



CALIFORNIA TUMOR TISSUE REGISTRY
Proudly Announces the 155th Semi-Annual Pathology Cancer Seminar:



Elizabeth Montgomery, M.D.
University of Miami Miller School of
Medicine

**“Adventures and Misadventures
in Gastrointestinal Pathology”**

Sunday, June 1, 2025
8:30 am - 4:45pm

The Westin Hotel South Coast Plaza
686 Anton Boulevard
Costa Mesa, CA 92626
Phone: (714) 540-2500

<https://book.passkey.com/go/californiatumorregistry>



DISCLOSURE STATEMENT: This program has been planned and implemented in accordance with ACCME essentials and standards. 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. To consider recently recognized neoplasms and precursors affecting the gastrointestinal tract.
2. To review medication-associated injury and its overlap with disease states.
3. To discuss several pitfalls that can be encountered when reviewing targeted needle biopsies of gastrointestinal tract lesions.

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. Digital slides of representative tumors (available to view with the Full package only)

CME applies only on the day of the seminar. Full Package can earn up to 10 hours 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)TM**. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

REGISTRATION FEE	
Full Package: Up to 10 CME credit	\$430.00
<u>Includes:</u> View Digital Slides, Attendance & Syllabus. <i>Up to 4 CME credits for reviewing digital slides and completing the post-test online before May 31, 2025, to earn 4 credits. Up to 6 CME credits for attending the seminar. (Must complete the seminar evaluation form to claim 6 credits online)</i>	
Full Package: NO CME credit	\$350.00
<u>Includes:</u> View Digital Slides, Attendance & Syllabus.	
Resident Full Package: NO CME credit	\$300.00
<u>Includes:</u> View Digital Slides, Attendance & Syllabus. ** With a letter verifying residency/fellowship status	
Attendance Only: Up to 6 CME credit	\$330.00
<u>Includes:</u> Attendance & Syllabus. <i>(Must complete the seminar evaluation form to claim 6 credits only)</i>	
Attendance Only: NO CME credit	\$280.00
<u>Includes:</u> Attendance & Syllabus.	
Resident Attendance Only: NO CME credit	\$185.00
<u>Includes:</u> Attendance & Syllabus. **With a letter verifying residency/fellowship status	

+ Cancellations 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: _____

Name on Card: _____

Facility: _____

Credit Card number: **Call in to provide your Credit Card**

Address: _____

Expiration Date: _____ Zip code of billing address: _____

City, State, Country: _____

Zip: _____ Phone: _____

Email (required): _____

Total Amount: _____

Signature for Credit Card Authorization: _____

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