THEME: PATHOLOGY AND POPULATION HEALTH

CALL FOR ABSTRACTS

The Association of Pathology Chairs is pleased to welcome APC members (of all Sections) and other faculty and stakeholders to submit abstracts to be considered for presentation as posters displayed throughout the 2017 APC Annual Meeting. Abstract categories and subcategories are listed below. Several abstracts from each category will be selected for participation in plenary sessions, as speakers and panelists. All speakers and poster presenters are required to fund their own travel to the meeting and meeting registration.

To submit an abstract (or multiple abstracts) for consideration, please email a 500-word (or less) abstract to meetings@apcprods.org with the following required elements:

- Abstract category and subcategory (please include number; example “R1”, “E2”)
- Corresponding and presenting authors
- Additional authors
- All authors’ affiliated institutions and departments
- Brief explanation of the example and how it meets the criteria of the abstract category (include background and description of the example; where appropriate, include a situation assessment before and after implementation of the example)

First DEADLINE – December 15th (for panel presentation and poster display consideration)
(Approved abstracts and selected speakers will be notified by January 15, 2017.)

Second DEADLINE – January 15th (for poster display consideration only)
(Approved abstracts will be notified by February 15, 2017.)

Questions? Contact info@apcprods.org or 301-634-7880

Submissions will be ranked by the APC Pathology and Population Health Steering Committee and approved by the APC Council and PRODS, PDAS and UMEDS Section Chairs.

APC gratefully acknowledges the support of the ad hoc Pathology and Population Health Steering Committee, which includes: James Crawford, Alan Ducatman, Stephen Galli, Fred Gorstein, Peter Jensen, Michael Laposata, Debra Leonard, Deborah Powell, Fred Sanfilippo, and Brian Smith.

APC President – Tristram Parslow • Program Chair – Barbara Ducatman (President-Elect)
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**ABSTRACT CATEGORIES**

**Research Categories:**

R1. Examples of research on the impact of new and emerging technology and activities including liquid biopsies, direct to patient testing, and computer-based surgical pathology interpretation

R2. Examples of research on the causes and impact of medical errors in pathology and lab medicine

R3. Examples of research that engaged Pathology in population health research, including the background on how Pathology was incorporated into the research team, how the research was funded, and the research outcomes’ impact on patient care

R4. Examples of novel data collection, biobanking or consortium arrangements that are facilitated in large part by Pathology to enable cutting edge research, including the background on challenges these facilities sought to address and the major obstacles that were overcome in creating them

**Education Categories:**

E1. Examples of educational approaches or resources that are designed to teach the undifferentiated medical student cost-effective utilization and how to engage Pathologists in test-ordering and interpretation, especially in the context of electronic health records and laboratory information systems

E2. Examples of curricula that offer clinical teams/clinical service opportunities for medical students and residents, so they begin to learn and their fellow clinicians understand how to use Pathologists as consultants

**Health Services (Practice) Categories:**

P1. Examples of Pathologists being engaged by hospital systems in ordering tests appropriately and cost-effectively, including the background on how Pathology was effectively engaged and summary data on the financial benefits achieved

P2. Examples of Pathologists being paid by hospital systems or payers to do “omics” test utilization control or test interpretation, including the background on how Pathology was effectively engaged and summary data on the financial benefits achieved

P3. Examples of Pathologists being engaged by hospital systems to interpret a range of tests for clinicians (or for patients directly), particularly with the goal to increase correct diagnosis and reduce diagnostic error, including what tests were selected and why, and summary data on the impact to diagnosis, treatment and patient outcomes