Welcome to the inaugural edition of the Section on Hematology/Oncology (SOHO) newsletter. The newsletter is a result of the strategic planning efforts by the Executive Committee to move our section forward. As part of the planning process, you provided the Executive Committee with a number of thoughtful suggestions, one of which was better communication with our members. Consequently, the development of this newsletter is based on this suggestion and we hope you find the content helpful and look forward to your ongoing feedback.

The Executive Committee of SOHO is in frequent communication working on various activities, many of which are listed later in this column. Drs. Alan Gamis, Eric Kodish and Thomas Abshire will complete their terms on the SOHO Executive Committee as of October 31, 2010. We would like to extend our deepest gratitude to them for their service and commitment to the Section. The most recent elections were held in March, 2010 and we are pleased to welcome Zora Rogers, MD, Gary Crouch, MD and Gregory Hale, MD to the Executive Committee beginning 11/1/10. We would also like to thank Dr. Roger Berkow and Dr. William Woods for their work on the Nominating Committee and welcome Charles Quinn, M.D., M.S., Patricia Shearer, M.D. and Anna Warwick, M.D., M.P.H. to that committee.

The AAP has a long history of effectively advocating for the needs of children, made possible by its over 60,000 members and effective Washington office. For specialists, the perception has been that these advocacy efforts are focused on primary care. However, the legislation passed, such as SCHIP, helps kids receiving both primary and specialty care equally. The AAP leadership recognizes that roughly a third of the members are specialists and that there are competing demands for limited membership dues dollars. This has resulted in increasing attention to the needs of specialists and their patients. Examples include successfully advocating for:

1. The recent increase in Medicaid payments for some evaluation and management codes to Medicare rates intended for primary care practitioners and pediatric subspecialists,
2. Loan reimbursement for pediatric residents choosing to enter high need pediatric subspecialty fellowships (as pediatric hematology/oncology is likely to be considered) and
3. Funding for the Price-Walker Conquer Childhood Cancer Act.

While not successful, the AAP also advocated against implementation of the elimination of consultation codes by CMS and has been involved with the new IOM/ACGME Resident Duty Hours. See the Section website for information on some of these activities at: http://www.aap.org/sections/hem onc/default.cfm
In the near future, there is an expected push to fund chronic disease management through the Medical Home model. While for the most part, these funds will likely be allocated to primary care pediatricians, the AAP leadership is aware that pediatric hematologists/oncologists provide the care coordination, educational and vocational counseling, transition to adult care and other services for children with cancer, bleeding disorders and sickle cell disease. SOHO, in conjunction with other pediatric specialty sections, is participating in the discussions regarding how the responsibilities and payments for these services may be structured.

In addition to advocacy, the AAP brings extensive publication and organizational resources to help pediatric hematologists/oncologists. In a cooperative effort with ASPHO, an online PHO focused version of Pediatric Review and Education Program (PREP) is being prepared. In addition, there is a movement toward developing another online quality improvement module, Education in Quality Improvement for Pediatric Practice (EQIPP) in conjunction with the ASPHO Practice Committee. This should be helpful to many of us regarding the Maintenance of Certification process.

Finally, SOHO is a link between PHO practitioners and our colleagues in primary care pediatrics and other subspecialties. We are called upon to review AAP guidelines and statements prior to publication and while our comments are not always incorporated, in general we have been able to educate our colleagues and effectively modify statements. In fact, we reviewed 20 publications in this past year. An example, was the October, 2009 AAP News article written by SOHO and the Section on Sports Medicine and Fitness regarding the participation of individuals with sickle trait in athletics. Several SOHO members, led by Jeff Hord, participated in creating an article that effectively indicated the need for adequate rest and hydration for all athletes, stating that singling out this population for special treatment was the result of a lawsuit, not scientific data. We have a role in communicating updates in our specialty to the pediatricians through policy statements in Pediatrics, as well as other publications aimed at the pediatrician such as the AAP News and AAP Grand Rounds. It is our role to identify speakers and topics for the AAP National Meeting. Third party payors often look to the AAP for guidance on what benefits merit coverage in children, and the AAP sends those requests to its specialty section members for comment.

The continued membership of subspecialists is key in the Academy’s ability to effectively advocate on their behalf on a national level. While the AAP dues are comparatively expensive, the additional cost of joining SOHO is minimal at $15. All of us also have limited resources, however the return on the investment in AAP membership will likely be significant for pediatric subspecialists, even those with their own specialty organization such as ours.
Over the past year, the Executive Committee of SOHO has embarked on a strategic planning process with a principal goal of determining how the AAP and SOHO could better bring value to its members. Here, we will share with you the outcome of this effort and over the next two years we should dialogue about the progress made with these and future goals for the organization.

The strategic planning session identified five major concentration areas:

1. **Coding and Payment**: The AAP has developed an extensive coding and billing expertise, and this knowledge is available to SOHO members. One example is the coding hotline through which members can ask an expert specific questions related to their practice. This would be helpful for that difficult case or special situation where the correct code is unclear. I encourage each of you to bring forward specific instances where your services have failed to be reimbursed. The AAP staff may be able to indicate how coding changes can better identify the services to the payers. This would also help identify necessary new codes. We can all learn from your experiences. We hope you find the coding information in this edition helpful. In addition, to help us further focus efforts in this area, we have developed a brief survey that can be accessed at: http://www.surveymonkey.com/s/SG9Z7Q3 It should only take 5 – 10 minutes of your time.

Practice Management Online is another benefit available to members. Dr. Brigitta Mueller from the SOHO Executive Committee is serving as the hematology/oncology PMO subspecialty liaison. Her expertise and leadership will undoubtedly broaden the ability of this service to meet the needs of the specialist and in particular the pediatric hematologist/oncologist. (For more information see the article later in this newsletter.)

2. **Maintenance of Certification**: A second focus is to help members with MOC requirements. As mentioned in my Update, together with ASPHO, the AAP is working to develop a PREP specific for pediatric hematology/oncology. Additionally, we are investigating the potential value of developing an EQIPP module that would serve for those looking to meet the part IV, quality improvement component of MOC.

3. **Advocacy**: Advocacy is a major strength of the AAP, and we need to help bring our most critical issues forward. Among other issues, the AAP and SOHO will specifically continue to work with the Alliance for Childhood Cancer to advocate for children and families impacted by cancer. Clearly programs that improve access to care for children and adolescents benefit our patients and families.

4. **Education of the General Pediatrician and other Pediatric Providers**: One of SOHO’s roles is providing information regarding pediatric hematology and oncology issues to general and other subspecialty pediatric providers. To help guide future programmatic planning, SOHO surveyed several Sections with large general pediatrician memberships including young physicians, regarding their educational interests and needs in practice regarding hematology/oncology issues. The findings supported the topics that had been suggested in the past (ie.-interpretation of laboratory hematology, late effects, coagulation testing, etc.) and provided insight into other possible areas. Policy development is another way the Section can educate the pediatric community regarding PHO topics. SOHO and Committee/Section on Child Abuse and Neglect through the work of Shannon Carpenter, Jim Anderst and Thomas Abshire, are drafting clinical and technical reports on hemostatic testing for children who are potentially victims of SCAN referred with bruising. We look forward to hearing from you on suggestions for possible future policy topics.

5. **Communication**: Lastly, improving the flow of communication between the membership and SOHO Executive Committee is an important goal. This newsletter is the first of many planned communication tools. Most importantly, this really needs to be a bidirectional conversation. The AAP and SOHO can only meet needs that it understands-so please feel free to let us all know what is on your mind!

### Volunteers Welcome

As we implement the objectives of the SOHO strategic plan, we would welcome those members who are interested in volunteering in one of the following areas:

- Newsletter Committee
- Web site Committee

Please contact Suzanne Kirkwood at skirkwood@aap.org with your interest or with any questions regarding the Section.
This workshop was organized by NHLBI, NIH and included invited speakers from SCDA, CDC, HRSA, NCAA, subspecialty providers, lawyers, sickle cell researchers and clinicians.

The morning of June 3rd was dedicated to discussing the occurrence of sudden death in athletes with sickle cell trait (SCT). Dr. Ohene-Frempong (CHOP) gave an overview on the epidemiology, pathophysiology and clinical manifestations of SCT. Several speakers then discussed the potential evidence for cardiac or metabolic causes for sudden death. Dr. Marty Steinberg (BU) talked on the current evidence for sudden death in sickle cell trait. Dr. Ronn Tanel, pediatric cardiologist from UCSE, gave an introduction to possible pathophysiological mechanisms of cardiac sudden death among athletes, including electrophysiological (shortened QT interval) and anatomical reasons (left hypertrophic cardiomyopathy, vessel abnormalities), as well as an emerging insight into genetic predisposition syndromes. Three speakers spoke on the topic of sudden death occurring during exercise: Dr. John Kark (Walter Reed) talked about the military’s experience with heat-related deaths and the changes in training that were implemented. Dr. Randy Eichner (U Oklahoma, NCAA physician) discussed the cases of death and their preceding clinical presentations occurring during football practice. Interestingly enough, all 18 deaths since 1974 have occurred during practice, none during the actual games. Furthermore, they occurred early during training, after strenuous exertion for only a relatively short time. Patricia Deuster (Uniformed Services University) presented very interesting data about muscle physiology and the effect of exercise and the occurrence of rhabdomyolysis under extreme conditions or with certain genotypes. These presentations were followed by a panel discussion, where the validity of the current statistics (mainly out of the NCAA) was discussed.

The afternoon was dedicated to the public health aspects of SCT and started with a summary of the discussions at the Annual Sickle Cell Disease Scientific meeting (Hollywood, FL in February 2010) by Dr. Lanetta Jordan and a summary of the meeting on the Scientific and Public Health Implications of Sickle Cell Trait (Bethesda, December 2010) by Dr. Althea Grant (CDC). Both meetings basically came to the same conclusions: the scientific knowledge is limited, communication with the wider community is necessary. Dr. Jordan (SCDA) also mentioned that one has to be careful not to create any actual or the appearance of discrimination by taking measures to single out people with SCT, even if it is under the premise of protecting them. The SCDA has developed 10 bullet points emphasizing their willingness to be an advocate for people with the trait, but also insisting on using scientific evidence for any interventions. The SCDA supports the modification of conditioning/training practices for all athletes without screening.

The next part of the meeting was dedicated to the discussion of ethical, legal and societal implications of SCT screening programs. Dr. Carlton Haywood (Johns’ Hopkins), Vence Bonham, JD (National Human Genome Research Institute) and Dr. Charmaine Royal (Duke) made a very convincing argument for the potential problems associated with screening without adequate counseling and follow-up. Dr. James Eckman (Emory) gave an overview on screening for hemoglobinopathies and the conflicting data about SCT as a health issue. Dr. Joseph Telfair (UNC) discussed the need to involve the community as a stakeholder and Loraine Brown and Michele Lloyd-Puryear (HRSA) described the current public health infrastructure supporting screening efforts.

The next day was dedicated to a review of “other” possible complications of SCT, including coagulation and thrombosis (Nigel Key, UNC: moderate evidence), obstetrical issues (Kathy Hassell, Colorado: no clear evidence), renal problems (Abhijit Kshirdagar, UNC: possible evidence) and others (Kim Smith-Whitley, CHOP). This was followed by a panel discussion, moderated by Clinton Joiner (Cincinnati). After a short break, participants divided into 3 breakout groups and came to the following conclusions:

A) Sudden death in SCT: Would a large epidemiologic study provide useful information?
   a. Yes. NCAA and DOD would be the best resources and should include all athletes/recruits.
   b. Should prospectively collect all health events

Continued on Page 5
In March 2010, President Obama signed into law The Patient Protection and Affordable Care Act (Public Law 111-148) and an accompanying package of modifications to the law, including Medicaid payment reform.

The new law contains many strong child health provisions, a direct result of decades-long efforts by the Academy to urge Congress to prioritize children's health needs on the national policy agenda. AAP members and staff advocated throughout the health reform debate to amplify the voices of children and pediatricians, and the resulting new law will improve the quality, affordability and accessibility of health care services for children and families.

Throughout the health reform process, the Academy has been focused on “the ABC’s” of fundamental priorities for children and pediatricians:

• appropriate payment rates and workforce improvements to allow real Access to covered services
• age-appropriate Benefits in a medical home
• health care Coverage for all children in the United States

The current law addresses these issues in the following ways:

• **Access**: The law provides pediatric primary and subspecialty workforce improvements, including a new loan repayment program ($35,000 per year) for pediatric subspecialists who practice in subspecialty shortage areas. In addi-
tion, for the first time ever, a new $8.3 billion federal investment will bring parity to Medicaid and Medicare payments for primary care doctors. The increase applies to payments for evaluation and management codes recognized by Medicare starting in 2013, and is available to physicians with a specialty designation of internal medicine, family medicine or pediatrics.

• **Benefits:** All *Bright Futures* services will now be covered for children with private and public insurance as an immediate benefit for no co-pay. The law also includes new funding for Medicaid medical home demonstration projects.

• **Coverage:** The law projects that nearly thirty-two million children, parents and individuals will now gain insurance coverage. The law also prevents children from being denied health insurance due to pre-existing conditions, and allows young adults to remain on their parents’ insurance until the age of 26; both provisions will take effect in 2010. In addition, the law preserves the Children’s Health Insurance Program (CHIP) with funding until the end of fiscal year 2016 and includes a renewed federal funding commitment to states through 2019.

In addition to these reforms, the current law also reauthorizes the Emergency Medical Services for Children program, which provides grants to all 50 states to support activities and efforts related to pediatric emergency care.

In the weeks and months ahead, the Academy will work with Congress and the Administration to ensure that the health reform law is appropriately implemented to provide the best possible outcomes for children and the pediatricians who care for them.

**How to Get Involved**

Visit the AAP Department of Federal Affairs Member Center Web site

AAP members can log into the AAP Member Center – login required ([http://www.aap.org/moc/indexEntry.cfm](http://www.aap.org/moc/indexEntry.cfm)) and visit the Federal Affairs website. The tab is located at the bottom of the page on the left. Click on the Resources tab for information related to health reform and other priority federal legislative issues, including a link to an implementation timeline ([http://www.kff.org/healthreform/8060.cfm](http://www.kff.org/healthreform/8060.cfm)) that details when provisions of the health reform law will take effect, frequently asked questions document ([http://www.aap.org/url/s10/f10/3.htm](http://www.aap.org/url/s10/f10/3.htm)) on what health reform means for children and pediatricians, a series of one page summary documents ([http://federaladvocacy.aap.org/](http://federaladvocacy.aap.org/)) addressing key issues and a power point presentation ([http://www.aap.org/url/s10/f10/4.htm](http://www.aap.org/url/s10/f10/4.htm)) that can be used by members.

**Become a Key Contact**

To receive additional communication on health reform implementation and other federal legislative issues, become a Key Contact. Key Contacts are AAP members who have asked to receive timely legislative updates and advocacy requests from the AAP Department of Federal Affairs on federal legislative issues important to the Academy. To enroll in the Key Contact program, visit FederalAdvocacy.aap.org (AAP Member Center login required) and click on “Become a Key Contact.”

**Contact the AAP Department of Federal Affairs**

The AAP will continue its advocacy on issues of importance to children and pediatricians at the national level. We welcome and encourage you to contact the AAP Department of Federal Affairs at kids1st@aap.org if you become aware of similar efforts underway in other organizations or if you have any additional questions about the Academy’s federal advocacy activities.
Coding Corner:  
Using Time to Code for Office-Based E/M Services

If counseling and/or coordination of care dominates a face-to-face service you can use *time* as your key factor. What that means is that greater than 50% of the total face-to-face time is spent in counseling and/or coordination of care. Each office-based evaluation and management (E/M) code, 99201-99215, as well as office-based consultation codes, 99241-99245 have “typical” times listed. That means you look to the time in the code descriptor *instead of* the key components (eg, Code 99214 lists 25 minutes of face-to-face time). What many physicians and coders do not realize is that the typical time listed in the code descriptor (eg, Code 99214 lists 25 minutes of face-to-face time) are not threshold times, but more of a guide.

For example, a physician documents that she spent 22 minutes with an established patient, and the entire visit was spent counseling and coordinating care. She is over the typical time required for a 99213 (15 minutes), but below the typical time required for a 99214 (25 minutes). What should she code? CPT tells us to code to nearest time, even if that means rounding up. Since 22 minutes is closer to 25 minutes (99214) then it is to 15 minutes (99213), the physician would report a 99214.

Another important consideration using time, is that in the descriptors for codes 99201-99215 and 99241-99245, it states “time spent with patient and/or family.” That means when you coding using time, you can take into account time spent with a parent or guardian, and not just time spent with the patient. That is important to remember if you must speak with a parent or guardian when the patient leaves the room, or if a parent or guardian needs to discuss the patient's medical care *without the patient present.*

However, some visits take an extensive amount of time and you may need to account for that extra time. One way to capture that time is to look at the office-based, face-to-face prolonged services codes, 99354-99355. However, in order to be able to utilize these codes, the physician must spend a minimum of 30 minutes face-to-face with the patient beyond the typical time listed in the highest level E/M service in the category (ie, 99205, 99215, 99245), *when using time as your key factor.* Therefore, to report a 99215 with face-to-face prolonged services (99354) a minimum of 70 minutes must be spent. Note that the time does not have to be continuous. For any prolonged time spent that is less than 30 minutes, that is still included in your E/M service. It is important to clearly document the total time spent and what was discussed with the patient or family.

Coding education has always been a priority for the Academy. A coding webinar series that provides insights, tips and strategies for practices has been developed

For more information or to register, visit [www.aap.org/webinars/coding](http://www.aap.org/webinars/coding)

Did you know that the AAP offers a coding hotline for members? You may send your inquiries to [aapcodinghotline@aap.org](mailto:aapcodinghotline@aap.org)
Practice Management Pearls and Resources

Practice Management Online (PMO) is a resource for general and subspecialty pediatrician AAP members and their office staff to make tools available to aid them in running a practice that is fiscally sound, efficient, and provides quality health care to children and families. PMO is a virtual home for pediatricians seeking information on practice management activities. The site is accessible through the “button” on the AAP Member Center or directly at http://practice.aap.org. PMO consists of 6 buttons:


These key areas are useful for all pediatricians, but particularly helpful to those pediatricians who are taking over management activities, either in an established practice, or to those who are launching a new practice. Each month, approximately 12,000 AAP members view PMO. Currently, there are approximately 1,200 documents, tools, and resources posted on PMO. New content is added twice a month.

In 2008, the PMO Editorial Advisory Board (EAB) included an objective to incorporate other sections and subspecialties in to the development of PMO content. Dr. Brigitta Mueller is currently serving as the PMO subspecialty liaison for the Section on Hematology/Oncology. The role of the PMO EAB liaison is to assist the PMO EAB in identifying gaps on section specific content on PMO, and to write articles that relate to practice management and their subspecialty. The liaison is also responsible for reporting their efforts to their section. Recently Dr. Mueller sent an email to all Section members asking for their feedback on current resources on PMO and those areas for which they would like additional information. Please send your suggestions to bumuelle@txccc.org.

In addition, a LISTSERV has been created for pediatric medical subspecialists to discuss practice management issues such as billing and coding, payment and reimbursement, office policies, utilization of physician extenders, staffing (nurses, secretaries, etc), contract negotiations, practice workflow, relative value units (RVUs), full time equivalents (FTEs), and more among subspecialists by posting questions, and sharing experiences, tips and resources. All pediatric subspecialists, who are current members of the AAP and currently belong to a related Section, are invited to participate in this LISTSERV. Currently, there are nearly 200 members subscribed to the LISTSERV. Currently, there are nearly 200 members subscribed to the LISTSERV.

If you have any questions or would like to join the LISTSERV email tcalabrese@aap.org.

PMO Pearl: Practice management online currently offers an 85 slide PowerPoint presentation, “Pediatric Coding Basics, 2010.” This presentation provides a good review with examples, and includes the latest coding information.

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Is Your Contact Information Up To Date At The AAP?

In order for us to communicate with you effectively, it is essential that you update your demographic information including your address, phone number and e-mail address with the Academy. You can do this by:

- Go to aap.org and log into the Member Center
- Click on “MY ACCOUNT” and then click on “Update Personal Information”
- Make any necessary changes to your profile.
The PREP Hematology/Oncology product is a collaborative effort between the Academy and the American Society of Pediatric Hematology/Oncology (ASPHO). This intensively peer-reviewed state-of-the-art online self-assessment program is being developed by leading pediatric hematology/oncology specialists for specialists. Content will include:

- Case-based questions to challenge your knowledge in the extensive scope of this specialty.
- Thorough explanations of preferred responses with the most up-to-date references available for your review.
- Important points highlighted with graphics and charts.
- Questions and critiques based on In-Training, Certification, and Maintenance of Certification Examination content specifications from the American Board of Pediatrics (ABP).

The current Editorial Board is comprised of:

<table>
<thead>
<tr>
<th>Editors</th>
<th>Writers</th>
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<tr>
<td>Robert John Arceci, MD, PhD, FAAP</td>
<td>Vincent G. Pullen, MD, FAAP</td>
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<tr>
<td>Baltimore, MD</td>
<td>Areas of interest: acute lymphocytic leukemia classification and treatment, late effects of treatment for childhood cancer, sickle cell disease, platelet function abnormalities</td>
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<tr>
<td>Areas of interest: leukemia, histiocytic disorders, transplantation, molecular understanding of cancer, target therapy development</td>
<td>Areas of interest: neuro-oncology, fellow education, sarcomas, sickle cell disease and ITP</td>
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<tr>
<td>Jeannette Pullen, MD, FAAP</td>
<td>Adam Levy, MD, FAAP</td>
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<tr>
<td>Jackson, MS</td>
<td>Areas of interest: aplastic anemia, iron deficiency anemia, sickle cell disease</td>
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<td>Mary-Jane S. Hogan, MD, FAAP</td>
<td>Vic D. K. Gidvani-Diaz, MD, FAAP</td>
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<tr>
<td>New Haven, CT</td>
<td>Areas of interest: quality improvement practices in the care of pediatric oncology patients, childhood cancer survivorship education and follow-up medical care, benign hematology, epidemiology of childhood cancer</td>
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<td>Julie Kim, MD, PhD, FAAP</td>
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<tr>
<td>Lackland AFB, TX</td>
<td>Areas of interest: adolescent and young adult oncology, palliative care, long-term follow-up</td>
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<td>Julie Kim, MD, PhD, FAAP</td>
<td>Zora R. Rogers, MD, FAAP</td>
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<tr>
<td>Lebanon, NH</td>
<td>Areas of interest: sickle cell disease, bone marrow failure, ITP, hereditary spherocytosis, chronic transfusion therapy, management of iron overload</td>
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<td>Jayson Stoffman, MD, FAAP</td>
<td>Patrick Leavey, MB, BCh, BAO, LRCP&amp;SI, MRCPI, DCH, FRACP, MD, FAAP</td>
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<tr>
<td>Winnipeg, Manitoba, Canada</td>
<td>Areas of interest: pediatric hemostasis and thrombosis, hemoglobinopathies</td>
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ABP Maintenance of Certification – Part 2: … Continued from Page 9

A Free Trial site is now available at: http://prephemonec.aap.org

This annual subscription activity will launch in January. PREP Hematology-OncoLOGY will publish the third week of each month. It will deliver 8 questions per month for a total of 96 questions per year. Learners wishing to claim 20 ABP MOC Part 2 Points upon completion of PREP Hematology-OncoLOGY will need to answer all 96 questions. All 96 questions will be available in November of the publication year (2 months of questions will publish in November in order to give learners additional time to complete the activity if/as needed for end-of-year requirements for CME or MOC).

Section members receive special pricing: $159 — 20% off non-member rates.

If you have any questions about this information or PREP self assessment products please contact Nancy Zabel at nzabel@aap.org or 800/433-9016, ext. 4728.

AAP and Section Policy Activities

The Section objectives and strategic plan emphasize SOHO’s role to improve the care of infants, children and adolescents with cancer and hematologic disorders. One of the ways it seeks to accomplish this is through the development of policy that provides guidance to the general pediatrician. Below are the current policies developed by the Section. A policy currently in the process of development is “The Evaluation of Bleeding Disorders when Child Abuse is Suspected” being authored by Shannon Carpenter, MD FAAP and James Anderst, MD FAAP. This policy is being co-sponsored by the AAP Committee on Child Abuse and Neglect.

The Section Executive Committee would welcome your suggestions regarding potential topics for future consideration. Please contact Eric Werner, MD FAAP at eric.werner@chkd.org or Suzanne Kirkwood at skirkwood@aap.org

Policies authored by the Section on Hematology/Oncology are listed below and can be accessed at: http://aappolicy.aappublications.org/cgi/collection/section_on_hematology_oncology

Long-term Follow-up Care for Pediatric Cancer Survivors Pediatrics March 2009

Preservation of Fertility in Pediatric and Adolescent Patients With Cancer Pediatrics May 2008


Guidelines for the Pediatric Cancer Centers Pediatrics June 2004, reaffirmed October 2008


AAP Policy Statements – (General policy site) http://aappolicy.aappublications.org/

Welcome to Our New Members

The Section on Hematology/Oncology welcomes the following new members:

<table>
<thead>
<tr>
<th>Joel Brochstein, MD FAAP</th>
<th>Michelle Manalang, MD FAAP</th>
<th>Hari Sankaran, MD</th>
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<tr>
<td>Shannon Carpenter, MD FAAP</td>
<td>Arif Manji, MD</td>
<td>Richard Shore, MD FAAP</td>
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<tr>
<td>Tamara Chang, MD</td>
<td>Jonathan Marron, MD</td>
<td>Venee Tubman, MD</td>
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<tr>
<td>Jesse Cohen, MD FAAP</td>
<td>Elizabeth Mullen, MD FAAP</td>
<td>Elizabeth Van Dyne, MD</td>
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<tr>
<td>Maggie Eidson, MD FAAP</td>
<td>Rebecca Olvera, MD FAAP</td>
<td>Rajkumar Venkatramani, MD</td>
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<tr>
<td>Paul Kelker, MD FAAP</td>
<td>Nicolas Peters, MD</td>
<td>Peter Zage, MD, PhD, FAAP</td>
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For Upcoming Newsletters . . .

We welcome your input and encourage you to submit ideas or information by email to Eric Werner, MD FAAP at eric.werner@chkd.org or Suzanne Kirkwood at skirkwood@aap.org for future issues of the newsletter.

Upcoming Meetings

NIH: James B. Herrick Symposium
November 16 - 17, 2010
Bethesda, MD

52nd American Society of Hematology Meeting and Exposition
http://www.hematology.org/Meetings/Annual-Meeting/
December 4-7, 2010
Orange County Convention Center, FL

American Society of Pediatric Hematology/Oncology Review Course for the ABP Certifying Exam
http://www.aspho.org/education/content/reviewcourse.html
February, 10-13, 2011
Fairmont Dallas Hotel
Dallas, TX

2011 Hemostasis and Thrombosis Research Society Annual Scientific Symposium
http://htrs.org/Events/
April 29-30, 2011
Northwestern Memorial Hospital
Chicago, IL

American Association of Cancer Research Annual Meeting
http://www.aap.org/url/s10/hemonc/102810.htm
April 2 – 6, 2011
Orlando, FL

American Society of Pediatric Hematology/Oncology
http://www.aspho.org/
24th Annual Meeting
April 13-16, 2011
Baltimore, MD

2011 Pediatric Academic Societies Meeting
http://www.pas-meeting.org/2010Vancouver/future_meetings.asp
April 30 - May 3, 2011
Denver, CO

ASCO Annual Meeting
http://chicago2011.asco.org
June 3 – 7, 2011
Chicago, IL

Children’s Oncology Group Fall Meeting 2011
September 13 - 17, 2011
Atlanta, GA