Cytopathology and More | Pathology for the public—a small cascade of realities

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May 2013—It seems as though reality TV is taking over the visual airwaves. The shows range from PBS' traditional and staid "This Old House" to Logo's "RuPaul's Drag Race," in which drag queens are judged by a panel of experts and challenged to "lip-sync for your life." Who views these shows? The viewing public, which is the health care public, which seeks the entertainment, education, and sense of community they provide. If, like me, you don't have your own TV vehicle to "off road" into the lives of others, how might you bring a dose of sensible reality to your patients, their families, and the community at large? I offer the following short journey.

About two years ago the retirement of a senior oncologic surgeon who specialized in breast disease had an impact on the local cancer care community in Everett, Wash. One of the many hats this surgeon wore was that of cancer liaison physician, or CLP, at the local cancer center. The Commission on Cancer, a multidisciplinary program of the American College of Surgeons, evaluates and accredits cancer centers throughout the country. CLPs (who are often but not always surgeons) are volunteer physicians with responsibilities for providing the leadership and direction needed to monitor, maintain, and improve the quality of cancer programs. They evaluate, interpret, and report on program performance and response related to accountability and quality improvement measures and serve as conduits between local cancer programs and the American Cancer Society (www.facs.org/cancer/clp/index.html). I volunteered for this role. It has been a little extra work but educational and enlightening. I would recommend it to other pathologists as a form of multidisciplinary team building and positive exposure within local cancer care systems.

Shortly after accepting the post, I was called upon to give an introductory talk at an ACS Relay for Life event. I spoke not only about the cancer center and my work as a pathologist but also about my personal experiences with malignant diseases, from talking with patients in fine-needle aspiration practice to memories of my mother's death from non-Hodgkin lymphoma. This was a chance to tell the community that cytopathologists are sentient beings with feelings who think about patients as people. Many people (including non-pathologist physicians) seem to think that laboratories are staffed only with machines that grind out data, and most patients never meet their pathologists.

At the Relay for Life event, I shared the podium with a cancer patient whom I had not met previously. She had been diagnosed with a locally advanced adenocarcinoma of the lung and had undergone chemotherapy and radiotherapy. She talked with strength and earnest emotion about her experiences. At the end of the program, I shared with her that I had been the pathologist to read her slides, and I asked her if she would like to see what her cancer looked like under the microscope. She thought that was a good idea, and we arranged a time for her to visit my office. I took digital photos of her malignant cells and gave her copies. She was able to use the images to visualize the enemy she was fighting. One-on-one interactions with patients are time-intensive but can be mutually beneficial opportunities for pathologists and patients ("Pathologists do see patients," Letter to Editor, CAP TODAY, March 2011). This patient has become my friend.

A few months after the Relay for Life event, the hospital and cancer center hosted what they called a Hands on Health Fair for the local community, and I was approached about setting up a pathology booth in the atrium of the cancer center. With the help of my talented practice manager and information technology staff, I transported a microscope with digital camera and liquid crystal display projector to the cancer center, where I greeted patients, families, and friends with de-identified slides and "live" digital images of cancers of their choice. I

explained the basics of cytodiagnosis and histodiagnosis of many different types of tumors and showed groups of interested onlookers how melanoma, renal cell carcinoma, breast cancer, and others appear under the microscope. One group of teenagers spent more than an hour at the booth asking questions about pathology and its practice as well as about health professions in general. An elderly couple, both of whom had undergone cancer surgery and subsequent therapy, told me they greatly enjoyed the venue but would like to hear a patient-directed talk that explained staging of prostate and breast cancer, because they found the concepts difficult to understand.

After mulling over the idea of patient-directed lectures and discussing it with nursing and physician leaders at the cancer center, I developed a 50-slide PowerPoint presentation titled “A Pathologist’s Perspective on Malignancy: What Patients and Families Should Know.” This talk moves through basic definitions of malignancy to screening tests to cytologic interpretation. For the latter, I compare normal cells in Pap tests to cells of squamous intraepithelial lesions, and normal thyroid follicular cells to cells of papillary thyroid carcinoma from a fine-needle aspiration. I then describe the steps in histologic processing to make slides, and I use static images of colon, prostate, breast, and lung carcinomas in comparison to normal tissues from each of these body sites. I explain the concepts of grading (Gleason and Nottingham scores) and TNM staging using a lung cancer example. I conclude the talk with a reminder that pathology, like direct patient care, is an art and a science. The audience is reminded that although they may not meet “their” pathologist, he or she wants the very best for them and thinks of them as living and important people and not pieces of glass.

Some might ask, Is all of this worth it? Is anybody really benefiting? As in reality TV, some parts of life are scripted while others are spontaneous. In learning what they can about their diseases, many patients feel empowered. Not every skillful birdwatcher is an ornithologist. In the same way, not everyone who might view a slide and benefit is a pathologist. Being visible in the community benefits pathology as a field and unquestionably benefits pathologists as professionals. Our being visible can definitely be of help to patients as they face their health challenges. Patients are people who want the know-how to remodel a kitchen or the training to lip-sync for their lives. And they want to better understand the disease processes that affect them and their loved ones. My friend with the locally advanced lung cancer has developed brain metastases and a malignant pleural effusion. Her tumor is EGFR and ALK negative. She has left her job and is focusing on quality of life. She made informed decisions and recognized her reality. I am honored to have helped her, even if only in the measurable size of a few cells.
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