review at the meeting belonged to individual members. Once again this year, an attendee paying by credit card had the option of ordering a slide set on the web-based electronic meeting registration form. Because of the limitations on available cases imposed by requiring 150 slides from each, the DSS currently is investigating the possibility of adopting a virtual microscopy program, although it was stressed that the plan was not to eliminate glass slides entirely, and that the program was under very early development. Dr. Hedley-Whyte concluded by thanking Dr. Leroy Sharer for his assistance in producing the course material and maintaining the finances and Dr. Joe Parisi with his help arranging the electronic orders.

Archivist, Dr. Richard L. Davis

Dr. Davis indicated that he had been busy documenting the meeting with photographs that are being posted, and would be available on the website for members to enjoy. Photographs from the current meeting are on display for all to enjoy, and it is anticipated that these photos will be available for posting/archiving in the near future. Dr. Davis encouraged members to send any photos or documents of historical interest to him, preferably on CD, to be incorporated with the Association's archives

Journal of Neuropathology and Experimental Neurology, Dr. Michael N. Hart

Dr. Hart showed several slides regarding the JNEN. An overview of the JNEN finances revealed that the income of the JNEN had remained stable. The cash balance at the end of 2001 was $263,420. 2002 revenues were $379,999, and expenses were $327,419, for a cash balance at the end of 2002 of $316,000.

The JNEN continues to remain one of the top pathology journals in 2002, with an impact factor of 5.533, the JNEN still ranks third among all pathology journals, fourth among clinical neurology journals (ranking fourth behind *Brain Pathology*, the *American Journal of Pathology* and *Brain*), and 22nd among 198 neuroscience journals worldwide. The number of manuscripts received has remained steady; in 2002, the JNEN received 260 submissions of which 104 were published for an overall acceptance rate of 40%.

The subjects of the articles published in JNEN parallel the results of the membership survey that was conducted last year. Most published are articles on degenerative diseases (30%), followed by neoplastic diseases (23%), infectious/inflammatory/immunity (17%) and others (5%).

Dr. Hart indicated several issues facing the JNEN: 1) the loss of 5-10% subscriptions per year; 2) the impact of electronic publishing; and 3) concerns with Allen Press, especially regarding their electronic publishing limitations that had resulted in the exodus of many medical journals from Allen Press. Dr. Hart indicated that the JNEN had begun looking for a new publisher, had hired a consultant, and already had received proposal from several potential publishers. A primary concern was that the AANP continue to hold the copyright of any article published.

Dr. Hart thanked the JNEN reviewers and Ms. Eileen Healy, the Managing Editor, and emphasized that they were the two most important factors in the success of the Journal. He concluded by reiterating the JNEN policy "to accept the best possible scientific papers we can."

In the discussion that followed, several members emphasized the impact of electronic publishing and reiterated that people read what is online and the importance of joining with OVID. Dr. Raine suggested that electronic publishing should eradicate page and color photo charges.

A motion to accept Dr. Hart's report was made, seconded, and approved by majority vote.

At 12:30 PM, the Business Meeting was adjourned by President Wiley to be continued the next day.

On Saturday June 23, at 12:00 PM, President Wiley reconvened the business meeting with the Officers' reports.

Vice-President for Professional Affairs, Dr. Barbara J. Crain

Dr. Crain reported that the Professional Affairs Committee held a special meeting in Chicago on the weekend of October 19-20, 2002 to discuss the six core competencies defined by the Accreditation Council on Graduate Medical Education (ACGME). Their goals were to define how each "competency" related to neuropathology training and to suggest possible ways for directors of neuropathology fellowship training programs to assess competency in each field. The draft of their report *ACGME Competencies in Neuropathology Fellowship Training* was circulated to the Executive Council in December 2002, for comments and suggestions. The final report will be presented in a round-table discussion format at the Annual Meeting on Friday, June 20 and will be posted on the website. Dr. Crain also spoke to Dr. Hart about modifying the report for publication as an editorial in JNEN

The Committee recommended the creation of an education-related section on the AANP website. Such a site would allow interested members to communicate with each other and to share ideas about curriculum, evaluation forms, feedback on inspections under the new ACGME guidelines, etc. A subcommittee will likely be named specifically for educational issues.

Dr. Crain had spoken to Dr. Hartmann of the American Board of Pathology about re-certification in neuropathology, and expressed the AANP's interest in being involved in determining specific criteria for re-certification and in determining the scientific content of any examinations and reported that he was very agreeable to this.

Dr. Crain had attended the meeting of the Intersociety Pathology Council at the USCAP meeting this spring, and reported that there were no specific neuropathology-related issues and no action items for the AANP.

A motion to approve Dr. Crain's report was seconded and passed by unanimous vote.

President, Dr. Clayton A. Wiley

Dr. Wiley reported that he had been working closely with Dr. Parisi creating the annual meeting. The 2003 Special Course was well received in large part due to the excellent faculty and acknowledged the contributions of Dr. Carolyn Meltzer, who was instrumental in its organization. His staff had made significant renovations to the AANP website, but that more were needed. As President he experienced a fair amount of frustration, mainly in response to the AANP's lack of infrastructure and reliance on volunteer help.

A membership survey was conducted via email/website. Of the 842 members in the AANP, 163 could not be reached by email, and of the remaining 679, 124 (approx 20%) responded. Regarding meetings, the choice of

meeting site was judged "not important" by regular attendees (it was more important for non-regular attendees), there was some interest in more basic science with greater diversity, and it was felt that the Special Course was under-subscribed due to lack of an interesting topic. Strengths of the organization included the JNEN, the Special Courses, professional camaraderie, and focused interests. Iterated weaknesses included "clubbiness," few young members, and limited breadth. Perceived threats were other associations, shrinking membership with few young trainees, and the impact of molecular diagnostics.

Dr. Wiley's personal SWOT-analysis of the organization suggested the following. Strengths: 1) an established history of commitment to mission, 2) an 800+ member base with broad and bridging expertise, 3) professional recognition in both clinical and basic science, and 4) focused meeting with in depth coverage of select topics. Weaknesses: 1) vague mission/goals, especially professional goals, 2) disproportionately small membership relative to field, 3) small number of training programs and trainees (non-existent recruitment), 4) defining ourselves *out of existence* (with "paradoxical" shrinkage of member number relative to annual meeting attendance), and 5) poor organizational structure, including lack of administrative support and professional database, and inability to create an agenda and move forward. Although Opportunities are available to the AANP (growing scientific demand for expertise, internet opportunities, and a generally satisfied membership), there are significant Threats that include lack of growth, lack of trainee support, and encroachment by other professional organizations (e.g., ANA, ASIP, CAP, SFN).

Dr. Wiley then outlined several scenarios. One is to do nothing, and although the AANP will survive, it likely will shrink to small, low profile, hard-core nucleus that would be unable to promote the profession. A more tenable option is to do something, but this will require significant "repair" of the infrastructure. For the latter, Dr. Wiley suggested that the AANP hire an independent contractor, or join/ a consortium of medical organizations as FASEB, or partner with other professional medical organizations as ANA. The reliance on volunteer officers, particularly Secretary-Treasurer, is becoming increasing difficult to bear—hiring a contractor/secretary, and expanding the role of the JNEN staff are possible alternatives. Lengthen the term of officers to 4 years, developing goals annual objectives and mid-year Executive Council meetings also would strengthen the organization's infrastructure. Dr. Wiley discussed several pros and cons of continuing the annual meeting as it currently is *versus* affiliating with another organization, and expressed support for the latter, particularly partnering with FASEB.

He reported that the Executive Council had directed him to explore the possibility of a future joint meeting with FASEB, and create a subcommittee, comprised of AANP officers and the JNEN editor, to identify an administrative structure for handling the business of the organization. Dr. Wiley concluded by thanking the offices and councilor of the AANP for all their efforts.

A motion was made and seconded to approve Dr. Wiley's report and passed by unanimous vote.

President-Elect, Dr. Joseph E. Parisi

Dr. Parisi thanked the Nominating Committee and Officers and Councilors for their support and confidence in his election. He indicated that there were some pressing issues facing the AANP, many of which had been discussed by Dr. Wiley. He hopes to advance strategies to strengthen the infrastructure of the organization, to develop a financial plan for the AANP, to establish a Development Committee that will seek support from corporate/research sources and a Foundation that will permit tax-free acceptance of member/corporate donations, to institute young investigator/trainee awards (perhaps $500 each) to stimulate attendance and involvement by trainees and junior members, and to encourage high-level scientific and clinical presentations at meetings by participation of basic scientists and clinical colleagues within and outside the Association.

He and Dr. Scott VandenBerg are organizing the Special Course to focus on new developments in the classification, diagnosis and biology of brain tumors, with an emphasis on practical approaches to common diagnostic problems and molecular and newer techniques for improved diagnosis. The Presidential Symposium, also under development, will focus on the practice of neuropathology in the 21st century, and will include discussions of new and emerging technologies and problems and challenges facing our profession.

A motion was made and seconded to approve Dr. Parisi's report and passed by unanimous vote.

Assistant Secretary-Treasurer, Dr. Mark L. Cohen

Dr. Cohen reported that the 2004 meeting would be held, June 24-27 at the Renaissance Cleveland Hotel, Cleveland, OH. The 2005 meeting will take place June 9-12, at the Hyatt Regency Crystal City in Arlington, VA, and the 2006 meeting, September 10-15, at the Hyatt Regency San Francisco, San Francisco, CA, in conjunction with the XVIth International Congress of Neuropathology.

Despite the introduction of op-coded evaluation forms, the overall response rate of feedback for the 2002 Annual Meeting was roughly 25% . While the Special Course earned good marks overall, most people skipped the general questions and concentrated on the individual speakers. Defining success as >80% satisfaction and less than 10% dissatisfaction, all but two talks were successful. The Presidential symposium similarly was successful. The meeting overall was considered successful, with many positive comments on the extended poster sessions (although several suggested that it would be helpful to set more times for authors to be available for discussion at their posters), and as always, the Diagnostic Slide Session was received enthusiastically, with several suggesting that it be splitting it into two sessions and devoting more time to similar activities. The new "special" lectures were well received, with the suggestion that they be opened up to spouses & other interested parties.

Issues of CME accreditation were discussed and compliance emphasized. The CME continues to be a "moving target," and while the AANP have been successful at clearing new hoops, the most recent demands have been for more complete and specific disclosure information, that will need to be documented and available to ACCME when requested.
CME credits are awarded on an hour-for-hour basis for the Special Course, the scientific sessions, the Korey Lecture, the Diagnostic Slide Session and the Presidential Symposium for a maximum of 30 Category 1 credit hours. This year, op-coded evaluation sheets for each of these has/ or will be distributed, and the importance of members completing these for providing evaluation, feedback and needs assessment was stressed. CME letters were included with meeting registration packets for pre-registered attendees; letters for on-site registrants will be mailed with meeting receipts. Attendees should take credit only for the sessions attended; these should be indicated on the letter, signed and kept for future reference. Although the Secretary-Treasurer will continue to record CME hours approved for each session, the details of any individual's attendance will be the responsibility of that attendee.

Dr. Cohen concluded by announcing that he will serve as Assistant Secretary-Treasurer for one more year (2003-04), and then as advisor for a new Assistant Secretary-Treasurer for another year.

A motion was made and seconded to approve Dr. Cohen's report and it was passed by unanimous vote.

Secretary-Treasurer, Dr. Joseph E. Parisi

During the past year, there were four deaths within the Association:
Larry E. Becker, MD, FRCPC (July 17, 2002)
Pawel A. Cyrkowicz, MD (February 5, 2002)
Julio Martinez, MD (December 27, 2002)
Uriel Sandbank, MD (September 12, 2002).
The Secretary-Treasure also learned of the deaths of four additional members:
Abraham T. Lu, MD (August 5, 2000)
Miroslaw Mossakowski, MD, PhD, DSci, Dhc (December 26, 2001)
Paul J. Anderson, MD (August 11, 1998)
A. Theodore Steegmann, MD (January 18, 1992).
There was a moment of silence in recognition of these members.

This year the Office of Secretary-Treasurer was involved with several activities, including the distribution of detachable member ID cards accompanying mailed dues payment receipts, notifying appropriate voting members of the proposed constitutional change to Article III, Sections 1-5, and numerous website enhancements. .Due to an oversight, senior (SNR) members were not mailed ID cards this year, but can request one at any time , but this will be rectified in future years. Any member can request a membership card by contacting the Secretary-Treasurer.

Currently, the AANP is comprised of approximately 800 members. Of these there is an increasing number of members at the SNR level of membership. This year, for example, 11 members were advanced to SNR status, for a current total of 128 members (approximately 15%) at this level.
Last year (2002) 12 members advanced to SNR status, making the total 120 (up from 113 in 2001, 97 in 2000, 91 from 1999, 86 from 1998-99, and 79 from 1997-98).
The SNR status provides for continuation of membership after retirement. According to the AANP Constitution (Article IX, Section 2):

> *Council may, upon appropriate action, exempt individual members from payment of dues. After 25 years of membership, after reaching age 65, or upon retirement for age or disability, members may apply to the Council and be granted senior status, which shall relieve them of any obligation for payment of dues. No member shall lose any of his previous rights by reason of any such exemption from payment of dues.*

Senior members do **not** pay dues to the Association, but are still entitled to all of their previous membership privileges. Traditionally this has included a personal subscription to the *Journal of Neuropathology and Experimental Neurology* and correspondence from the office of the Secretary-Treasurer free of charge. The Secretary-Treasures continues to annually write to each SNR member and him/her to indicate that the JNEN and mailings are desired. With the increasing number of SNR members and relatively high cost of the JNEN have resulted in a significant stretching of AANP resources (e.g., of the current 128 SNR members, 78 receive the JNEN gratis, at a cost to the AANP of $9360). In an effort to maintain costs, including the current dues structure, it was decided by the Executive Council that this practice no longer is possible and that this will be suspended. effective January 1, 2004. Senior members may elect to continue receiving the journal at cost ($120 per year).

Regarding registrations for this meeting, the majority of attendees paid by credit card (87%) with only 13% paying by check. Of those paying by card, approximately 3/4 (73%) registered online (thank you!), about 1/4 (22%) registered by fax/mail. This increase in the use of credit cards, although making moneys immediately available, occurs at a cost of 2.25%-3.50% plus $0.03-0.08 per transaction of the total (depending upon which card is used), so the overall impact to the AANP is approximately $1610. Similarly, there is an increase in the number of members paying dues by credit card (for 2003, 58% paid by card and 42% by check), with an even further loss of approximately $1680 in the total amount of dues collected. This reflects a net loss of approximately $3290 income that may be recouped by increasing dues/meeting charges in the future.

The use of electronic email/website delivery of AANP Newsletters as downloadable pdf files and information, enacted January 1, 2003, to counter escalating mailing and printing costs, seems to have been a successful experiment. Of the almost 800 members polled, only 52 have requested to continue to receive copies by mail. Members may request that copies by sent by mail by informing the Secretary-Treasurer. The surcharge will continue to be applied to member residing outside of the US, to offset additional mailing costs associated with their JNEN subscriptions.

The overall finances of the AANP remain sound. In general, the annual member dues largely offset the cost of the individual subscription to the JNEN ($120 each), the mailing, printing, website, accreditation, accounting and personnel costs, while the meeting registration fees ($125 for members, $175 for non-members, and $55 for trainees) largely offset the cost of the annual meeting. He emphasized that meeting and course pre-registration not only was extremely helpful in planning and ordering materials, but also greatly simplified on-site activities. As reflected in the financial statement distributed at the meeting, the AANP is sound and the budget remains balanced largely because of our ability to divert some of the appropriated monies for other uses by working under budget in many areas, but there still is little cushion. Plans for the development of a "foundation" to accept contributions and strategies to increase support for the meetings are continuing.

As approved by the Executive Council, dues for 2004 will remain as follows:
2004 ANNUAL DUES SCHEDULE

Members residing in	ACTIVE	ASSOCIATE	AFFILIATE
United States	$165	$155	$140
Canada	$181	$171	$156
Overseas	$205	$195	$180

Additional activities of the Office included, for the second year, managing the purchase of slide sets for the Diagnostic Slide Session on the meeting form, as well as the mailing of meeting pre-packets sent with abbreviated program, , AVIS promotion, and Orlando-area information to all registrants who pre-registered by the cutoff date of May 21. Op-scan evaluation sheets will again be used this year.

The online member directory continues to be quite popular and currently almost 80% of members are listed. Members were reminded that an individual MUST give permission to be listed online. This may be done by visiting the website or by contacting the Secretary-Treasurer, and may be changed at any time.

Dr. Parisi acknowledged the enormous help and support of numerous individuals during his fourth year as Secretary-Treasurer, including the officers and councilors of the AANP, the new Secretary-Treasurer, Dr. George Perry, the committee chairs, and the support staff in Rochester, MN (Connie McDonough, Christine Parisi, and Liz McDonough). He also thanked his son, Thomas, for providing the music at the Annual Reception. He also acknowledged the staff of the Wyndham Orlando Resort who had been helpful and responsive, and the contributions of Drs. Gary Pearl and Joe Ma for making reception prizes available to the AANP at cost and for obtaining local meeting contributors.

Dr. Parisi closed by inviting comments from the membership and thanking members for their continued support. A motion to approve Dr. Parisi's report was seconded and passed unanimously by voice vote.

Nominating Committee, Dr. Dennis W. Dickson, Chair

Dr. Dickson presented the proposed slate of nominees for the year 2004-05 as follows:

President-Elect: Harry V. Vinters
Vice President-Elect: Leroy R. Sharer
Secretary-Treasurer: George Perry
Assistant Secretary-Treasurer: Mark L. Cohen
Vice President for Professional Affairs: Barbara J. Crain

A motion to accept the slate of candidates and the report of the Nominating Committee was made, seconded, and approved unanimously by voice vote.

CAP Neuropathology Committee, Chair, Dr. Barbara J. Crain

As Chair of the Neuropathology Resource Committee for the College of American Pathologists (CAP), Dr. Crain reported that the Committee continues to produce teaching cases and currently is exploring releasing these as an anthology on CD-ROM. Since the Committee interacts with the College on multiple levels and maintains an active liaison with the AANP, Dr. Crain encouraged any member with an issue to contact the Committee. She emphasized that the CAP checklists are evolving projects and any suggestions for changes can be communicated to her. In conclusion, Dr. Crain announced that she will be stepping down as chair and that Dr. Joe Parisi had been appointed the new chair of the Committee.

International Society of Neuropathology, Drs. Samuel K. Ludwin, Orso Bugiani, Stephen J. DeArmond and Richard L. Davis

President of the ISN, Dr. Sam Ludwin, reported that this had been a very busy year. He acknowledged the success of Brain Pathology, noting that Editor-in-Chief, Dr. Harry Vinters, and Managing Editor, Mr. Duncan MacRae, had taken it to a very high level. He announced a third volume in the ISN series on Developmental Disorders that will be edited by Jeff Golden, to follow the successful volumes *Structural and Molecular Basis of Skeletal Muscle Disease*, and *Neurodegeneration: The Molecular Pathology of Dementia and Movement Disorders*. He reported that an analysis of training in neuropathology around the world was not very encouraging and cited the recommendation of the Committee on Specialties of the Royal College of Physicians and Surgeons of Canada to restructure laboratory specialties and downgrade the status of neuropathology to a subspecialty of anatomic pathology.

On a more positive note, Dr. Ludwin introduced Professor Francoise Gray, the next President of the ISN, describing her as a neuropathologist "extraordinaire," who will bring grace and dignity to the Society.

Dr. Orso Bugiani presented an update on the 2003 XVth International Congress of Neuropathology to be held in Turin, Italy, from September 14-18. The ISN and the Italian Association of Neuropathology will sponsor the Congress jointly. Dr. Bugiani thanked the AANP for help given to the organizing Committee and for the financial support it provided. He reviewed the program for the Congress noting 24 plenary lectures, 21 workshops, the Presidential symposium and 28 sessions devoted to platform/poster presentations. He reassured members who had expressed concern about not receiving confirmation of their meeting registration and/or presentations and noted that efforts were underway to notify attendees and soon as possible.

Dr. Stephen DeArmond presented information about the XVI International Congress of Neuropathology, to be held in September 10-15, 2006, in San Francisco, CA at the Hyatt Regency San Francisco. He began by noting that two years ago he and Dr. Dick Davis had been charged with organizing the meeting and showing the proposed logo. In progress to date, Dr. DeArmond indicated that the incorporation of the XVIth International Congress (in California as a non-profit, Public Benefit Corporation within IRS Code §501c3) had been completed, and the meeting site secured at the Hyatt Regency at the Embarcadero, San Francisco. Conferon will oversee management of meeting, and Allen Press currently is developing the 2006 ICN website that will be interactive and up-and-running prior to the September Turin meeting. As approved at the Executive Council meeting, the officers of the Congress include:

Organizing Committee Chair: Dr. Stephen DeArmond
Secretary-Treasurer: Dr. Richard Davis
Program Committee Chair: Dr. Scott VandenBerg.

The Executive Committee also gave approval to open a Corporation bank account. Ongoing activities include the preparation of color posters and brochures announcing the 2006 ICN for distribution at the XV-ICN in Turin, and strategies for raising funds are in the planning stages. Dr. DeArmond closed by describing several sites appropriate for satellite meetings and emphasized that these should be secured as soon as possible, as well as numerous areas for side trips /excursions that would be enjoyed by members and families.

National Prion Disease Pathology Surveillance Center, Dr. Pierluigi Gambetti, Director

Dr. Gambetti provided an update of cases reported to the National Prion Disease Pathology Surveillance Center, which was established in 1997 by the Center for Disease Control and Prevention, and sponsored by the American Association of Neuropathologists. The purpose of the Center is to "monitor, characterize and store all cases of suspected and proven human prion disease that occur in the United States." Since its inception through May 31, 2003, 1095 US cases had been submitted; of these 662 (60%) were Prion disorders, including 525 sporadic, 71 familial, 4 iatrogenic, and 1 nvCJD (from UK). Of 408 sporadic cases, the majority (235 cases/ 57%) have been M/M and MV1 classical type. Dr. Gambetti reported the wide variety of mutations that have been identified and emphasized the importance of genetic analysis in the diagnosis and characterization of these disorders. He stressed that the Center is a national resource that serves as a tissue bank for prion disorders, important in a disease of low incidence. A goal of the Center is to reach the level of the European Surveillance Center, but the number of cases that currently are being referred the Center represents only about 53% of the prion diseases occurring in the US.

He emphasized that the Surveillance Centers had been invited to join the EuroCJD (the international association of surveillance centers) and had received increased funding that allows for reimbursement of autopsy costs to institutions and body transport costs to families, but that referrals are not increasing and surveillance remains incomplete. Suggested measures to increase reporting included 1) an aggressive advertising campaign directed towards neuropathologists, pathologists and neurologists, and 2) classifying cases as *probable* or *possible* prion disease based on clinical data alone when the autopsy cannot be performed that requires reporting by neurologists as well as consent and collaboration by the States. He emphasized that successful surveillance is a cooperative venture requiring full cooperation of neuropathologists. He noted that that neuropathologists can support the Center by providing assistance in obtaining autopsies, by sending tissues even when the diagnosis of CJD seems obvious, and by providing detailed clinical information. If requested, the Center could provide slides from submitted cases for

presentations. Dr. Gambetti thanked members of the Association for their support in contributing cases but emphasized that for purposes of establishing the true incidence of the disease, notification of cases is important.

New Business

None

Adjournment

A motion to adjourn the Business Meeting was made, seconded, and approved. Dr. Wiley adjourned the meeting at 1:10 PM.

Respectfully submitted,

_____
Joseph E. Parisi, M.D.
Secretary-Treasurer

ADDENDUM: Changes to Membership

MEMBERS DROPPED

The following members were *dropped* from membership in the AANP because of nonpayment of dues for more than 2-years, despite numerous attempts by the Secretary-Treasurer to be contacted by phone, email and/or letter:

Elena Koles (AFF)
Peter T Ostrow, MD, PhD (ACT)
Roberto Rivas, MD (AFF)
Nobuo Shimada, MD (ACT)
Rosalie M Uht, MD, PhD (ACT)
Philip W Zoltick, MD (ACT)

MEMBER RESIGNANTIONS

The following members requested to resign from the AANP:

Sandra H Bigner, MD (ACT)
Serge Brion, MD (ACT)
Betty Ann Brody, MD, PhD (ACT)
Ian D Duncan, BVMS, PhD (ACT)
Andrew G Engel, MD (ACT)
Stanley J Geyer, MD (ACT)
Linda A Goodman, MD, PhD (ASC)
Mahlon D Johnson, MD, PhD (ACT)
L Dade Lunsford, MD (ASC)
Jerry R Mendell, MD (ACT)
Vital Montpetit, MD (ACT)
Tara Morrison, MD (AFF)
Junichi Tanaka, MD (ACT)