PERSPECTIVES
in genetic counseling

Volume 24 Number 3 Fall 2002

national society
of genetic
counselors, inc.

nsgc

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

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In Response

LICENSURE REVISITED

Vickie L. Venne, MS, CGC, LCG

I would like to respond specifically to some points made in the last newsletter. (*PGC* 24:2, p 5. "Devil's Advocate View on Licensure") I am a licensed genetic counselor and was active in working toward licensure in the state of Utah. I welcome dialogue about this topic, but have not engaged in "should we" or "shouldn't we" discussions. I have instead directed my energies to seeing that it is done as responsibly as possible – both for the general public and our profession.

QUALITY SERVICES: It was a challenge to define minimum standards, so we looked to other professions. Most require exams and continuing education, so although I agree that an exam does not define quality, it does set a minimum standard recognized by most other professions.

CONTINUING EDUCATION: Of the 83% of genetic counselors currently certified, about 18% (including me) sat for the certification exam prior to the time it was tied to continuing education. Genetic counselor licensing acts can establish a requirement for that portion of genetic counselors. Furthermore, ABGC continuing education requirements apply only to individuals who have chosen to take the certification exam.

Without licensure, there are no requirements for individual genetic counselors to obtain certification or continuing education. Employers and the public often are not familiar with the specific board exams or education recommended for various professions. Therefore, without licensure, they have no easy way to

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Genetic Counseling Then and Now

TRIBUTE TO A RETIRING COLLEAGUE AND LEGEND

Audrey Heimler, MS, as interviewed by Robin Bennett, MS

Audrey, you were one of the founding members of NSGC. Can you tell us how you got started?

In 1969 I was 36 years old, 15 years post-college, married and the mother of four sons. That spring I read an article in *The New York Times* on birth defects based on a March of Dimes conference. I was fascinated by remarks attributed to Melissa Richter, a biology professor at Sarah Lawrence College (SLC), concerning plans for a graduate program in genetic counseling. Seven of us, with much trepidation, started classes that September.

What were your experiences in the first genetic counseling training program?

Professor Richter had planned no further than the first semester, and no one knew if there would ever be a job for a genetic counselor. My class was referred to as guinea pigs and

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NSGC acknowledges Women's Health Care Services of Wichita, Kansas, for a sponsor's educational grant to support this newsletter.

Women's Health Care Services, providers of late abortion care for fetal anomalies, George R. Tiller, MD, Medical Director. 800-882-0488.

PRESIDENT'S BEAT

September always seems like the perfect time to roll up one's sleeves and get to work. The weather is cooler, the kids are back in school and summer vacation is but a memory. Besides spending quality time with my three sons this summer, I found the time to attend two policy meetings on behalf of NSGC.

First, I testified on the merits and problems of a proposed genetic discrimination life insurance bill at the National Conference of Insurance Legislators held on July 13 in Boston. The moderator noted that I was the only genetics expert who testified at this hearing and I was later asked to submit a condensed version of these comments for their national newsletter.

Second, I was an invited participant at the Department of Health and Human Services stakeholder meeting to discuss their five-year Strategic Plan held on August 28th in Washington DC. This fascinating meeting brought together individuals with a variety of public health interests and concerns. Again, I was the only genetics "stakeholder" to attend this meeting and tried to make sure that genetic counselors and people with genetic conditions were both served well by this strategic plan.

And my travel plans continue! On September 18-21, I will be attending the Canadian Association of Genetic Counselors annual conference in Ottawa as an invited plenary speaker on finding one's professional voice. I will also be exploring possible opportunities for working on NSGC/CAGC joint projects.

And of course, our Annual Education Conference is coming up quickly. I encourage each of you to attend the business meeting and hear what your Board of Directors have accomplished this year. It has truly been an honor to serve as your President and I look forward to highlighting our achievements and continued challenges.

This meeting is also a time of transition, signaling the end of my presidential term and the beginning of Robin Bennett's term. Come support Robin as she gives her presidential address and outlines her vision and goals for the upcoming year! ❖

Katherine A. Schneider

Katherine A. Schneider, MPH
President, 2001-2002

MEET YOUR BOARD OF DIRECTORS

We are pleased to announce the following elected, appointed and returning members who will serve as your Board, beginning a November 11, at NSGC's Business Meeting in Phoenix, Arizona.

Officers/Executive Committee *(elected)*

Robin Bennett, MS (5)*	President
Dawn Allain, MS (2)	President-elect
Catherine Wicklund, MS (2)	Secretary
Teresa Brady, MS (2)	Treasurer
Jennifer Farmer, MS (2)	Treasurer-elect
Katherine Schneider, MPH (6)	Past President I
Vivian Weinblatt, MS (5)	Past President II

Committee Chairs *(appointed)*

Angela Trepanier, MS (2)	Communications
Kelly Ormond, MS (1)	Education
Whitney Neufeld-Kaiser, MS (1)	Finance
Barbara Pettersen, MS (2)	Genetic Services
Stephanie Kieffer, MS (0)	Membership
Kristen Shannon, MS (1)	Professional Issues
Cheryl Scacheri, MS (0)	Social Issues
Janice Berliner, MS (6)	Editor, *Perspectives*

Regional Representatives *(elected)*

Barbara Lerner, MS (1)	Region I
Melissa Kershner, MS (0)	Region II
Karen Potter, MS (1)	Region III
Jolie Matheson, MS (0)	Region IV
Patti Furman, MPH (1)	Region V
Elizabeth Kearney, MS (0)	Region VI

**(n) represents previous years served on Board before this term*

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•EDITOR: Janice Berliner • berlinjl@umdnj.edu

•STAFF: Susie Ball; Jennifer Claus; Shelly Cummings; Kathleen Fergus; Angela Geist; Katherine Hunt; Jessica Mandell; Melanie McDermet; Whitney Neufeld-Kaiser; Claire Noll; Karen Potter; Roxanne Ruzicka; Faye Shapiro; Kathryn Steinhaus French; Liz Stierman; and Beverly Yashar

•NSGC EXECUTIVE OFFICE: c/o Bea Leopold, Executive Director, 233 Canterbury Drive, Wallingford PA 19086-6617; ✆610-872-7608; Fax: 610-872-1192; NSGC@aol.com

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

*Next issue **Dec 16***
*Submission deadline **Nov 15***

NSGC's Media Barometer

WEIGHING THE BENEFITS OF MEDIA RESPONSES

Karen Cutler, BA, MS (cand). Partner & Sr. Vice President, STAR/Rosen Public Relations

TO RESPOND OR NOT TO RESPOND?

More than ever, NSGC is asked by the media to provide expert opinion and by our membership to respond to an issued raised by the media — either to comment on a “hot” topic related to genetics and genetic counseling or to correct misinformation.

NSGC's mission as an advocacy group is to lead on behalf of the profession. As such, we must approach information in the media from a “30-thousand foot perspective.”

Our public relations goal is to educate the public about the role and usefulness of GC — correcting inaccurate portrayals, suggesting times when genetic counseling is appropriate, correcting factual information about genetic conditions and, on occasion, responding to social issues.

AN EXAMPLE CITED

Recently, several members informed us of a *New York Times* piece by an op-ed editor who wrote about his experience with a pregnancy termination. He quotes a bioethicist as saying that a decision not to choose selective abortion "is viewed as stupid by your genetic counselor.” The author goes on to say that counseling following the identification of a prenatal anomaly “is cursory, not covered by insurance and geared to avoiding the burden of the abnormality.”

> ***“…a good advocate knows when to scream, when to whisper and when to be quiet.”***

Op-ed pieces are different than articles in that they are not obliged to support with data what is written, rather they are designed to draw out controversy. Therefore, we advise our clients to steer clear of debate, and in this case, particularly to stay clear of addressing the bioethicist’s perjorative remark. Entering the fray may only prolong the topic, keeping negative images in the public’s eye.

TESTING THE BAROMETER

We recommend that media issues pass this test prior to responding:

✔ Will a response help support NSGC's position as the leading voice for the profession?

✔ Will the response spur additional stories or media coverage?

As an aside, it is important to know that when NSGC responds to a media issue, there is no guarantee that our opinion will be published as we wrote it or that it will be published at all.

In the end, NSGC is committed to representing its members and the genetic counseling profession — to serve as an advocate. However, a good advocate knows when to scream, when to whisper and when to be quiet.

We strongly encourage the membership to submit inquiries about articles with potential public relations value to the Executive Office. ❖

ANN LANDERS’ COLUMN BRINGS RECORD HITS TO WEBSITE

On July 17, readers all over the nation read the Ann Landers’ column in which NSGC President Kathy Schneider addressed a concern raised in an earlier column about a woman who had tested positive for a BRCA gene.

At 12:01am, a starburst was activated on our web homepage welcoming Ann Landers’ readers, linking them directly to ResourceLink. Here are some data related to the two week period before and during the response:

	July 1 — July 15	July 16 — Aug 1
Total hits	243,274	354,826
Largest # hits	July 9: 29,170	July 17: 39,544
Smallest # hits	July 6: 4,934	July 27: 5,896
Largest 2-day period	July 8-9: 55,185	July 17-18: 71,145
Hits specific to ResourceLink	3,515	7,340

DISCLAIMER: Total hits track the number of requests for files. A hit to our homepage will generally result in multiple hit ‘counts.’

GENETICS TOUCHES PUBLIC IN 3-PART PBS SERIES

In the Spring issue of *Perspectives* (24:1, p 9), we reported that Kathy Schneider, Kelly Ormond and Bea Leopold represented NSGC at the taping of OUR GENES/OUR CHOICES, produced by Fred Friendly Seminars. Barbara Biesecker was a panelist in one of the three programs. The series is slated to air in January 2003.

A live 90-minute national call-in videoconference will be broadcast to introduce the series. Its goals are to increase public awareness about the impact of genetics, support dialogue proactively through coalition building and offer resources to help groups advance understanding.

The videoconference will take place Tuesday, October 1, from 12:00 to 1:30pm EDT. It will be downlinked to participating public television stations and other facilities around the country.

☞ www.pbs.org/fredfriendly/ourgenes

LICENSURE REVISITED,

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assess if a specific genetic counselor meets a minimum standard.

PROFESSIONAL RECOGNITION: The issue here is who needs to recognize the profession. For most hospital administrators and payors, the standard they recognize is a license. Achieving licensure would place us on par with other allied health care professionals (e.g. nurses, social workers, physician assistants) who are licensed providers.

MAY SET THE STAGE FOR REIMBURSEMENT: Genetic counselors have been fired or not hired in some facilities because they do not generate a revenue stream. The hospital compliance office at the University of Utah insisted that genetic counselor licensure was necessary to establish a legal billing mechanism. Licensed genetic counselors are now able to become credentialed through our facility, and the hospital's billing personnel are working with us to establish a billing process with third party payors to establish each practitioner as a credentialed provider with various health plans. Most medical centers and third party payors will not credential an unlicensed provider. Even in settings where genetic counselors can legitimately bill without being licensed and credentialed, their bills are often not paid by insurers without a license and facility credential.

Our clinical salaries have to come from somewhere, and the services we render should be billed for and reimbursed. Billing and diagnostic codes already exist, and with licensure, we would be able to bill directly for services. If we are going to promote ourselves as an integral part of the team, it makes sense that we would be licensed like other members of our team. For better or worse, it is the manner in which states – and third party payors – recognize professions.

> *'Licensure is not a holy grail but is one way genetic counselors will be able to develop a legitimate revenue stream.'*

Licensure is not a holy grail but is one way genetic counselors will be able to develop a legitimate revenue stream. With the state of the health care economy, reimbursement for any particular service may be a battle. But this battle is best fought at the national level, which will become possible when more states obtain genetic counselor licensure.

"There are several states that do not have enough genetic counselors to make state licensure a reality." Utah had 14 and we made it happen. And it has been a fascinating trip. It is also likely that in 10 years, Utah will have greatly increased the number of genetic counselors (in part due to reimbursement.) Although the number of genetic counselors in a particular state may change the strategies used to pursue licensure, it should be possible for most states.

Licensure is a complicated topic, and I agree with 'Anonymous' that it needs further discussion. As we dialogue at our regional and national meetings (and in print), I encourage us to move from "should we?" to "how best can we?" ❖

ED NOTE: *There will be a Practice-based Symposium on Licensure at our Annual Education Conference in Phoenix. Plan to attend to learn more and to continue the dialogue.*

THEN & NOW: ...

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pioneers. Although it was not a requirement, I applied for a summer internship at the Huntington Disease Program at Creedmoor Institute in NY. I listened to taped interviews, observed diagnostic examinations, recorded pedigrees and interviewed relatives who accompanied at-risk or diagnosed HD patients. During my second year at SLC, I was hired one day a week by the Committee to Combat Huntington's Disease to continue in this role. My class observed at clinical sites during the second year, but amazing as it may seem today, I was the only one in my graduating class who had communicated with a patient and recorded a pedigree.

How did you establish your professional roles?

When I was interviewed for my first job, I introduced myself as a genetic counselor, and waited to be asked to explain what that meant, providing me the opportunity to define the role I expected to fulfill.

In those early years there were two professional issues that would not be resolved until the Bylaws of the National Society of Genetic Counselors (NSGC) were adopted in 1979. One was the choice of professional title: genetic assistant, genetic associate or genetic counselor. The second was the need for a definition of a genetic counselor and an appropriate job description. Some genetic counselors could choose a title while for others it was the employer who determined the title. The GCs responsibilities were likewise self-determined in some job settings and mandated in others. I went to regional and national meetings, and met GCs who unhappily were doing no more than scheduling appointments, assigning physicians to particular cases and participating in a limited way in group counseling with physicians. I met others for whom I cheered because they were setting their own boundaries.

...next page

…PORTRAIT OF A PIONEER

Debra Collins, for example, during her first week at the University of Kansas Medical Center, paused before entering the room where she would see her first patient. Never having met a genetic counselor before, the doctor for whom she worked asked if he should come in with her. She coolly replied, "I will call you if I need you." I have told countless students and novice GCs how Debra established the precedent that allowed her to counsel autonomously unless she felt it was appropriate to do otherwise. I fought my own battles, but would not have considered working in a setting where I was unable to counsel at my discretion.

> *"Amazing as it may seem today, I was the only one in my graduating class who had communicated with a patient and recorded a pedigree."*

In the beginning, what did you foresee as the future for genetic counseling?

That the title of genetic counselor would be universally accepted to reflect the training, experience and skills of this unique professional who exemplified the art (counseling) and the science (genetics) that is genetic counseling. Of one thing I was certain, if the early graduates, including myself, failed to demonstrate how genetic counselors would contribute to the delivery of clinical genetic services, I could foresee an early demise for the fledgling profession.

How was the NSGC established?

In 1978, ASHG was moving towards board certification. Joan Marks, Director of the SLC Human Genetics Program following Professor Richter's death, advised genetic counselors attending a SLC postgraduate seminar to consider forming a professional society, pointing out that unless genetic counselors represented their own interests in the board certification process, the medical profession would establish criteria without our input. An ad hoc committee met in the New York area for 18 months to hammer out bylaws for a professional society, consulting with genetic counselors nationwide at three large meetings.

The issues were the professional title and membership criteria that would define the profession. A vocal group of medical geneticists demanded the title "genetic counselor" be reserved for physicians and wanted full membership status in a joint professional society in which masters level professionals would be called genetic associates or assistants. After several acrimonious discussions, the ad hoc committee, with great trepidation about antagonizing the physicians who employed genetic counselors, decided to adopt "genetic counselor" as the title of the society and the professional, limiting full membership and voting privileges to graduates of recognized genetic counseling training programs. Our purpose was to make a statement that defined genetic counselors as unique professionals with a society that could set standards and represent the needs of its members.

Directly related to the new professional society was the appointment of Ann CM Smith (NSGC President-elect) and myself to the Founding Board of Directors of the American Board of Medical Genetics. We represented the interests of GCs in establishing criteria for the certification process and writing the examination questions relevant to genetic counseling. Over the years, there were two GC representatives on the ABMG until the American Board of Genetic Counseling (ABGC) was formed in 1992.

As you look back, has anything surprised you?

What I could not predict was the privilege and pleasure of meeting genetic counselors nationwide who are my respected and treasured friends, my admiration for the outstanding men and women our profession attracts and whose achievements in clinical practice and a diversity of other settings are now so highly regarded.

Looking back to the goals I could identify in my early professional life, I never imagined nor would I have believed the diversity of opportunities that have opened for us. There is no longer a ceiling for GCs. If I had a crystal ball in the 1970's and 1980's I would have had no worries about the future of the genetic counseling profession and the continuation of leadership and high professional standards. This profession's achievements have already surpassed anything I could have imagined as a novice genetic counselor.

What are you most proud moment in your career?

Most important to me was the opportunity to provide support to individuals and families who were struggling with tragic events and difficult decisions. The dual role of communicating information and facilitating decision-making while observing responses and providing psychological support was always a challenge and a source of deep satisfaction. I am pleased to have played a pivotal role in founding the NSGC, but I share that accomplishment with many colleagues. I am proud when I look out at an NSGC meeting audience and see a thousand genetic counselors, hear about their professional accomplishments, read exciting job descriptions in Perspectives, and know that the genetic counseling profession has achieved a level of accomplishment, respect, recognition and potential that exceeds the most far-reaching dreams of its founding members. ❖

RESOURCES

Counseling About Cancer: Strategies for Genetic Counseling, 2nd edition.

Author: Katherine Schneider, MPH
Publisher: John Wiley & Sons
Cost: List $39.95, 352pp. *[Discounted rate of $35.95, incl P&H, when ordered directly from NSGC.]*
Reviewer: Susie Ball, MS

As the recipient of the Jane Engelberg Memorial Fellowship in 1993, Katherine Schneider wrote the first edition of this book. It was the first comprehensive book about cancer genetics for genetic counselors. The current book is twice the size, includes information about internet resources and, because of the explosion of information available in the past seven years, it includes a great deal more information about specific cancer causing or associated genes, testing laboratories and mutations.

There are ten chapters and two appendices. The first half of the book provides information about cancer. Chapter One discusses cancer epidemiology. As she points out, everyone is at risk for cancer, in contrast to some of our more "traditional" genetic conditions. While only a few of us have a real hereditary risk due to an inherited form of cancer in our family, most of us have at least one relative who had cancer and thus most of us, and our patients, have at least some worry about developing cancer. Quite a bit of space is devoted to breast, colon and ovarian cancers as those are the conditions most often seen in a hereditary cancer program.

Chapter Two discusses cancer detection, treatment and prevention and includes extensive definitions of cancer terminology, clinical staging and tumor grading. Schneider feels it is important for genetic counselors to understand these concepts to help us comprehend our clients' experiences. She points out that one value of identifying a hereditary cancer syndrome in a family is to assist with early diagnosis so that vague, early signs aren't ignored or further evaluation delayed.

Chapter Three is a primer of cancer cell biology to assist counselors in explaining complex concepts to patients. Chapter Four provides details of the clinical and molecular features of 30 specific hereditary cancer syndromes. Chapter Five provides lists of possible syndromes that might be associated with cancer of a particular organ. I find this helpful when I attend Tumor Board meetings in considering if the history presented is suggestive of a particular syndrome where genetic counseling may be beneficial to the family.

The second half of the book discusses various aspects of cancer genetic counseling, such as collecting and reviewing cancer histories and the components of a cancer genetic counseling session. She warns the reader not to underestimate the potential psychological impact of a cancer diagnosis and details these aspects of cancer counseling. Genetic testing for cancer syndromes and its ethics are outlined, with specific guidelines for pre-test counseling, arranging testing and sharing of results, including case examples.

Appendix A reviews basic genetic principles and Appendix B basic pedigree symbols.

I found the first half of the book the more helpful. As a long-term counselor, I am aware of counseling strategies and the difficulties in "predisposition" counseling and testing. However, also as a long-term counselor, I wasn't taught any cancer genetics in school so the background information was very helpful. Newer counselors, who have the benefit of learning about cancer genetics in school, might have exactly the opposite response.

I would recommend this book to genetic counselors providing cancer genetic counseling services. Schneider has valuable insights based on her many years of experience. The only distressing thing about the book to me was the excessive number of typographical errors, mislabeled figures, misdirected references and unexplained abbreviations that made some of the information hard to understand. ❖

EHLERS-DANLOS SYNDROME RESOURCE

The Ehlers-Danlos National Foundation is pleased to announce completion of the *Ehlers-Danlos Syndrome Emergency Physician Reference* CD-ROM. This resource focuses on the vascular type of EDS and contains vital information not only for emergency physicians, but all health care professionals treating patients with EDS.

The Ehlers-Danlos National Foundation will send a copy of the CD to any member of NSGC. There is no cost to obtain a copy, although donations are greatly appreciated.

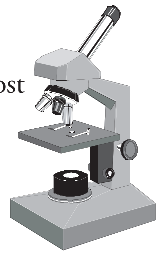
☞ Email your name and mailing address information, indicating that you are a member of NSGC to: Linda Neumann-Potash RN, MN, Executive Director, Ehlers-Danlos National Foundation; linda@ednf.org. ❖

RESEARCH NETWORK

CONGENITAL VERTEBRAL MALFORMATIONS

Researchers at Children's Hospital of Philadelphia are interested in identifying the genetic etiology of congenital vertebral malformations, including congenital scoliosis, congenital kyphosis, Klippel-Feil syndrome, VATER and VACTERL associations, Goldenhar syndrome, Jarcho-Levin syndrome and Spondylocostal Dysostosis.

Families with one or more affected members are eligible to participate, which includes collection of family and medical histories and a DNA sample. There is no cost to participate; travel to Philadelphia is not required.



☞ Melissa Tonnesen, MS, ✆215-590- 2928; tonnesen@email.chop.edu ❖

MANAGEMENT OF MYELOMENINGOCELE STUDY (MOMS)

Children's Hospital of Philadelphia, Vanderbilt University Medical Center and University of California at San Francisco will soon be initiating a five-year multicenter trial comparing the safety and efficacy of fetal surgical repair with traditional postnatal repair of open neural tube defects. Animal studies conducted for years have yielded promising preliminary results.

Two hundred women will be enrolled in this controlled trial with 100 randomized to each surgical group. Evaluation for participation and all printed materials are available in English and Spanish.

Prenatal surgery will be conducted between weeks 19 and 25, but women may be referred earlier for evaluation.

Participating mothers must be:

- 18 years of age or older
- US citizens
- in good health with no contraindications to general anesthesia or surgery.

The fetus must have:

- a myelomeningocele defect between T1 and S1, inclusive
- the Chiari II malformation of the brain
- a normal karyotype
- no anomalies unrelated to spina bifida.

There will be no costs.

☞ Catherine Shaer, MD, Program Manager, George Washington University Biostatistics Center, ✆866-ASK-MOMS (866-275-6667); www.spinabifidamoms.com ❖

’02 CONFERENCE UPDATE

November 8 - 9: Short Course, Advanced Cancer
November 9 - 13: Annual Education Conference

Sarah Richter Cox, MS

ON NOTICE…

- Phoenix is on Mountain Standard Time year round.
- Phoenix is a fairly casual place. Very few establishments require dressy clothes. Jeans and cowboy boots are even preferred in some places! Typically, jeans or khakis and a nice shirt are sufficient.
- Water is a must, preferably bottled, as the water in Phoenix is less than desirable. It is fashionable to carry a water bottle.
- Wear sunscreen.
- Phoenix is fairly safe, but always use caution, particularly at night and when alone.
- For those who care – NPR is on KJZZ (Jazz) 91.5FM.

FOOD

Mexican food is a must. As for chilis – green is usually hotter, but not always, and green is definitely tastier. So when asked “Red or green?” order the green sauce on your burrito enchilada style. My picks for Mexican Restaurants are Los Dos Molinos for traditional *hot* food, Such is Life for more southern Mexican. For taste and style and San Carlos Bay Seafood Restaurant for good seafood and vegetarian choices.

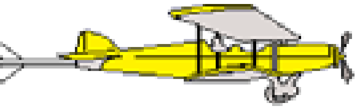
VOCABULARY

- Hone up! You can practice your Spanish skills
- Saguaros (sa-WAHR-o) — Leave the ‘g’ behind. These are a trademark of and are unique to the Sonoran desert
- Javelina (have-a-LEEN-a) — No, you won't see one, but coyotes have been spotted trotting the streets!
- Gila (HEE-la) — There is the Gila River, Gila monster (a lizard), among others
- Tempe (Tem-PEE) — Home to Arizona State University and Cardinal Football (for the time being!)
- We are not politically correct and even have a freeway and mountain named Squaw Peak

CEUs

- Yes, you can sign up onsite! You may also send in a check for $20 per course if you have already registered. ❖

Media WATCH



Angela Geist, MS & Roxanne Ruzicka, MS

Boston Globe (6/19/02) — "Need for Genetic Counselors Seen" was a report of a Connecticut strategy research firm citing that the number of genetic tests will increase dramatically by 2004 and most doctors are not prepared to discuss the meaning and implications of these tests with their patients. This will greatly increase the need for and importance of genetic counselors.

"Ann Landers' Column," in newspapers worldwide (7/16/02) — Katherine Schneider wrote a fantastic response to a letter from "Ella," which was originally published on 5/30/02. "Ella" was angry and feeling isolated about a positive BRCA1/2 result. Katherine described how a genetic counselor can assist and support individuals who learn that they are at an increased risk for cancer or other genetic conditions. She gave an overview of the different resources genetic counselors have to help individuals feel empowered by their knowledge. Several ways to contact a genetic counselor were mentioned. (See related article, p. 3)

"Strong Medicine," Lifetime cable networks (7/28/02) — A couple with a child with Fanconi Anemia conceived another child (after much trying) following PGD to create a match to enable a fetal stem cell transplant for their sick daughter. As the mother is in labor, representatives from NIH and the Department of Justice arrive to stop the transplant, saying that the hospital gets federal money and is therefore forbidden from doing "stem cell research." The doctor of the show appears to be a jack of all trades, doing everything from routine GYN to IVF to PGD to transplants, and there is no mention that the stem cells are being used for treatment, not research.

Wall Street Journal (7/28/02) —– An article was published regarding privacy laws regarding genetic information and the potential for health insurance providers to access this information for ill use despite these laws. The article is about the practice of "re-underwriting," which is raising individuals' insurance premiums in the wake of illness or claims.

"Maternity Ward" TLC cable networks (7/29/02) — A couple was having an induction for anencephaly. A nun was called in who told the couple that science doesn't know why these birth defects occur and proceeded to "bless" the mother. There is no mention of a genetic counselor; in fact the whole case appeared to be handled by second and third year residents.

JAMA (8/21/02) — "Preserving Privacy, Preventing Discrimination Becomes the Province of Genetics Experts" summarized the proceedings of the Symposium on Genetic Privacy and Discrimination. Genetic privacy and discrimination were discussed in terms of patient concerns, industry viewpoints and pending legislation. Although quoted as an MD, Genetic Counselor Heather Shappell conveyed three of NSGC's key marketing messages in an excellent sidebar about the role of GC in helping patients and physicians understand genetic information.

Cosmopolitan Magazine (9/02) — "I'm in love with my first cousin" tells the story of a woman who falls in love with her cousin. They initially hide the relationship from their family but gradually share their secret. The couple plans to get married and have children after genetic testing. The article cites the University of Washington as reference to the consanguinity study recently published by NSGC. In response to the fact that first cousin marriages are illegal in 24 states. Robin Bennett is quoted as saying, "A woman over 41 has the same chance of having a baby with health problems as cousins do, but it's not against the law for women over 41 to have children." NSGC is mentioned, and genetic screening for first cousin couples is recommended. ❖

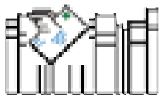
NSGC TO OPEN ONLINE BOOKSTORE

In a program initiated by amazon.com, not-for-profit organizations may enter an agreement to sell books through their websites. Associations are then eligible to receive rebates of…

- 15% for any book listed on their website and clicked on to link to amazon.com *or*
- 5% for simply entering amazon.com through the assocation's website bookstore and purchasing any book. Books in the bookstore may be from professional or recreational reading lists. The program doesn't extend to other items, such as music or electronics, currently available through amazon.com.

Leslie Ciarleglio has agreed to organize the effort. She's asked for members to email her names of books with short critiques of up to 50 words. The target launch date is January 1, 2003.

☞ Leslie Ciarleglio leslie.ciarleglio@yale.edu



COMMITTEE & SIG ACTIVITIES

SPEAKERS BUREAU ON MINORITY RECRUITMENT

Tressie Dalaya, MS

The Diversity SIG is calling on genetic counselors nationwide to volunteer as speakers, role models and mentors in encouraging young men and women to become genetic counselors with the hope of increasing the diversity in our profession.

The Speakers Bureau on Minority Recruitment (SBMR) is a project sponsored by NSGC's Diversity SIG. The aim of the SBMR is to provide outreach education about genetic counseling as a career, in local middle schools, high schools and higher learning institutions with a large minority enrollment.

. . "I learned about the field at a job fair where I met a graduate student studying to become a genetic counselor. She was so excited about what she was studying, and her love for the field seemed so genuine. I also wanted that same feeling and excitement. I wanted a job that I could love. At that job fair, I visited many tables for biology majors, but no one showed a love for his or her occupation like that graduate student. I knew then what I wanted to do." This excerpt from the essay of a minority applicant to a genetic counseling training program clearly shows the impact we can have.

Volunteers will be asked to provide a minimum of one presentation a year. We hope that in addition to providing information at academic institutions, the volunteers will welcome individuals inquiring about a genetic counseling careers, to visit their work places and observe them in practice.

Information on potential outreach locations can be found on "MOLIS," an online source of information on minority institutions. Local schools, community events (youth groups, choirs) and student organizations can also serve as outreach locations.

Visit our website for a wide range of materials to assist you in your presentation or contact the Executive Office for recruitment posters and/or recruitment brochures.

Providing information on funding and scholarships available for minority students is also valuable.

We are counting on you to share the pride, love and enthusiasm we all have for our profession. ❖

☞ Tressie Dalaya, SBMR Coordinator, ✆609-275-3969; tdalaya@meridianhealth.com

☞ MOLIS: http://sciencewise.com

WEBSITE UPDATE

WEBSITE EDITOR NAMED

Aubrey Turner has been named the new chair of the Online Communications subcommittee, an arm of the Communications Committee. He succeeds Beth Billings, who oversaw the professionalization of our site.

Aubrey's first activity will be to improve the navigability of our website, needed to accommodate the greatly enhanced and increased amount of information available. We'll announce changes in an upcoming issue of *Perspectives* and on the listserv.

THREE WEBSITE FEATURES ADDED

List a Job Online. View our policies, common abbreviations and fees, then submit your job and indicate your payment preference: payment online or invoice.

☞ www.nsgc.org/JobConnection.asp

Member Profile Revisions. We have improved and reactivated online member profile changes for mailings and the directory.

☞ www.nsgc.org/members/membersprofile.asp

Exhibitor Suite. New this year! Annual Education Conference exhibitors were invited to upgrade their exhibitor status by enlisting in our Exhibitor Suite, an online reference, including links. Check them out by clicking on the starburst on our homepage or direct link. ❖

☞ www.nsgc.org/exhibit.asp

☞ Aubrey Turner, aturner@wfubmc.edu

PROFESSIONAL STATUS SURVEY UPDATE

Kristen Shannon, MS

Our first year in moving our bi-annual Professional Status Survey to an online format was a great success. The website went "live" on July 1, and there were 3,233 hits on the login page.

The deadline for completion of the survey was extended to accomodate for the many genetic counselors that were sitting for the ABGC Board exam in mid-August, allowing for a more complete survey of our membership.

A total of 856 surveys have been completed. Of those, 824 (96%) were completed online. The data are currently being analyzed and will be presented at this year's Annual Education Conference in November. Look for the final published report of all data in the December issue of *PGC!* ❖

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■ **Pasadena CA:** Immediate openings for 3 BC/BE Genetic Counselors: (2) Pasadena, (1) Ft. Lauderdale, FL. Knowledge of Human Genetics; principles utilized in crisis i'vention & i'view techniques; abil to work independently. Fluency in Spanish &/or Vietnamese pref for CA position; fluency in Spanish pref for FL position. Relocation exp allowance avail. Usual referrals, including AMA, maternal serum marker scrng, fam hx, terat, U/S abnormalities.

☞ CV, brief cover ltr & 2 ltrs rec: Human Resources, Alfigen, Inc, 11 W. Del Mar Blvd, Pasadena CA 91105; Fax: 626-568-9643; HR@alfigen.com. EOE/AA

■ **Sacramento CA:** Immediate opening for PT (.5) BC Genetic Counselor. Exp in metabolic disease a plus. Join active & expanding metabolic team: GC, educ, case mngmt, rsrch & prog promotion. May expand to CF & Sickle Cell Clins.

☞ Cherie D. Hiner, Manager, Children's Outpatient Svcs, Sutter Medical Center-Sacramento, 5217 F Street-Bldg C, Sacramento CA 95819; ✆916-733-1992; Fax: 916-733-7001; : Hinerc@sutterhealth.org; www.sutterhealth.org. EOE/AA

■ **San Jose CA:** Immediate opening for BC/BE Genetic Counselor. Exp pref. Join active team in established, comprehensive HMO genetics prog. Broad range of svcs: PN, peds, adult, cancer.

☞ Cindy Soliday, MS, Genetics Dept, Kaiser Permanente, 5755 Cottle Rd, San Jose CA 95123; ✆408-972-3332; Fax: 408-972-3298. EOE/AA

■ **Farmington CT:** Immediate opening for BC/BE Prenatal Genetic Counselor. Min 2 yrs post grad exp in clin PN. MFM Prog base w/ academic appt on team of 7 GCs. Clin svcs & tchg.

☞ Robert M. Greenstein, MD, Director, Div Human Genetics, University of Connecticut Medical School, Farmington CT 06030; rgreens@ccmckids.org. EOE/AA

■ **Washington DC:** Immediate opening for 2 BC/BE Genetic Counselors. Independent work style, excellent clin, i'personal & org skills req. Contract positions under Amer Registry of Pathology: coord clin genetics, incl PN, peds, adult & cancer genetics, as part of expanded effort at military facilities.

☞ CV, 3 ref, & salary req: Mr. Danny Urquhart, American Registry of Pathology, 14th St and Alaska Ave, NW, Washington DC 20306-6000; ✆202-782-1475; Fax: 301-295-9507; Urquhart@afip.osd.mil. EOE/AA

■ **Ft Lauderdale FL:** See Pasadena CA

■ **Ft Myers FL:** Immediate opening for BC/BE Genetic Counselor. Exp pref, Spanish a plus. Join 2 perinatologists in busy, priv MFM prac Counsel PN/preconcept pts. Supportive work environ w/ oppty to work autonomously.

☞ Marty Menna, Maternal Fetal Medicine of Southwest Florida, 9981 HealthPark Circle #159, Ft Myers FL 33908; ✆239-481-5477; Fax 239-481-5892; mfmswfl@earthlink.net. EOE/AA

■ **Orlando FL:** Immediate opening for BE Genetic Counselors (1 FT or 2 shared PT). Abil to obtain cert within 3 yrs of hire. Exp req. Travel between M.D. Anderson Cancer Center Orlando & Fetal Dx Dept at Arnold Palmer Hospital (PN/high risk).

☞ Apply online or fax: A. Laxton, Recruiter, Orlando Reg'l Healthcare, 1414 Kuhl Ave, MP113, Orlando FL 32806; ✆321-841-8648; Fax: 407-237-6374; http://hr.orlandoregional.org. EOE

■ **South FL:** Immediate opening for BC/BE Genetic Counselor. Spanish req. Join dynamic team of GCs; w/ oppty to work independently. Provide PN GC svcs for clients in S. FL area, primarily Miami area.

☞ Apply online, incl ref: Job Code #1822. Amy Foster, Genzyme Genetics, 15 Pleasant Street Connector, P.O. Box 9322, Framingham MA 01701-9322; ✆800-357-5744 x23728; Amy.Foster@genzyme.com; www.genzyme.com. EOE/AA

■ **Rockford IL:** Immediate opening for BC/BE Genetic Counselor. Join established med genetics dept incl 3 GCs, 2 clin, molec/biochem geneticists & 1 clin, repro geneticist at tertiary care facility serving large area.

☞ Laura S. Martin, MD, Director, Medical Genetics, Dept Medical Genetics, Rockford Health System, 2400 N. Rockton Ave, Rockford IL 61102; ✆815-971-5069; Fax: 815-968-7830. EOE

■ **Indianapolis IN:** Immediate opening for BC/BE Genetics Specialist 2. Proof of cert status nec w/ app. Exp pref, not req. Good verbal & written skills; exp in prog coord, developmt & implement. Serve as Prog Dir for state NBS Infra Grant (4 yr): staff Genetic Advisory Cmte; facilitate Genetic Policy development, dev public & prof educ outreach programs for genetic svcs; serve as liaison to nat'l, state, local prof & consumer org/agencies w/ focus on genetic diseases, admin genetic svc grants; prov fol/up to NBS/IBDSS confirmed positive babies. Salary range: $29,484-43,995, based on exp.

☞ Req app: www.state.in.us/jobs/html/app.html. Position Description: www.ai.org/serv/sdp_jobbank Browse by job title for Genetics Sp 2. Nancy B. Meade, RD, MPH, Public Health Admin. for MCHS, Indiana State Department of Health, 2 N. Meridian, 8-C, Indianapolis IN 46204; ✆317-233-1257; nmeade@isdh.state.in.us. EOE/AA

■ **Louisville KY:** Immediate opening for BC/BE Genetic Counselor. GC for PN, peds & adult genetics in univ-based clin genetics prog; provide GC for subspec & outrch clins w/ opptys for prof & commun educ.

☞Katherine Christensen, MS, Weisskopf Ctr for the Evaluation of Children, University of Louisville, 571 S. Floyd St, Suite 100, Louisville KY 40202; ✆502-852-5334; *kmchri01@gwise.louisville.edu*. EOE/AA

■ **Shreveport LA:** Immediate opening for BC/BE Hereditary Cancer Genetic Counselor. Join Feist-Weiller Cancer Ctr of LA State Univ Health Sciences Ctr. Handle assmt for pts at risk for hereditary cancers, pedigree analysis, assmt for gene testing, GC on outcomes of testing & hereditary cancer public educ.

☞ Resume & prof refs: Moira MacIver, Human Resources Dept, Louisiana State University Health Sciences Ctr, 1501 Kings Highway, Shreveport LA 71130-3932; ✆318-675-5254. EOE/AA

■ **Boston MA:** Immediate opening for BC/BE Genetic Counselor/Research Coordinator. Strong commun skills & abil to work independently req. Exp pref. Clin & rsrch respon working w/ neurology lab studying disorders of brain devel.

☞ Adria Bodell, Harvard Institutes of Medicine 4 Blackfan Circle, Room 807, Boston MA 02115; ✆617-667-8035; Fax: 617-667-0815; abodell@caregroup.harvard.edu. EOE/AA

■ **Boston MA:** Immediate opening for Genetic Counselor. Strong commun skills & abil to work independently req. Join Developmental Genome Anatomy Project research team: coord proj w/ i'natl outrch, contacting physicians & pts, enrolling partic, interfacing w/ IRB & managing clin data.

☞ Heather Ferguson, MS, Harvard-Partners Center for Genetics & Genomics, HIM Building, 77 Avenue Louis Pasteur, Suite 640, Boston MA 02115; ✆617-525-5769; Fax: 617-525-5757; hferguson1@partners.org; http://dgap.harvard.edu. EOE/AA

■ **Boston MA:** Immediate opening for PT (.8) Sr. Genetic Counselor. Independent work style req, prior s'visory exp pref. Join 2 GCs & 1 MD geneticist in busy acad high-risk PN genetics prog. Opptys for tchg, cancer GC & partic in rsrch.

☞ Lisa Paglierani, MS, Beth Israel Deaconess Medical Center, 330 Brookline Ave, Boston MA 02215; ✆617-667-3792; Fax: 617-667-1551.

■ **Boston MA:** Nov '02 - Jan '03 opening for BC/BE Genetic Counselor. Dynamic, rsrch-oriented GC w/ strong ldrshp/commun & writing skills req. Exp in rsrch, proj mngmt pref. Project Manager & GC for the Harvard-affil REVEAL Study (Risk Evaluation & Education for ALzheimer's disease), a 4-site NHGRI-funded trial offering susceptibility genotyping, disclosure & GC. Position works w/ nat'l leaders in genetics, ethics & AD rsrch.

Please fax or EM resume/CV & ltr of interest to Dr. Green. Please include your email address. Interviews possible at NSGC mtg in Phoenix.

☞ Robert C. Green, MD, MPH, Genetics Program and Alzheimer's Disease Center, 715 Albany Street, L-320, Boston MA 02118; ✆617-638-5362; Fax: 617-638-4275; rcgreen@bu.edu. EOE/AA

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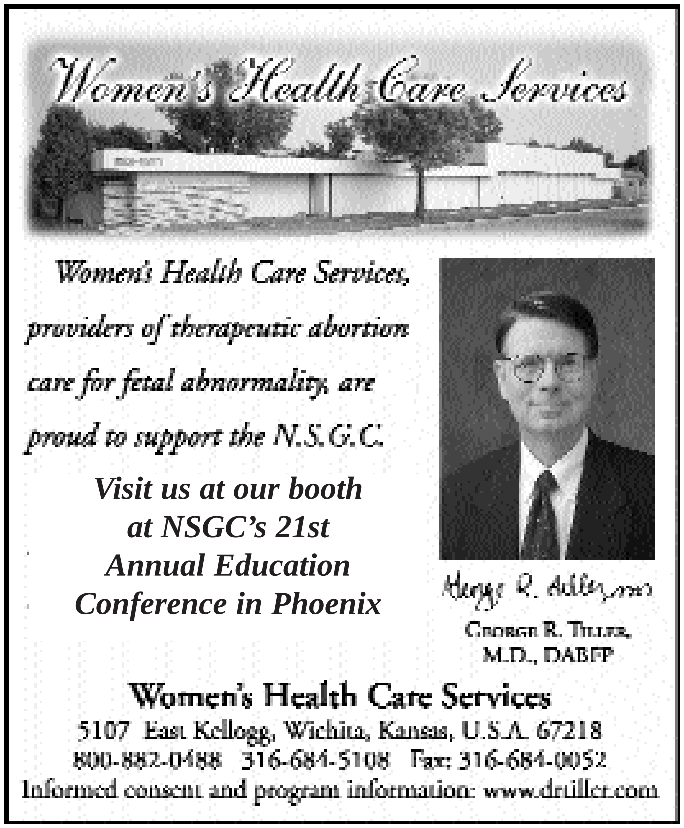
■ **Bethesda MD:** Immediate opening for Genetic Counselor. Independent & assertive, w/ GC exp involving pt care & clin rsrch. Join multidisc team dedicated to study individuals w/ rare & undiagnosed disorders.
☞ Deborah Handon, NHGRI, NIH ORD (Office of Rare Disorders), 10 Center Drive, Bethesda MD 20832; Fax: 301-496-7157; dhandon@nhgri.nih.gov. EOE

■ **Ann Arbor MI:** Immediate opening for BC/BE Genetic Counselor. Join active & highly productive rsrch group focused on using genetic approaches to understand molec basis of inherited retinal & macular dystrophies, incl X-linked retinitis pigmentosa, age-related macular degeneration & diabetic retinopathy. Involves clin & basic sci; req regular coord w/ study partic, clin support staff, physicians (both on site & i'natl), rsrch scientists, lab & rsrch assistants, GCs & other study coordinators. Respon: pt & fam ascertainment, development & maintenance of IRB protocols, maintenance of established database, assisting in writing grants & manuscripts & study design. Multiple opptys for development & growth, incl clin & rsrch GC, tchg & outrch activ.
☞ Sharyn Ferrara, Kellogg Eye Center, 1000 Wall St., Room 541, Ann Arbor MI 48105; ✆734-615-2246; Fax: 734-647-0228. EOE/AA

■ **Detroit MI:** Immediate opening for BC/BE Genetic Counselor. Join peds genetics clin at tertiary med ctr. affil w/ Wayne State. Prim respon: provide GC in busy genetics clin; train & s'vise med students, residents & GC students; partic in commun genetics educ progs, coord rsrch proj for eval of children w/ developmental delay. Potential for adjunct fac position w/ Ctr for Molec Med & Genetics.
☞ Erawati Bawle, MD, Children's Hospital of Michigan , 3901 Beaubien, Detroit MI 48201; ✆313-745-4513; ebawle@med.wayne.edu. EOE/AA



■ **Grand Rapids MI:** Immediate opening for BC/BE Genetic Counselor. 2 yrs exp in genetic svcs & computer basic data retrieval req. Provide GC svcs as a member of an interdisc team.
☞ Attn: Human Resources, Spectrum Health, 251 Michigan Ave NE, Grand Rapids MI 49503; Fax: 616-391-2780; christopher.penney@spectrum-health.org; to apply online: www.spectrum-health.org. EOE/AA

■ **Albuquerque NM:** Immediate opening for BC/BE Genetic Counselor. Exp pref, but students may apply. Oppty for wide variety of PN & preconcep cases as well as cancer & dysmorph exposure in univ setting. Outrch oppty incl rural and Indian Health locations.
☞ Valerie Rappaport, MD, University of New Mexico School of Medicine, Dept. of Ob/Gyn, 2211 Lomas Blvd-NE-ACC4, Albuquerque NM 87131; ✆505-272-6611; fax: 505-272-1311. EOE/AA.

■ **Charlotte NC:** Immediate opening for BC/BE Genetic Counselor. GC pts & families re: genetic diseases, tstg procedures & test results; works w/ med lab directors/clin geneticists re: interpretive info discussed w/ pts.
☞ L.M. Blackwell, Presbyterian Laboratory Svcs, 5040 Airport Center Parkway, Charlotte NC 28208; ✆704-943-3393; Fax: 704-398-2716; lmblackwell@novanthealth.org; apply online: www.novanthealth.org EOE/AA

■ **Lebanon NH:** Immediate opening for temp (4 mo) BC/BE Genetic Counselor (temp 4 mo). Partic on MFM team to provide PN & preconcep genetic eval & GC: coord scrng & dx tstg; act as liaison w/ other subspec svcs & referring clinicians; prof educ.
☞ Dartmouth-Hitchcock Medical Center, One Medical Center Dr, Lebanon NH 03756; Fax: 603-653-0441; DHMCjobs@Hitchcock.org; www.dhmc.org. EOE

■ **Bronx NY:** Immediate opening for BC/BE Genetic Counselor in Cancer Genetics & Research. Familiarity w/ computers & exp in cancer genetics a plus. Travel to affiliate sites. Clin cancer GC & partic in the coord of cancer genetic rsrch protocols.
☞ Attn: HR-TC, Albert Einstein College of Medicine, Jack and Pearl Resnick Campus, 1300 Morris Park Ave, Bronx NY 10461; Fax:718-430-4098; tcostabi@aecom.yu.edu. EOE

■ **Philadelphia PA:** Immediate opening for BC/BE Research Genetic Counselors in Pediatric Cardiology. Exp & no exp GCs invited to apply. Positions are available for an individual with a background in gc interested in participating in a major rsrch prog on the genetic etiology of congenital heart disease. Responsibilities include recruiting & GC families w/ children w/ congenital cardiac defects, as well as other rsrch respon. Opptys for limited clin partic avail.
☞ Ref ID 41 c/o The Children's Hospital of Philadelphia, Philadelphia PA 19104; Fax: 215-590-4644; Apply online: http://careers.chop.edu. EOE/AA

■ **Philadelphia PA:** Immediate opening for BC/BE Genetic Counselor. Interest in peds & willingness to assist in all areas of genetics div (PN, BRCA, prof educ, mentoring GC & med students).
☞ Adele Schneider, MD, Albert Einstein Medical Center, Developmental Medicine & Genetics, 5501 Old York Rd, Philadelphia PA 19141; schneider@einstein.edu. EOE/AA

■ **Philadelphia PA:** Immediate opening for BC Coordinator of Genetic Counseling Services. Self-motiv, flexible, org & admin exp; min 3 yrs reprod genetics req. Join large multidisc team in Perinatal Genetics Unit spec in full svc PNDx & multifetal preg reduction. Continued devel & expansion of ongoing services, phone consults, budget prep & oversight of genetic unit staff.
☞ Sue Moyer, MS, MCP Hahnemann University Hospital, 216 N. Broad St, MS990, Philadelphia PA 19102; ✆215-762-3609; smh33@drexel.edu. EOE/AA

■ **Greenwood SC:** Immediate opening for lab-based Genetic Counselor. Significant role in dx labs; involve in several clins, primarily peds. Opptys to partic in educ, rsrch avail.
☞ Michael Friez, PhD, Director, Molecular Diagnostic Laboratory, Greenwood Genetic Center, 1 Gregor Mendel Circle, Greenwood SC 29646; ✆864-941-8130; friez@ggc.org. EOE/AA

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233 Canterbury Dr Wallingford PA 19086

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■ **HOUSTON TX:** Immediate opening for BC/BE Genetic Counselor. Spanish pref, not req. Abil to work independently & on team a plus. Join acad genetics dept: primarily PNDx w/ some peds, mostly in county hosp & outrch clinics. Oppty for rsrch & prof devel.
☞ Audrey Burke, MS, Baylor College of Medicine, 6550 Fannin, Ste 901, Houston TX 77030; ✆713-798-7250; Fax 713-798-6956; aburke@bcm.tmc.edu. EOE/AA

■ **HOUSTON TX:** Immediate opening for BC/BE Genetic Counselor. Excellent org, time mngmt skills & i'personal skills req.Work closely w/ health care professionals in multi-disc oncology clin spec in BR & OV cancer genetics. Provide GC for high risk of familial cancer syndromes pts. Help recruit to several estab cancer genetics clin trials & assist in successful trial mngmt; assist w/ planning & implementing new trials.
☞ Dawn Allen, Human Resources Coordinator, Breast Center, Baylor College of Medicine, One Baylor Plaza, BCM 600, Houston TX 77030; Fax: 713-798-1642; dallen@breastcenter.tmc.edu. EOE/AA

■ **SALT LAKE CITY UT:** Immediate opening for BC/BE Professional Support Specialist, Genetic Counselor. Cancer GC exp pref. Respond to phone & EM inquiries from health care providers & pts as well as Myriad sales dept re: all aspects of cancer genetics. Report complicated test results to ordering health care provider, aid in interpretation of results in context of family hx. Maintain wkg knowledge of in-house databases & online resources. Partic in collab w/ various dept re: design, document, test & implement of clin projs. Assist w/ devel & eval of clin record forms & protocols. Maintain a high level of clin expertise through involvement in continuing educ.
☞ Cover & CV c/o Heather L. Shappell, MS, Myriad Genetic Laboratories, 320 Wakara Way, Salt Lake City UT 84108; hshappel@myriad.com. EOE/AA

■ **SALT LAKE CITY UT:** Immediate opening for Product Manager: Melanoma -2-700B w/ min Masters in molec biology req; MBA pref. Basic product mngmt skills, exp in cancer genetics, linkage to disease, mutation analysis & research process req. ≥Masters degree in Molec Biology req. Exp also req in genetic &/or clin rsrch and financial modeling. Sales exp a plus. Team ldrshp, excellent written & oral commun skills highly valued. Abil to present to diverse audiences, report to Dir Marketing. Bring dx products to market based on genetic hereditary melanoma discoveries. U'stand basic genetic sci & its role in progression & prediction of disease, work closely w/ rsrch scientists & clinicians to define & carry out studies to further develop & improve sensitivity & clin utility of potential dx test(s), develop formal product reqs for products & services targeted to both the research & clinical communities, identify key trends, economics & opptys in the area of melanoma, its diagnosis & trtmnt, estab presence in dermatology clin commun.

☞ EM CV: Lori Aro, Director of Marketing, Myriad Genetic Laboratories, 320 Wakara Way, Salt Lake City UT 84108; ✆801-883-3335; laro@myriad.com. EOE/AA

■ **SALT LAKE CITY UT:** Immediate opening for BC/BE Genetic Counselor. Cancer GC exp pref, not req. Abil to work independently and on team; initiative, writing & speaking skills req. Newly developed position to join Univ-based multidisc cancer genetics team incl 4 GCs, oncologists, GIs & dermatologists. Provide clinic svcs w/oppty for rsch, prof & pub outrch.
☞ Nancy Conrow, Univ of Utah, Huntsman Cancer Institute, 2000 Circle of Hope, Salt Lake City UT 84112; ✆801-585-1495; Fax: 801-585-5763 or Center Web Site Address: http://www.hci.utah.edu. EOE/AA

■ **BELLEVUE WA:** Immediate opening for Genetic Counselor. Abil to work independently & excellent commun skills req. Prog admin skills pref. Some travel likely. Join 3 MFMs & 1 radiologist to provide c'hensive PNDX svce: serum scrng, AMA, abn U/S, fam hx, terat, etc.
☞ Martin Walker, MD, Eastside Maternal-Fetal Medicine, 1125 116th Ave NE Suite 320, Bellevue WA 98004; ✆425-688-8111 ;
Fax: 425-688-8111; martin_walker@obstetrix.com. EOE/AA