

At CAP '15, 98 courses and a focus on daily practice

Anne Ford

May 2015—With several dozen pathology associations worldwide, many with their own meetings, why should a pathologist opt to attend CAP '15 in Nashville, Tenn., Oct. 4–7? Philip Cagle, MD, supplies some thoughts.

“There are many pathology organizations, and each has its own niche. Whereas at the CAP meeting, there are many courses covering a broad range of areas, from things such as practice management and quality assurance to different areas of anatomic pathology and clinical pathology,” says Dr. Cagle, who is medical director of pulmonary pathology in the Department of Pathology and Genomic Medicine at Houston Methodist and professor of pathology and laboratory medicine at Weill Cornell Medical College of Cornell University.

For a second opinion, there’s Carla Wilson, MD, PhD, professor in the Department of Pathology and director of the flow cytometry laboratory at the University of New Mexico. “This is the one meeting that I think is more about daily pathology practice and lab management,” says Dr. Wilson, who, as a member of the College’s Curriculum Committee, is helping to organize CAP '15. “There’s more to learn about practices in pathology and laboratory medicine that you will not hear at many of your other, more academic meetings. I think this is a good meeting for pathologists out in the community to come back and really get a good educational update.”

And then there’s the view of Curriculum Committee chair Terence J. Colgan, MD, head of gynecological pathology and cytopathology at Mount Sinai Hospital and professor in the Departments of Laboratory Medicine and Pathobiology and Obstetrics and Gynecology at the University of Toronto.

“At the CAP meeting, we really do stress networking and the ability to learn from your colleagues in an informal way,” Dr. Colgan says. “Last year saw the largest attendance ever, about 1,400. But it’s still a size where, if somebody else is at the meeting, you’re fairly reliably going to see them sooner or later. And there’s enough time during breaks for people to network.”



Dr. Colgan

If, somehow, none of those reasons appeals, there are still more draws—almost 100 of them. “We are going to have 98 courses, including two plenary sessions, and nearly half of the courses are brand-new,” Dr. Colgan points out.

Thanks to attendee feedback from previous years, CAP '15 courses will offer more self-assessment modules than were available at earlier meetings. “We’ve been significantly increasing the number of SAMs,” Dr. Wilson says. “Thirty-three courses in 2015 will have SAMs, including seven of the new courses, so this will be very good for the younger members who need these for licensures.”

One new course is “Emerging Issues in Lung Cancer Predictive Biomarkers,” co-led by Dr. Cagle and Eric H. Bernicker, MD.

“There have been many advances in lung cancer predictive biomarkers, and those advances are hand-in-hand with the development of targeted therapy drugs that have improved survival in many patients,” Dr. Cagle says. “I’m teaching this course with Dr. Bernicker, the medical thoracic oncologist at Houston Methodist. He and I work

together daily taking care of lung cancer patients, so this is based on real-world interactions.”



Dr. Cagle

The session will address topics such as new lung cancer biomarkers being requested by oncologists; preanalytic and postanalytic expectations regarding biomarker testing; the oncologist’s perspective regarding which patients to treat; emerging problems with EGFR TKI resistance and ALK resistance to crizotinib; the new status of immunohistochemistry screening for ALK fusion genes; and next-generation sequencing panels.

“All of these things are part of the changing practice of pathology,” Dr. Cagle notes. “Putting them into context with patient care is vital to the way pathology is currently practiced, because today patients with cancer are reviewed by multidisciplinary tumor boards, and pathologists are part of this team. Therefore, understanding the why of what pathologists are asked to do helps pathologists understand what they need to do.”

Among other sessions expected to draw particular attention are “Hodgkin’s Lymphoma: What Every Practicing Pathologist Needs to Know,” presented by Patrick A. Treseler, MD, PhD; a slide seminar titled “Problem Cases in Surgical Pathology,” led by Saul Suster, MD, and others; a video microscopic tutorial on acute leukemia, led by Daniel A. Arber, MD; “Cancer Is Not Always the Most Important Answer in Nephrectomies: No Kidney,” by Anthony Chang, MD, and Gladell P. Paner, MD; and “The Great Mimickers in Hematopathology: Malignancies that Appear Benign and Benign Lesions that Appear Malignant,” presented by Parul Bhargava, MD, and Sherrie L. Perkins, MD, PhD.

Of the latter, Dr. Wilson says, “That will be of interest both to the anatomic pathologists and the hematopathologists—diagnostic pitfalls in lymphoid malignancies.”

She also urges attendees to take advantage of the offerings that will specifically address next-generation sequencing, such as the roundtable discussion titled “I Need Help! Selecting a Laboratory for Next-Generation Sequencing Send-Outs,” which will be guided by John D. Pfeifer, MD, PhD, and Jill H. Kaufman, PhD. “That’s one of the key things coming up in molecular oncology, and even if you’re not doing it, you should know where to send it out and what you should be looking for,” Dr. Wilson says.

A special evening plenary to be given by gynecological pathology expert Richard Zaino, MD, of Penn State M.S. Hershey Medical Center, should attract great interest, Dr. Cagle says. “He’s a very prominent gynecological pathologist, but he won’t be talking about his subspecialty,” he says. “His title is ‘In the Trenches During the War on Cancer,’ and he’s going to talk about his experiences with cancer over the last 25 years and where we’re going to go from here.”

To any colleagues left wondering why or whether they should attend CAP ’15, Dr. Wilson says: “I would highlight how rapidly the field of pathology is evolving and how we’re having to change our testing and be the educational and interpretive link to our clinical partners. It’s very hard, nowadays, to know what’s most important with all the knowledge being sent to us. That’s the nice thing with this meeting—experts have done that screening for us and are telling us what’s important.”

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Anne Ford is a writer in Evanston, Ill. For more information about CAP ’15 or to register, go to www.cap.org/cap15.