



CALIFORNIA TUMOR TISSUE REGISTRY
Proudly Announces the 153rd Semi-Annual Pathology Cancer Seminar:



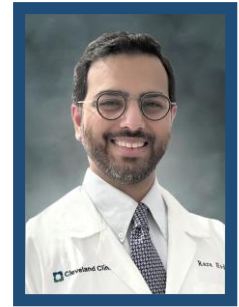
Syed Hoda, M.D.
Weill Medical College
of Cornell University
New York, NY

**“Selected Cases in Breast Pathology:
H&E and Beyond”**

Sunday, June 2, 2024
8:30 am - 4:45pm

The Westin Hotel South Coast Plaza

**686 Anton Boulevard
Costa Mesa, CA 92626
Phone: (714) 540-2500**



Raza Hoda, M.D.
Cleveland Clinic,
Cleveland, OH

DISCLOSURE STATEMENT: This program has been planned and implemented in accordance with ACCME Standards for Integrity and Independence. The Loma Linda University School of Medicine Office of Continuing Medical Education relies on its CME faculty to provide program content that is free of commercial bias. Therefore, in accordance with ACCME standards, any faculty and/or provider industry relationships will be disclosed and resolved.

Seminar Objectives: At the conclusion of this seminar, attendees will be able to:

1. Integrate traditional histopathology with newer diagnostic modalities to various lesions;
2. Recognize situations in which various histochemical, immunohistochemical, cytogenetic, and molecular testing can be invaluable to diagnoses;
3. Appreciate clinicopathological features of selected newly recognized entities, and effectively communicate with clinicians about the role of ancillary testing.

Materials: (“Attendance Only” includes items 1 and 2)

1. 6 hour lecture (Cover seminar objectives, correlate clinical histories, discuss the role of special studies in diagnosis, therapy, and counseling, and project photographs of the study cases and other illustrative materials)
2. Comprehensive syllabus that includes diagnoses, discussion, and appropriate references from pertinent medical literature
3. Glass slides of representative tumors (provided with the Full package only)

CME applies only on the day of the seminar. Full Package can earn up to 10 hours of CME. (4 for enduring and 6 for live activity) Attendance only can earn up to 6 hours CME.

Accreditation Statement: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of Loma Linda University School of Medicine and California Tumor Tissue Registry. The Loma Linda University School of Medicine is accredited by the ACCME to provide continuing medical education for physicians. The Loma Linda University School of Medicine designates this Other Activity for a maximum of **10.0 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

REGISTRATION FEE	Early bird By May 1st	
Full Package: Up to 10 CME credit <i>Includes: Digital slides, Attendance & Syllabus. Up to 4 CME credits for Digital slides. Turn in the Post-test before May 24, 2024, to earn credit. Up to 6 CME credits for attending the seminar. (Must complete the seminar evaluation form to claim 6 credits)</i>	\$400.00	\$450.00
Full Package: NO CME credit <i>Includes: Digital, Attendance & Syllabus.</i>	\$350.00	\$400.00
Resident Full Package: NO CME credit <i>Includes: Digital, Attendance & Syllabus. ** With a letter verifying residency/fellowship status</i>	\$300.00	\$300.00
Attendance Only: Up to 6 CME credit <i>Includes: Attendance & Syllabus. (Must complete the seminar evaluation form to claim 6 credits)</i>	\$330.00	\$350.00
Attendance Only: NO CME credit <i>Includes: Attendance & Syllabus.</i>	\$300.00	\$325.00
Resident Attendance Only: NO CME credit <i>Includes: Attendance & Syllabus. **With a letter verifying residency/fellowship status</i>	\$200.00	\$200.00

+ Cancellations are subject to a 15% overhead charge. *Shipping Slides/Syllabus Outside the United States of America, please add \$55.00, Canada add \$45

Registration Form: (complete & mail, fax, or call CTTR) **Please Circle:** Check (mail) Visa Master Card

Name: _____
Facility: _____
Address: _____
City, State, Country: _____
Zip: _____ Phone: _____
Email: _____
Signature for Credit Card Authorization: _____

Name on Card: _____
Credit Card number: Call in to provide your Credit Card
Expiration Date: _____ Zip code of billing address: _____
Total Amount: _____

Mail Registration Form To: California Tumor Tissue Registry, 11021 Campus Street, AH 335, Loma Linda, CA 92350
Phone: (909) 558-4788 / Fax: (909) 558-0188 email: cttr@llu.edu