

# CAP TODAY

Pathology • Laboratory Medicine • Laboratory Management

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**LDT thoughts offer nuance, and advice**

Two roads diverged in a regulated wood—and here comes Joe Lennerz, MD, PhD, happy not to be traveling both. As Dr. Lennerz, chief scientific officer of BostonGene, considers this spring's final rule from the FDA that regulates laboratory-developed tests as medical devices, he's also kept an eye on the range of responses to the agency's actions. One path is, broadly speaking, reactive; the other, proactive.

**AP lab panel on LDTs, digital path, workforce**

Digital pathology, FDA oversight of laboratory-developed tests, and the workforce shortage took center stage when CAP TODAY publisher Bob McGonnagle convened a roundtable online to talk about anatomic pathology laboratories. The shortage of pathologists, in particular, "is even greater than one might realize because of generational expectations around work-life balance," said Andrew Bellizzi, MD, who applauds such balance but notes its significance.

### Epredia Tissue Processing Dehydrants

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**Multomics study of renal cell carcinoma subtypes and a new treatment option**

Renal cell carcinoma is one of the 10 most common cancers worldwide, and the most common subtype is clear cell renal cell carcinoma. Advances in single-cell and spatial sequencing technologies have enhanced the medical community's understanding of the tumor microenvironment in clear cell renal cell carcinoma (ccRCC). Yet correlating these findings with genomic and epigenomic data has been challenging due to limited sample sizes.

The authors conducted a study in which they analyzed subtypes of ccRCC to shed light on outcomes and treatment of the disease. They used such advanced methods as exome sequencing, RNA sequencing, and mass spectrometry-based proteome and metabolomic profiling to analyze 100 ccRCC samples from a RCC cohort of patients at Tongji Hospital, Wuhan, China, who had not had any treatment. An analysis of tumor data and clinical data, as well as multomic profiling of paired normal adjacent tissue from 50 patients, unveiled four distinct genetic subgroups of ccRCC. These subgroups displayed distinct immune and tumor microenvironment characteristics.

Analysis of gene expression and protein levels revealed a strong association with changes in the number of copies of DNA in human cells. This allowed the authors to differentiate between cancerous tumors and healthy tissue and emphasized the increased activity of such processes as blood vessel formation, glucose metabolism, and immune response in ccRCC tissues.

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### Anatomic pathology computer systems, 2024

Get more done. Treat more patients. Spend less time tracking specimens and performing manual data tasks. Orchard Enterprise Pathology is the AP LIS your lab needs to thrive. Click here to find out how.

What is an AP Laboratory Information System (AP LIS) and What Does It Do? Today's AP lab requires a reliable system track and manage the entire testing process from specimen collection through report delivery. An effective AP LIS plays a key role in the pathology workflow, watch to learn how.

Company	Name of anatomic pathology system	How AP system functionality is deployed	Configuration of AP system	Year company began selling AP systems	Distinguishing product features (supplied by company)	Additional Features
ClinSys	ClinSys CoPathPart	local server and software	available as a standalone product designed to interface with any company's LIS and EHR	1982, as Sunquest (Sunquest began selling CoPathPart in 1997)	procedures for integrating molecular/genetics results into patient reports to improve care; comprehensive specimen management for safety and efficiency	Additional Features
ClinSys	ClinSys PowerPath	remote hosting or local server and software (select option)	available as a standalone product designed to interface with any company's LIS and EHR	1982, as Sunquest (Sunquest began selling PowerPath in 2011)	integrated AP molecular reports enhance outcomes and improve care coordination; Case Finder; robust, user-friendly ad hoc query tool	Additional Features
Comp Pro Med	Pathject for Pathology	remote hosting or local server and software (select option)	available as a dedicated module for Comp Pro Med's clinical LIS and as a standalone product designed to interface with any company's LIS and EHR	2022 (began selling Pathject for Pathology in 2022)	all system outputs are user configurable using preconfigured built-in tools; real-time rules-driven, user-defined, context-based functionality	Additional Features
Comp/Group Medical	CGM AP EASY1	remote hosting	available as a standalone product designed to interface with any company's LIS and EHR	2022, with acquisition of AP Easy Software Solutions (began selling CGM AP EASY1 in 2022)	easy to use, easy to implement, cloud based, and affordable; easy access to customer support by phone, email, and sample training system	Additional Features
Computer Trust Corp.	WinLIS	remote hosting or local server and software (select option)	available as a standalone product designed to interface with any company's LIS and EHR	1989 (began selling WinLIS in 1997)	powerful and configurable; high level of functionality, flexibility, and customer service; comprehensive user-driven tracking, rules, alerts, cockpit, dashboard	Additional Features

### Do more with less.

Spend less time performing monotonous tasks in your lab. Orchard Enterprise Pathology can help automate your lab and streamline your workflow so you can treat more patients.

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### AP and CP reporting—the needs, the caveats

Anatomic and clinical pathology reporting—what's working, what's missing. Three pathologists (all board certified in informatics) and representatives of three information system companies met online Dec. 15 with CAP TODAY publisher Bob McGonnagle to talk about reporting needs, the changes, what's optimal. This is the first half of their discussion.

### Get more done. Treat more patients.

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### AP and CP reporting, from interfaces to IT wishes

Anatomic and clinical pathology reporting—what's working, what's missing. This is the second half of their discussion.

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