

CAP TODAY

WHERE THE WORLD OF THE CLINICAL LABORATORY COMES TOGETHER

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CAP TODAY

Your Urinalysis reCAP

IS YOUR URINALYSIS WORKFLOW WORKING FOR YOU?



On value, preanalytics, and personnel in urinalysis
 Urinalysis reflex rules, reimbursement, instruments, research, and specimen handling and transport are some of what came up in the Jan. 15 roundtable with eight participants online and CAP TODAY publisher Bob McGonnagle leading the discussion. Our revised guide to urinalysis instrumentation is [here](#).

Tapping into the potential of urinalysis

Triad and true but also having untapped potential is how three industry insiders see urinalysis. Though traditional urinalysis serves its purpose well, they say, it's easy to envision the next level. "We tend to look at urinalysis with a fairly myopic view of counting particles and doing a dipstick," says Jason Anderson, MPH, MT(ASCP), senior product manager for urinalysis solutions, Sysmex America. "So what becomes the definition of urinalysis in the future?" he asks. "When we look at blood, it isn't plasma analysis, it isn't serum analysis. It's specific disease conditions, disciplines that use that fluid type."

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ENSURE RELIABLE URINALYSIS RESULTS



DISCOVER ROOM-TEMP SAMPLE STABILITY UP TO 72H



Stability of quantitative urine chemistry, test strips and particle count parameters in VACUETTE® Urine STB Tube at room temperature

The reliability of urinalysis results is extremely sensitive to preanalytical handling, i.e., sample collection, transport and storage. The delay between urine voiding and its examination significantly impedes diagnostic accuracy in many laboratories. This study examines the stability of quantitative urine chemistry, test strips and particle count analytes in the VACUETTE® Urine STB Tube up to 72 h.

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Women's Health reCAP

BD COR™ GX PX GX
 What if you could expect more from your HPV assay – and boost efficiencies?



Impact of primary HPV testing on cytology lab statistical analysis

Cytology gynecologic statistical laboratory data must be analyzed in the context of changing screening modalities and patient populations. This is especially important with the increasing use of primary high-risk HPV screening because diagnostic metrics will be markedly different in that patient population.

Evaluation of the BD Onclarity™ HPV Assay on the high throughput BD COR™ System

The global molecular diagnostic business is expected to grow to an estimated USD 13.8 billion by 2026 with a compound annual growth rate of 7.1%. In the US that demand is driven, in part, by increased spending for the detection of infectious agents and the consolidation of testing into larger, more efficient testing facilities. The BD COR™ system is capable of working completely unattended with a daily walk-away time for HPV testing of approximately 7 hours. The system is capable of producing 330 results with just two interventions during the day, the first to load primary vials and reagents and the second in the afternoon to replenish consumables. [Review the full study here.](#)

Ancillary tests in gynecologic pathology—what and why

With serous ovarian carcinomas and other gynecologic tumors, it's molecular testing that increasingly sets the treatment course. "As pathologists, it's exciting to us," said Sadia Sayeed, MD, speaking at CAP22. "We're learning that the immunostains we're interpreting have greater implications than we ever thought they could." In a session on ancillary testing in gynecologic pathology, Dr. Sayeed, assistant professor of pathology and director of cytopathology, Virginia Commonwealth University Health, and Leslie M. Randall, MD, MAS, Dianne Harris Wright professor at VCU and division director of gynecologic oncology, VCU Health, reviewed the molecular classification of ovarian and cervical cancer and used their cases to highlight evolving practices in molecular diagnostics and treatment. One example: Treatments for low-grade and high-grade serous ovarian cancer are diverging, and next-generation sequencing can determine the grade when the pathology is equivocal.

Second of two parts. Part one:
[Spotlight on ancillary tests in endometrial cancer](#)

"Not only will NGS give you your definitive p53," Dr. Randall said, "it will give you other markers that will increase your confidence in the low grade versus high grade." Of the five common epithelial subtypes of ovarian cancer seen in Fig. 1, high-grade serous is by far the most prevalent. High-grade serous tumors are characterized by the p53 mutation most commonly and often are associated with the BRCA mutation, though "it doesn't necessarily have to be BRCA," she said. "It just has to be in that pathway." Mucinous tumors are driven by KRAS, "just like colorectal tumors."

The BD COR™ System

GX/PX/GX



Are you getting the most comprehensive HPV test results?

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