Chair’s Update
Jeffrey Hord, MD, FAAP

I am honored to now serve you as the new Chair for the Section on Hematology/Oncology. I have longed been impressed by the work of the Academy and the Section in advocating at a national level on behalf of both our patients and pediatric hematologists/oncologists. It is also humbling to me to see Section members volunteer so much of their time to write and revise policies which aim to enhance hematology/oncology care throughout the country. So, thank you to those who have contributed to the work of the Section in the past and I encourage others to step up and contribute in the future.

Entering 2013, SOHO has the opportunity to expand and enhance advocacy, educational, and policy development efforts through our new alliance with the American Society of Pediatric Hematology/Oncology (ASPHO). I think this is one of the most exciting collaborative efforts within our subspecialty in many years. There is the opportunity to bring the strengths of the 2 organizations together so that both can better serve the members of our profession and our patients. I can’t stress enough how important it is for all pediatric hematologist/oncologists to be members of both organizations. Additional membership dues will allow us to make these improvements. I am pleased to Chair the SOHO-ASPHO Leadership Team who is currently working to develop the ground rules for Alliance operations. I will keep SOHO members informed of developments related to the SOHO-ASPHO Alliance through this newsletter.

I wish you a Happy New Year and I look forward to working with you as SOHO strives to serve you better through our new partnership!

Reflections from the Immediate Past Chair
Eric Werner, MD, FAAP

It has been a tremendous honor to serve as the SOHO Executive Committee Chair for the past four years. The AAP is a remarkable organization that does great work to promote the health of children not only in the U.S. but also around the world. As an organization with >60,000 members including primary care pediatricians, pediatric medical and surgical specialists, the AAP understands the health care needs of children and adolescents. The Federal Affairs office under the direction of Mark DelMonte does an outstanding job of advocating for children and explaining the workings of the Federal Government to pediatric providers. SOHO has had the responsibility of representing the viewpoint of pediatric hematologists/oncologists and the patients and families we serve to the AAP at large.
Perhaps our most significant action has been the formation of the AAP-ASPHO Advocacy Alliance. Through this collaboration, there will be synergistic accomplishments in identifying and promoting important issues such as resolving cancer drug shortages, improving the care of individuals with sickle cell disease and ensuring the availability of pediatric specialists in general and pediatric hematologists/oncologists in particular. This Alliance can serve as a model for other pediatric subspecialty societies to work closely with the AAP. As this country moves forward with dramatic changes in health care delivery, this kind of arrangement strengthens our ability to represent the broad range of pediatric providers to the decision-makers.

The Executive Committee has performed multiple other functions including producing and reviewing AAP policy statements, contributing to the activities of related organizations such as the Alliance for Pediatric Cancer (thanks to Ed Forman) and Council of Pediatric Specialties (thanks to Gary Crouch). Enormous thanks go out to the current Executive Committee Members—Brigitta Mueller, Jeff Hord, Zora Rogers, Gary Crouch, Patricia Shearer and Greg Hale, as well as to members who have rotated off in the past few years including Stephen Feig, Tom Abshire, Eric Kodish, Alan Gamis and Roger Berkow. Best of luck and much gratitude to Jeff Hord, your new Executive Committee Chair who will play an important additional role in determining the future role of SOHO in the era of the ASPHO-AAP Alliance. We all owe tremendous thanks to Suzanne Kirkwood, our AAP staff liaison whose remarkable organizational skills, diplomacy and wisdom has consistently promoted the best outcomes for SOHO activities.

Finally, my deepest respect goes to all of my peers in this field. You are an incredible group of physicians, teachers, researchers, administrators, advocates and role models.

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**Volunteers Welcome**

We would welcome those members who are interested in volunteering in one of the following areas:

- Newsletter (Contributor or Editor)
- Website Content

Please contact Suzanne Kirkwood at skirkwood@aap.org with your interest or with any questions regarding the Section.

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**Immediate Past Chair's Update** Continued from Page 1

The Section on Hematology/Oncology Executive Committee

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Brigitta Mueller, MD, FAAP
Zora Rogers, MD, FAAP
Patricia Shearer, MD, FAAP

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Eric Werner, MD, FAAP

**Liaison**
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Suzanne Kirkwood, MS
Manager, Section on Hematology/Oncology

**Journal Production Specialist**
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*Statements and opinions expressed in this publication are those of the authors and not necessarily those of the American Academy of Pediatrics or the AAP Section on Hematology/Oncology.*
Our expertise is helping you prove yours.

**PediaLink for Fellowship Programs**

It’s **NEW**
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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 [www.aap.org](http://www.aap.org) and log into the Member Center
- Click on “MY ACCOUNT”
- Make any necessary changes to your personal information, password or email address.

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**For Upcoming Newsletters . . .**

We welcome your input and encourage you to submit ideas or information by email to Jeffrey Hord, MD FAAP at jhord@chmca.org or Suzanne Kirkwood at skirkwood@aap.org for future issues of the newsletter.
Impact of Changes in Residency Hours on a Pediatric Hematology/Oncology Service (a personal opinion)

Brigitta U. Mueller, MD, MHCM, FAAP

It has been almost 2 years since new rules regarding residency hours proposed by the Accreditation Council for Graduate Medical Education (ACGME) went into effect (http://www.acgme.org/acgmeweb/Portals/0/dh_dutyhoursCommonPR07012007.pdf). As a reminder, ACGME is an independent nonprofit organization responsible for setting standards as well as monitoring and accrediting medical residency programs throughout the United States. The organization conducts periodic reviews of the graduate medical learning environment, including duty hours, professionalism, and supervision of residents (and fellows!), and issues new standards as needed.

The ACGME implemented a new set of common duty hour standards in 2003. Major changes included the restriction of duty hours to 80 hours per week averaged over 4 weeks and the limitation of 24 hours continuous time on duty involved in direct patient care. [1] In March 2009, the ACGME sponsored an International Symposium on Resident Duty Hours and the Learning Environment and an independent, 16-member task force was formed with the charter to systematically review new evidence, including recommendations issued by the Institute of Medicine (IOM) in 2008. [2]. Several issues had been recognized in the intervening years:

1. Residents did not get more sleep and the literature on the detrimental effects of fatigue continued to increase. [3, 4]
2. Although the 2003 rules also included a call for major revisions in regards to supervision of trainees, most institutions focused solely on the 80 hour rules;
3. Concerns about an emerging “shift mentality” and the inherent dangers of frequent hand-offs were not addressed.
4. Despite the changes implemented, there was no clear impact noted on patient safety.

The subsequent new rules were intended to address these issues and allowed to differentiate between interns and more senior trainees, limiting the daily work time to 16 hours for interns (PGY1), while remaining at a max time of 24 hours for PGY2 and above. The new rules also have increased emphasis on supervision of trainees and improvements in the way hand-offs are managed. The rules went into effect in the Summer of 2011.

The implementation of these rules has been rather difficult for many programs and will continue to impact the way we practice medicine in years to come. The emphasis on duty hours, as sound as the reasoning behind it is, may lead to a decreased sense of responsibility for a patient (tasks are postponed to be taken care of by the next shift or by the attending), less integration into teams (everyone appears to be concerned only about their own work) and not necessarily in better supervision or more time dedicated to learning.

In programs like ours where heme/onc rotations are part of the intern year (with a second rotation for most 2nd year residents in a supervisory role) this has resulted in a less than satisfactory situation. Complaints that “the interns are never here” are common, since they tend to go to conferences, continuity clinic, heme/onc clinic and are very careful to leave on time. Hand-offs have multiplied, since our hospital went to a system where most interns leave around 5PM, while one “late-stay” resident gets sign-out from everyone and covers the whole service (for us easily up to 50 patients!) until the night float resident arrives at 7PM (who also covers all heme/onc patients, except the ones in a critical care or bone marrow transplant unit).

Solutions we implemented included initially the presence of an “evening attending”, who worked from 3PM until 11PM. This was changed for the current academic year to an in-house night-time attending (“nocturnist”) who is supervising sign-out, performs evening rounds with the night float resident, is present to supervise admissions. This is great for resident education, patient safety and nursing satisfaction, but bad for finances, since this person usually cannot bill for their time nor create wRVUs to demonstrate his/her productivity. In addition, some med/peds residents complain that they have much less autonomy on their pediatric rotations than in internal medicine.

We have also, in collaboration with the residency program, taken advantage of our electronic medical system and created a standardized hand-off tool that is now being used by all physicians, including fellows and attendings. Although

Continued on Page 5
Impact of Changes in Residency Hours . . . Continued from Page 4

a great tool, residents often spend more time on fine-tuning that report than on actually taking care of their patients.

We have concentrated all of our interns in one (of three) teams, thus trying to mitigate the frequent absences of one or more resident for the above listed reasons. This meant that we had to pay moonlighters (upper level fellows and attendings) to cover parts of our service.

In the future, we, like so many of our colleagues, are planning to become independent of residents and to expand our heme/onc hospitalist system. This may increase patient safety and satisfaction, since these providers will be experts in inpatient medical care of heme/onc patients, but may impact not only the learning opportunities for residents but also for our fellows. It will certainly also have a financial impact, since in general only one person per service can bill each day for any given patient.

It is too early to evaluate the overall impact of the changes, but we certainly have not yet found an optimal solution to keep both our patients and trainees safe, while at the same time providing excellent training opportunities in a financially responsible environment.

References:

AAP Pediatric Coding Webinars

Convenient, cost-effective coding education for your practice

From the American Academy of Pediatrics

Learn the success secrets of seasoned pediatric coders.

The AAP Coding Webinar series feature pediatric-specific insights, tips, and strategies from today’s leading coding experts. These timely and practical sessions will provide answers to some of your most complex coding and billing challenges. Each 1-hour webinar will include time for questions and answers.

Webinars require a computer with an Internet connection and a current Internet browser and speakers. No dial-in number will be provided, therefore your computer must be equipped with speakers.

Learn more about each Webinar and register or purchase at:
http://www2.aap.org/pcorss/webinars/coding/

For coding and billing questions email AAP coding staff at aapcodinghotline@aap.org
The PREP Hematology/Oncology is a collaborative effort between the American Academy of Pediatrics and the American Society of Pediatric Hematology-Oncology (ASPHO).

This intensively peer-reviewed state-of-the art online self-assessment program is developed by leading pediatric Hematology/Oncology specialists for specialists.

Content includes:

- 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 PREP self-assessment learning activities provide a monthly selection of challenging, case-based questions, each one complete with an extensive discussion of the relevant science, the rationale for the preferred answer, and a list of evidence-based references for further reading. The convenient online format offers rich supplemental media, instant feedback, peer performance comparison, full-text searching, and two different assessment modes.

### PREP Hematology-Oncology Advisory Board

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PREP Hematology/Oncology launched in January, 2011 and publishes the third week of each month. It delivers 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).
The Alliance for Childhood Cancer (ACC) grew out of two National Summit Meetings on Childhood Cancer (1999, 2000). Its membership includes over twenty of the most prominent national medical/scientific advocacy organizations dedicated to advancing care of afflicted children and adolescents and support of their families. The American Academy of Pediatrics (AAP) is the largest member organization and has been intimately involved in the organization's development and evolution. In fact, I have been privileged to be a founding member and the first Chair of the ACC. Additionally, I have had the opportunity to serve as the AAP liaison to the ACC and as such am a (non-voting) member of the AAP Section on Hematology/Oncology (SOHO) Executive Committee.

The Key priorities of the ACC are:

1. Assuring that all children and adolescents with cancer are promptly referred for initial evaluation and treatment to pediatric cancer centers which provide comprehensive care and family education and support utilizing multidisciplinary teams;

2. Assuring availability of health insurance for clinical trials, and for the continuum of care from diagnosis through treatment and supportive care to rehabilitation, post-treatment follow-up and late-effect management, transition to adult medicine, and hospice care. Such insurance should have guaranteed portability;

3. Assuring federal funding to support basic, translational and clinical research to advance knowledge of and improvement in care, as well as resources for programs that recruit, train and mentor, and retain skilled pediatric cancer specialists.

Currently, the ACC has been active in educating legislators and helping them in the development of and encouraging their approval of several Acts:

- The Childhood Cancer Survivorship,
- Best Pharmaceuticals for Children,
- Pediatric Research Equity,
- Pediatric Medical Safety and Improvement,
- Preserving Access to Life-Saving Medications.

Recent Alliance advocacy communications include:

1. Alliance Calls on Congress to Avert Sequestration Cuts - [http://www2.aap.org/url/soho/1.htm](http://www2.aap.org/url/soho/1.htm)

2. Alliance Submits Letter to FDA on Importance of Childhood Cancer in Patient-Focused Drug Development Initiative - [http://www2.aap.org/url/soho/2.htm](http://www2.aap.org/url/soho/2.htm)

3. Alliance Supports Legislation to Establish Children's Health Task Force - [http://www2.aap.org/url/soho/3.htm](http://www2.aap.org/url/soho/3.htm)

4. Alliance Calls on Congress to Include Pediatric Cancer Language in FDA Reform Legislation - [http://www2.aap.org/url/soho/4.htm](http://www2.aap.org/url/soho/4.htm)

5. Media Coverage of Childhood Cancer Action Day 2012 - [http://www2.aap.org/url/soho/5.htm](http://www2.aap.org/url/soho/5.htm)

To access the ACC website: [http://www.allianceforchildhoodcancer.org/](http://www.allianceforchildhoodcancer.org/)
Federal Affairs Update:

Pediatric Hematologists-Oncologists: Sign Up for Medicaid Payment Increase

The Affordable Care Act includes a historic investment to expand access to Medicaid for children, and we want to make sure you know about it. As of January 1, Medicaid payment rates are raised to at least Medicare rates for primary care and immunization services.

An American Academy of Pediatrics (AAP) analysis of billing data estimates that pediatric hematology-oncologists stand to receive an average 30.8 percent increase in Medicaid revenue as a result of the increase. But you must sign up with your state to receive these increased payments.

Board-certified pediatric hematologists-oncologists (certified by the American Board of Pediatrics) automatically qualify for the payment increase. However, eligible pediatricians must sign up to receive it. States may have their own reasonable deadlines for pediatricians to sign up (“self-attest”) for the increase, and many of these deadlines are happening within the next month. Pediatric hematologists-oncologists who are not board certified by ABP can also be eligible and self-attest if at least 60% of their Medicaid services for the previous year are for the primary care services specified for the payment increase.

There is still time for you to apply. If a pediatrician signs up by the state’s deadline, the Medicaid payment increase will be retroactive to January 1. Pediatricians and other eligible physicians who apply after a state’s deadline will still receive the increase in payment moving forward; it just will not be retroactive to the beginning of the year. For this reason, all eligible pediatricians are encouraged to sign up as soon as possible.

The increase applies to E/M and immunization services and runs from 2013-2014. The Academy will aim to extend the provision into a permanent investment in children’s health.

Sign up to receive the increased payments

1. Sign up for the increased payments with your state. Visit [www.aap.org/medicaidpaymentincrease](http://www.aap.org/medicaidpaymentincrease) for an interactive chart that includes state self-attestation forms and other resources on where your state stands.

2. If your state does not yet have a form or other means for you to apply, contact your state AAP chapter’s executive director ([http://www2.aap.org/member/chapters/chaplist.cfm](http://www2.aap.org/member/chapters/chaplist.cfm)) or speak to your state Medicaid office ([http://medicaiddirectors.org/](http://medicaiddirectors.org/)) to learn of your state’s plans for implementing the payment increase and how to sign up as soon as possible.

Questions?

If you have questions on how the increase will take effect in your state, please do not hesitate to contact the AAP Division of State Government Affairs at stgov@aap.org or (800) 433-9016 ext. 7799. Learn more about the payment increase at [www.aap.org/medicaidpaymentincrease](http://www.aap.org/medicaidpaymentincrease). We’ll include updated fact sheets, a state specific status chart and other resources/articles here.

If you have questions about subspecialty eligibility for the increase, please contact James Baumberger in the AAP Department of Federal Affairs at jbaumberger@aap.org.
Report on AAP Medical Home Strategy Forum on Primary and Subspecialty Care

In May 2012, the AAP convened a task force of PCPs and specialists to discuss the relationship between the Medical Home (MH) and pediatric subspecialists. There was broad representation that included general pediatricians, medical and surgical subspecialists and the family. Dr. Eric Werner attended this meeting on behalf of SOHO. You may access the Executive Summary of this meeting at: [http://www2.aap.org/attachments/StratForumMedHomeExecSumMay2012.doc](http://www2.aap.org/attachments/StratForumMedHomeExecSumMay2012.doc) The AAP plans to build on these discussions to develop structures and tools to improve the interface between the MH and the specialist. It also plans to advocate for better payment structures to reward a good medical neighborhood.

Quality Connections Newsletter

The Winter 2013 issue of AAP Quality Connections is now available. AAP Quality Connections was launched by the AAP Steering Committee on Quality Improvement and Management (SCOQIM) to communicate timely information and increase awareness of the importance of quality improvement. The newsletter also provides updates on current AAP quality improvement programs and projects.

Highlights from the Winter issue follow:

- Music to the Ears of Patients with IBD
- Innovations in Practice: No "Flu Drive Thru"
- Breaking Down the Walls of Inpatient Silos
- New AAP Guideline on Managing Type 2 Diabetes
- Advanced Access
- SCOQIM Proposing Topics for Measure Development

To access the newsletter, visit [http://www2.aap.org/visit/Winter2013QICections.pdf](http://www2.aap.org/visit/Winter2013QICections.pdf). Archives of precious newsletters can be found at: [http://www2.aap.org/visit/QICectionArchive.html](http://www2.aap.org/visit/QICectionArchive.html)

For questions regarding the newsletter please contact, Junelle Speller, Senior Health Policy Analyst, Quality Improvement, [jspeller@aap.org](mailto:jspeller@aap.org), 847-434-7650 office, 847-434-4996 fax.

Practice Management Pearls and Resources:

Pediatric Consultations:

Expert Strategies to Boost Your Bottom Line

By A.D. Jacobson, MD, AAP

Pediatric consultations can be a confusing coding issue. Guesswork can be eliminated or reduced with good communication between physicians and coders in clear and concise documentation. According to Current Procedural Terminology (CPT®), a consultation is a type of service provided by a pediatrician whose opinion or advice on the evaluation or management of a specific problem is requested by another physician or other appropriate source. The Centers for Medicare & Medicaid Services (CMS) clarifies the definition by saying that the consultant prepares a report of his or her findings that is provided to the requesting physician for that requesting physician's use in treatment of the patient. A consultation may be an initial opinion or a second or third opinion. The request for a regular consultation must come from a physician or other appropriate source (eg, physician assistant, nurse practitioner, school nurse). Further confusion has also been added since as of January 1, 2010, Medicare will no longer be paying for consultation services. However, it is important to remember the following:

- Consultation codes are not being deleted from CPT nomenclature
- Consultation codes will remain on the RBRVS fee schedule with their established values
- This is a Medicare payment policy and may not be adopted by other payers

To review the rest of the article go to: [http://practice.aap.org/content.aspx?aid=2209&nodeID=4000](http://practice.aap.org/content.aspx?aid=2209&nodeID=4000)
Welcome to Our New Members

If you know of others who might be interested in joining the Academy and the Section please refer them to: www.aap.org/aapaspho

The Section on Hematology/Oncology welcomes the following members:

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Newsletter
Winter 2013