



American Association for Women Podiatrists, Inc.

Serving Women Podiatrists Nationwide



AAWP

Newsletter Date
Volume 2, Issue 1

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President's Letter

A male colleague recently told me that he thought it was time to disband AAWP. He said that now that the podiatry school student population was 50% female he saw no purpose for AAWP to exist.

It's amazing what a few years in podiatric politics can do for a person. Rather than get into a pissing contest with him, I took his remarks as a challenge to explain how AAWP has grown and what

opportunities are available through AAWP.

AAWP is no longer a voice for a minority; it now serves as an important networking group. We give members a chance to have more meaningful podiatric relationships in a smaller venue. There are members in every avenue of podiatry who have made themselves available when other members have needed their help or expertise.

AAWP Board Meet in Seattle at the APMA National

The AAWP Board met this summer at the APMA National Meeting in Seattle for their annual meeting.

One of the highlights of the year was voting by the entire AAWP membership to add a second vice

president position for the purposes of obtaining corporate sponsorship for AAWP events.

Dr. Elk Garten was voted by the membership to be the 1st Vice President and has been off and running since day

one. Levels of sponsorship were established and she has obtained numerous sponsors in the short time she has been on the Board.

Another goal of the Board is to hold meetings or

AAWP Board Members

- President: Sheryl Strich, DPM
- 1st Vice President: Elke Garten, DPM
- 2nd Vice President: Aparna Duggirala, DPM
- Treasurer: Erika Schwartz, DPM
- Secretary: Abigail Mahoney, DPM
- Past President: Kathleen Satterfield, DPM

President's Letter continued

AAWP has been used by many as a stepping stone into various areas in APMA. In addition to that, we provide speaking opportunities for our members. We offer five scholarships a year to students, and also offer students an opportunity to

work with us. We gain valuable information from their perspective, and they gain references and experiences that they can use on their CV's.

Women podiatrists face unique career challenges. Minimum age after completion of fellowship is just

around thirty. When do you start a family? How do you juggle your time? You've put in a lot of training, yet when family comes along, you're making unexpected compromises. I am often asked why there aren't younger women, i.e. 30 - 40 year olds, in local and state chapters. Between practice

and family, there is just not a lot of time to give.

As a retired podiatrist who is returning to practice, I am so pleased to be a member of AAWP. It is a wonderful organization that serves as the national source for women's podiatric education and information and also serves as a communication link and support network

Board Qualification and Certification

AAWP wants to remind you not to put this process off.

More and more hospitals, insurance companies and employers require board qualification and in a timely fashion board certification.

Many hospitals require this in 5 years even though

we may have up to 7 years to complete it. This is the time of the year to think strategize.

If you did not submit your cases this year for board certification then commit yourself to submitting them this year.

Maybe you should take a board review

course to get you started on the process.

Remember it is never too early to start! The years go by fast!

Interested in attending an AAWP luncheon at the Midwest Conference? Send an email to abigaimahoney@gmail.com

Upcoming! AAWP Luncheon at the Midwest Podiatry Conference in Chicago!

The AAWP cordially invites you to a luncheon at the Midwest Podiatry Conference being held in Chicago.

Bako is sponsoring an AAWP meeting and luncheon for its members on Friday, March 4, 2011. Please

contact Abigail Mahoney at abigaimahoney@gmail.com if you are interested in joining us for lunch.

We hope you can join us in Chicago!

Needle Aspiration Biopsy in Podiatric Practice

Bradley Bakotic, DPM, DO

Needle aspiration biopsy is amongst the most under-utilized diagnostic procedures of those available to the podiatric clinician. This technique may be effectively used to rule out high-grade malignancies when faced with nonspecific subcutaneous masses, in particular, those masses that resemble ganglion cysts. I once had three different medico-legal cases under consultative review at one time, all of which were centered on patients who had non-specific ganglion-like masses. In each instance, the patient actually harbored a high-grade sarcoma, and in each case, they were followed into their grave by their podiatric clinician with the errant diagnosis of "ganglion".

It is not overtly surprising that neoplasms masquerading as ganglion cysts may fool podiatric clinicians. Roughly 70% of all the soft tissue masses in the foot are ganglia. This may lull clinicians into complacency, believing that all hoof sounds are derived from horses, and that zebras don't exist. In 1999, Scully et al. of Duke University summarized their experience with synovial sarcoma primary to the foot. In their series of 14 cases, 8 patients were followed for extended periods of time with the incorrect diagnosis of ganglion cyst. In our series of 401 pedal soft tissue tumors assembled at Memorial Sloan-Kettering Cancer Center we had 8 synovial sarcomas. Amongst these 8 cases, 2 patients saw their diagnosis dramatically delayed because of the errant diagnosis of "ganglion".

Needle aspiration differs somewhat from most other biopsy techniques in that it provides the pathologist with cells and tiny tissue fragments to review, rather than large pieces of tissue. In other words, pathologists are not able to review a lesions overall architecture and pattern of growth. Instead, they must extrapolate the necessary diagnostic data from the appearance of individual cells. Because the material at the pathologists' disposal may be somewhat limited, cytopathology can be somewhat less specific than histopathology. In this vein, the pathology reports derived from aspiration specimens typically provide basic, though highly significant information such as: "malignant cells not identified", "atypical cells identified", or "malignant cells identified". Though vague in comparison to the diagnoses rendered after histopathologic analysis, these techniques may provide invaluable information in the management of patients with non-specific subcutaneous masses, by ruling out the presence of high-grade malignancies.

The purpose of needle aspiration biopsy is to harvest cells and small pieces of tissue from lesions in question. To accomplish this, clinicians should use large (18 gauge) needles, and syringes that will produce high vacuum pressure (10cc or larger). An anesthetic wheal may be raised at the needle entry site. The needle is placed in the mass percutaneously, and the plunger is drawn back to create a vacuum, which is maintained through the procedure. The needle is *partially* withdrawn, and then redirected into each quadrant while maintaining the vacuum. Once each quadrant has been sampled, the vacuum is released, and the needle is removed. If fluid is obtained, it may be put directly into fixative. If no aspirate is apparent, fixative should be drawn up into the syringe, and then the collective contents is returned to the specimen jar. In this context, the ICD-9 is 238.1 and the CPT code is 10021 (10022 when performed with imaging guidance).





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LEFT TO RIGHT: ROBERT ALBERHASKY, MD; BRADLEY W. BAKOTIC, DPM, DO;
WAYNE L. BAKOTIC, DO; JOSEPH "JODY" HACKEL, MD

- Epidermal nerve fiber density analysis
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Calendar of Events

- February 24-27 Goldfarb Board Review-Philadelphia
- March 3-6 Midwest Podiatry Conference/AAWP Lunch (March 4)-Chicago
- March 9-12 ACFAS- Ft. Lauderdale, FL
- March 18-21 House of Delegates-Washington D.C.
- March 24-26 Diabetic Foot Global conference-Los Angeles

Spa Conference

Historically the AAWP planned a SPA conference. The AAWP is looking to restart this fun annual retreat!

If anyone would like to help in the planning of the retreat please contact one of the board members. We are currently looking at sometime in 2012 to host a conference.

We are hoping to host this in a warm climate and offer a fun get away and a chance for continuing medical education as well.

The AAWP looks forward to hearing from its membership!

AAWP Board email information

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