

## The Dr. L. Clarke, Jr. and Elaine F. Stout Award



**The Dr. L. Clarke, Jr. and Elaine F. Stout Award** was established in 2015 by the generous support of Dr. L. Clarke Jr. and Elaine F. Stout. This award will ensure that pathologists endeavoring to resolve scientific medical problems by studying anatomic features are supported and appreciated in perpetuity. **The Dr. L. Clarke, Jr. and Elaine F. Stout Award** will provide recognition and an award of \$3,000 to an individual for the best English language peer-reviewed paper published during the twelve months preceding the application deadline, which resolved scientific medical problems by studying their anatomic features.

To apply for The Dr. L. Clarke, Jr. and Elaine F. Stout Award, applicants must complete the [online application form HERE](#) and electronically submit the form along with a PDF reprint of the publication.

Applicants must be the first author of the publication. The selection is made by members of the Stout Award Committee. The Award will be presented on **Saturday, March 19, 2022** during the **USCAP Annual Meeting** in Los Angeles, California.

***Application must be submitted by: Thursday, October 7, 2021  
at 3:00 PM Eastern Daylight Time.***

### Previous Awardees

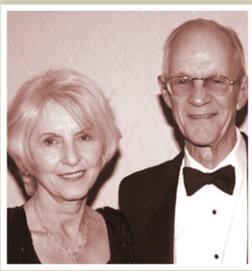
- 2021** Ying-Hsia Chu
- 2020** Kirill A. Lyapichev
- 2019** Kanika Taneja
- 2018** Arnulf H. Koeppen
- 2017** Natalia Rush
- 2016** Nikhil Sangle
- 2015** Ming Jin

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### A MESSAGE FROM DR. L. CLARKE STOUT, JR.

About 100 years ago doctors began to discover new diseases based on the interpretation of anatomic findings at autopsy. For example, coronary thrombosis upstream from a myocardial infarct was thought to cause the infarct. Later anatomic findings that atherosclerotic plaque rupture underlay coronary thrombosis was interpreted to mean that coronary atherosclerosis was the basic problem.

Publication of these and other single cases led national and international experts to do and report independent studies of these various hypotheses which continued until consensus was reached. This process was sometimes contentious and often long with symposia, etc. (20 years over the Kimmelstiel-Wilson nodule), but the conclusions were often long lasting when compared with some of today's statistically proven ones, such as aspirin prevents coronary heart disease.

Nevertheless, frustration over these long harangues led researchers to develop methods by which anatomic observations could be converted to quantifiable entities that could be analyzed statistically. For example, in the 1970s quantitative ultrastructural morphometry (QUM) was developed. QUM was a highly reproducible technique done entirely by technicians that measured renal glomerular components. Using QUM, a consensus was reached 20 years later that mesangial expansion was the hallmark of diabetic nephropathy.

The acclaim of the QUM results was accompanied by contempt for the previous studies where anatomic changes in glomerular components during advancing diabetic nephropathy were analyzed to try to understand the pathogenesis of the process.

The first stimulus for the Stout Award occurred during this era when one of my anatomic kidney studies was rejected for review by a popular pathology journal with the following comment: "this is just anatomy; send it to a morphology journal". The study was published in another pathology journal as are most large albeit now rare anatomic diabetic kidney studies.

However, this prejudice against anatomic studies has grown far beyond diabetic kidney disease and now includes all case reports, which are often categorically rejected for review by popular journals, and for presentation at popular pathology society meetings. Thus, the case with the coronary thrombosis/myocardial infarct would have remained unknown in today's scientific climate because statistical significance is mandatory and you can't apply statistics to a single case.

In my opinion, interpretive anatomic studies, large or small, are still very useful for detecting new diseases, iatrogenic injuries, etc., and should be encouraged rather than stifled. Small studies also are important pathways for introducing our residents to clinical research. However, applicants should understand that such case reports must discover new and important findings such as coronary thrombosis, mistreatments or misdiagnoses that are costing human lives, etc. The findings also must be derived from the interpretation of anatomical features, such as atheromatous plaque rupture leading to luminal thrombus.

Another large study that exemplifies the Award's requirements is that of Kriz et al. in which serial electron micrographs of rat glomeruli found that efferent arterioles had insufficient muscle to control glomerular outflow, and "tendons" connecting mesangial cells to opposing glomerular capillary walls at bifurcations suggested that mesangial contraction also controlled glomerular outflow.

Sincerely,

Dr. L. Clarke Stout, Jr.

PS: Kidney and cardiovascular diseases were prominent in the above examples, but the award will accept studies of any medical diseases.



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