CONNEXIS SEARCH GROUP

Bone and Soft Tissue Anatomical Pathology

A Comprehensive Workforce, Training, and Compensation Analysis

April 2026

Executive Summary

This report presents a comprehensive analysis of the bone and soft tissue (BST) anatomical pathology subspecialty workforce in the United States. BST pathology is among the smallest and most specialized fields within anatomic pathology, focused on the diagnosis of neoplastic and non-neoplastic diseases of bone, joints, and soft tissues — including sarcomas, which account for approximately 17,500 new diagnoses annually in the United States.

Key findings include:

- **Workforce Size:** An estimated **150–250 fellowship-trained BST pathologists** currently practice in the United States, within a broader pathology workforce of over 16,200 physicians. No authoritative registry or census exists for this subspecialty.
- **Fellowship Programs: 16 dedicated BST fellowship programs** have been identified across the country, with the NRMP reporting 12 programs and 13 positions participating in the 2025 match cycle.
- **Annual Graduates:** Approximately **10–13 fellows** complete BST fellowship training each year, based on NRMP match data showing a 77% fill rate.
- **Compensation:** General pathologist compensation ranges from approximately **$340,000–$390,000** on average nationally. BST pathologists — predominantly employed in academic settings — are estimated to earn **$250,000–$350,000 post-fellowship**, **$300,000–$425,000 at 5 years**, and **$350,000–$550,000+ at 10+ years**, depending on practice setting.
- **Dual Fellowships:** An estimated **40–60%** of BST pathologists hold a second fellowship, most commonly in surgical pathology, cytopathology, or dermatopathology.
- **Regional Distribution:** BST pathologists are heavily concentrated in the **Northeast (~40%)** and **Midwest (~25%)**, reflecting the geographic density of academic medical centers and NCI-designated cancer centers.

This report draws on 71 verified sources including the NRMP, AAMC, CAP, Medscape, Doximity, and individual fellowship program websites. Where direct BST-specific data is unavailable, proxy data from general pathology is used and clearly identified.

Table of Contents

1. Total Number of Bone and Soft Tissue Anatomical Pathologists in the United States

Overview

There is **no publicly available, precise count** of bone and soft tissue anatomical pathologists practicing in the United States. BST pathology is a highly specialized niche within anatomic pathology, and workforce data at this subspecialty level is not systematically tracked by major medical organizations including the College of American Pathologists (CAP), the American Society for Clinical Pathology (ASCP), or the Association of American Medical Colleges (AAMC). There is no separate board certification for BST pathology; it is a fellowship-trained subspecialty within anatomic pathology.

Broader Pathology Workforce Context

Metric	Value	Source
Total pathologists in the US (2025)	Over 16,200	Medicus Healthcare Solutions (September 2025)
Anatomic/clinical pathology physicians (2017)	12,839	AAMC (2017, published 2018)
Workforce undercount factor	~40% undercounted	CAP Study (April 2024)
US medical graduates (% of pathologists)	63.5%	Medicus Healthcare Solutions
International medical graduates (% of pathologists)	36.5%	Medicus Healthcare Solutions

A study published by the College of American Pathologists in April 2024 revealed that the pathology workforce is **undercounted by nearly 40%**, primarily due to the omission of subspecialized training pathways from standard workforce surveys.

Estimated BST Pathologist Count

Estimated: 150–250 fellowship-trained bone and soft tissue pathologists currently practice in the United States.

This estimate is derived from the following methodology:

1. **Annual fellowship output:** Approximately 10–13 fellows graduate per year from dedicated BST fellowship programs (based on NRMP 2025 data: 12 programs, 13 positions, 10 matched — a 77% fill rate).
2. **Historical fellowship availability:** Dedicated BST fellowships have existed for several decades, but the number of programs has grown over time. Earlier decades likely produced fewer graduates (estimated 5–8 per year).
3. **Career span assumption:** An average career span of 25–30 years for subspecialist pathologists.
4. **Retention in subspecialty:** Not all fellowship-trained pathologists practice exclusively in BST pathology; many work as general surgical pathologists with BST expertise.

This estimate includes:

- Pathologists who practice **primarily or exclusively** in BST pathology (likely fewer than 100)
- Pathologists with fellowship training who practice in **broader surgical pathology roles** but maintain BST expertise

Sarcoma Case Volume as a Demand Indicator

Cancer Type	Estimated Annual New Cases (US)	Source
Soft tissue sarcomas	~13,500	Stony Brook Medicine
Bone sarcomas	~4,000	Stony Brook Medicine
Total sarcoma cases	**~17,500**	—

Fewer than 5% of soft tissue tumors are malignant. Approximately 10,500 cases of soft tissue sarcoma are diagnosed per year. These case volumes, while modest compared to common cancers, require specialized pathology expertise for accurate diagnosis and classification.

Important Caveats

- This is an **inference-based estimate**, not a direct count from any authoritative database.
- Some pathologists develop BST expertise through practice experience without formal fellowship training.
- The CAP workforce undercount study suggests actual numbers may be higher than reported in any survey.

- Major academic medical centers and NCI-designated cancer centers employ the majority of dedicated BST pathologists.
- The overall pathology workforce has been declining since at least 2007, with resident placements hovering around 600 per year — far below projected demand.

2. Fellowship Programs in Bone and Soft Tissue Anatomical Pathology

Overview

Based on comprehensive research, **16 dedicated bone and soft tissue pathology fellowship programs** have been identified in the United States. The NRMP 2025 Pathology Fellowship Match (for 2026–2027 positions) reported **12 programs** offering **13 positions** participating in the match. The discrepancy reflects that not all programs participate in the NRMP match — some recruit independently — and some programs may be categorized differently by the NRMP.

All identified programs offer **one-year fellowships**, and most offer **one position per year**. Fellowships are typically based at academic medical centers or major cancer centers.

Complete List of Identified BST Fellowship Programs

#	Institution	Location	Positions/ Year	NRMP Participation	Notable Details
1	Memorial Sloan Kettering Cancer Center	New York, NY	1	Yes	Premier cancer center; neoplastic and non-neoplastic lesions
2	Mayo Clinic	Rochester, MN	1	Yes	One of the largest musculoskeletal pathology practices in the US
3	Cleveland Clinic	Cleveland, OH	~1	Yes (2027–2028)	Notable faculty includes Dr. John Goldblum
4	University of Pittsburgh Medical Center (UPMC)	Pittsburgh, PA	1	Yes	ACGME accredited; 5,000+ specimens annually
5	University of Michigan	Ann Arbor, MI	1	Yes	Fellow appointed to faculty as clinical position
6	MD Anderson Cancer Center	Houston, TX	~1	Yes	World-leading cancer center; immersive soft tissue experience

#	Institution	Location	Positions/ Year	NRMP Participation	Notable Details
7	University of Washington Medical Center	Seattle, WA	1	Yes (2027 start)	Research project required for national/ international conference
8	University of Pennsylvania	Philadelphia, PA	~1	Yes	Conventional microscopy focus for soft tissue and bone lesions
9	Johns Hopkins University	Baltimore, MD	~1	Yes	Recruiting for 2027–2028; independent case sign-out
10	University of Chicago	Chicago, IL	~1	Yes	Neoplastic and non-neoplastic diseases including infections
11	Hospital for Special Surgery (HSS)	New York, NY	~1	Yes	#1 US-ranked orthopedics hospital; bone tumor pathology focus
12	University of Miami / Jackson Health System	Miami, FL	1	Yes	Non-ACGME accredited; musculoskeletal system focus
13	Indiana University School of Medicine	Indianapolis, IN	1	Not confirmed	Specialized BST diagnosis training
14	University of Colorado Anschutz Medical Campus	Aurora, CO	~1	Not confirmed	Includes pediatric pathology exposure
15	Mount Sinai Health System	New York, NY	~1	Not confirmed	Available for 2028–2029; nationally recognized BST specialists
16	Vanderbilt University Medical Center	Nashville, TN	~1	Not confirmed	ACGME-accredited; available for 2028–2029

Notes:

- "~1" indicates the position count is inferred based on typical program size, as the exact number was not publicly specified.

- Naming conventions vary: programs may use "Bone and Soft Tissue Pathology," "Soft Tissue/Bone," "Orthopedic Pathology," or "Musculoskeletal Pathology." These are functionally similar subspecialty fellowships.

Additional Programs with Significant BST Exposure

Several institutions offer significant BST pathology training as part of broader surgical pathology fellowships, but do not have a standalone dedicated BST fellowship:

Institution	Location	Notes
Massachusetts General Hospital / Harvard Medical School	Boston, MA	BST pathology services and training within pathology programs
Emory University School of Medicine	Atlanta, GA	BST pathology as part of anatomic pathology specialties
Duke University	Durham, NC	Soft Tissue & Bone Pathology division within surgical pathology
Roswell Park Comprehensive Cancer Center	Buffalo, NY	ACGME-accredited Oncologic Surgical Pathology Fellowship with BST exposure

Data Limitations

- Program count discrepancy between NRMP (12 programs) and identified programs (16) reflects differences in match participation and program categorization.
- Accreditation varies: some programs are ACGME-accredited, while others are non-accredited fellowships.
- Information gathered as of April 2026; fellowship availability and details change annually.

3. Annual Graduates from Fellowship Programs

Current Annual Output

Based on the NRMP 2025 Pathology Fellowship Match (for 2026–2027 positions), approximately **10–13 fellows** complete BST fellowship training in the United States each year.

NRMP 2025 Match Results — Bone and Soft Tissue Pathology

Metric	Value
Total programs in match	12
Total positions offered	13
Total applicants	13
Applicants matched	10
Fill rate	~77%
Unfilled positions	3

Source: NRMP 2025 Pathology Fellowship Match Report, published April 2025.

Most programs offer 1 position per year. At least one program offers 2 positions, as indicated by 13 positions across 12 programs. The 3 unfilled positions may be filled outside the match process.

Across all 16 identified programs, the total annual capacity is estimated at **12–16 positions**. Accounting for the ~77% fill rate observed in the NRMP match, the effective annual graduate output is **10–13 fellows per year**.

Historical Context

The NRMP match for BST pathology is new — the first match occurred in 2025 for 2026–2027 positions, following the NRMP's June 2024 announcement welcoming additional pathology subspecialties. Prior to the match, programs recruited independently, making aggregate historical data difficult to obtain.

A ScienceDirect article (published 2022) noted only **2 openings** for BST fellowships in a given year, suggesting either significant growth in program numbers or that the article captured only a subset of available positions.

Estimated Historical Annual Output

Period	Estimated Annual Graduates	Basis
Pre-2010	3–6	Fewer dedicated programs; many trained within surgical pathology fellowships
2010–2019	5–10	Growth in dedicated fellowship programs at major cancer centers
2020–2025	8–13	Continued growth; establishment of NRMP match process
2026 onwards	10–13	Based on NRMP match data (12 programs, 13 positions)

Important caveat: These historical estimates are inferences based on the growth trajectory of fellowship programs and are not derived from a specific historical data source. They should be treated as rough approximations.

Cumulative Workforce Impact

If approximately 10–13 fellows graduate per year currently, and assuming a 25–30 year career span, the cumulative pool of fellowship-trained BST pathologists is estimated at **150–250** (consistent with the workforce estimate in Section 1). Not all fellowship graduates practice exclusively in BST pathology; many serve as general surgical pathologists with subspecialty expertise.

Data Limitations

- No historical match data exists prior to 2025 for this subspecialty.
- Some programs recruit outside the NRMP match, meaning match data may not capture all positions.
- Not all matched fellows complete their training, and not all graduates remain in the subspecialty long-term.
- Some fellows train in BST as part of combined or multi-year fellowships not captured in dedicated BST counts.

4. Compensation Data

Important Data Note

There is no publicly available compensation data specific to bone and soft tissue pathology as a subspecialty. Salary surveys — including MGMA, Medscape, Doximity, and CAP — do not break out compensation at this subspecialty level. The data presented below uses **general anatomic/clinical pathology and subspecialty pathology compensation as a proxy**, with adjustments noted for the academic practice setting where most BST pathologists work.

4.1 National Pathologist Compensation Overview (2025–2026)

Source	Average/Median Salary	Date
Medscape Physician Compensation Report	$386,000 (all physicians avg.)	July 2025
Doximity Physician Compensation Report	$360,315 (pathology avg.)	2024 data, published 2025
Marit Health	$370,000 total ($341,500 base + $28,500 bonus)	April 2026
SalaryExpert	$364,091 avg. gross + $24,685 bonus	2026
AMN Healthcare	$330,000–$413,000 range (avg. $372,000)	2026
ZipRecruiter	$337,500 average	April 2026
Glassdoor	$331,565 average	April 2026
Resolve.com	$334,892 (Anatomic & Clinical Pathology)	2026

Best estimate for current (2025–2026) general pathologist compensation: $340,000–$390,000 average.

4.2 Estimated BST Pathologist Compensation by Career Stage

Because most BST pathologists work in academic settings, the academic salary range is the most relevant benchmark. Private practice figures are included for completeness but apply to a smaller proportion of BST practitioners.

Career Stage	Academic Setting	Private Practice / Hospital Employed	Key Data Points
Post-Fellowship (0–1 years)	$250,000–$300,000	$300,000–$350,000	Entry-level pathologist ~$323,791 (SalaryDr); Academic assistant professor median ~$275,000 (AAMC); Self-reported starting ~$250,000 base (Reddit)
5 Years Experience	$300,000–$375,000	$350,000–$425,000	Senior-level (5–8 years) $330,778–$395,000 (SalaryDr); Average across all experience $367,000 (Physician Side Gigs)
10+ Years Experience	$350,000–$475,000	$425,000–$550,000+	Experienced (10+ years) $465,750 (SalaryDr); Highest potential up to $620,000 AP/CP (ZipRecruiter)

4.3 Academic vs. Private Practice Compensation

Setting	Compensation Range	Source
Academic — Assistant Professor	$250,000–$300,000	AAMC data, Comparably, Glassdoor
Academic — Associate Professor	$300,000–$400,000	Estimated based on typical academic progression
Academic — Full Professor	$375,000–$500,000+	Estimated based on typical academic progression
Group Private Practice	$510,000	Physician Side Gigs (September 2024)
Corporate Group	$373,000	Marit Health (April 2026)
Hospital-Employed (Inpatient)	~$278,000	White Coat Investor (May 2025)

Key insight: Private practice pathologists earn significantly more than academic pathologists — potentially **$100,000–$200,000+ more**. Nonsurgical physicians in private practice earn approximately 35% more than hospital-employed counterparts (Jackson Physician Search, 2025). However, because BST pathology is overwhelmingly practiced at academic medical centers and NCI-designated cancer centers, the **academic salary range is more relevant** for most BST pathologists.

4.4 Regional Compensation Variation

Region	Average Pathologist Salary	Source
South	$375,000	Doximity (2025)
West	$369,000	Doximity (2025)
North/Northeast	$363,000	Doximity (2025)
Midwest	Above national average (reported)	Physicians Thrive (2025)
Southeast	Above national average (reported)	Physicians Thrive (2025)

Selected location-specific data points:

Location	Salary	Source
Washington State	$391,358 (7% above national avg.)	SalaryExpert (2026)
Pittsburgh, PA	$386,192/year	Indeed (2026)
Rye Brook, NY	$338,797/year	Indeed (2026)
Fresno, CA	$303,347/year	Indeed (2026)

The South and Midwest tend to offer higher compensation to attract pathologists to areas with fewer subspecialists. The Northeast has the highest concentration of BST pathologists but does not necessarily offer the highest salaries due to supply/demand dynamics and the prevalence of academic positions.

4.5 Subspecialty Premium

Fellowship-trained subspecialists in pathology may command a **$15,000–$50,000 premium** over general pathologists (Residency Advisor, December 2025). No specific BST salary premium data exists. The rarity of the subspecialty could theoretically command a premium in settings where sarcoma expertise is needed, but this is not documented in available data.

4.6 Compensation Trends

Period	Change	Source
2022 → 2023	~3.8% increase (specialists avg. $382,000)	Physicians Thrive

Period	Change	Source
2023 → 2024	3.7% growth	Doximity
2024 → 2025	~3% increase (all physicians avg. $386,000)	Medscape 2025

Physician compensation growth of 3–5% annually has roughly matched or slightly exceeded inflation (2.7% core CPI in 2025).

Data Limitations

- All compensation figures are proxies from general pathology data; no BST-specific salary data exists.
- Source variability is significant (e.g., Glassdoor at $331,565 vs. other sources reporting $370,000+), reflecting different methodologies and sample sizes.
- MGMA detailed data and the AAMC Faculty Salary Report are behind paywalls.
- The most recent publicly available CAP compensation data is from 2017 (average $322,791; median $280,000).
- Many salary sources rely on self-reported data with potential selection bias.

5. Dual Fellowship Holders

Overview

There is no published data specifically tracking dual fellowship rates among bone and soft tissue pathologists. The estimates below are derived from general pathology fellowship trend studies and contextual analysis of BST training pathways.

General Pathology Dual Fellowship Trends

Subspecialty fellowship training is nearly universal in pathology, with **97% of pathology trainees pursuing at least one fellowship** after residency. The trend toward pursuing multiple fellowships has been increasing:

Year	% of Residents Planning 2+ Fellowships	Source
2013	38%	PMC6859677
2014	40%	PMC6859677
2016	45%	PMC6859677
2018	45%	PMC6859677
2019	~45–49% (continued upward trend)	PMC9240972

Estimated Dual Fellowship Rate for BST Pathologists

Estimated: 40–60% of BST pathologists hold a second fellowship.

This estimate is at or above the general pathology average (40–49%) based on the following reasoning:

1. **Academic orientation:** BST pathologists are typically committed to academic careers at major medical centers, where having additional subspecialty expertise is valued and often expected.
2. **Complementary training:** Many BST pathologists complete a surgical pathology fellowship before or after their BST fellowship, as surgical pathology provides the broad diagnostic foundation upon which BST expertise is built.
3. **Career versatility:** Dual fellowship training enhances employability in academic settings where pathologists may need to cover multiple service lines.

Important caveat: This is an inference-based estimate, not derived from a specific survey of BST pathologists.

Typical Training Pathway

The typical BST pathologist training pathway includes:

1. **Medical degree** (MD or DO) — 4 years
2. **Residency in Anatomic Pathology or AP/CP** — 3–4 years (ACGME-accredited)
3. **Fellowship #1** — Often surgical pathology (1 year) or directly into BST fellowship
4. **Fellowship #2** — BST pathology (1 year) if surgical pathology was first, or a complementary fellowship if BST was first

Only **two pathology fellowships can typically be board certified**, which may influence which combinations pathologists pursue but does not limit the number of fellowships completed.

Data Limitations

- No BST-specific dual fellowship survey has been published.
- Fellowship trend surveys cited had relatively low response rates (e.g., 4.6% in one survey of 141 respondents).
- Historical vs. current trends may differ as the fellowship landscape continues to evolve.
- Individual BST fellowship programs do not publicly report the prior fellowship training of their incoming fellows.

6. Common Secondary Fellowships

Overview

The following secondary fellowships are most commonly paired with bone and soft tissue pathology training, ranked by estimated likelihood. Rankings are based on general pathology fellowship popularity data, subspecialty overlap with BST pathology, and institutional program descriptions.

Ranked List of Common Secondary Fellowships

1. Surgical Pathology — *Most common pairing*

Surgical pathology is the most popular first-choice fellowship overall (selected by 26% of pathology residents). BST pathology is a subspecialty within surgical pathology, and many pathologists complete a surgical pathology fellowship first, then pursue BST as a second fellowship. Stanford's ACGME-accredited surgical pathology fellowship specifically includes rotations in soft tissue and bone pathology.

2. Cytopathology — *Moderate likelihood*

Cytopathology is the second most popular fellowship choice (16–19% of residents). Fine needle aspiration (FNA) cytology is directly relevant to soft tissue mass evaluation, providing complementary diagnostic skills. Cytopathology is a board-certifiable subspecialty, making it attractive as a second fellowship.

3. Dermatopathology — *Moderate likelihood*

The College of American Pathologists specifically notes that dermatopathology "pairs well with a variety of other pathology subspecialties, including surgical pathology and soft tissue pathology." Skin and subcutaneous soft tissue lesions overlap between dermatopathology and BST pathology. Dermatopathology is a board-certifiable subspecialty (joint certification with dermatology).

4. Molecular Genetic Pathology — *Moderate likelihood*

Molecular pathology and informatics is the most popular "1 + 1" fellowship combination in pathology generally. Molecular testing is increasingly important in sarcoma diagnosis and classification (e.g., FISH, next-generation sequencing for translocation-associated sarcomas). Molecular expertise complements BST diagnostic skills in the era of precision medicine.

5. Hematopathology — *Low-to-moderate likelihood*

Hematopathology is the third most popular fellowship overall (15% of residents). Some overlap exists with bone marrow pathology and lymphoma involving bone and soft tissue, though the pairing is less directly complementary than surgical pathology or cytopathology.

6. Pediatric Pathology — *Low-to-moderate likelihood*

Pediatric bone and soft tissue tumors (e.g., rhabdomyosarcoma, Ewing sarcoma, osteosarcoma) are a significant component of pediatric pathology. The University of Colorado's BST fellowship includes exposure to pediatric pathology, reflecting this natural overlap.

7. Gastrointestinal (GI) Pathology — *Low likelihood*

GI pathology is the fourth most popular fellowship overall (10% of residents). Limited direct overlap with BST pathology exists, though gastrointestinal stromal tumors (GISTs) represent an area of intersection.

Summary Table

Rank	Secondary Fellowship	Estimated Likelihood	Key Rationale
1	Surgical Pathology	Very High	Foundation subspecialty; most common first fellowship overall
2	Cytopathology	Moderate	FNA skills relevant to soft tissue masses; board certifiable
3	Dermatopathology	Moderate	CAP notes it pairs well with soft tissue pathology; board certifiable
4	Molecular Genetic Pathology	Moderate	Critical for sarcoma molecular diagnostics
5	Hematopathology	Low–Moderate	Some overlap with bone marrow and lymphoma
6	Pediatric Pathology	Low–Moderate	Pediatric sarcomas represent significant overlap
7	GI Pathology	Low	Limited overlap (mainly GISTs)

Data Limitations

- Rankings are based on general pathology fellowship popularity data and qualitative assessment of subspecialty overlap, not on a direct survey of BST pathologists.
- The most popular general "1 + 1" combination (molecular pathology + informatics) may not directly reflect BST-specific pairing patterns.

7. Regional Distribution of Specialists

Overview

No direct regional distribution data exists specifically for bone and soft tissue pathologists. The analysis below is **inferred from two primary indicators:**

1. Locations of dedicated BST fellowship programs (verified data)
2. Locations of major academic medical centers and NCI-designated cancer centers known for sarcoma expertise (verified data)

This approach is reasonable because BST pathologists are overwhelmingly concentrated at academic medical centers and major cancer centers, given the rarity of sarcomas and the need for high case volumes to maintain diagnostic expertise.

Regional Summary

Region	Dedicated BST Fellowship Programs	Additional Centers with BST Expertise	Estimated Share of BST Pathologists
Northeast	7	1+ (Roswell Park)	~40%
Midwest	5	—	~25%
Southeast	2–3	2+ (Duke, Moffitt)	~15%
South/ Southwest	1–2	1 (Baylor)	~10%
West	2	2–3 (UCSF, Stanford, UCLA)	~10%
Total	**16–18**	**6–7**	**100%**

Important note: The "Estimated Share of BST Pathologists" column is a rough inference based on program density and institutional size. It is not derived from direct workforce survey data.

Detailed Regional Breakdown

Northeast (~40% of BST Pathologists) — Highest Concentration

Institution	City, State
Memorial Sloan Kettering Cancer Center	New York, NY
Hospital for Special Surgery	New York, NY
Mount Sinai Health System	New York, NY
Johns Hopkins University	Baltimore, MD
University of Pennsylvania	Philadelphia, PA
University of Pittsburgh Medical Center	Pittsburgh, PA
Massachusetts General Hospital / Harvard (BST services/training)	Boston, MA

The Northeast has the highest concentration of BST fellowship programs, driven by the density of major academic medical centers and NCI-designated cancer centers in the Boston–New York–Philadelphia–Baltimore–Pittsburgh corridor. New York City alone has three programs.

Midwest (~25% of BST Pathologists)

Institution	City, State
Mayo Clinic	Rochester, MN
Cleveland Clinic	Cleveland, OH
University of Michigan	Ann Arbor, MI
University of Chicago	Chicago, IL
Indiana University School of Medicine	Indianapolis, IN

The Midwest has a strong presence anchored by the Mayo Clinic — one of the most experienced musculoskeletal pathology practices in the US — and the Cleveland Clinic.

Southeast (~15% of BST Pathologists)

Institution	City, State
University of Miami / Jackson Health System	Miami, FL
Vanderbilt University Medical Center	Nashville, TN
Emory University School of Medicine (BST within AP)	Atlanta, GA

Additional centers with sarcoma expertise include Duke University (Durham, NC) and Moffitt Cancer Center (Tampa, FL).

South/Southwest (~10% of BST Pathologists)

Institution	City, State
MD Anderson Cancer Center	Houston, TX

MD Anderson is one of the world's leading cancer centers and likely employs multiple BST pathologists. However, the broader region (Arizona, New Mexico, Oklahoma, Louisiana, Arkansas) appears to have minimal dedicated subspecialty presence.

West (~10% of BST Pathologists)

Institution	City, State
University of Washington Medical Center	Seattle, WA
University of Colorado Anschutz Medical Campus	Aurora, CO

Additional centers with BST expertise include UCSF (San Francisco, CA), Stanford University, and UCLA, though these may not offer standalone dedicated BST fellowships.

Key Observations

1. **Heavy Northeast concentration:** The Northeast corridor accounts for approximately 40% of identified fellowship programs, reflecting the historical concentration of major academic medical centers and NCI-designated cancer centers.
2. **Urban/academic center concentration:** Virtually all BST pathologists practice at urban academic medical centers or major cancer centers. Rural and community hospital settings are extremely unlikely to have dedicated BST pathologists.

3. **Geographic access disparities:** Large portions of the United States — particularly the Mountain West, Great Plains, and rural South — have no nearby BST subspecialists. Patients in these areas rely on consultation services, telepathology/digital pathology, or general surgical pathologists without dedicated BST training.
4. **Population vs. program mismatch:** States with large populations like California and Texas have relatively few dedicated BST fellowship programs compared to the Northeast, suggesting potential underservice despite large patient populations.
5. **Sarcoma center alignment:** The distribution of BST pathologists closely mirrors the distribution of NCI-designated comprehensive cancer centers and major sarcoma treatment programs.

Data Limitations

- This entire regional analysis is inferred from fellowship program locations and known institutional expertise. No survey or registry directly tracks the geographic distribution of BST pathologists.
- Some fellowship-trained BST pathologists may practice in regions different from where they trained; migration patterns are not tracked.
- The effective geographic reach of BST pathologists extends beyond their physical location through consultation services, which are not captured in this analysis.

8. References and Sources

Workforce and Pathologist Count

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This report was prepared by Connexis Search Group in April 2026. All data is current as of the date of publication. Where direct data for bone and soft tissue pathology was unavailable, proxy data from general pathology sources has been used and is clearly identified. Estimates and inferences are explicitly labeled throughout the report.

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