CONFERENCE DESCRIPTION

Continuing in the tradition of an annual pediatric pathology conference held in the Aspen area from 1970 to 2003, now including Chicago and Hawaii, the 2011 lecture-based course is designed for general and pediatric pathologists, but will be of interest to pediatric surgeons and pediatricians as well those who are interested in advancing their knowledge in various neoplastic diseases encountered in the practice of pediatric pathology. Handouts and each of the PowerPoint presentations by faculty, including case discussions, will be posted on The University of Chicago website with password access given to all participants. A microscopic slide set of 24 cases with clinical histories will be mailed in advance to the participants and may be kept by them for their files. The cases will be discussed in detail during the conference, and a diagnosis of each case will be given to the participants. The faculty will be available to review interesting and unusual cases that individual participants may wish to bring to the conference with them. Microscopes will be available for this purpose. In addition, an academic poster session consisting of current topics in pediatric pathology will be presented, abstracts for which can be submitted by any participant to Aliya N. Husain, MD at the University of Chicago (aliya.husain@uchospitals.edu).

CONFERENCE OBJECTIVES

At the conclusion of this activity, participants will be able to:

1. Plan a diagnostic approach to the examination of neoplastic childhood diseases
2. Understand the application of molecular genetics to the study of neoplastic pediatric diseases
3. Recognize the gross and histologic appearance of various neoplastic diseases of major organ systems including hematopoietic system, CNS, bone and soft tissue, GI tract, liver, kidney, lung, heart, mediastinum and skin
4. Identify the appropriate use of ancillary techniques (IHC stains, electron microscopy, molecular tests) in the diagnosis of pediatric tumors both benign and malignant
5. Recognize, through the study of microscopic sections, a variety of neoplastic pediatric diseases

ACCREDITATION AND CREDIT DESIGNATION

The University of Chicago Pritzker School of Medicine is accredited by the Accreditation Council for Continuing Medical Education (ACCME) to provide continuing medical education for physicians. The University of Chicago Pritzker School of Medicine designates this educational activity for a maximum of 26 AMA PRA Category 1 Credits™. Physicians should only claim credit commensurate with the extent of their participation in the activity.
LOCATION AND ACCOMMODATIONS

The conference will be held at the Silvertree Hotel / Snowmass Village Aspen. Accommodations will be available in hotel rooms and 1-3 bedroom condominiums. Room reservations will be coordinated by Snowmass Village Reservations at: (800) 525-9402. Myriads of activities are available in the Snowmass area including hiking, biking, river rafting, horseback riding and parasailing. And Snowmass is only minutes away from Aspen by car or bus. Other activities in Aspen include Ballet West, the Aspen Institute programs, world class restaurants and shopping. For travel arrangements contact Snowmass Village Reservations: 800 525-9402 or 970 923-3520 / Fax 970 923-5494

SCHEDULE

Registration will be on Monday, August 1, from 7:00 - 8:00 a.m. at the Snowmass Village Silvertree Hotel. The conference will run from 7:45 a.m. to approximately 1:15 p.m. each day. Breakfast will be provided each morning from 7:00 - 7:45 (7:00 - 8:00 on Monday). Family Social will be held for participants and their families during the refreshment break on Monday morning followed by a description of activities in Snowmass and Aspen. Refreshment breaks will usually be from 10:00 – 10:15 am daily and the conference will adjourn at 1:15 p.m. on Friday, August 5th.

FACULTY AND PRESENTATIONS

John Hicks, M.D, D.D.S., Ph.D.
Chair, Pathology Discipline, Children’s Oncology Group, Professor of Pathology, Medical Director of Ultrastructural Pathology and Oncologic Cytogenetics, Texas Children’s Hospital and Baylor College of Medicine, Houston, TX
TUMORS OF THE KIDNEY, SKIN, AND GI TRACT; NEUROBLASTIC TUMORS

Aliya N. Husain, M.D.
Conference Co-Director, Professor of Pathology, University of Chicago, Chicago, IL
TUMORS OF THE LUNG, HEART and MEDIASTINUM; GERM CELL/PLACENTAL TUMORS

David M. Parham, M.D.
Director, Pediatric Pathology; Professor of Pathology; University of Oklahoma Health Science Center
TUMORS OF BONE AND SOFT TISSUE

Arie Perry, M.D.
Professor of Pathology, CA
TUMORS OF THE CENTRAL NERVOUS SYSTEM

Andrea Sheehan, M.D.
Assistant Professor, Director of Hematopathology, Texas Children’s Hospital and Baylor College of Medicine, Houston, TX
HEMATOPOEITIC MALIGNANCIES

J. Thomas Stocker, M.D.
Conference Co-Director, Professor of Pathology, Pediatrics and Emerging Infectious Diseases, Uniformed Services University, Bethesda, MD
TUMORS OF THE LIVER
CONFERENCE REGISTRATION

ONLINE REGISTRATION: http://cme.uchicago.edu/courses
We accept credit card (Visa, MC & Amex) and/or check payments

USPS/Mail: The University of Chicago
Center for Continuing Medical Education
c/o Aspen Conference
950 E. 61st Street, Suite 101
Chicago, IL 60637

FAX: Credit Card Payments Only to: 773-702-1736

Practicing Physicians: $895 ON or BEFORE July 2, 2011 / $995 AFTER July 2.
Physicians in Training: $795 ON or BEFORE July 2, 2011 / $895 AFTER July 3.

The fee includes breakfast and a refreshment break each day.
Microscopic slide cases (24) will be provided along with various online digital materials.
Early registration is recommended to allow for mailing of slide boxes.
A $100 administration fee will be charged for cancellation up to 21 days (July 12, 2011) before the beginning of the conference.
No refunds after July 21, 2011.

CONTACT INFORMATION
Name ______________________________________________________________ Degree ________
Specialty __________________________________________________________________________
Organization_______________________________________________________________________
Address ___________________________________________________________________________
City ________________________________________ State________ Zip_____________________
Day Phone _____________________________ Fax ________________________________
E-mail____________________________________________________________________________

PAYMENT INFORMATION
[ ] Check enclosed (U.S. funds only) Payable to The University of Chicago (Tax ID# 36-2177139)
[ ] Charge Total $____________ to my [ ] MasterCard [ ] Visa [ ] American Express
Name as it appears on card: ____________________________________________________________
Card # ___________________________________________________ Exp. Date ____________
Signature: _________________________________________________________________________

For additional information about registering for this activity, please contact the Center for Continuing Medical Education at 773-702-1056.