

PERSPECTIVES

in genetic counseling

Volume 25 Number 2

Summer 2003

national society
of genetic
counselors, inc.



*the leading voice, authority and advocate
for the genetic counseling profession*

TABLE OF CONTENTS

Environmental Scan	1
Billing & Reimbursement Issues . . .	1
PGC & JGC Online	1
President's Beat	2
Changing of Guard	3
Resources	4
Mentor Match	5
CDC Outcomes-based Study	6
AEC03 Info	7
Short Courses Named for 2004	7
DES Update	8
Folic Acid Counseling	8
Research Network	9
Media Watch	9
Classified	10

*NSGC gratefully acknowledges
Baylor College of Medicine
Medical Genetics Laboratories
for a generous grant to support this newsletter.
See ad, p. 11*



www.bcmgeneticlabs.org • 800-411-GENE

ENVIRONMENTAL SCAN: AN INSIDE & OUTSIDE VIEW

Bea Leopold, MA

WHY AN ENVIRONMENTAL SCAN?

Strategic planning has enabled us to move forward with direction and intention.

In our first plan, written in 1992, we conducted an environmental scan, an important first steps in a process that looks at internal and external systems strategically. These scans provide a way of studying the internal and external systems that affect how groups can best plan for the future. Factors can include economic, social,

political and technological systems. Our second and third plans focused on our internal needs. Now, as we begin to prepare for our fourth plan, we are again conducting an external study of how we are perceived as well as an internal study to determine what is important to our members.

We hope to learn about community needs, financial implications and collaborative opportunities as well as the thoughts of our competition. Four groups submitted competitive bids to conduct the scan. We have retained the services of The Melior Group, a Philadelphia-based research company, to conduct an independent survey of the external group and to assist us with the creation of the internal assessment questionnaire.

THE PROCESS

"The plan," explained **Maitlon Russell**, Executive Vice President, Melior Group, "will be designed as a series of four phases, each able to stand on its own to provide

...to page 3

Coming Soon!

It's Electronic! (Boogie Woogie Woogie)

JOURNAL, PGC ONLINE

Jennifer Sullivan, MS & Janice Berliner, MS

Please join the editorial staff of both *Perspectives in Genetic Counseling (PGC)* and the *Journal of Genetic Counseling (JGC)* as we slide into the 21st

...to page 6

Perspectives in Genetic Counseling
25:2 — Summer 2003

BILLING AND REIMBURSEMENT ISSUES TO BE ADDRESSED

A Request for Proposals for a Study of Billing and Reimbursement for Genetic Counselors was issued to seven research firms specializing in pharmacoeconomics and healthcare. This RFP is the culmination of many years of study by NSGC's leadership to obtain outcomes research on this issue.

Proposals were accepted through June 14. The project is slated for study from July 1, 2003 through April 1, 2004. It is anticipated that a report will be ready for review by the Board of Directors at the 2004 Interim Board meeting.

NSGC acknowledges the review committee: **Jennifer Farmer**, Chair, and **Leslie Cohen, Debra Lochner Doyle, Barbara Pettersen, Kristen Shannon** and **Jane Tumpson**.

Additional information will follow in future issues of *Perspectives*. ♦

PRESIDENT'S BEAT



April was a month of celebrations honoring the 50 year anniversary of the discovery of DNA. NSGC had much to celebrate too!

Your Board was in the midst of the action in Washington DC as we plunged into our strategic planning process and environmental scan, between the glittering events of the Genome celebration. After a Thai dinner with our colleagues at the Genetic Alliance office, we attended an exclusive reception at the Smithsonian where we enjoyed having our photos taken with **James Watson**, **Nancy Wexler** and **Francis Collins**. I had the honor of attending the celebratory dinner at the Library of Congress where I dined with **Dr. McKusick** — the female counterpart, that is! Chief NSGC photographer,

Diane Baker, snapped a photo of me shaking **Senator Ted Kennedy's** hand as he thanked me for the NSGC letter supporting the Senate's work on a bipartisan genetic discrimination bill. Many of us spent the next two days at the genome celebration symposium, marveling at where the genome project began and where it is leading the future of science and medicine. I am confident NSGC will be at the 100 year celebration.

"I am confident NSGC will be at the 100 year celebration."

More celebrations are in order to honor **Kathy Schneider's** work with the American College of Medical Genetics to assure genetic counseling representation on the AMA's Health Care Professionals Advisory Committee (HCPAC) where **Debra Lochner Doyle** will represent the billing and reimbursement needs for genetic counselors.

Jennifer Farmer will be leading the task force reviewing the NSGC request for proposals addressing billing and reimbursement for genetic counselors.

Andy Faucett and **Kathleen Fergus** are now our official representatives to the National Coalition for Insurance Legislators (NCOIL). Andy will be representing NSGC at the NCOIL meeting in Williamsburg, VA in July. There is hope that our patients will finally have their fears of discrimination allayed with the "Genetic Information Non-Discrimination Act of 2003" which has passed in the Senate HELP Committee.

We emerge from our celebratory high to get down to nitty-gritty work for NSGC. Earlier this month, I provided testimony at the Secretary's Advisory Committee for Genetic

Health and Society (SACGHS). NSGC is thrilled to have **Barbara Willis Harrison** representing the genetic counseling community on this committee. The Genetic Counselors in attendance were: **Joan Scott**, **Joe McInerney** and **Cara Schmitt**. The committee really heard the concerns

expressed about the genetic counseling workforce and has asked that information be submitted to them regarding what is needed to address this issue. I also met briefly with Leon Kass, Chair of the President's Commission on Bioethics.

Later this summer, I will be traveling to San Francisco to participate in the American College of Medical Genetics Strategic Planning process, then I'm off to Melbourne, Australia to represent NSGC at the Australasian Society of Genetic Counseling and the International Congress of Genetics.

Don't forget to make your contributions to the Audrey Heimler Special Projects Award. We have \$34,000 toward our goal of \$50,000 by September.

What fills my NSGC Amazon.com shopping cart this month? My sister-in-law is facing a diagnosis of metastatic breast cancer, so I will be giving her a copy of Hollis Sigler's *Breast Cancer Journal*, a powerful art book of a woman with a BRCA1 mutation and her journey with breast cancer.

Enjoy your summer and I will see you in Charlotte in September.

Robin L. Bennett
2002-2003 President

Perspectives in Genetic Counseling is published quarterly by the National Society of GC, Inc. Send articles and correspondence to the Executive Office.

•EDITOR: Janice Berliner • berlinj@umdj.edu
•STAFF: Susie Ball; Jennifer Claus; Shelly Cummings; Sonja Eubanks; Kathleen Fergus; Angela Geist; Katherine Hunt; Sarina Kopinsky; Jessica Mandell; Melanie McDermet; Kathy Morris; Whitney Neufeld-Kaiser; Claire Noll; Karen Potter; Roxanne Ruzicka; Faye Shapiro; Kathryn Steinhaus French; and Beverly Yashar

•NSGC EXECUTIVE OFFICE: c/o Bea Leopold, Executive Director, 233 Canterbury Drive, Wallingford PA 19086-6617; 610-872-7608; FYI@nsgc.org

The opinions expressed herein are those of the authors and do not necessarily reflect those of the editorial staff or NSGC.

Next issue September 30
Submission deadline August 18

Perspectives in Genetic Counseling
25:2 — Summer 2003

ENVIRONMENTAL SCAN *from p 1*

detailed, useful information.

Collectively, the body of knowledge will inform the overall strategic planning and implementation process."

FOUR FACTORS TO BE EXPLORED

• Board Input

A lively and productive session took place at the April 12 interim board meeting. STAR and Melior officially launched the external scan project by presenting the goals of the research and gaining input from the

Board about the barriers that may exist in the world of genetic counseling. The Board was also asked to comment on the perceived opportunities relative to those barriers and provide insight into the issues that are important to NSGC's various external audiences.

The information gathered from this session helped frame the structure of the external scan and pave the way for the literature search.

• Literature Search

The search has yielded considerable commentary that is specific to or related to genetic counseling. The search targeted academic, medical, government, industry and related health care sources. A second round of the search targeted selected references cited in the retrieved articles/papers. This phase was completed in early June.

• External Scan

Last month, we asked the membership for names of individuals who might be willing to participate in a 30-45 minute telephone conversation about their views of genetic counseling. Members suggested a total of 31 names for the external scan representing clinical genetics, genetics and entrepreneurship, nursing, public health, public policy and various specialties in medicine. Twenty responded that they'd be delighted to participate; one declined and 10 did not respond. This phase will take place in June and July.

• Member Survey & Meetings

Many members responded to the external scan stating that they'd like to participate. All members will be given the opportunity to participate in this scan by responding to a survey, to be distributed to the membership in the summer.

Maitlon will be available at our Annual Education Conference in Charlotte to discuss issues with members. Both public and one-on-one sessions will be scheduled.

FULL REPORT

This major effort will culminate in a comprehensive report on which our 4th Strategic Plan will be based. STAR will provide strategic guidance in working with **Bea Leopold** to craft our fourth strategic plan. The timeline calls for this process to be complete before year's end. ♦

www.meliorgroup.com

CHANGING OF THE GUARD

As Carol Burnett used to say, I'm so glad we had this time together. For the past five years, I've been the editor of *Perspectives*, a job I have thoroughly enjoyed and from which I have grown enormously. I have had the opportunity to work with a wonderful group of people on the editorial board, and sit on NSGC's Board of Directors, which has been an invigorating, exciting and educational experience. I now must step down from the editorship — term limits, you know!

From the time I was in college, friends and colleagues have asked me to "red pen" their works. I guess my parents stressed grammar and sentence structure while I was growing up. The recipients of my comments have not always been happy to hear what I had to say, but I like to think their papers were better for it. When **Maureen Smith** was NSGC's President and asked me if I'd like to take over the editorship, I was thrilled and terrified. Sure, I had edited friends' works, but how could I do this for my professional organization? Well, with Maureen's encouragement and **Bea Leopold's** never-ending help and enthusiasm, it's been a great ride. I'd like to say a special thank you to both of you. You may never know how much your trust has meant to me, but trust me now, it's been invaluable and much appreciated. And to my Editorial Staff, all of you, much gratitude for being there and for your support.

To **Jessica Mandell**, your extremely capable new editor, I also offer my gratitude for always being an enthusiastic and helpful editorial board member. I offer you my best wishes for your tenure. You will undoubtedly enjoy this chapter of your professional life, as I have.

Finally, I am excited to announce that *Perspectives* will soon be going online! Please see the article on page 1 for details. We will have troubleshooters available in each region for anyone experiencing difficulties in accessing *Perspectives* online, but we are working hard to ensure a smooth transition.

Being a member of NSGC from early on in my career has enriched my life in countless ways, and I look forward to continuing my volunteer efforts. Thank you for allowing me to hold this position, as I have cherished it.

— **Janice Berliner**



Medical Genetics Pearls of Wisdom

Author: Warren Sanger

Publisher: Boston Medical Publishing Corporation, 2002, 95 pp., \$32. pb

Reviewer: Angie Trepanier

Are you looking for a study aid to help you prepare for the 2005 Medical Genetics board exam? *Medical Genetics Pearls of Wisdom* is one such aid. The target audience is physicians preparing for national board and recertification examinations and rotation reviews. However, PhD and Master's level genetics professionals may also find it useful.

The book is a compilation of approximately 800 questions. Each question is immediately followed by a brief answer, most of which do not have any explanations. The purpose of this format is to help the user test his or her knowledge of key facts rapidly, without the distraction of having to choose from multiple answers or to read through a lengthy explanation of an answer. The author suggests that if the user does not know the correct answer, he or she review the concept in one of the available medical genetics texts.

The questions in *Pearls* are divided into five subsections: clinical genetics, cancer genetics, clinical cytogenetics, molecular and biochemical genetics and population genetics. The section on clinical genetics includes questions regarding prenatal diagnosis and its indications, teratology, syndrome identification, medical genetics terminology, recurrence risk estimation, chromosome abnormalities and pedigree assessment. The section on cancer genetics primarily contains questions dealing with the cytogenetic and molecular abnormalities observed in leukemias and lymphomas, the author's field of study. There are a handful of questions on chromosome

RESOURCES

breakage syndromes, retinoblastoma and BRCA1/2, but otherwise this section is devoid of clinical cancer genetics questions (syndrome identification, risk assessment, etc.).

The clinical cytogenetics and the molecular and biochemical genetics sections contain questions on terminology, syndrome identification, laboratory techniques and recurrence risk estimation. The population genetics section consists of a potpourri of questions pertaining to medical genetics terminology, the application of Hardy-Weinberg to simple calculations, recurrence risk calculations based on inheritance patterns, gene frequency, interpretation of pedigree symbols and the ABO blood system.

While the answers to most questions are brief and simple, in a few cases the answers seem oversimplified. For example, the answer to a question about the recurrence risk for a couple with a previous child with trisomy 21 is listed as 1-2%, not mentioning the modifying effect of maternal age or the increased risk for a different trisomy. The recurrence risk of Duchenne muscular dystrophy for a couple that has one affected son is listed as 50% (male conceptions). There is no mention of the possibility of a new mutation, resulting in a lower recurrence risk. In simplifying the answers in these examples, the author lost an opportunity to review important concepts. However, these particular concepts are covered in other questions.

The major strength of this study aid is that its questions address many of the key concepts of medical genetics and common syndromes that are important for both genetics and non-genetics health care professionals. It is easy to read and would also be easy to use in small group study sessions. It is probably most powerful if used as the author suggests; i.e., for identifying those questions that the user cannot answer and then finding the answers by reviewing appropriate chapter(s) in a medical genetics text.

The major weakness of this study

aid is the dearth of questions pertaining to cancer genetics syndromes and cancer risk assessment. Also, the aid contains several typographical errors, a few of which result in wrong answers. None of the questions pertaining to the increased incidence of Tay-Sachs, Canavan and Gaucher disease in individuals of "Eastern European ancestry" specify that these conditions are more common in Jewish individuals of this ancestry.

Despite these shortcomings, this book is potentially a beneficial study aid for non-genetics and genetics professionals preparing for board examinations. However, since medical genetics board exams will cover a much greater depth of topics and concepts than reviewed in this book, genetics professionals should not rely on this book alone for self-testing purposes. ♦



New Info on Website

Cancer GC Stats

Just released! Supplement to the 2002 Professional Status Survey (PSS)! Data specific to counselors who spend at least 50% of their time in cancer counseling is now live. Of the 859 respondents to the 2002 PSS, 140 or 16% of the total survey population indicate they fit in this category. Some of the highlights of the data:

- The most common way to bill was in MD only (40%) followed by No charge/HMO (20%).
- Median new patients/week was 3 and median follow-up patients/week was 2.
- The salaries are dichotomized: 23% report making >60K and 21% report making <=40K

Use the link on the NSGC home page or within the Career section. This information is not password protected.

www.nsgc.org



***The Journey through
Cancer – An Oncologists’
Seven-Level Program for
Healing and Transforming the
Whole Person***

Author: Jeremy Geffen, MD

Publisher: Three Rivers Press, New York, NY. 288pp. \$14pb

Reviewer: Jill C. Baran, MS

Over many years of working with patients with cancer, I have seen a spectrum of emotions. The extremes are with patients who are making a decision about some aspect of their treatment. Some patients show a brave face, wanting to be strong and in control. I have seen others openly break down and cry. How, in a busy clinical cancer center, are we to balance the patient’s need for critical medical information with the need for support in this process, which is just as critical?

Dr. Jeremy Geffen provides a source to help us achieve the balance that our patients need. *Journey* is for patients, a guide to help them find the resources they need.

The author’s background and experience play a critical role in his frame of thought throughout the book. He is a medical oncologist by training. Before medical school, he studied Eastern religions and philosophy extensively, including their healing approaches. He believes in the “immense power of these traditions to prevent and treat disease and to alleviate the suffering of human beings who are sick.”

As many of us in the scientific community are, I am skeptical of alternative and complementary medicines. Dr. Geffen, however, does not abandon the traditional treatments for cancer. In fact, he strongly emphasizes that if proven treatments

RESOURCES

are available, that it could be foolhardy not to consider these approaches. He lays out a plan, so that our patients can explore various methods of healing, not only physically, but also emotionally and spiritually. He encourages patients to work with their health care providers when considering alternative and complementary therapies. He encourages patients to look into support groups, keep a journal, be conscious of their diets and to stay as active as possible.

On a deeper level, he provides ways for patients to examine their feelings about cancer, so that they might find the positive aspects of the journeys they are undertaking. The next stage of the journey involves having the patients look at their life goals and the meaning of their lives. Finally, exploring a spiritual realm and the powers of faith completes Dr. Geffen’s comprehensive treatment of each patient as a whole.

The author very successfully brings complex medical information to a level appropriate for a lay audience. At the same time, he takes some very abstract philosophical concepts and explains them in a way so that patients can use his suggestions to enhance their experiences in dealing with cancer diagnoses.

I would recommend this book to any patient who has been diagnosed with cancer, whether the diagnosis is recent or not. However, I do not necessarily feel that this is a book that belongs on the shelf of every genetic counselor, even those who specialize in cancer. It would be more appropriate if it were available through a resource center for patient education. I could see its utility as a resource for those beginning a career in cancer genetics, or for genetic counseling students. ♦



Mentors...Members
Helping Members



**Mentor Match
Program**

Troy Becker, MS

The Mentor Program, sponsored by the Membership Committee, recently completed its 7th year and is making plans for the 2003 match. The program’s purpose is to allow professionals and students/recent graduates to exchange ideas and information about their current interests or experiences in genetics and genetic counseling. The program typically runs over six months and will begin in October. Mentors and students are asked to contact each other every 4-6 weeks, with the focus determined by individual interests. Mentoring interactions can include providing a “real world” genetic counseling perspective, information about different employment situations or clinic arrangements, support in the job search process and guidance in the transition from student to independent professional.

Success of Interactions

The outcome and success of the mentor program is closely linked to a student’s participation. The program is student-oriented; student reviews indicate that those who are more active in the program have the best experience.

Sign Up

To be part of this program, complete and return the enclosed Mentor Match postcard by July 25. Alternatively, register via email by sending your name and complete address, indicating student/recent grad or counselor. A short questionnaire will be sent to you in early August to assist in making the best possible match. Those who have participated in previous years will not be automatically enlisted. ♦

✉ BeckerT@allkids.org

Perspectives in Genetic Counseling
25:2 — Summer 2003

MEET YOU ON THE INTERNET, fr. p. 1

century with electronic versions of both publications in 2004. While *JGC* has been available electronically since 2000, this is a new venture for *PGC*.

Effective in January, you will no longer receive paper copies of either *PGC* or the *JGC*. We realize that some of you may miss receiving a hard copy of both publications; however, the decision to move to electronic publishing was made after careful deliberation and consideration.

In surveying the membership regarding putting *Perspectives* on line, we found that the majority of our membership is in favor of putting our newsletter on line and a majority would be equally or more inclined to read it in that format. The final format is not actually determined yet, as we try to create the most constructive and user-friendly design.

Factors considered:

- Cost of paper versus electronic publishing
- Timeliness of publication
- Trends in the publishing industry

Ultimately, the transition to electronic publishing will have multiple benefits for all NSGC members.

FOR BOTH *PGC* AND *JGC*

- Direct access from the NSGC website; it should be possible to link directly to a specific article of interest rather than to the whole issue
- Access to back issues regardless of when you joined NSGC
- Notification when each is ready, with direct links
- Opportunity to offer more issues per year

Perspectives in Genetic Counseling
25:2 — Summer 2003

- Ready-access: instead of losing your newsletter or journal amongst a million papers, you can always find them on the NSGC website
- Access to issues will be faster on line than if each had to be printed and mailed first
- Environmental savings: we can print out just those articles we would like to save

“...the decision to move to electronic publishing was made after careful deliberation and consideration.”

We understand that this transition will change your reading habits, but we anticipate that direct links from the NSGC website and greater flexibility to focus on articles of particular interest will result in a smooth transition.

The editorial staff of both the *Journal of Genetic Counseling* and *Perspectives in*

Genetic Counseling hope you will agree that this is an exciting opportunity to increase our professional visibility and provide superior communication within our membership and with other allied health professionals.

You gotta know it [It's electronic Boogie woogie, woogie!]

Now you can't hold it [It's electronic Boogie woogie, woogie!]

But you know it's there, Yeah here there everywhere¹

¹ Verse modified with all due respect to Marcia Griffiths and the Electric Slide.

PGC-SPECIFIC FEATURES

- Searchable indices of future issues
- Trouble-shooters in each region to help with the *PGC* transition

JGC-SPECIFIC FEATURES

- One issue does not have to be devoted to Annual Education Conference abstracts
- Web-based manuscript management including submission, review and tracking
- Option to link articles such that one can jump from one citation to another related citation or from erratum to the article to which it refers

OUTCOME-BASED STUDY TO EXAMINE GENETIC COUNSELORS' ROLES IN GENETIC TESTING

Full Members of NSGC are invited to participate in a study to evaluate the role of genetic counselors in genetic testing. The goal of this first-ever joint project between NSGC and the Centers for Disease Control and Prevention (CDC) is to assess the volume and types of testing offered through genetic counselors and provide a benchmark for future studies of genetic testing.

Your participation is important. Information was mailed to all US-based Full Members in early June. The study has been postponed until July 7. Please check our website for further information. ♦

— Trisha Brown, Melissa Bennett, Kristin Niendorf - NSGC
— Andy Faucett, Paula Yoon - CDC



WELCOME Y'ALL!

'03 CONFERENCE UPDATE

September 11 - 12: Short Course, Psychiatric Disorders

September 13 - 16: Annual Education Conference

*registration for the Annual Education Conference
will begin on Sept 12*

Like **James Taylor**, you may be going to Carolina in your mind. And like James Taylor, I am a native North Carolinian and would like to be the first to welcome y'all comin' down from a fer piece aways (translation: those of you traveling a long distance). The TarHeel state is known as a variety vacation land spanning from the majestic Blue Ridge mountains to the Graveyard of the Atlantic, our outerbanks. Charlotte is the second largest financial center in the country. Our conference logo, designed by Charlotte's own Genetic Counselor **Ann Salvino**, depicts some of the buildings that mark the Uptown skyline. From left to right, they are the Wachovia Building (shaped like a jukebox), the Bank of America Building (capped by a crown), and the Odell Building (round glass on top). The buildings are set atop a crown, as Charlotte is known as the Queen City. Being a fairly large, metropolitan city in the South, some Southern touches may not be obvious, but keep an eye out for some North Carolina favorites and that beautiful Southern drawl!

FOOD

Bar-b-cue! North Carolina is famous for its BBQ, which is pork, not beef. The big BBQ debate here: Eastern v. Western. Eastern NC BBQ is characterized by a vinegar-based sauce; Westerners prefer a tomato based sauce. My vote: Eastern!

Hushpuppies: There are several secret recipes for hushpuppies, but many start with a cornmeal based dough, shaped into balls and fried, like Southern food should be. Yum yum!

Grits: A favorite at breakfast also referred to as "Girls Raised in the South"

Boiled peanuts: Pronounced "bald" peanuts.

Pie: All varieties, especially pecan. Said correctly, pie should be two syllables.

DRINK

Tea: Automatically means "iced tea" — a Southern icon. Local diners serve a very sweet tea, but most Uptown restaurants will serve unsweetened, upon request.

Cheerwine: a cherry flavored soda.

Sun-drop: a citrus, Mountain Dew-like soda.

Pepsi Cola: "the taste born in the Carolinas," New Bern, NC to be exact.

VOCABULARY

Hey: for us, it's a greeting, rather than hi.

Ma'am and Sir: don't feel old if addressed as such.

Younguns: those people you see in pediatric clinic.

Cut on/off: to make function or not; i.e. cut the lights on/off.

Fixin' to: preparing to do something.

Pitch a hissie fit: to have a temper-tantrum.

Yonder: refers to any distance, across the room or across the country, i.e. over yonder.

Now y'all have a good'un (have a good day)!

— **Beth Swing**

TWO SHORT COURSES IN '04

Heather Hampel, Annual Education Conference Subcommittee Chair, has announced that two Short Courses have been accepted for 2004. The courses will precede NSGC's 23rd Annual Education Conference in Washington DC next October.

The ABCs & Ds of Neurogenetics:

HD, AD, PD and Beyond will be chaired by **Jennifer Farmer** and **Jill Goldman**. The course will provide an educational and interactive forum for genetic counselors to learn about complex neurogenetic diseases with specific focus on issues most pertinent to the practice of genetic counseling. This high-level course will cover neuroanatomy, neuroradiology, brain development, psychosocial issues, neuropsychological testing, movement disorders, motor neuron disorders, Alzheimers and non-Alzheimers dementias, neuro-ophthalmology, neurogenetic research and ethical issues.

Expanding Opportunities in Research

will be chaired by **Susan Estabrooks Hahn** and **Emily Hanson**. The complex and unique medical, ethical, and social issues associated with the multitude of current and anticipated genetic studies have created a variety of novel job opportunities for genetic counselors as research coordinators and project consultants. Traditional training provides limited exposure to essential elements/skills for these roles including monitoring and ensuring compliance with genetic research regulations, writing research protocols and consent forms, effectively interacting with IRBs, appropriately identifying, recruiting and interacting with research participants and researching and incorporating evolving ethical and legal components into genetic research. This short course will provide participants with a rich understanding of these crucial elements in research coordination. ❖

Perspectives in Genetic Counseling
25:2 — Summer 2003

CDC DES UPDATE: WHAT GENETIC COUNSELORS NEED TO KNOW

Alexis Poss, MS

Dietilstilbestrol (DES) is a synthetic estrogen that physicians prescribed to pregnant women from 1938–1971 primarily to prevent miscarriages or premature delivery. In the United States, an estimated 5–10 million people were exposed to DES, including women who were prescribed DES while pregnant and their children born during this time.

ABOUT CDC'S DES UPDATE: OVERVIEW

CDC's DES Update was developed to provide the public and health care providers with the most current and accurate information about DES. It combines more than 30 years of research on the effects of DES exposure. The Update includes resources to help people learn about related health risks and find current research related to DES exposure. This national effort is funded by Congress and was developed in partnership with the NCI and several other organizations.

ASSOCIATED HEALTH RISKS

- Women who were prescribed DES while pregnant are at a modestly increased risk for breast cancer, on the order of about 30%. To increase chances for early breast cancer detection, CDC encourages women to follow screening guidelines.
- DES daughters are at an increased risk for clear-cell adenocarcinoma (CCA), a rare vaginal and cervical cancer. Daughters are also at increased risk for reproductive tract structural differences, pregnancy complications and infertility. A preliminary study suggests a possible increased risk of breast cancer among DES daughters. In a 2002 study published in *Cancer Causes*

and Control, DES daughters older than 40 years were 2.5 times more likely to experience breast cancer than unexposed women.

- DES sons have a lifelong increased risk for noncancerous epididymal

cysts (growths on testicles). It remains unclear whether DES exposure increases the risk for other genital abnormalities or testicular cancer in men. ❖

☞ www.cdc.gov/DES; 888-232-6789

SENSITIVE FOLIC ACID COUNSELING FOR WOMEN WHO HAVE HAD A CHILD WITH A NEURAL TUBE DEFECT

Connie S. Motter & Adriane K. Griffen, MPH, CHES

Many women with an increased risk of having a child with a neural tube defect (NTD) do not know the amount of folic acid they need or when to start taking it. This includes women who have a child with a NTD, have had an affected pregnancy, or have spina bifida themselves. According to the Spina Bifida Association of America's (SBAA) national survey of women at risk for recurrence, approximately 37% know they need 4000 mcg of folic acid to reduce their risk. About 35% report taking folic acid; this number increases to 59% when planning a pregnancy. These women report that their health care providers have only advised them about their need for increased levels of folic acid about 57% of the time.

Genetic counselors can spread the word that all women need to take a vitamin with folic acid every day, regardless of their pregnancy intentions. This is especially important for those at increased risk, since planning a pregnancy and taking prescription level folic acid is the best way to reduce the risk of recurrence. Counseling adolescents with spina bifida is essential since some are sexually active but do not believe they can get pregnant because of their paralysis. An effective tool in getting women to take folic acid may be to explain it may have other benefits as well, such as reducing the risk of miscarriage, congenital heart defects, facial clefts and adult onset conditions such as heart attacks and strokes.

For the message to be heard, sensitivity is paramount. Health professionals must be cognizant that their message does not disregard the value of the individual with spina bifida and the important role they play in their family and in society as a whole. In addition, because of the natural tendency towards feelings of guilt, it is important to approach the subject sensitively, since guilt may be a barrier to the folic acid message.

Genetic counselors can share that, while folic acid may provide some protection against NTDs, it is no guarantee. Some women need higher amounts than can be obtained by taking a multiple vitamin. For other women, folic acid deficiency may not have been the cause. Unfortunately, there is currently little information available to determine who may be at risk and what can be done to reduce their chances. Growing information on potential risk factors, such as methylenetetrahydrofolate reductase (MTHFR) gene changes, may give us some insight in the future.

Folic acid counseling can be provided in seconds. Although many genetic and environmental factors play a role in NTDs, women can know they are doing what they can to reduce their risk by taking folic acid every day. ❖

☞ Counseling tutorial for providers as well as other resources and materials: www.sbaa.org.

Media WATCH



Angela Geist, MS & Roxanne Ruzicka, MS

Feb 18 — *Judging Amy*

A main character couple visited their doctor for amnio results, and the doctor told them the amnio indicated a low-level mosaicism for trisomy 18. The doctor explored the range of potential implications. A family member, who was a medical resident, was the couple's main source of information about fetal mosaicism and trisomy 18 and was the one to broach the issue of whether they wanted to continue the pregnancy. There was no mention of a genetic counselor.

Mar 7 — *Science*

Wendy Uhlmann submitted a letter to the editor that was published. The letter referred to the article,

"Planning the Genome Institute's Future," regarding NHGRI's strategic planning meeting that was held last November. She wrote the letter because she felt *Science's* initial coverage missed the mark in capturing the accomplishments and tenor of the meeting. The letter was in defense of NHGRI's responsiveness. Robin Bennett co-signed the letter on behalf of NSGC.

Mar 24 — *PR Week*

The team of STAR/Rosen and NSGC were mentioned in this major industry publication for the highly successful consanguinity campaign. NSGC was profiled in the article, including quotes from Bea Leopold about the team's strategic PR.

Apr 4 — *NPR*

Confusion over a genetic test for Cystic fibrosis in a fetus raises doubts that such tests should be made widely available. This segment reported that some doctors and patients may have misunderstood test results which may have prompted abortions that might not have occurred otherwise. The lead author on the abstract that prompted the interview was Joy Redman. Dr. Charles Strom was interviewed.

Apr — *Maxim*

Robin Bennett was quoted discussing her study about the offspring of cousins; NSGC was mentioned.

Apr 24 — *Idaho Press Tribune*

Anne Spence was quoted in an article that discussed the shift from prenatal and pediatric counseling to the need for adult genetic counseling and the importance for keeping family health histories.

May — *BBC*

An article, "Gene test blunders Abortion risk," discussed that the complexities of prenatal genetic screening for cystic fibrosis may have led to unnecessary amnios and pregnancy terminations. The importance of genetic counseling during the genetic screening process was mentioned.

May/June — *Experience Life*

Bonnie LeRoy, Katherine Schneider, Bea Leopold and Cate Walsh-Vockley were all quoted in this fitness magazine's article, "Emerging from the Gene Pool," which discussed the practical implications of the Human Genome Project. ♦

RESEARCH NETWORK

INFANTILE NEURONAL CEROID LIPOFUSCINOSIS (INCL)

National Institutes of Health, NIH Clinical Center is enrolling children six months to three years for participation in an NIH-clinical study of the drug Cystagon for INCL. The study takes place at the National Institutes of Health Clinical Center in Bethesda. All study-related tests and medicines are provided free of charge.



TYPE III GAUCHER DISEASE

An NIH experimental study sponsored by NINDS is conducting an investigational oral treatment for neuronopathic Gaucher disease. The primary objective is to evaluate the effect of OGT 918 on the neurological abnormalities in persons with this disorder. Patients must be on a stable ERT for at least six months. All studies are carried out in compliance with safety and testing standards of the US Department of Health and Human Services. Researchers are seeking patients 12 years of age and older for participation at the NIH Clinical Center in Bethesda. There is no cost to participate and travel assistance is provided.

FABRY DISEASE

The purpose of this study is to understand the mechanism of the disease and its natural history. The study includes a physical examination, routine blood, urine and other standard medical tests. All studies are carried out in compliance with safety and testing standards of the US Department of Health and Human Services. Eligibility requirements: untreated adult males, boys between the ages of 6 – 17 years, symptomatic girls between the ages of 6 -17 years. Not eligible are: children under 6 years or persons with other chronic disease. Participants are required to travel to NIH Clinical Center in Bethesda. There is no cost to participate and travel assistance is provided.

☎ 800-411-1222; TTY: 866-411-1010; prpl@cc.nih.gov; www.cc.nih.gov (Click on "Find a Study")

Perspectives in Genetic Counseling
25:2 — Summer 2003

CLASSIFIED



■ **BIRMINGHAM AL:** Immediate opening for BC/BE Rsrch-based Genetic Counselor. Self-motiv & well org. Previous exp pref. Partic in NF1 multicttr protocols: prepare protocols, informed consent documents, recruit & enroll participants, gather clin & lab info, data collect & anal, GC for study recruits.

✉ CV & ltr interest: R. Lynn Holt, MS, Dept Human Genetics, University of Alabama School of Medicine, 1530 3rd Ave South-Kaul 210E, Birmingham AL 35294; ☎205-934-4983; Fax: 205-975-6389; lholt@uabmc.edu. EOE/AA

■ **LITTLE ROCK AR:** Immediate opening for BC/BE Genetic Counselor. Clin & tchg exp desirable. Competency: use of modern tchg methods & technologies, design educ materials, estab clin rotations. Faculty position assists VA/UAMS w/ plng, devel & implement of proposed GC Trng Prog. Duties: Develop coursew/CE modules for web-based & interactive video technology; teach; write grants; establish genetic svcs for clin rotations; interpret/eval protocols & standards. ✉ Submit OF-612 or current CV, OF 306 plus names & contact info for 5 prof ref: Bridgette VanNostrand, Central Arkansas Veterans Healthcare System (05E1), 2200 Ft Roots Dr, Little Rock AR 72114; ☎501-257-1436; Fax: 501-257-1774; Bridgett.VanNostrand@med.va.gov. EOE

■ **FRESNO CA:** Immediate opening for Genetic Counselor (pt 32 hrs wk) to join new team! Provide GC & referrals for all areas of med genetics: peds, PN, adult & cancer referrals; case mngmt & pt educ. Independent work style pref. ✉ Linda Gonzales, Kaiser Permanente, 7300 N. Fresno St, Fresno CA 93720; ☎559-448-3664; Fax: 559-448-4848. EOE/AA

■ **FRESNO CA:** 9/1/03 opening for BC/BE Genetic Counselor; US Citizen or valid work permit req. Exciting opportunity with new commun-based genetics practice. Join highly exp team w focus on peds w possibilities in PN, adult and/or cancer genetics. ✉ Dawn DeLozier, PhD or Cynthia J Curry, MD, Sequoia Genetics, 1160 E. Perrin, # 115, Fresno CA 93720; ☎559-434-1794 or 559-250-9738; cddelozier@attbi.com

■ **MOUNTAIN VIEW CA:** July 1 opening for BC/BE Genetic Counselor. Provide PN GC in a busy priv PN prac in San Jose area: AMA, triple marker scrng, U/S anom, fam hx & 1st tri scrng. ✉ Katherine Young, Peninsula Prenatal Diagnostics, 1580 W. El Camino Real #1, Mountain View CA 94040; ☎650-938-6066; Fax: 650-964-1505; ksyw2x@aol.com. EOE/AA

■ **OAKLAND CA:** Immediate opening for BC/BE Genetic Counselor. Grant/Study work req; some exp in Peds/Hematology pref. Work closely with pts, fam & support staff. ✉ Marsha Treadwell, PhD, Children's Hospital and Research Center Oakland, 747 52nd St, Oakland CA 94609; ☎510-428-3356; Fax: 510-601-3916; mtreadwell@mail.cho.org. EOE/AA

■ **ORANGE CA:** Immediate opening for BC/BE Genetic Counselor. Computer skills pref. Possible settings: Orange Co, S. Calif (10 min fr Disneyland) & some in Kern Co. Join c'hensive PNDx Ctr: amnio, CVS, AFP, also genetic/peds, craniofacial, cancer genetics & molec genetics cins + variety of other genetic subspc activ.

✉ Robert C. Meyer, MBA, V.P., The Genetics Center, 211 S. Main St, Ste E, Orange CA 92868; ☎714-288-8520; Fax: 714-288-8525; rmeyer@geneticscenter.com; www.geneticscenter.com. EOE/AA

■ **PASADENA CA:** Immediate openings for BC/BE Genetic Counselors. Previous GC & computer exp pref. Knowledge of Human Genetics, principles used in crisis i'vention & i'viewing techniques req. Add'l consid for Span as a 2nd lang. All positions req fluency in Eng at business level. Personal transport & valid driver's license req. Prefer independent work style. Relocation exp allowance avail. Provide GC svcs in state approved PNDx ctrs: AMA, maternal serum marker scrng, fam hx, terat exposure & U/S abnorm. ✉ CV, brief cover ltr & 2 ltrs of rec: Human Resources Alfigen, Inc. The Genetics Institute 11 West Del Mar Blvd, Pasadena CA 91105; Fax: 626-568-9643; HR@alfigen.com. EOE/AA

■ **SAN JOSE CA:** August 18 opening for PT (75%) temp BC/BE Genetic Counselor. Exp pref. Maternity cvg through 12/31/03. Join active team in estab genetics prog in large HMO. Prim respon: PN, terat & triple marker scrng fol/up GC. ✉ Cindy Soliday, MS, Genetics Dept, Kaiser Permanente, 5755 Cottle Rd, Bldg 1, San Jose CA 95123; ☎408-972-3332; Fax: 408-972-3298. EOE/AA

■ **DENVER CO:** Immediate opening for perm PT (24 hrs/wk with oppty for expand hrs) BC/BE Prenatal Genetic Counselor. PN & computer exp pref. Work i'pendently & on team req. Excellent commun skills. Join team of 3 perinatologists, 2 GC & 2 perinatal nurses: PN GC, fol/up. ✉ Christine K. Barth, MA, Dept Genetics, Kaiser Permanente of Colorado, 2045 Franklin St, Denver CO 80205; ☎303-861-3128; Fax: 303-831-3739; ckbarth@msn.com. EOE/AA

■ **MACON GA:** Immediate opening for BC/BE Genetic Counselor. MS in GC fr accredited trng prog; 1 yr exp or post GC internship. BC req within 3 yrs of hire to maintain employment. Interest or exp with PN GC & lab operations req. Join team of 11 GCs in acad environ. Provide PN GC. Org, flex & able to multitask: comprehensive pt fol/up & back-up for Emory GCs. ✉ Ref job #137181. Apply online on Emory Careers Website or Denese Jester, Human Resources, Emory University, 1762 Clifton Rd, Atlanta GA 30322; ☎404-727-7209; Fax: 404-727-7108; djester@emory.edu; http://emory.hr.emory.edu/careers.nsf. EOE/AA

■ **ATLANTA GA:** Immediate opening for BC/BE Genetic Counselor. MS in GC fr accredited trng prog; 1 yr exp or post GC internship. BC req within 3 yrs of hire to maintain employment. Interest or exp with PN GC & lab operations req. Join team of 11 GCs in acad environ. Provide PN GC. Org, flex & able to multitask: comprehensive pt fol/up & back-up for Emory GCs. ✉ Ref job #137304. Apply online on Emory Careers Website or Denese Jester, Human Resources, Emory University, 1762 Clifton Rd, Atlanta GA 30322; ☎404-727-7209; Fax: 404-727-7108 ; djester@emory.edu; http://emory.hr.emory.edu/careers.nsf. EOE/AA

■ **IOWA CITY IA:** Immediate opening for BC/BE Program Associate I Pediatric Neonatology w/ MS in GC or MSN w/ emphasis on genetics & license to practice in IA or equivalent combination of educ & exp. Desirable qualif: reasonable exp in rsrch, bkgrd in craniofacial or other birth defects related rsrch activ, phlebotomy skills, computer, exp in Microsoft Office, some grant writing exp. Demonstrated commun & i'personal skills. Identify & enroll pts in birth defects rsrch proj, provide genetic eval in cleft lip & palate clin, conduct clin, educ, admin & liaison activ.

Oversee rsrch proj re: ocular defects, language impairments & other birth defects, maintain database of demographic clin & genetic info on pts enrolled in genetic rsrch studies.

✉ Requisition NO. 45253, Cindy Feters, Dept Pediatrics, University of Iowa Hospitals & Clinics, 2630 JCP, Iowa City IA 52242. EOE/AA

■ **CHICAGO IL:** Immediate opening for Masters degree Genetic Counselor. Desire to achieve ldrshp role in cancer GC through rsrch, pub & presentations. Respon: all aspects of clin & rsrch activ re: OV CA risk assessmt, GC & genetic tstg. ✉ David Fishman, MD, Feinberg School of Medicine, 333 E. Superior St, #420, Chicago IL 60611; ☎312-926-7365; Fax: 312-926-2188; dfishman@nmh.org. EOE/AA

■ **CHICAGO IL:** Immediate openings for BC/BE Genetic Counselors. Exp pref. 1) 2 Ped Genetics: Work w/ 3 clin geneticists/pediatricians & 5 GCs in acad children's hosp: general genetics, metab disorders, NF, skeletal dysplasias, PKU, neurogenetics & Gaucher disease. Onsite dx lab, educ progs & clin rsrch progs. 2) Jewish Genetic Disorders: 50% advocacy, commun & prof educ, work w/ Chicago Ctr for Jewish Genetic Disorders; 50% other clin progs at children's hosp as above. ✉ Joel Charrow, MD, Div Genetics, Children's Memorial Hospital, 2300 Children's Plaza, Chicago IL 60614; ☎773 880-4462; Fax: 773-929-9565; jcharrow@northwestern.edu. EOE/AA

■ **CHICAGO IL:** Immediate opening for Genetic Counselor w/ MS in GC. Prim respon: ped & PN GC, also adult onset, cancer risk & genrl genetic GC in underserved multi-cultural pop. Partic in trng med students, med residents & GC students. ✉ Susan Echiverri, MD, John H. Stroger Jr.-Cook County Hospital, 700 S. Wood St, Rm 6006, Chicago IL 60612; ☎312-633-5580; Fax: 312-633-7769; sechiverri@aol.com. EOE/AA

■ **CHICAGO IL:** October 03 opening for BC/BE Genetic Counselor. Exp & biling Span/Eng pref. PN GC at busy acad ctr w/ 1 GC & 5 MFMs. All aspects of PN GC: fetal anom, terat, serum scrng, risk asmt & PNDx. Also: resident/fellow & student educ; genetic liaison for Chicago Dept Public Health. ✉ Erin P. Carmany, MS, Center for Women's Health, University of Illinois-Chicago, 1801 West Taylor St, M/C 650, Chicago IL 60612; ☎312-996-9134; Fax: 312-413-1164; erinp@uic.edu. EOE/AA

■ **EVANSTON IL:** Immediate opening for BC/BE Genetic Counselor. Strong interest in rsrch, willing to travel, high motiv, excellent oral and written commun skills, database exp all req. Work in large acad med ctr in med genetics div w/ geneticist, gastroenterologist, 3 GCs & rsrch staff. Major respon: coord nationwide pancreatic cancer fam registry. Part-time clin duties: asst adult genetics consult svc. ✉ Sue Nelson, Evanston Northwestern Healthcare, 1000 Central St, Ste 620, Evanston IL 60201; ☎847-570-1029; medicalgenetics@enh.org; www.enh.org/genetics. EOE/AA

■ **SHREVEPORT LA:** Immediate opening for Genetic Counselor/Educator of Hereditary Cancers with (in order of preference): BC/BE GC or MSN w/ >1 yr counseling exp or BSN w/ 3 yrs clin exp. Provide cancer GC svcs. ✉ Dr. Mary Lowery Nordberg, Louisiana State University Health Sciences Ctr, Feist-Weiller Cancer Center/Pathology, 1501 Kings Highway, Shreveport LA 71130; ☎318-675-5871; Fax: 318-675-7662; mlower@lsuhsc.edu. EOE/AA

■ **BOSTON MA:** 7/03 opening for BC/BE

Genetic Counselor. 1-3yrs PN GC exp, good written & oral commun skills req. Provide PN/repro GC. Work with perinatologists based at nationally recognized PNDx ctr w/ back-up of 3 med geneticists. Also work as part of suburban satellite team.

☞ Diana Bianchi, MD or Mary Despres, Dept Ob/Gyn, Tufts-New England Medical Center, 750 Washington St., NEMC Box 324, Boston MA 02111; ☎617-636-6065; Fax: 617 636-1469; mdespres@tufts-nemc.org. EOE/AA

■ **Boston MA:** 8/03 opening for PT BC Genetic Counselor. 2 yrs exp req. Join 2 GCs & 1 MD geneticist in busy multispec prac. Provide GC for PN, ped & adult conditions. Oppty for growth.

☞ Susan Meccas-Faxon, MS, Harvard Vanguard Medical Associates, 133 Brookline Ave, Boston MA 02215; ☎617-421-3320; Fax: 617-421-1355; susan_meccas@vmed.org. EOE/AA

■ **Boston MA:** 8/1/03 opening for BC/BE Genetic Counselor. Cancer GC exp in job or internship, strong commun, writing, org & computer skills all req. Provide GC at busy acad ctr: collect detailed cancer hx, provide risk asmt & genetic tstg for breast, colon & other cancer syndromes, extensive pt fol/up & asst w/ ongoing rsrch proj.

☞ Katherine Schneider, MPH, Dana-Farber Cancer Institute, 44 Binney St, Boston MA 02115; ☎617-632-3480; Fax: 617-632-6811; Katherine_Schneider@DFCI.harvard.edu. EOE/AA

■ **Springfield MA:** Immediate opening for BC/BE Genetic Counselor. 1-3 yrs exp, Span & bicultural pref. Primary focus will be educ outrch svcs to ref physicians, pts & commun: asst in devel, distribution & implement clin pathways; estab, coord & admin of educ progs for physicians & community re common genetic conditions & genetic tstg. Add'l respon: some clin rsrch & clin GC. Excellent oppty for continued prof growth.

☞ Claudia Roberts, Baystate Health Systems, 280 Chestnut St, Springfield MA 01199; ☎413-794-2346; claudia.roberts@bhs.org. EOE/AA

CLASSIFIED

■ **Worcester MA:** Immediate opening for .6FTE BC/BE Genetic Counselor. Exp pref. Join geneticists, 1.5 GCs. PN, peds, cancer, adult GC. Train med students, residents & GC students.

☞ Valerie Loik Ramey, MS, University of Massachusetts Memorial Medical Center, University Campus, 55 Lake Avenue North, Worcester MA 01655; ☎508-856-6447; Fax: 508-856-4287; loikv@ummhc.org. EOE/AA.

■ **Baltimore MD:** 7/03 opening for BC Genetic Counselor. Clin exp req; cancer GC & tchg exp pref. Join multidisc team: genetic risk asmt, educ & GC for primarily BR, OV & GI cancer predisposition at univ-based & affil commun hosp settings. Clin coord & GC in new HD clin, partic in GC trng prog w/ tchg & s'vision. Rsrch.

☞ Lisa Steinberg, MS, University of Maryland School of Medicine, 660 West Redwood St. #570, Baltimore MD 21201; ☎410-706-4770; Fax: 410-706-1644; LStein001@umaryland.edu. EOE/AA

■ **Minnetonka MN:** Immediate opening for 2 BE/BC Genetic Counselors. 2 yrs exp pref. Motiv, creative GC w/ good org & commun skills. Join busy commercial lab team. 1) Research Triangle Park, NC 2) Minnetonka MN. Coord pre- & post-analytical phase of specimen tstg, report results, act as client liaison, provide client & in house educ through lectures & written materials, opptys for pt PN & cancer GC possible.

☞ Susan Perez, LabCorp & Viomed, a LabCorp subsidiary, ☎800-872-5727 x 3104; perezs@labcorp.com. EOE/AA

■ **Robbinsdale (MNPLS) MN:** Immediate opening for BC/BE Cancer Genetic Counselor. Cancer risk exp pref; will consider new grad. Join expndg, onc-based cancer genetics prog (I GC & 1 oncologist). Provide cancer GC svcs.

☞ Barb Steffes, Dept Human Resources, North Memorial Health Care, 3300 Oakdale Avenue N., Robbinsdale MN 55422; ☎763-520-5317; Fax: 763-520-5228; barb.steffes@northmemorial.com

■ **Raleigh NC:** Immediate opening for BC/BE Genetic Counselor, Newborn Screening Metabolic Follow-up Coordinator. Work closely with State Public Health Laboratory to fol/up abnorm metab newborn scrng w/ public & private med health care providers: traditional & tandem mass spectrometry tech. Extensive use of data base & direct physician contact; limited direct pt contact.

☞ Carol Tant, 1928 Mail Service Center, Raleigh NC 27699-1928; ☎919-715-3808; Fax: 919-715-7949; carol.tant@ncmail.net; www.osp.state.nc.us. EOE/AA

■ **RESEARCH TRIANGLE PARK NC:** See Minnetonka MN

■ **NEW BRUNSWICK NJ:**

Immediate opening for BC/BE Genetic Counselor. Exp & biling Eng/Span abil pref. Univ-based position supports PNDx prog of intl-rec div MFM. All aspects of PN GC: fetal anom, terat, maternal serum scrng, risk asmt & PNDx.

☞ Christine Jackson, Dept OB/GYN-Div MFM, UMDNJ, 125 Paterson St. 2nd Fl, New Brunswick NJ 08901; ☎732-235-7290; Fax: 732-235-7054; jackson@umdnj.edu. EOE/AA

■ **Albuquerque NM:** Immediate opening for Sr. Genetic Counselor. Min 5 yrs exp req. Knowledge of hereditary cancer syndromes & cancer GC. Provide genetic educ, GC & psych counseling, ID at risk fam, interpret med evals & dx re: disorders, analyze inheritance patterns, eval & implement pt care progs.

☞ Full job description: unum.edu, Reg #H34798 c/o Susy Golden, Cancer Research & Treatment Center, University of New Mexico, 900 Camino de Salud NE, Rm 208, Albuquerque NM 87131; ☎505-272-4443; Fax: 505-272-5865; sgolden@salud.unm.edu. EOE/AA

■ **Las Vegas NV:** Immediate opening for BC/BE Genetic Counselor. Join 4 perinatologists & 1 GC in expanding priv prac in fastest growing US city. All aspects of PN GC: 1st trimester scrng & CVS. Competitive salary w/ paid educ conf, great cost of living, no state income tax.

☞ Elyse Mitchell, MS, Center For Maternal-Fetal Medicine, 400 Shadow Lane Suite #206, Las Vegas NV 89106; ☎702-382-3200; Fax: 702-382-3575; emitchell@mfmcenter.com. EOE/AA

■ **Manhasset NY:** 8/03 opening for BC/BE Genetic Counselor. Exp pref Span a plus. Join team of 2 geneticists, 6 GCs providing all aspects of PN, Peds & Adult GC. Oppty to s'vise students.

☞ Anita Shanmugham, MS, Div Medical Genetics, North Shore University Hospital, 1554 Northern Blvd, Ste 204, Manhasset NY 11554; ☎516-365-3996 x2808; Fax: 516-365-4597; anita_shan@hotmail.com. EOE/AA

■ **Manhasset NY:** 8/03 opening for BC/BE Cancer Genetic Counselor. Cancer exp, i'pendent workstyle pref. Coord all aspects of busy, expndg cancer genetics prog providing c'hensive genetic svcs: risk asmt and GC, clin coord, admin duties, partic in institutional tumor boards, prof & commun educ progs, s'vise GC students.

☞ Dr. Lakshmi Mehta, Div Medical Genetics, North Shore University Hospital, 1554 Northern Blvd., Suite 204, Manhasset NY 11030; 516-365-3996 x2817; Fax: 516-365-4597; lmehta@lij.edu. EOE/AA

■ **New York NY:** Immediate opening for BC Cancer Genetic Counselor. Exp in Cancer GC & excellent communi skills req. Previous s'visory exp desired. Knowledge of database applications (Access) pref. Join clin genetics svc: obtain pt fam hxs by direct interview, ID hereditary cancer syndromes & GC pts & fams on cancer prevention & surveillance options, pre- & post-test GC & contribute to &/or initiate clin rsrch studies. Competitive salary & excellent benefits, incl 100% tuition reimb.

☞ Resume w/ salary req: Ellen Bonfiglio, Memorial Sloan-Kettering Cancer Center, 1275 York Ave, Box 124, New York NY 10021. EOE/AA

■ **Cincinnati OH:** Immediate opening for BC/BE Genetic Counselor. 1-2 yrs exp pref. Join busy & dynamic c'hensive genetic ctr: 6 clin geneticists, 9 GCs, 3 genetics nurses, grad GC prog & more. Primarily peds, general genetics & outrch settings; tchg & s'vise GC students, opptys for rsrch.

☞ CV & 3 ref: Elizabeth Schorry, MD or Leah Hoehstetter, MS, Div Human Genetics, Childrens Hospital Medical Center, 3333 Burnet Ave, ML-4006, Cincinnati OH 45229; 513-636-4351; Fax: 513-636-7297. EOE/AA

BAYLOR COLLEGE OF MEDICINE Medical Genetics Laboratories



A Unified Approach to Genetic Testing Services:

*Biochemical Genetics
Cytogenetics
DNA Diagnostics
DNA Sequencing*

Proud sponsors of the NSGC
Please visit us at the conference in Charlotte!

www.bcmgeneticlabs.org
800-411-GENE

Perspectives in Genetic Counseling
25:2 — Summer 2003



*the leading voice, authority and advocate
for the genetic counseling profession*

233 Canterbury Dr Wallingford PA 19086

CLASSIFIED, *from previous page*



■ **DAYTON OH:** Immediate opening for BC/BE Genetic Counselor. Exp pref. Peds & adult-onset GC in priv sessions, several multidisc spec clins: myelomeningocele, craniofacial, Down syndrome & hemophilia clins; support & GC in general genetics clin. S'vise dept secty, educator & GC; coord state grant submissions & budget revisions. ☞ CV & ltr of interest: Ann Good, Children's Medical Center, One Children's Plaza, Dayton OH 45404; ☎937-641-5417; Fax: 937-641-3473; gooda@childrensdayton.org. Apply online www.childrensdayton.org. EOE/AA

■ **PHILADELPHIA PA:** Immediate opening for 2 BC/BE Genetic Counselors. 1) Sr. GC/Clin Coord w/ 2-3yrs min exp; 2) 1 Jr GC w/ 1-2 yrs exp. New grads encouraged. Self-motiv, enthusiastic, flex GC to join busy perinatal genetics unit spec in full svc PNDx: 3D U/S, 1st trimester scrn, PGD prgm, fetal reduction. Diverse indications & pt pop. Great oppty for rsrch, tchg, admin. ☞ Sue Moyer, MS, or Ronald Wapner, MD, Center for Genetics, Fetal & Maternal Medicine, Drexel University School of Medicine, 216 N Broad St, MS 990, Philadelphia PA 19102; ☎215-762-3609; Fax: 215-762-4323; smh33@drexel.edu. EOE/AA

■ **PITTSBURGH PA:** 7/1/03 opening for Genetic Counselor/Research Recruiter. Master's & 1 yr relevant exp, preferably in rsrch, req. Recruit & fol/up pts for ongoing genetic rsrch studies for pancreatic disease, maintain contact w/ & provide info to study partic & investigators & asst w/ IRB prep. Work autonomously & rept directly to PI. ☞ Request full job descrip: Dr. Janette Lamb, University of Pittsburgh Cancer Institute, Hillman Cancer Center, Research Pavilion, HCCLB 2.35, 5117 Centre Ave, Pittsburgh PA 15213; ☎412-623-4673; Fax: 412 623 7828; jal18@pitt.edu. EOE/AA

■ **CHARLESTON SC:** Immediate opening for BC/BE Genetic Counselor. Exp pref. Abil work independently, Span a plus. Univ-based, free-standing PN clin w/ 2GCs & 6 MFMs. All aspects of PNDx, student s'vision, satellite clin. ☞ Sally Shields, RN, Prenatal Wellness Center, 628 St. Andrews Blvd, Charleston SC 29407; ☎843-852-3252; Fax: 843-852-3259; shieldss@muscc.edu. EOE/AA

■ **COLUMBIA SC:** Immediate opening for BC/BE Genetic Counselor. Independent work style req. Provide peds & adult GC & clin coord in 6-county area.

☞ Ken Corning, MS, Columbia Office of Greenwood Genetic Center, 529 Richland St, Columbia SC 29201; ☎803-799-5390; Fax: 803-799-5391; KCorning@GGC.org. EOE/AA

■ **GREENWOOD SC:** Immediate opening for BC/BE lab-based Genetic Counselor. Join state-wide network of 9 GCs and 9 clin geneticists. Work closely with state-of-the-art dx labs (biochem, cyto, molec & PN scrng) as liaison betw lab & ref clin. Provide GC in c'hensive genetics clinics (90% peds, 10% PN & adult). Oppty to partic in genetics educ & rsrch.

☞ Michael Friez, PhD, Greenwood Genetic Center, 1 Gregor Mendel Circle, Greenwood SC 29646; ☎864-941-8130; friez@ggc.org. EOE/AA

■ **KNOXVILLE TN:** 7/1/03 opening for BC/BE Genetic Counselor. GC for cancer, general & follow-up of State NB Scrng & NB Hearing Scrng Progs. Partic in develop genetic progs for prof & consumers; abil to present to diverse audiences. Excellent benefits & competitive salary.

☞ Carmen B. Lozzio, MD, FACMG, University of Tennessee Developmental & Genetic Center, 1930 Alcoa Highway, Bldg A Suite 435, Knoxville TN 37920; ☎865-544-9031; Fax: 865-544-6675; clozzio@mc.utmck.edu. EOE/AA

■ **HOUSTON TX:** Immediate opening for Genetic Counselor/Proj Coordinator w/ Master's in GC, PH or epidemiology. Exp in clin genetics or clin rsrch, & abil to write/speak Span pref. Coord ongoing spina bifida study: recruit, admin survey, coord sample collect. Also: maintain institutional approval & assisting w/ grant renewals.

☞ Laura E. Mitchell, PhD, Institute of Bioscience & Technology, 2121 W. Holcombe Blvd, Houston TX 77030; ☎713-677-7582; Fax: 713-677-7784; lmitchell@ibt.tamu.edu. EOE/AA

■ **SALT LAKE CITY UT:** Immediate opening for BC/BE Genetic Counselor. Cancer exp pref. Abil to work i'pendently and on team; initiative, writing & speaking skills req. Estab position in growing Univ-based multidisciplinary cancer genetics team incl 4 GCs, oncologists, GIs & dermatologists. Provide clin svcs w/ oppty for rsrch, prof & pub outreach.

☞ Nancy Conrow, Univ of Utah, Huntsman Cancer Institute, 2000 Circle of Hope, Rm. 4121, Salt Lake City UT 84112; ☎801-585-1495; Fax: 801-585-5763; nancy.conrow@hci.utah.edu. EOE.

■ **FAIRFAX VA:** Immediate opening for BC/BE Genetic Counselor. Excellent commun skills req. Join i'natl-known PN genetics, dx lab & repro tech spec ctr: GCs, med & lab geneticists in busy PN genetics prac providing c'hensive dx svcs, incl PGD. C'hensive benefits pkg; salary dep on exp.

☞ Lee Fallon, Genetics & IVF Institute, 3022 Javier Road, Fairfax VA 22031; ☎703-289-1952; Fax: 703-698-7971; www.givf.com. Apply online,

<https://home.eease.com/recruit/?id=616> & complete electronic employment app. EOE/AA

■ **RICHMOND VA:** Immediate opening for BC Genetic Counselor. Large acad med ctr genetics dept providing pt care, grad educ, clin rsrch & public svc. Broad range of clin cases & GC trng prog. Join 6 GCs, 4MDs, 10PhDs. Competitive salary pkg & growth oppty for qualified cand.

☞ CV & 3 ltrs of rec: Lauren Vanner Nicely, MS or Joann Bodurtha, MD, MPH, VCU Health System, MCV Hospitals, Dept of Human Genetics, PO Box 980033, Richmond VA 23298-0033; ☎804-828-9632, x135 or x112; Fax: 804-828-7094; lvanner@hsc.vcu.edu; bodurtha@hsc.vcu.edu. EOE

IN CANADA

■ **TORONTO ON:** Immediate opening for BC/BE (ABGC or CAGC) MSc in GC or recognized equiv w/ min 2 yrs recent exp in Canadian genetics prog. Excellent counselling, critical thinking, org, time mngmt, commun & tchg skills. Join PNDx & Medical Genetics Prog team, committed to rsrch in PNDx & med genetics, involv in acad activ incl weekly rounds & journal club, monthly fetopath rounds & annual symposium in PNDx & Med Genetics. Join team of 4 GCs, 2 med geneticists, nurses & secretaries.

☞ Marilyn Gaul, Human Resources Specialist - Recruitment, Mount Sinai Hospital, Toronto, ON CANADA M5G 1X5; ☎416-586-5044; Fax: 416-586-5045; mgaul@mtsina.on.ca. EOE

■ **TORONTO ON:** Immediate opening for temp (14-month Maternity leave) Genetic Counselor in Prostate Cancer Prevention Clinic & adult-related genetics center. Exp, strong admin skills req. Self-motiv, team oriented, able to work i'pendently & within multidisc team, good verbal/written commun & org skills. 7Diverse pt pop: Assess med/genetic & psycho-social needs, provide GC, educ, tstg options, clin tchg for student & prof colleagues at large network of 3-university tchg hosp.

☞ Fax CV & letter of interest: Linda Donnelly, Clinic Coordinator, University Health Network, Adult Genetics Clinic, TGH Eaton South 3rd Fl Rm 401C, Toronto ON M5G2C4; ☎416-340-4800 x6632; Fax: 416-340-3709; linda.donnelly@uhn.on.ca.

■ **WINNIPEG, MB:** 8/1/03 opening for temp 1 yr BC/BE (ABGC or CAGC) Genetic Counselor. Exp pref. Join busy & dynamic c'hensive gene provincial ctr: 4 geneticist & 7 GC. Respon: GC & case mngmt for peds, adult, cancer & PN, also DNA cmte, tchg, others.

☞ CV & 2 ref: Albert Chudley, MD, Section of Genetics & Metabolism, Health Sciences Centre FE- 229 C.S.B., 820 Sherbrook St, Winnipeg MB R3A 1R9; ☎204-787-4743; Fax: 204-787-1419; Achudley@hsc.mb.ca. We hire in accordance to Canadian Immigration policies.