

How Twitter & Facebook Changed My Life:

The Role of Social Media in Pathology & Medicine

Jerad M. Gardner, MD

*Dermatopathologist & Bone/Soft Tissue Pathologist
Geisinger Medical Center
Danville, Pennsylvania*

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HOW I USE SOCIAL MEDIA

- Teaching & Learning
- Networking
- Patient Advocacy
- Research
- Communication

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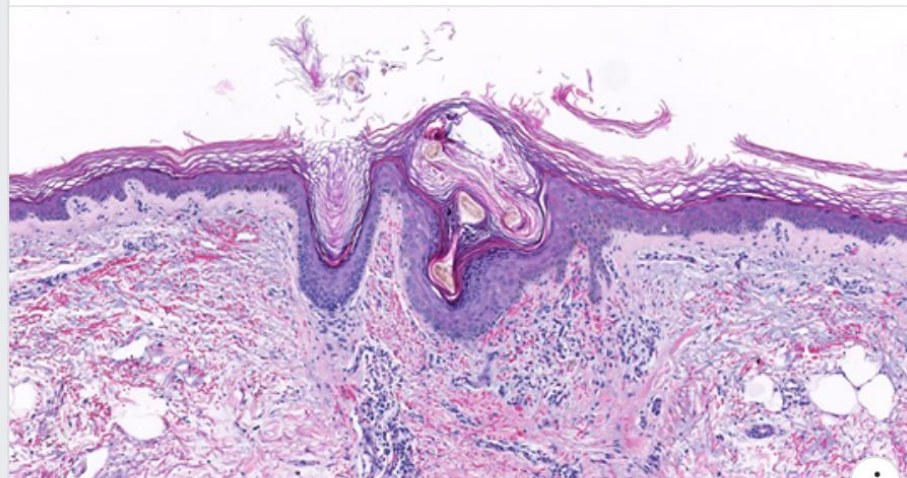
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May 22 · 🌐

Classic example of something very rare! Your diagnosis?
<https://kikoxp.com/posts/2053>



KIKOXP.COM

KiKoXP | Classic example of something very rare!

Only case I've EVER seen of this.

9,400

People Reached

2,691

Engagements

Boost Post



109

8 Comments 21 Shares

Watch Video

<https://youtube.co...>

Promote Website

26K followers

13,429 post reach this week

See Pages Feed

Posts from Pages you've liked as your Page

134 video views this week

Community

See All

Debbi Gardner and 679 other friends like this



Invite Friends

25,333 people like this

26,627 people follow this

Portuguese (Brazil), Portuguese (Portugal), Deutsch

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Post Details

Jerad Gardner, MD

Published by Buffer [?] · November 1 at 12:02pm ·

Cute little Giardia. Cytospin prep of formalin from small intestine biopsy bottle. #Pathology



@JMGardnerMD

✔ Get More Likes, Comments and Shares

Boost this post for \$3 to reach up to 670 people.

20983 people reached

Boost Post

Like

Comment

Share

297

7 Comments · 36 Shares

20,983

People Reached

649

Reactions, Comments & Shares

543	276	267	
Like	On Post	On Shares	
29	15	14	
Love	On Post	On Shares	
1	0	1	
Haha	On Post	On Shares	
14	12	2	
Wow	On Post	On Shares	
26	13	13	
Comments	On Post	On Shares	
36	36	0	
Shares	On Post	On Shares	
391	0	822	
Photo Views	Link Clicks	Other Clicks	
0	Hide Post	0	Hide All Posts
0	Report as Spam	0	Unlike Page

@JMGardnerMD



Jerad Gardner, MD

51.6K Tweets



Jerad Gardner, MD

@JMGardnerMD

Dermopath/Sarcoma Pathologist @GeisingerHealth. Deputy Editor-in-Chief @ArchivesPath. Board of Directors @ASDPTweets. Cofounder #pathJC #dermpathjc. TEDx speaker

📍 Danville, PA 🌐 youtube.com/user/JeradMGar... 🕒 Born May 15, 1982

📅 Joined June 2009

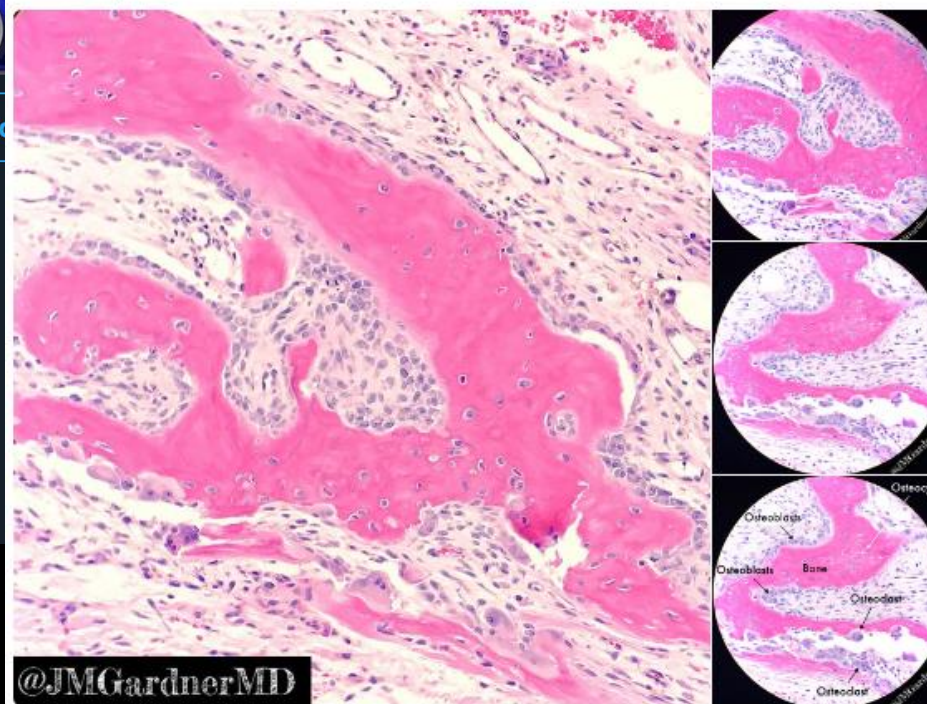
13.1K Following

24.6K Followers

Edit profile

Bone remodeling. New woven bone produced by osteoblasts on one side & broken down by osteoclasts on other side. #pathology

#BSTpath



@JMGardnerMD

9:02 AM - 3 Nov 2017

91 Retweets 161 Likes



3

91

161

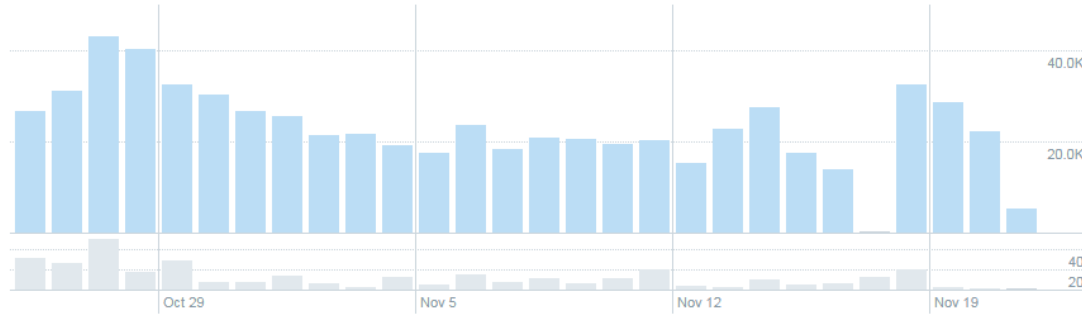


Tweet activity

Last 28 Days






Export data

Your Tweets earned **663.7K impressions** over this 28 day period



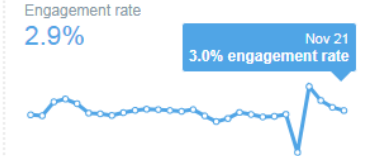
YOUR TWEETS
 During this 28 day period, you earned
23.0K impressions per day.

@JMGardnerMD

Tweets	Top Tweets	Tweets and replies	Promoted	Impressions	Engagements	Engagement rate
 Jerad Gardner, MD @JMGardnerMD · Nov 19 Suprabasilar blister w "tombstone row" of basal keratinocytes. Pemphigus? No! Just Grover's disease. Clinical info = crucial in #dermpath ! pic.twitter.com/ixPBCIKjUS View Tweet activity				5,862	362	6.2%
 Jerad Gardner, MD @JMGardnerMD · Nov 19 LOVE those ripples!!! #pathology #dermatology #dermpath twitter.com/Patholwalker/s... View Tweet activity				3,619	70	1.9%
 Jerad Gardner, MD @JMGardnerMD · Nov 19 Odd epidermal lesion you can't quite classify? Look for lamellae. Porokeratosis can be subtle (this one isn't!) #dermpath #dermatology pic.twitter.com/Q0Yq7kE7D0 View Tweet activity				4,542	399	8.8%
 Jerad Gardner, MD @JMGardnerMD · Nov 18 PAS control slide. Fungal hyphae fill airspaces of lung. #Pathology pic.twitter.com/B8kdDNygtH View Tweet activity				4,908	297	6.1%
 Jerad Gardner, MD @JMGardnerMD · Nov 18				5,230	545	10.4%

Engagements

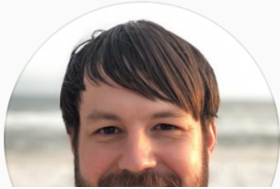
Showing 28 days with daily frequency





Instagram

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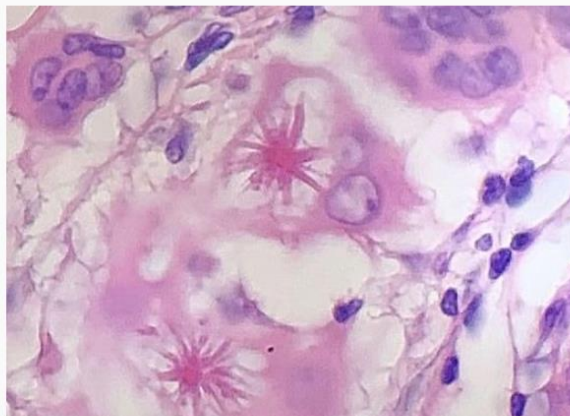
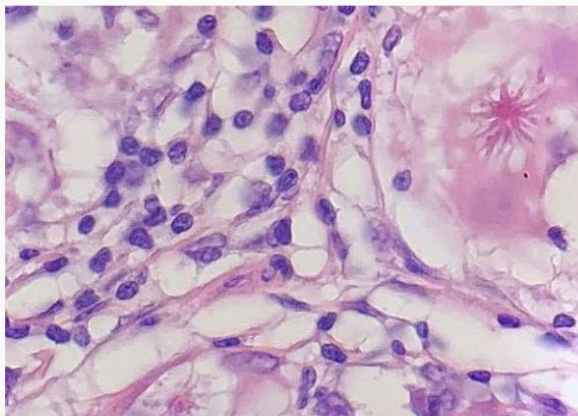
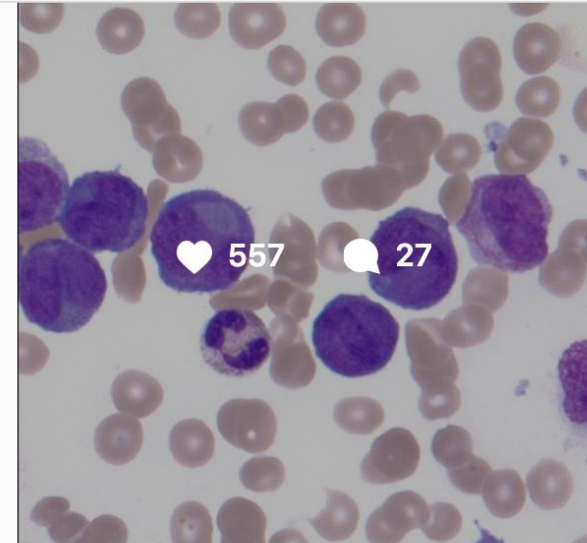
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1,017 posts

33.4k followers

1,205 following



Metastatic lung
cancer (small cell
carcinoma) in skin

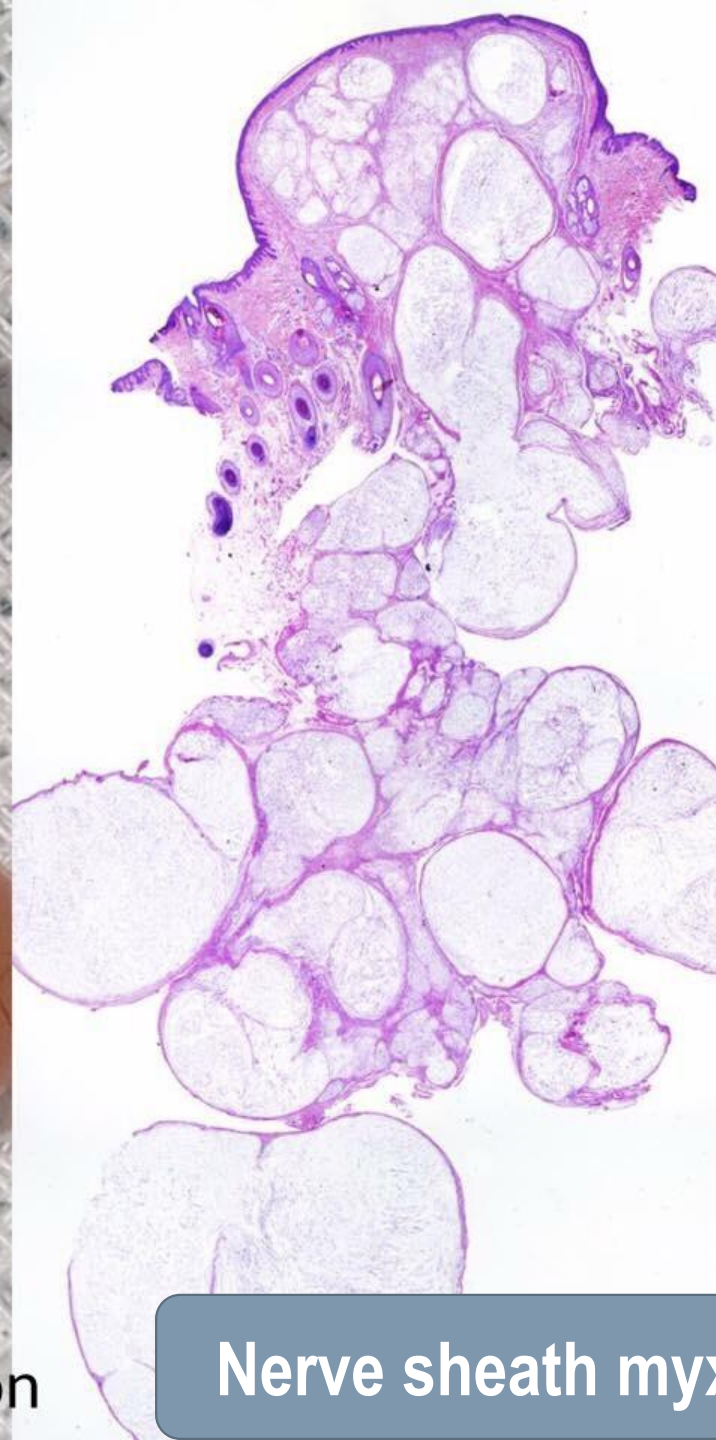


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Angel Santos-Briz Terrón



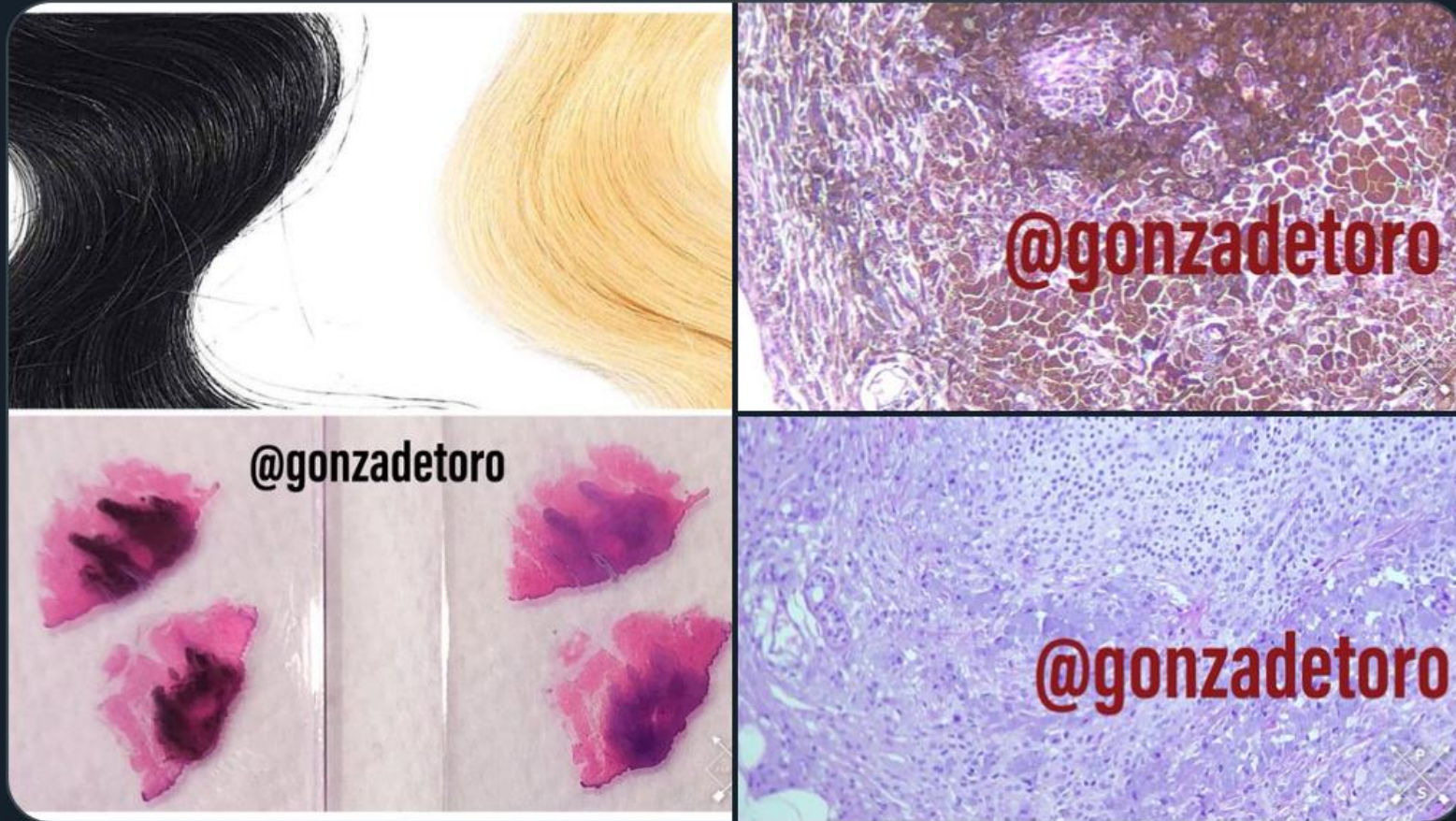
Nerve sheath myxoma



Gonzalo De Toro @gonzadetoro · Oct 19

...

When the Blue nevus goes to the hairdresser #dermpath #pathology
#dermatology #dermatologia @MSLDermatopato @SGottesmanMD
@JMGardnerMD @mreyesm @BagcPelin @JCandidoXavier
@JCGarcesPath



Kamran Mirza MD PhD (He/Him/His) and 8 others



5



16



35





Nejib Ben Yahia, MD

@NejibY

Following



Uterus, Complete Hydatiform Mole,
Macroscopy #pathology #pathologists
#grossgnosis @GeronimoJrLapac
@JMGardnerMD @kriyer68 @pembeoltulu
@WebPathology



Uterus, Complete Hydatiform Mole, Macroscopy

Explore this photo album by Nejib BEN YAHIA on Flickr!

[flickr.com](https://www.flickr.com/photos/nejiby/)

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REVIEW ARTICLE

Diagnostic Approach and Prognostic Factors of Cancers

Se Jin Jang, MD, Jerad M. Gardner, MD,† and Jae Y. Ro, MD, PhD*†*

Abstract: When one follows a systematic approach to make a diagnosis of a malignant lesion, it is relatively easy to render a correct cancer diagnosis in most cases during routine daily practice. The first step is to recognize whether or not the specimen contains a lesion and then to determine whether the lesion is neoplastic or non-neoplastic. As a neoplasm is a clonal proliferation, neoplastic conditions are consisted of a single cell type, whereas non-neoplastic conditions consist of multiple different cell types. After determining that a lesion is neoplastic, the next step is to decide

Pathologic diagnosis is still ranked as a gold standard of tumor diagnosis despite remarkable advances in imaging techniques and molecular biology of tumors. As modern medicine is built on the basis of pathology, pathologic terminology has become a common language system between doctors, especially in the oncology related fields. In most instances, treatment of cancer patients starts after pathologic diagnosis; therefore, correct diagnosis is extremely important for timely and appropriate treatment.

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Adv Anat Pathol • Volume 18, Number 2, March 2011



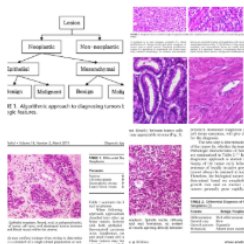
Jerad Gardner, MD
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My mentor Dr. Ro created this amazing

Tweet Activity

6,000+ views in 24 hours!



Jerad Gardner, MD @JMGardnerMD

My mentor Dr. Ro created this amazing algorithmic approach to diagnosing cancer: 1. Neoplasm or not? 2. Epithelial vs mesenchymal? 3. Benign vs malignant. Check out our paper; perfect for new [#pathologists](https://www.ncbi.nlm.nih.gov/m/pubmed/21326014/) starting in July! <https://www.ncbi.nlm.nih.gov/m/pubmed/21326014/> ... [#pathology](#) [#uscap2019](#) [#Match2019](#) pic.twitter.com/Pu0DevqMPa



Reach a bigger audience
Get more engagements by promoting this Tweet!

Get started

Impressions	6,189
Total engagements	1,295
Media engagements	648
Link clicks	225
Likes	173
Detail expands	111
Retweets	81
Profile clicks	27
Hashtag clicks	23
Replies	7

FIGURE 1. Algorithmic approach to diagnosing tumors using histologic features.

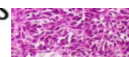


FIGURE 1. Algorithmic approach to diagnosing tumors using histologic features.

TABLE 2. Differential Diagnosis of Neoplasms (1)	
Feature	Benign Neoplasm
Differentiation	Well differentiated
Growth rate	Slow
Growth pattern	Expansile
Mitoses	Absent (rare cku)

ans & Wilkins

www.jp

7:03 AM - 15 Mar 2019

BUT I ALREADY USE FACEBOOK. WHY SHOULD I USE TWITTER?

- Over 6000 pathologists on Twitter
- Instant connection to amazing global pathology community
 - Regardless of where you practice
 - Regardless of your academic rank/fame
- Meet awesome people you would never have met in real life

#MOTTIRL
(MET ON
TWITTER
THEN IN
REAL LIFE)

@JMGardnerMD



Jerad Gardner, MD

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OMG!!! I finally met @smlungpathguy in real life!!! #mottirl #USCAP2017



10:25 PM - 4 Mar 2017

43 Retweets 195 Likes



21

43

195



#MOTTIRL (MET ON TWITTER THEN IN REAL LIFE)



Tweet up at USCAP 18

Sara Jiang, MD @Sara_Jiang · Mar 19
Unbelievable! Is this the biggest #mottirl ever? Wonderful to meet up with #tweeples



Tweet up at USCAP 19



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#Pathologists: I'm giving a talk on social media in Puerto Rico this a.m. Trying to convince audience to join Twitter. What's your favorite part about **#Pathology** Twitter? What are Twitter non-users missing out on? I'll screenshot some responses & use in my talk. thx! 🙏

5:09 AM - 6 Apr 2019

@JMGardnerMD



Nus



Stefania Landolfi @steland011 · 1h

Great summary of all benefits of joining [#Twitter](#) and [#SoMe](#)! I'd add that it is a great copyright-free source to find iconography for a presentation in [#MedEd](#)! But beware...always quoting the handle @ of the [#tweeple](#)!



Jennifer Moreira @JenyaMD · 8m

Replying to [@JMGardnerMD](#)

I'm puertorrican and I wish I went this year!

My favorite part about [#pathology](#) Twitter is the opportunity we have to connect with pathologists from all around the world.

If you copy this message I want to say hi to Dr. Juan L. Perez-Berenguer he was my amazing mentor in PR.



Kelsey Hummel (future) DO @4theLoveofPath · 17m

Replying to [@JMGardnerMD](#)

Get to meet with other pathologists in your area of interest that you may not otherwise. I have been able to connect with other global health pathologists only because I was on Twitter. It also is a way to connect with other pathology interested medical students.

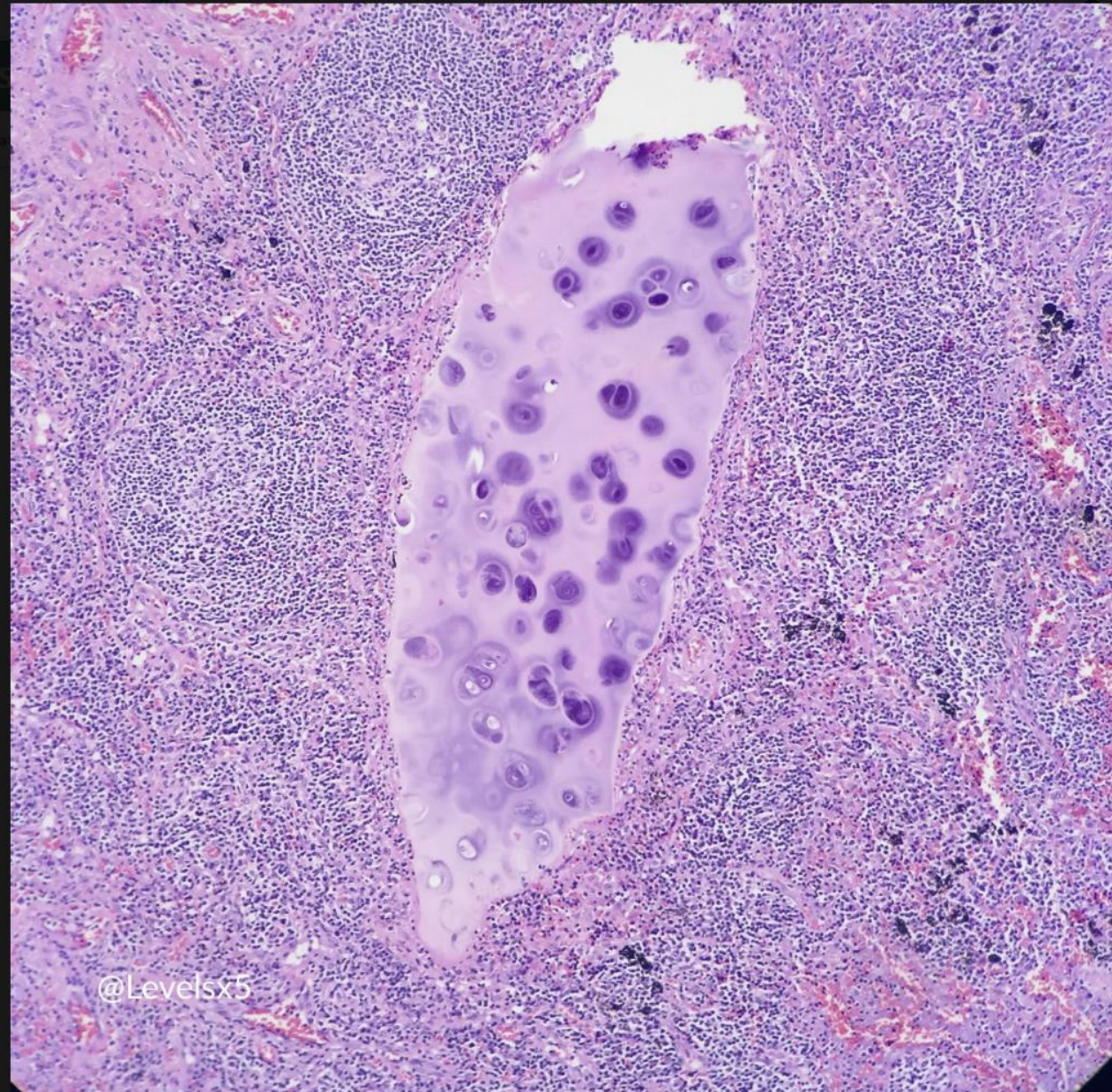


Alejandra @eslec15 · 25m

Replying to [@JMGardnerMD](#)

A) rare cases, B) common pathology nice pics, C) common questions of daily work: stains, grossing, new classifications. Thanks!

RESEARCH COLLABORATIONS



Displaced Cartilage Within Lymph Node Parenchyma Is a Novel Biopsy Site Change in Resected Mediastinal Lymph Nodes Following EBUS-TBNA.

Doxtader EE¹, Pijuan L², Lepe M³, Alex D⁴, Canepa M⁵, Deeken AH⁶, Gibier JB⁷, Jain D⁸, Janaki N⁹, Jelinek A⁶, Kumar S¹⁰, Labiano T¹¹, L'Imperio V¹², Michael C⁹, Pagni F¹², Panizo A¹¹, Quintana LM¹³, Roy-Chowdhuri S¹⁴, Sanchez-Font A¹⁵, Skipper DC¹⁶, Spruill LS¹⁶, Torous V¹³, Wu R³, Sauter JL⁴, Mukhopadhyay S¹.

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- 7 Department of Pathology, University of Lille Centre de Biologie Pathologie, Lille, France.
- 8 Departments of Pathology.
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- 10 Surgical Oncology, All India Institute of Medical Sciences, New Delhi, India.
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- 12 Department of Pathology, University Milano Bicocca, Monza, Italy.
- 13 Department of Pathology, Beth Israel Deaconess Medical Center, Boston, MA.
- 14 Department of Pathology, The University of Texas MD Anderson Cancer Center, Houston, TX.
- 15 Department of Pulmonology, Hospital del Mar-Parc de Salut Mar, IMIM (Hospital del Mar Medical Research Institute), Universitat Autònoma de Barcelona, Barcelona.
- 16 Department of Pathology, Medical University of South Carolina, Charleston, SC.

- 24 pathologists
- 5 countries
- 100% because of Twitter!

Abstract

Biopsy site changes in mediastinal lymph nodes (LNs) attributable to prior endobronchial ultrasound-guided transbronchial needle aspiration (EBUS-TBNA) have not been studied in a systematic manner. Twenty-four contributors from 14 institutions in 5 countries collaborated via social media (Twitter) to retrospectively review consecutive cases of resected mediastinal LNs from patients with prior EBUS-TBNA. Resected LNs were reexamined by submitting pathologists for changes attributable to EBUS-TBNA. Patients who received neoadjuvant therapy were excluded. Cases with suspected biopsy site changes underwent central review by 5 pathologists. A total of 297 mediastinal LN resection specimens from 297 patients (183 male/114 female, mean age: 65 y, range: 23 to 87) were reviewed. Biopsy site changes were

FACEBOOK DISCUSSION GROUPS



I created both groups in 2013

Now: 30,000+ & 20,000+ members

Numerous teaching cases



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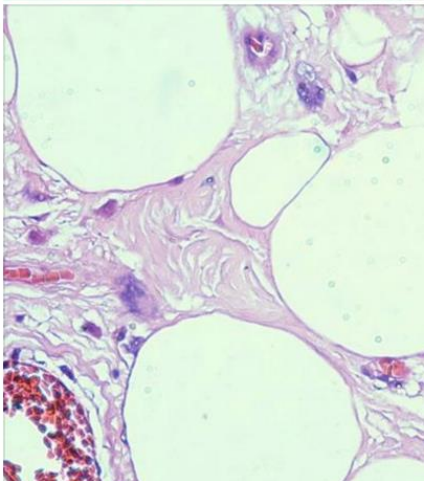
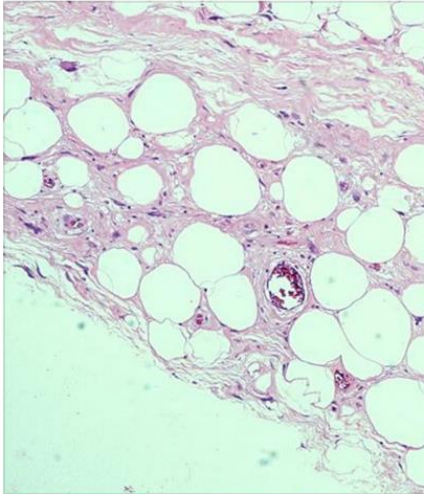
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Sandhya Ramachandran added photos to 487/15.

June 10

An adult M mass in neck & should
3 yrs. ? Atypical Lipomatous Nec



Like



Comment

You, Jaime Arturo Mejia, Kalyani Bambal, Nejb Ben Yahia and 33 others like this.

[View previous comments](#)

53 of 84



Rajeshree Moni Sandhya Ramachandran thanks for posting the immunos,so I agree with Dr.Gardner given the histology and ihc to call it Atypical Lipomatous tumor.Dr.Jaime Arturo Mejia

June 15 at 3:33am · Unlike · Like 2



Niveditha Shankaran Rukmini Thank you Sandhya! I guess still the immunos and histopath are clashing... What have you reported it as???

June 15 at 3:52am · Like · Like 1



Sandhya Ramachandran Tanx so much Jerad, Rajeshree, Niveditha... yes, it is not starightfwd! I'm going to go along wJerad n Rajeshree ..1) relying more on H&E morphol. and 2) the p16....3) lipoblasts are nicely highlighted on S-100 !! 4) in the inavailability of both ... [See More](#)

June 15 at 4:10am · Edited · Like · Like 1



Niveditha Shankaran Rukmini Thank u Sandhya. I guess you are looking at Al the slides as a whole and will have a better perspective.. Your case did elicit lot of discussion .. Thank you.. It was a learning experience for me too.. 😊

June 15 at 4:18am · Like · Like 1



Sandhya Ramachandran tanx to u all guys for all inputs... i feel i'm not alone in reporting 😊 3 cheers to all Path fora !

June 15 at 4:26am · Edited · Unlike · Like 1



Jerad Gardner ALT is uncommon superficially but absolutely occurs. 9 cm is pretty large for a spindle cell/pleomorphic lipoma. I've seen them that large but only rarely. Thanks for sharing this nice case and stimulating some great discussion, Sandhya!

June 15 at 4:32am · Like · Like 2



Jerad Gardner Although ALT/WDL often does have pleomorphic lipoblasts (as this case shows), lipoblasts are not required for the diagnosis. The only

Soft Tissue Pathology



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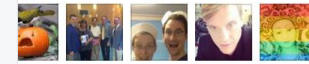


Search this group



17,154 Members (74 new)

People to Group



@JMGardnerMD

Facebook Discussion Groups Provide a Robust Worldwide Platform for Free Pathology Education

Raul S. Gonzalez, MD; Sadiq M. Amer, MD; Nejib Ben Yahia, MD; Felipe D'Almeida Costa, MD; Manu Noatay, MD; Jian-Hua Qiao, MD; Flavia G. Rosado, MD; Yale Rosen, MD; Bruno Tavares Sedassari, DDS; Rhonda K. Yantiss, MD; Jerad M. Gardner, MD

• **Context.**—Facebook (Menlo Park, California) is one of many online sites that provide potential educational tools for pathologists. We have each founded Facebook groups dedicated to anatomic pathology, in which members can share cases, ask questions, and contribute to discussions.

Objectives.—To report our experiences in founding and maintaining these Facebook groups and to characterize the contributed content.

Design.—We circulated a survey among the group founders, then compiled and analyzed the responses.

Results.—The groups varied in membership and in the quality of member contribution. Most posts were of pathology cases, although other topics (such as research articles) were also shared. All groups remained active and

received posts from users all over the world, although all groups had many noncontributing members and received unwanted messages (which were screened and removed). Most founders were glad they had founded the groups because they provided an opportunity to both teach and learn.

Conclusions.—Each analyzed Facebook group had a different character, and some downsides exist, but the groups all provided a no-cost way for pathologists and others across the world to interact online with many colleagues.

(*Arch Pathol Lab Med.* doi: 10.5858/arpa.2016-0369-OA)

United States

Saudi Arabia

Tunisia

Brazil

India

JMGardnerMD@gmail.com

Social Media 101: www.bit.ly/1Aaxuiz



@JMGardnerMD



Tweets
1,716

Following
186

Followers
2,903

Likes
2,028

PhillipMckeeDermopath

@phmckee1948 Follows you

Dermatopathologist - retired Special interests-skin cancer particularly melanoma. Author of text books on the pathology of skin disease. 2017 Mckee Derm on FB.

📍 France

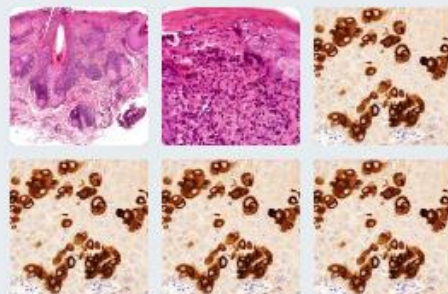
📅 Joined September 2015

🕒 Born on April 09

[Tweet to](#)

[Message](#)

🖼️ 352 Photos and videos



Tweets

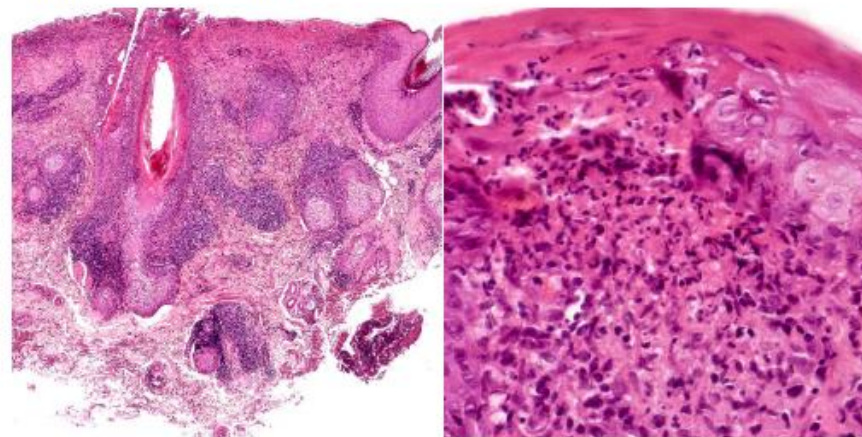
Tweets & replies

Media



PhillipMckeeDermopath @phmckee1948 · 30 Dec 2017

McKee Derm is consuming me. I am sorry for not having tweeted for so long. A New Year's resolution!! Here's a nice spot diagnosis from a case kindly shared with me by Eduardo Calonje.



💬 6

🔄 32

❤️ 75



PhillipMckeeDermopath @phmckee1948 · 29 Nov 2017

Well done

Dermopath-L @DermopathI

Replying to @phmckee1948

There are intercellular bridges between some of the pale pagetoid cells. Pagetoid Bowen's d.? Initially wondered whether the bx is oblique

Social Media Use for Pathologists of All Ages

Jerad M. Gardner, MD; Phillip H. McKee, MD, FRCPath

Pathologists have shown an increasing acceptance of professional social media use in recent years. There are currently more than 4700 pathologists and pathology-related accounts on Twitter per an online list maintained by one of the authors (J.M.G.).¹ Many pathology organizations and journals have social media accounts.² Facebook, Twitter, and other social media platforms provide numerous potential benefits to the global pathology community.²⁻²¹ Despite this growing popularity and acceptance, some pathologists are still reticent to use social media professionally.^{22,23} One of the authors (J.M.G.) has given more than 60 invited lectures related to professional social media use. In discussions with many pathologists, he has often heard some variation of “but I’m too old” as a reason that many pathologists from the Baby Boomer generation or beyond choose not to use social media. To the contrary, the authors know pathologists of all ages, generations, and experience levels who effectively use social media. We suspect that many pathologists, particularly those from older generations, are still unaware of the many potential benefits of social media regardless of age or career stage.

The authors of the present work are both dermatopathologists who use social media professionally but are from different ends of the generational and career stage spectrum. J.M.G. has been in academic practice for 6 years at the University of Arkansas for Medical Sciences. P.H.M. is currently retired after having an academic career at Brigham and Women’s Hospital, The Institute of Dermatology, and other centers that spanned more than 30 years. The authors became acquainted with one another via social media in 2016. They interact often online but have yet to meet face to face “in real life.” Both authors have experienced significant benefits from using social media, and they sought to share some of those experiences here to represent different perspectives across the age/generation/career stage spectrum.

WHICH SOCIAL MEDIA PLATFORMS DO YOU USE AND HOW?

J.M.G.: “Twitter, Facebook, Instagram (parent company: Facebook), Snapchat, YouTube (parent company: Google). I use Twitter and my public Facebook page as my main platforms for publicly sharing pathology educational content (eg, images of interesting cases, teaching pearls, links to articles or useful resources, etc).^{4,8,16} I use Twitter for live tweeting content from pathology meetings such that pathologists who could not attend the meeting, both back home and around the world, can keep up with the cutting-edge information arising from the meeting (as well as the excitement of the social interactions at the meeting).⁷ I use Twitter for pathology journal clubs (#pathJC and #dermpathJC) where colleagues from around the world can come together and discuss a preselected article from the published literature in real time.¹⁷ I participate in Facebook groups for more in-depth discussion of cases with other pathologists.⁸ Examples include my own dermatopathology (www.facebook.com/groups/dermatopathology/) and bone and soft tissue pathology (www.facebook.com/groups/softtissue/) Facebook groups as well as many other Facebook groups that I am a member of (including McKee Derm; www.facebook.com/groups/mckeederm/). I volunteer in a variety of sarcoma and other rare cancer patient Facebook support groups, where I educate patients and also learn from them about their diseases.^{9,15,24} I also share pathology content on Instagram and Snapchat, but I post less frequently and tend to filter content to some extent on those platforms, posting images and topics that may appeal to a broader audience that includes many nonpathologists.²⁵

I create
YouTub
Gardne
tool tha
Instead
basic fe



ARCHIVES
of Pathology & Laboratory Medicine

@JMGardnerMD

Article Citation:

Jerad M. Gardner and Phillip H. McKee (2019) Social Media Use for Pathologists of All Ages. Archives of Pathology & Laboratory Medicine: March 2019, Vol. 143, No. 3, pp. 282-286.




Interview of Dr. Phillip McKee

3,588 views • May 26, 2019

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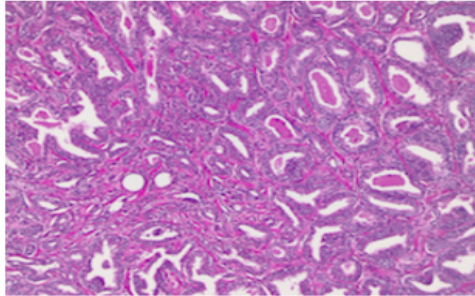
#pathjc (Twitter pathology journal club)

[NCBI](#) [Resources](#) [How To](#)

 PubMed

US National Library of Medicine
National Institutes of Health

PathJC - Pathology Journal Club




PubMed Commons Journal Club member since September 2016


Genevieve Crane (UT Southwestern) serves as guarantor for this PubMed Commons Journal Club.


Our goal is to discuss research and articles on the forefront of the field of pathology. Journal club discussions are conducted once a month on the social media platform Twitter, using the hashtag [#pathjc](#) and using [@Path_JC](#) as the official handle. Twitter allows for open international discussion of articles and is free to all—you can follow the discussion without a Twitter account but will need an account to participate and ask questions (which is the fun part!). PathJC is organized by the founders for educational purposes only. It is not medical advice. It is not formally affiliated with any journal or any pathology organization, nor with the employers of any of the PathJC founders.

PathJC founders

- Christina Arnold ([@CArnold_GI](#))
- Michael Arnold ([@MArnold_PedPath](#))
- Matt DeNicola ([@drmattdenicola](#))
- Simon Chiosea ([@chioseasi](#))
- Eve Crane ([@evemariecrane](#))
- Maren Fuller ([@marenwhymd](#))
- Jerad Gardner ([@JMGardnerMD](#))
- Sara Jiang ([@Sara_Jiang](#))
- Matthew Wasco ([@Gleason4plus5](#))
- Sean Williamson ([@Williamson_SR](#))







JMGardnerMD@gmail.com
Social Media 101: www.bit.ly/1Aaxuiz

[@JMGardnerMD](#)

The founders of the Pathology Journal Club are:

Christina Arnold @CArnold_GI
Michael Arnold @MArnold_PedPath
Matt DeNicola @drmattdenicola
Simon Chiosea @chioseasi
Eve Crane @evemariecrane
Maren Fuller @marenwhynd
Jerad Gardner @JMGardnerMD
Sara Jiang @Sara_Jiang
Matthew Wasco @Gleason4plus5
Sean Williamson @Williamson_SR

The #EuroTime #PathJC team are:

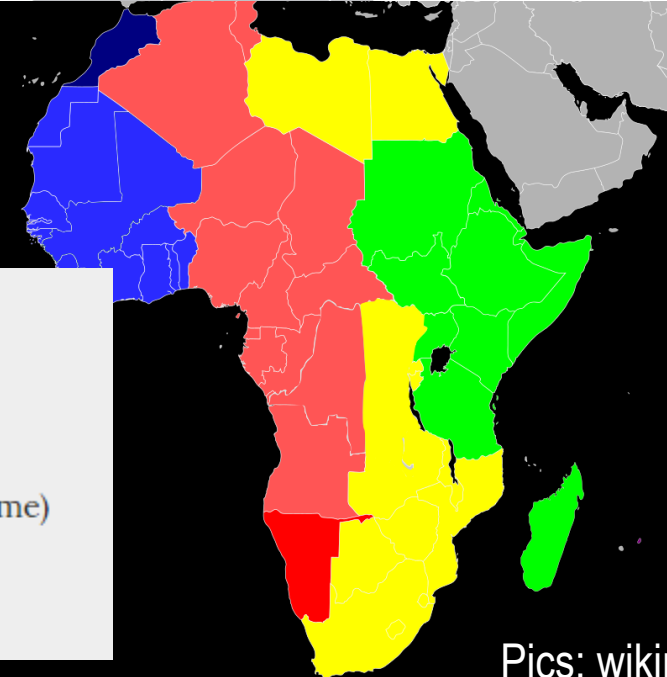
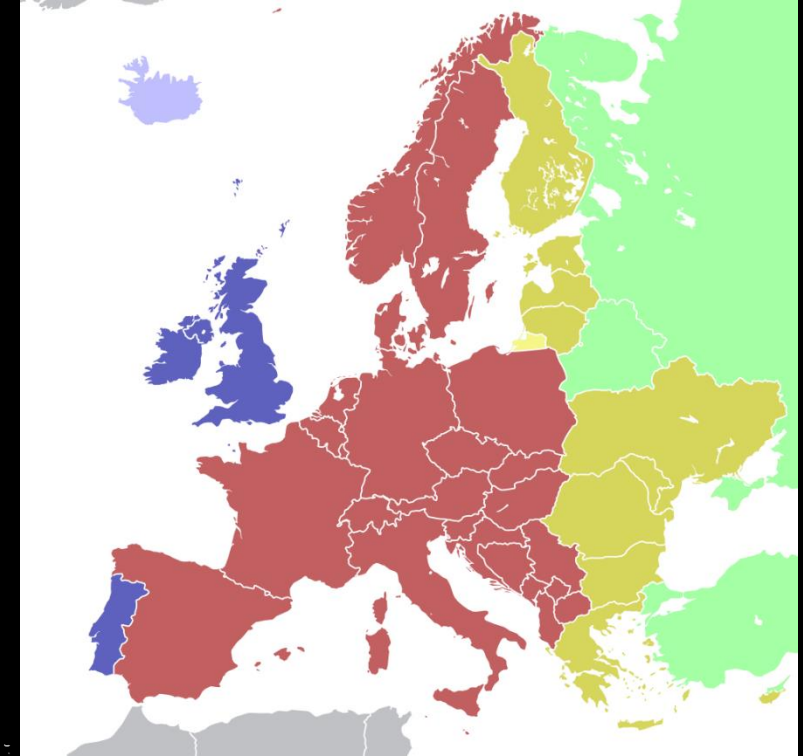
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How do I participate?

Get on Twitter at the journal club times

- Americas time zone: Tuesday, 9 pm EST / 8 pm CST,
- #EuroTime: Wednesday, 9pm CEST (central summer european time)

Follow the hashtag [#pathjc](#) and [@Path_JC](#). More details [here](#).



Pics: wikipedia

#dermpathJC

The Dermatopathology Online Journal Club



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It's Thursday, must be time for ice cream at [@CafeKubal](#) #yum
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Introducing #dermpathJC

Posted on March 28, 2017 by [dermpathjc](#)

The 1st Dermpath Online Journal club brought to you by the ASDP Social Media Subcommittee. Twitter handle: [@dermpathJC](#). Twitter hashtag: [#dermpathJC](#).

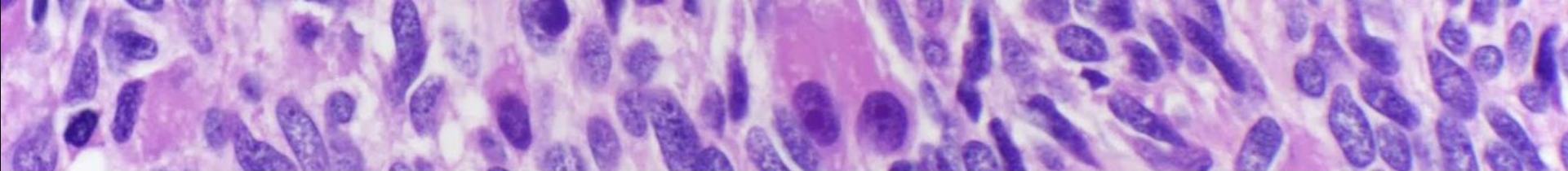
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Jerad Gardner, MD

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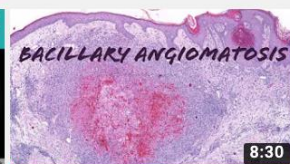
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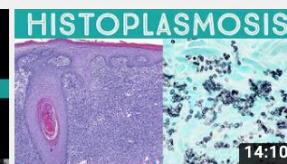
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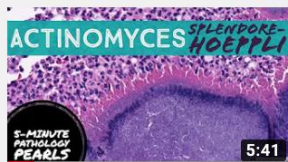
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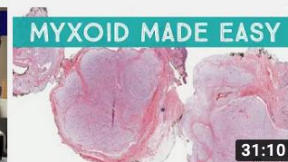
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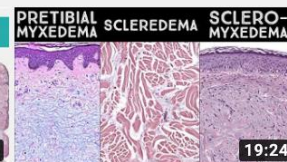
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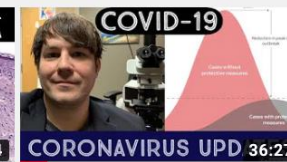
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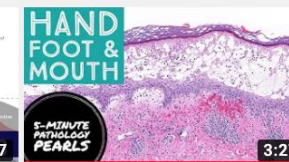
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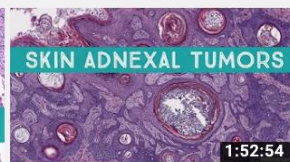
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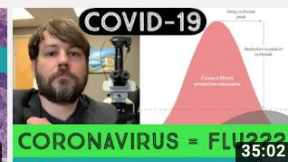
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Like the Flu or Worse???

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Not Hype: Here's What We...

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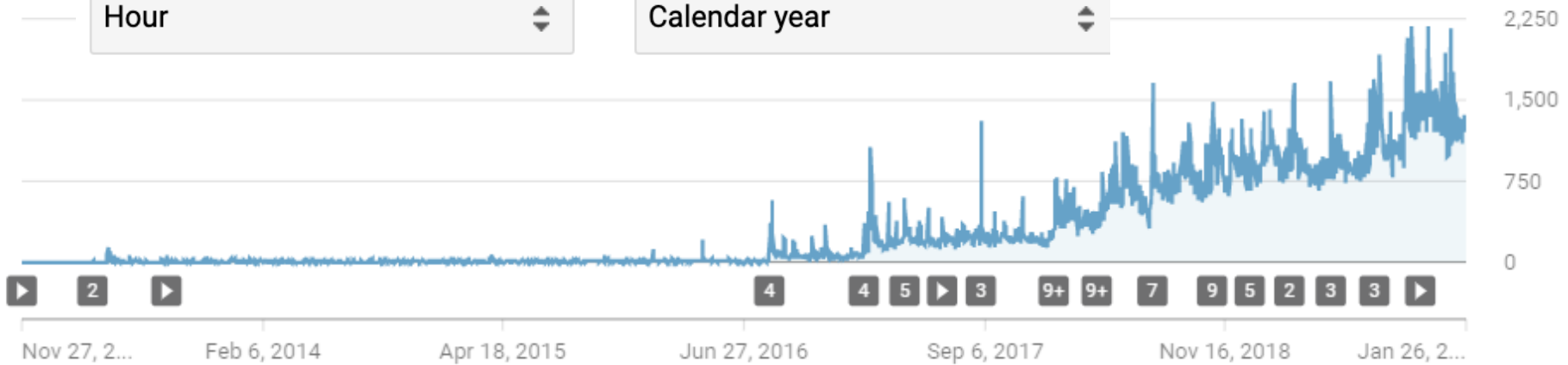
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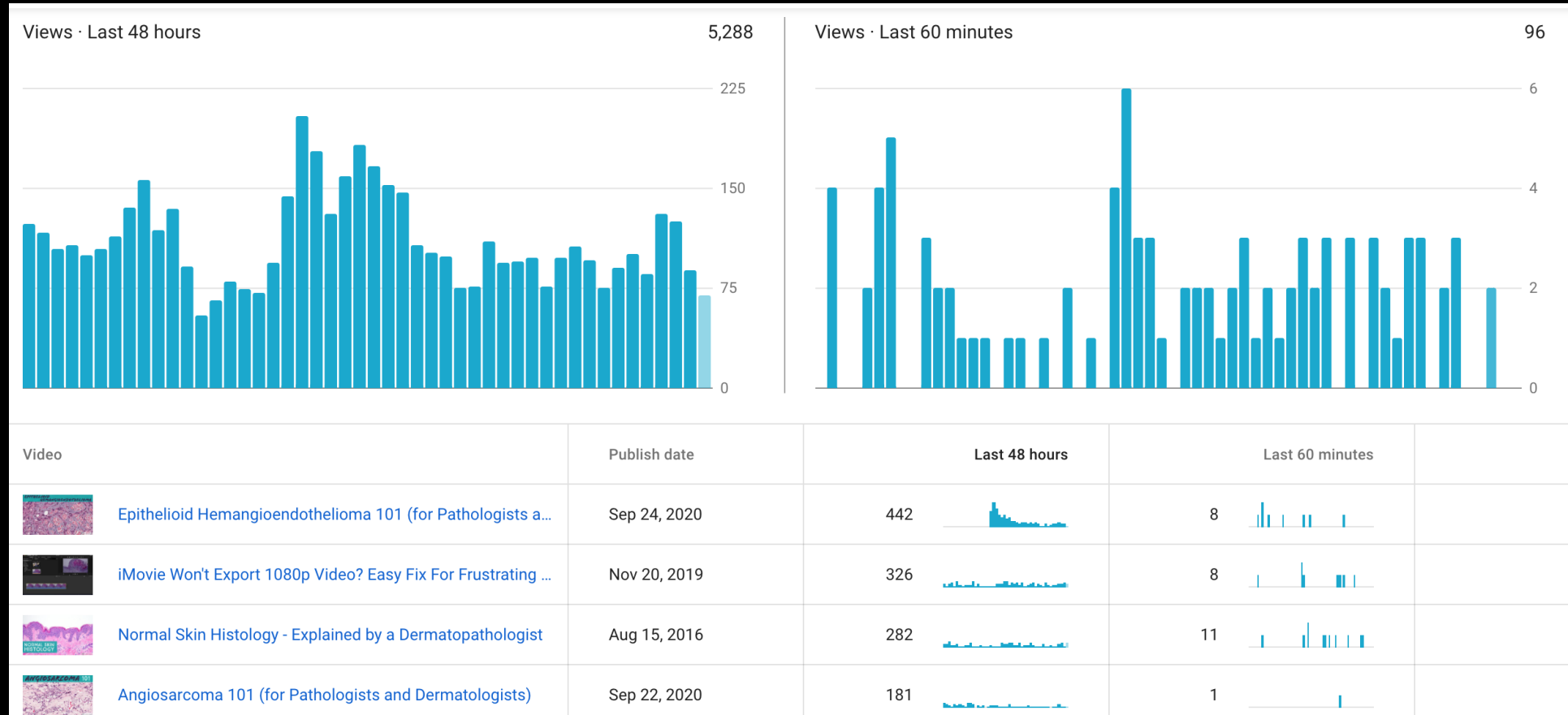
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<input type="checkbox"/> Melanocytic Dermopath Basics: Melanoma	405,662	3.6%	27,037 1.7%	13:31	6,095.3 3.1%
<input type="checkbox"/> Basal Cell Carcinoma (BCC) 101 - Dermopath Basics Explained by a ...	456,567	3.7%	35,093 2.2%	7:58	4,666.3 2.4%
<input type="checkbox"/> Hemepath Board Review: Peripheral Blood Smears with Dr. Jeanett...	249,271	4.6%	21,620 1.3%	11:19	4,079.1 2.1%
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Phillip McKee

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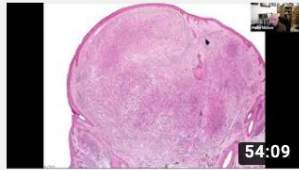
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54:09

Edited BAPoma and kinase fusion Spitzoid tumors Phill...

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18:02

Follicular mucinosis Antonina Kalmykova & Phillip McKee

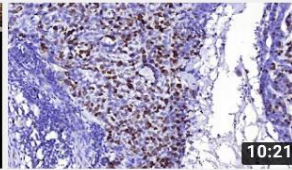
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2:19:20

Back to Basics Part 1

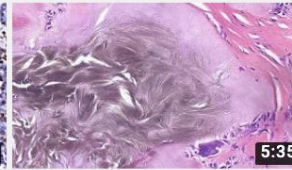
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10:21

Hidradenocarcinoma Phillip McKee, Antonina Kalmykov...

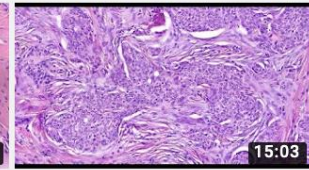
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5:35

Gouty Tophus Phillip H McKee, Antonina Kalmykov...

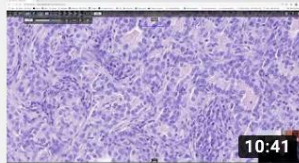
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15:03

Eccrine porocarcinoma Phillip McKee, Antonina...

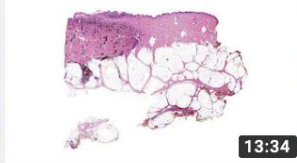
363 views • 2 months ago



10:41

Adenosquamous carcinoma Phillip H McKee, Antonina...

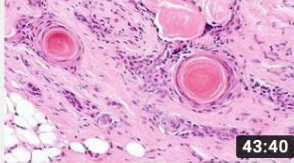
226 views • 2 months ago



13:34

Plexiform melanoma

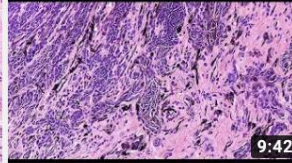
216 views • 2 months ago



43:40

Low Grade Sweat Gland Carcinomas McKee Derm

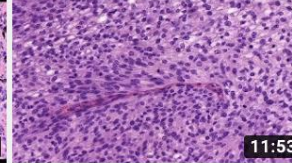
315 views • 2 months ago



9:42

Combined nevus versus inverted nevus Phillip H...

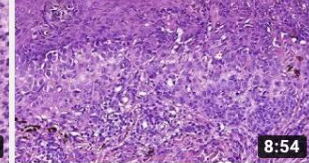
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11:53

Balloon cell melanoma Phillip H McKee, Antonina...

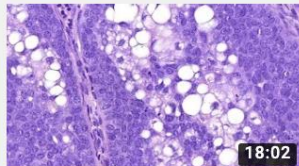
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8:54

melanoma arising in a dysplastic nevus Phillip H...

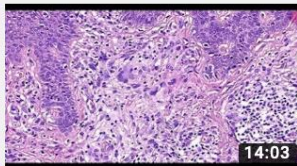
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18:02

Sebaceous carcinoma & Torre Muir syndrome Phillip...

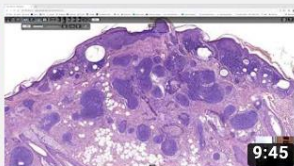
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14:03

Interstitial granulomatous dermatitis Phillip H McKee,...

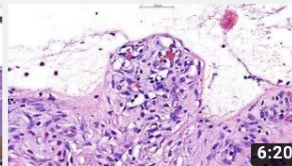
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9:45

Trichoblastoma Phillip H McKee, Antonina Kalmykov...

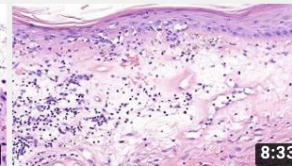
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6:20

Perfect Bullous Pemphigoid Phillip H McKee, Antonina...

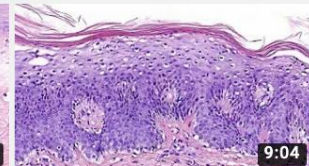
305 views • 3 months ago



8:33

Discoid lupus erythematosus Phillip McKee, Antonina...

613 views • 3 months ago



9:04

Acrodermatitis enteropathica Phillip H McKee, Antonina...

365 views • 4 months ago

“What’s a pathologist?”

“Are pathologists even real doctors?”

“But you only do autopsies, right?”

Recognition by Traditional Media

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UAMS professor using Snapchat to help teach pathology class



SNAPCHAT TEACHING STUDENTS ABOUT SKIN CANCER

47° 10:21 THV11.com

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Snapshot teaching students about skin cancer

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goats and soda STORIES OF LIFE IN A CHANGING WORLD

TECHNOLOGY

Is It A Good Idea To Share Patient Info On Social Media?

November 13, 2017 - 4:41 PM ET

SASHA INGBER



Dr. Jerad Gardner (right) and Dr. Pembe Oltulu, a pathologist from Konya, Turkey. They'd connected over Facebook. She flew to Istanbul for a real-life meeting when Gardner had a layover at the airport on a trip to meet a prostate patient he'd learned



TRENDING
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This Teacher's Snapchat Will Make Anyone Who Feels Old Say, "This Is So Me"

Painfully relatable.

posted on Feb. 25, 2017, at 3:21 p.m.



Crystal Ro
Staff Writer



Jerad Gardner, MD, is a pathologist at the University of Arkansas. He's also a good teacher who REALLY tries to connect with his young students by ~speaking~ their language...



jmoardnermd / Via instagram.com



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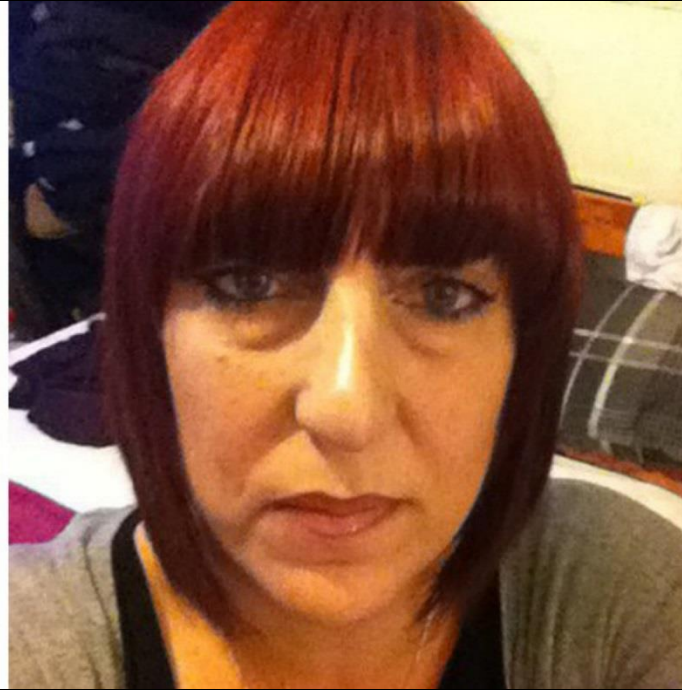


Kate Miller
@DrKateJMiller






Replying to [@berthagarcia5](#) [@JMGardnerMD](#) and
[19 others](#)

Have to be honest before Twitter I rarely thought about pathologists. Major oversight on my part. Part of the power of [#SoMe](#) and [#MedTwitter](#) is that it shows us our blind spots.



Patient Advocacy

 dfsp - dermatofibrosarcoma protuberans 

 Jerad

All

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☐ Your Groups and Pages



dfsp - DERMATOFIBROSARCOMA
PROTUBERANS

Group · Member since March 2014

Worldwide · This group was created in 2008 by Pip Motson Caliskan, who is located in the United Kingdom. Pip created...
6 members said they work at UAMS - University of Arkansas for I

✓ Joined



Original Investigation | Oncology

Perspectives of Patients With Dermatofibrosarcoma Protuberans on Diagnostic Delays, Surgical Outcomes, and Nonprotuberance

Marjorie Parker David, MD; Ashley Funderburg, MA; James P. Selig, PhD; Rebecca Brown, AAS; Pip M. Caliskan, GCSE; Lee Cove; Gayle Dicker, BA, AAS; Lori Hoffman, BA; Tammi Horne, PTLLS; Jerad M. Gardner, MD



Abstract

IMPORTANCE Dermatofibrosarcoma protuberans (DFSP) may have a deceptively benign clinical appearance, including a nonprotuberant presentation. Patients with DFSP often perceive misdiagnoses and delays in receiving a diagnosis. Use of existing, patient-designed Facebook patient support groups (FBSGs) to recruit large numbers of patients with rare diseases may be an effective novel research method.

OBJECTIVES To collaborate with patients with rare disease through social media and answer questions important to both patients and the medical field, including sources of diagnostic delay, risk of recurrence, and flat presentation of DFSP.

DESIGN, SETTING, AND PARTICIPANTS A multiple-choice survey created by a team of medical practitioners and patients with DFSP was administered to 214 patients with DFSP or family members from international DFSP FBSGs and a nonprofit foundation patient database via Lime Survey from October 30 to November 20, 2015. The survey asked questions designed to determine risk of recurrence and metastasis, surgical outcomes, sources of diagnostic delay, symptoms of recurrence, number of recurrences, scar size, and number of clinicians seen before biopsy. Statistical analysis was performed from January 1, 2016, to April 1, 2019.

MAIN OUTCOMES AND MEASURES The study goal was to collect at least 200 survey responses.

Key Points

Question Can dermatofibrosarcoma protuberans Facebook patient support groups work with researchers to determine risk of recurrence and metastasis, surgical outcomes, symptoms of recurrence, and sources of diagnostic delay?

Findings In this multiple-choice survey study, 214 patients with dermatofibrosarcoma protuberans reported a median of 4 years between noticing a lesion and receiving a correct diagnosis (range, <1 to 42 years), and many lesions (87 of 194 [44.8%]) first presented as flat. The mean age at noticing dermatofibrosarcoma protuberans was 29.6 years.

Meaning Facebook patient support groups seems to provide rapid access to

Impact of Pathologist Involvement in Sarcoma and Rare Tumor Patient Support Groups on Facebook

A Survey of 542 Patients and Family Members

Jasmine Haller, BA; Marjorie Parker David, MD; Nathan E. Lee, MD; Sara C. Shalin, MD, PhD; Jerad M. Gardner, MD

• **Context.**—Patients with rare tumors have difficulty finding reliable information about their disease. Facebook patient support groups allow patients to educate one another.

Objective.—To investigate how these patients perceive the value of pathologists, both in Facebook groups and real-world patient care.

Design.—Survey links were posted in 12 Facebook patient groups: 6 with an active pathologist member (angiosarcoma, epithelioid hemangioendothelioma, epithelioid sarcoma, dermatofibrosarcoma protuberans [×2], and desmoid fibromatosis), and 6 without “active” pathologist involvement (aggressive angiomyxoma, chondrosarcoma, Ewing sarcoma, leiomyosarcoma, liposarcoma, and osteosarcoma).

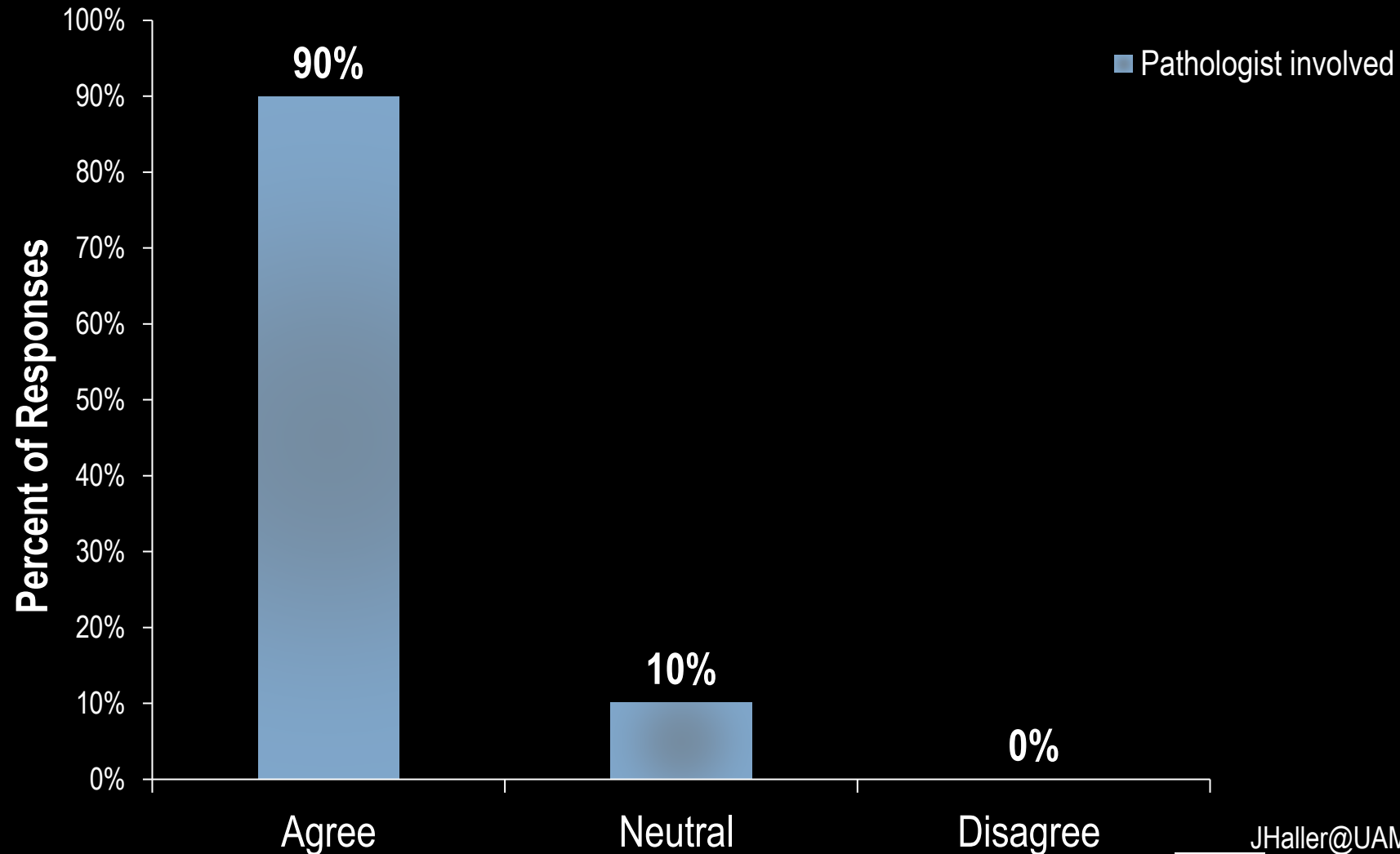
Results.—A total of 542 people responded (403 were patients): 264 from groups with a pathologist, and 278 from groups without active pathologist involvement. Of groups with an active pathologist, respondents agreed the pathologist’s posts helped them better understand their disease

(107 of 119; 90%) and relieved some of their disease-related anxiety (92 of 119; 77%). And for these groups 98% (117 of 119) of respondents agreed that having a pathologist in their group was a good thing; 83% (192 of 232) wanted more pathologists involved. More respondents from groups with an active pathologist (219 of 236; 93%) than without one (215 of 252; 85%) agreed: “pathologists are an important part of the patient care team for patients with cancer and other rare tumors” ($P = .008$).

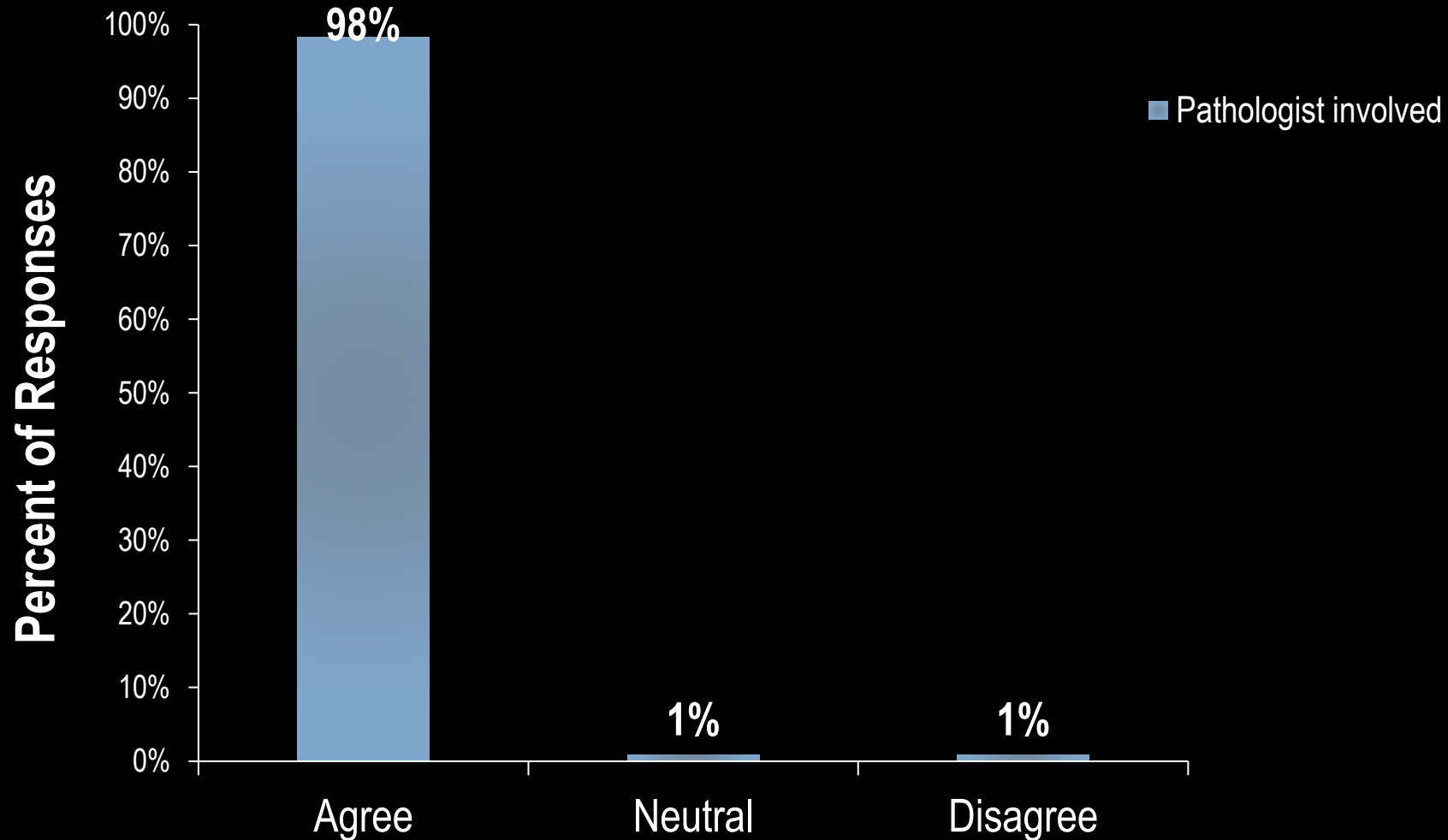
Conclusions.—This study is the first to evaluate the impact of pathologist interaction with Facebook patient support groups and to assess perceptions about the specialty of pathology from a large group of patients with rare tumors. Pathologist involvement in Facebook patient groups appears to positively influence patient perception of the importance of pathologists. We hope these data will encourage more pathologists to participate in Facebook patient support groups.

(*Arch Pathol Lab Med.* doi: 10.5858/arpa.2017-0408-OA)

THE PATHOLOGIST'S POSTS HELPED ME UNDERSTAND MY DISEASE.



OVERALL, HAVING A PATHOLOGIST INVOLVED IN
THIS GROUP IS A GOOD THING.



JHaller@UAMS.edu



@JHallerMD2B



Marilyn M. Bai
Katherine A. Galagan



How Angiosarcoma and Facebook Changed My Life

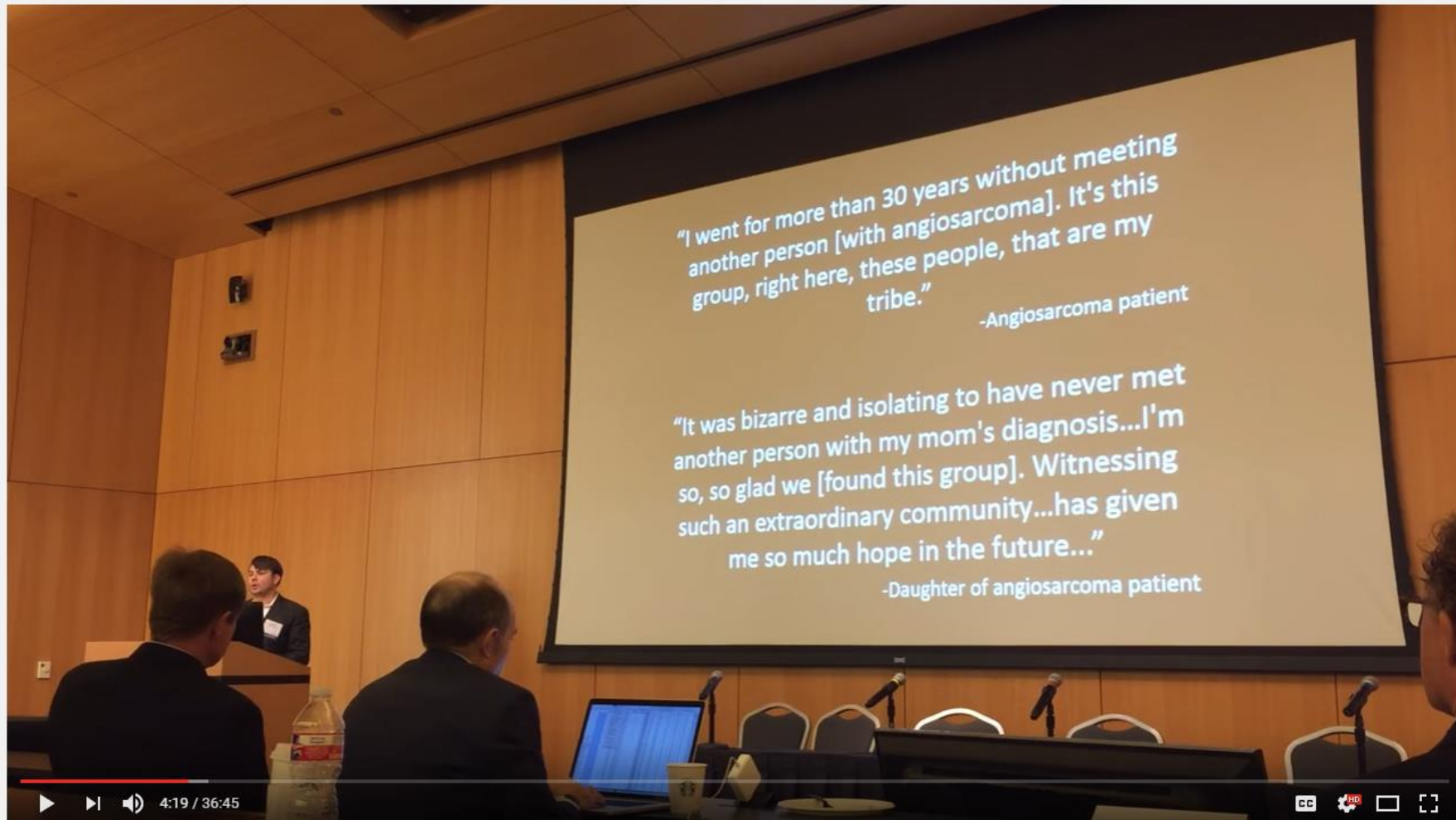
Jerad M. Gardner, MD

A restaurant in Seattle. A hotel lobby in Boston. My living room in Little Rock. Disney World. Two years ago, I would never have imagined that I would be met and warmly embraced by angiosarcoma patients and their family members in these unusual locations. I would have thought it unlikely that I would *ever* meet or interact with even a single patient with this rare aggressive blood vessel cancer, even though I am a sarcoma pathologist who has diagnosed this tumor many times. Most pathologists rarely meet their patients face to face, and many cancer patients mistakenly think it is their oncologist or surgeon who diagnoses their cancer, rather than their pathologist.

Two years ago, I joined an angiosarcoma patient support group on Facebook. I introduced myself as a pathologist who

out the last of her strength to ease the suffering of others. I still stand in awe of that level of compassionate devotion.

Finally, this group taught me that pathologists still possess the art of healing. Yes, we know that the diagnoses we make are crucial to patient care, but we often feel that since we do not *treat* patients, we cannot *heal* patients. We forget that healing does not always equal treatment or cure. A year ago, I asked group members if they would share pictures of their own angiosarcoma (it often arises in the skin) for a lecture I was giving to educate my medical colleagues. Of the numerous pictures that flooded my inbox, one stood alone and always will in my mind: Cindy, just prior to her death, her once lovely face now graphically disfigured by angiosarcoma. My audience sat in stunned silence at her visage. She is the face of angiosarcoma that they will never forget. I know I will never



Pathologist Involvement in Patient Support Groups on Facebook



Jerad Gardner

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Facebook and Rare Cancer Changed My Life | Jerad Gardner | TEDxUAMS

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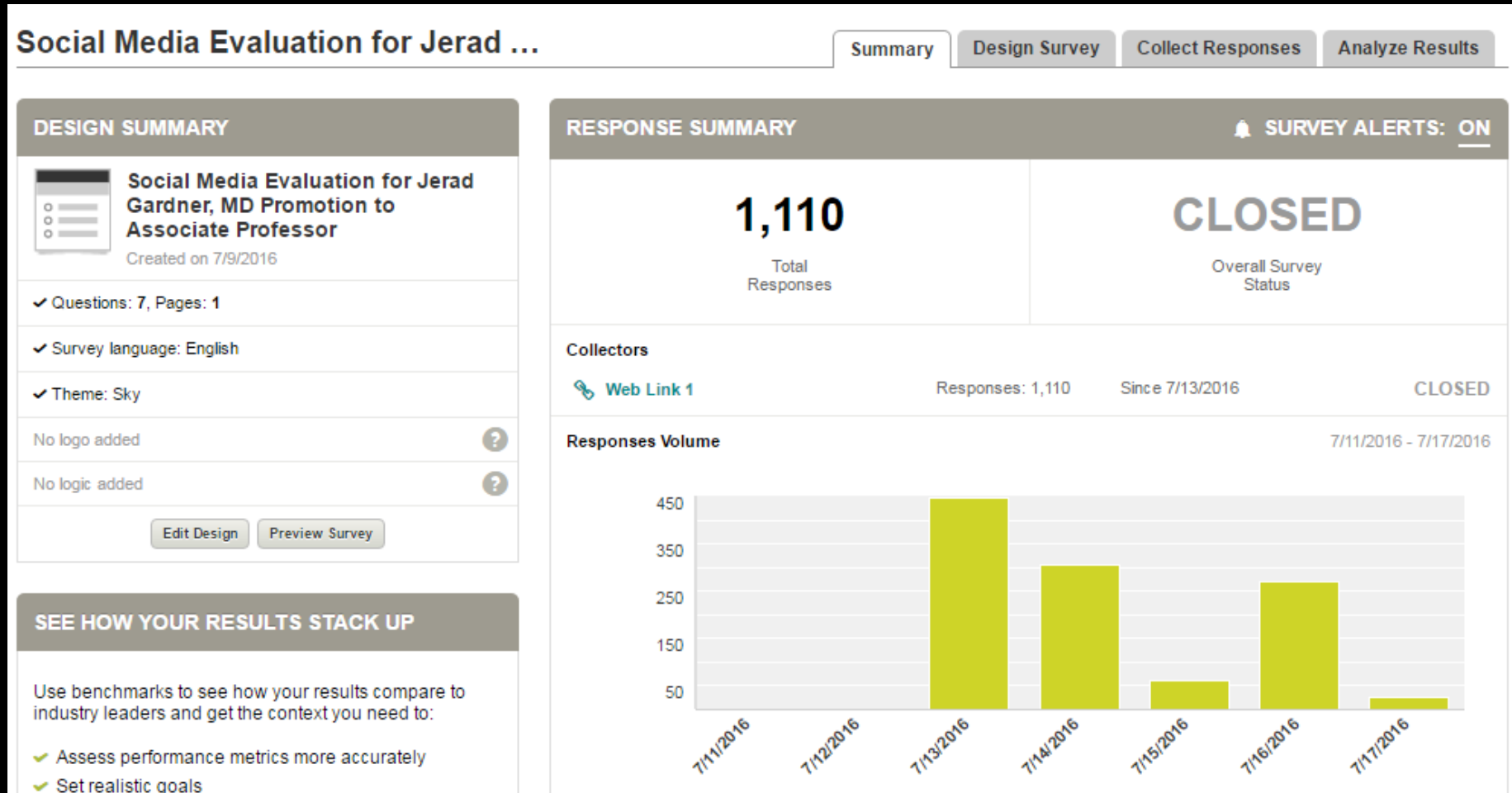


SURVEY (2016)

- Surveyed my followers for feedback re: my social media teaching
- (I actually included results in my application packet for promotion to Associate Professor with tenure)



1110 responses from 85 countries in 4.5 days



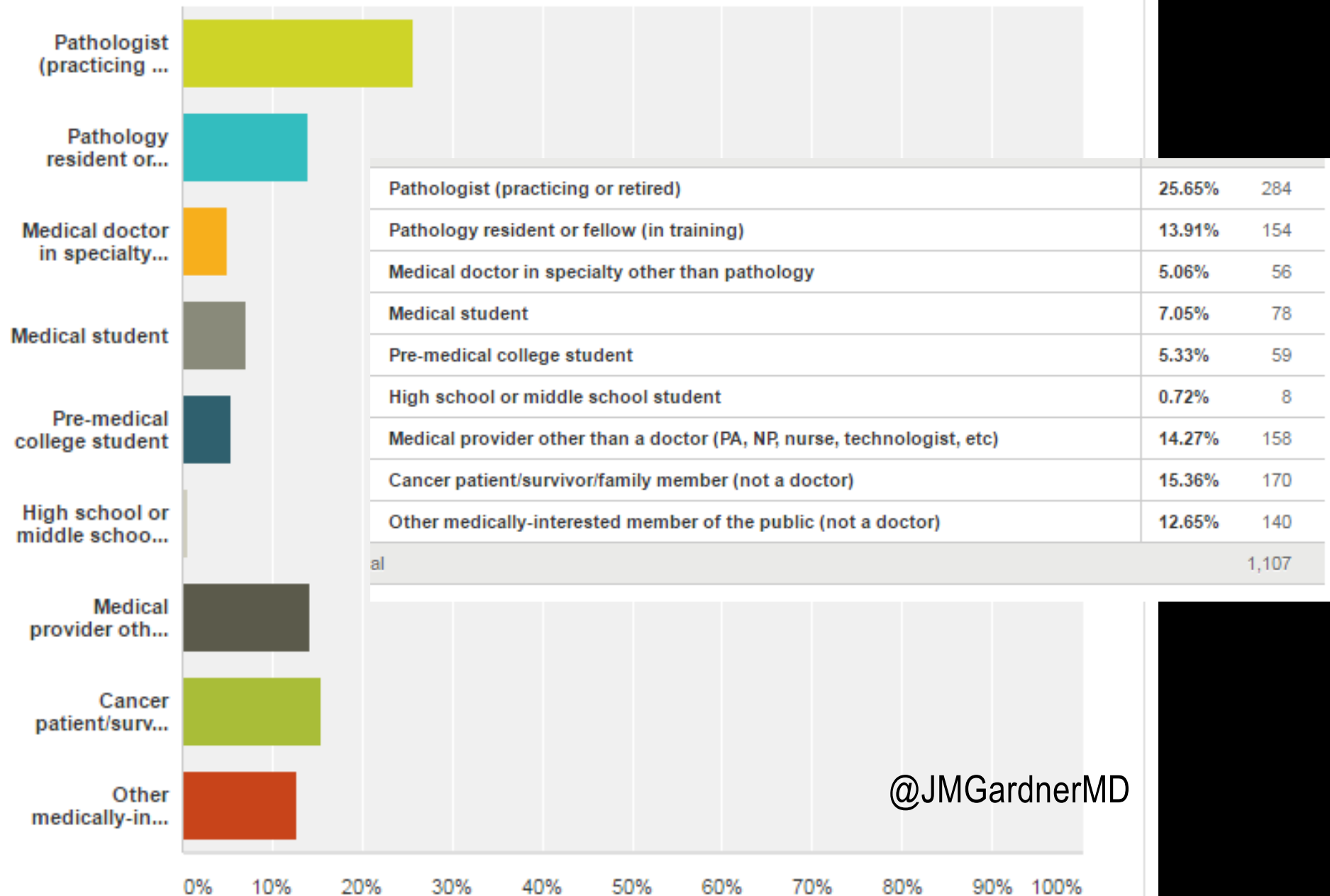
JMGardnerMD@gmail.com
Social Media 101: www.bit.ly/1Aaxuiz



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GLOBAL REACH

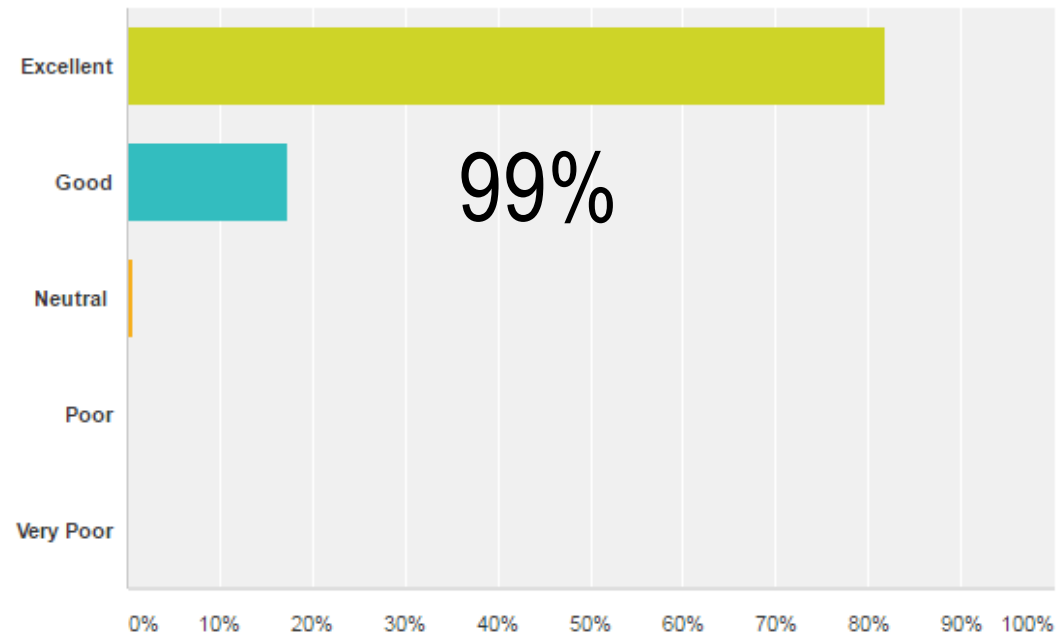
USA	610	South Africa	3	Nepal	1
India	109	Russia	3	Ecuador	1
Canada	46	Norway	3	Croatia	1
England	45	Iran	3	Lebanon	1
Australia	28	Dominican Republic	3	Switzerland	1
Brazil	18	Syria	3	Greece	1
Pakistan	18	UAE	3	Rep. of Moldova	1
Malaysia	16	Jordan	3	South Korea	1
Turkey	12	Venezuela	3	Estonia	1
Sweden	8	Nigeria	3	Panamá	1
Spain	8	Austria	3	Trinidad & Tobago	1
Saudi Arabia	8	Thailand	3	Dutch Antilles	1
Denmark	6	Viet Nam	3	Kuwait	1
Germany	6	Afghanistan	2	Haiti	1
México	6	Chile	2	Sri Lanka	1
Egypt	6	Scotland	2	Sudan	1
Ireland	6	Bahrain	2	China	1
Romania	6	New Zealand	2	Wales	1
Algeria	5	Serbia	2	Bermuda	1
Iraq	5	Colombia	2	Albania	1
Italy	5	Honduras	2	Ukraine	1
Indonesia	5	Liberia	2	Uruguay	1
Finland	4	Slovenia	2	Morocco	1
The Netherlands	4	Costa Rica	2	Yemen	1
Philippines	4	Myanmar (Burma)	2	Japan	1
France	4	Tunisia	1	Bangladesh	1
Argentina	4	Congo DRC	1	Libya	1
Oman	4	Macedonia	1		
Poland	4	Bolivia	1		



@JMGardnerMD

How would you rate Dr. Gardner's
TEACHING SKILLS based purely on
his social media posts about pathology and
medicine (on Facebook, Twitter, Instagram,
or Youtube)?

Answered: 1,107 Skipped: 3



Answer Choices	Responses	
Excellent	81.93%	907
Good	17.25%	191
Neutral	0.54%	6
Poor	0.00%	0
Very Poor	0.27%	3
Total	1,107	

@JMGardnerMD

FREE-TEXT COMMENTS

In your own words, how do you feel about Dr. Gardner and the way he is using social media for pathology and medical purposes?

- 1000 respondents left comments



FREE-TEXT COMMENTS (N=1000)

“Frankly, what Dr. Gardner is doing is the vanguard of medicine. This is the future and [the University] would do well to be a leader in its embrace.”

“I am a Professor of Pathology at a large tertiary academic center and strongly feel that Dr. Gardner has helped foster a vibrant online community of Pathology residents, fellows, and faculty that did not exist previously.”

“I wish I had a professor like him! I could even state he is the professor from which I learn the most, although he doesn't even live in my own country!”

“He is awesome!!! I'm so glad he has interest in DFSP (a rare cancer), I feel he is the voice for our disease.” – DFSP patient

“I've used one of your posts to make a diagnosis! (I'm an internist)”

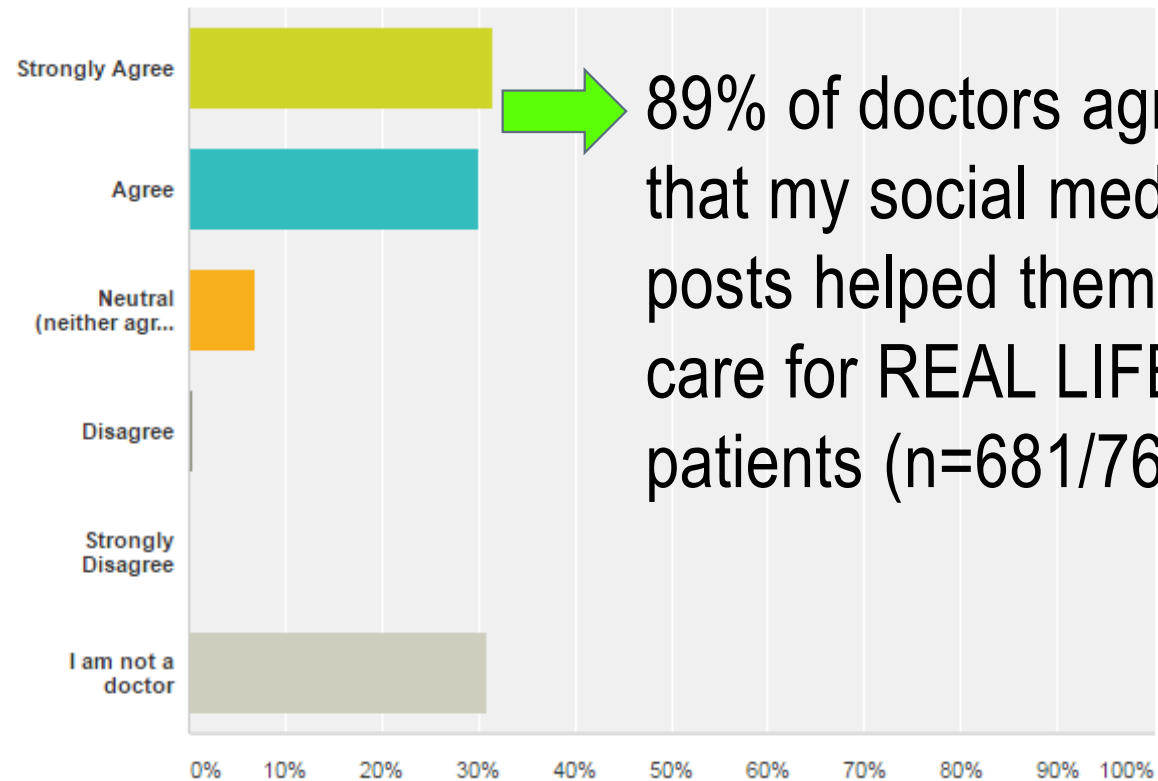
Impact is more important than metrics

Dr. Gardner's social media posts about medicine or pathology have helped me improve the way I practice medicine (enabling me to better care for or diagnose my own patients in real life).

Answered: 1,104 Skipped: 6

@JMGardnerMD

Answered: 1,104 Skipped: 6



89% of doctors agreed that my social media posts helped them care for REAL LIFE patients (n=681/762)

Answer Choices	Responses	
Strongly Agree	31.61%	349
Agree	30.07%	332
Neutral (neither agree nor disagree)	6.79%	75
Disagree	0.36%	4
Strongly Disagree	0.18%	2
I am not a doctor	30.98%	342
Total	1,104	

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Whatever we are trying to accomplish in our careers...

Social media can help us do it bigger, better, faster.



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AMA Journal of Ethics. [August 2016](#), Volume 18, Number 8: 817-825.
doi: 10.1001/journalofethics.2016.18.08.stas1-1608.

STATE OF THE ART AND SCIENCE



Pathology Image-Sharing on Social Media: Recommendations for Protecting Privacy While Motivating Education

Genevieve M. Crane, MD, PhD, and Jerad M. Gardner, MD

Abstract

There is a rising interest in the use of social media by pathologists. However, the use of pathology images on social media has been debated, particularly gross examination, autopsy, and dermatologic condition photographs. The immediacy of the interactions, increased interest from patients and patient groups, and fewer barriers to public discussion raise additional considerations to ensure patient privacy is protected. Yet these very features all add to the power of social media for educating other physicians and the nonmedical public about disease and for


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Legal and Ethical Considerations for Pathologists Using Social Media

Jerad M. Gardner, MD; Timothy C. Allen, MD, JD

• Recent privacy breaches by a major social media company have again raised questions from some pathologists regarding the legality and ethics of sharing pathology images on social media. The authors examined ethical principles as well as historic and legal precedents relevant to pathology medical photography. Taking and sharing photographs of pathology specimens is embedded into the culture of the specialty of pathology and has been for more than a century. In general, the pathologist who takes the photograph of a gross or microscopic specimen owns the copyright to that photograph. Patient consent is not legally or ethically required to take or use deidentified photographs of pathology specimens. Current US privacy laws (Health Insurance Portability and Accountability Act [HIPAA] of 1996) permit public sharing of deidentified pathology photographs without specific patient consent, even on social media. There is no case law of action taken against pathologists for sharing deidentified pathology images on social media or elsewhere. If there is any legal risk for pathologists or risk of patient harm in sharing pathology photographs, it is very small. The benefits of professional social media use for pathologists, patients, and society are numerous and well documented in the literature.

(*Arch Pathol Lab Med.* doi: 10.5858/arpa.2018-0313-SA)

billion active monthly users as of April 2018.^{4,5} We are not passing judgment on Facebook; however, this episode and the resulting public and governmental responses prompt a renewed consideration of the effect of privacy issues on pathologists using social media. As strong and long-time public advocates of the many benefits of social media for pathologists and other physicians, we have often responded to concerns of social media-wary pathologists.^{6–9} We now address concerns raised by the Facebook privacy breach and subsequent enhanced scrutiny of social media privacy to provide evidence to help pathologists better understand the concrete benefits of social media, as well as any real risks or potential pitfalls to be avoided to continue using social media professionally for the betterment of our patients, our colleagues, and the pathology profession.

Social media provides value to pathologists. Facebook, Twitter (San Francisco, California), YouTube (parent company: Google, Mountain View, California), Periscope (parent company: Twitter), Instagram (parent company: Facebook), and other social media platforms are powerful tools for amplifying the pathologists' voice, networking with colleagues, teaching and learning pathology, and educating patients and families, payers, and policymakers about the value we provide our patients. Many methods have been used, including, among others, live and recorded pathology lectures, real-time Twitter journal clubs discussing peer-reviewed medical literature, live tweeting of information

SUMMARY

- It is legally (at least in USA & UK) and ethically OK to share deidentified gross or microscopic pathology pics
- No legal action taken against anyone for sharing deidentified medical pics for educational purposes to our knowledge
- But you do need to know and respect your employer's rules

