

From the President's Desk

A path for innovation

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May 2022—In the 1990s, as immunohistochemistry was first adopted in clinical laboratories, there was palpable fear among many pathologists who believed our expertise would no longer have a role in health care. The prevailing sentiment at the time was, “If the brown stain lights up, you know it’s cancer, and they won’t need pathologists anymore.”

Of course, nothing could have been further from the truth. Having IHC capabilities meant there was more information that we had to process. It enabled us to extract more information from a tissue sample and to do more for our patients, but it also required more of us in terms of test selection, test interpretation, and communicating what it all meant to our fellow clinicians. More recently, next-generation sequencing has given us more, not less, to do; far from replacing us, such innovations require more of us to realize their full potential. These additions have not necessarily made our lives easier, but they have absolutely made what we can offer our patients richer and more precise.

We’ve been talking about innovation quite a bit lately within the CAP. You may have heard that we have a new Council on Informatics and Pathology Innovation. That’s part of a comprehensive innovation strategy that the CAP is currently developing to ensure that pathologists have the tools they need to consider whether novel approaches are useful for their patients.

It can be challenging to discuss innovation—in part because people often have knee-jerk reactions to it and in part because it’s not always clear what counts as “innovation.” Consider how dramatically our communications tools have evolved in the past 20 years. But the steady march from faxes to emails to text messages was made through incremental changes that didn’t seem radical at the time.



Dr. Volk

In the world of health care, innovation can touch just about every aspect of what we do—from how we receive information about patients and how we communicate with other clinicians to the data we use to inform our final diagnoses and how we deliver those diagnoses to patients.

Did you ever imagine that we would use short videos to reach our patients? I didn’t. But we are seeing some physicians use TikTok, and the CAP is looking into how we can harness this short video methodology for the good of our patients, our laboratories, and our member physicians.

It’s important to embrace innovation, and just as important to honor things that have worked well in the past. Most sustainable change is iterative, building on something we knew before. When we look to innovation for a total transformation, we risk disregarding or dishonoring the past. There is a lot of collective wisdom we can carry with us. At the CAP, we are looking at innovation as something that helps us learn from what we’ve done before,

without tossing away the foundations of where we came from. We aim to understand things better; to get more clarity, more precision, and more accuracy. Among pathologists, that is a very old tradition. It will carry us forward and serve us well as we look to do things in more efficient and more patient-centered ways.

One of our goals at the CAP is to create space for innovation—and for the failures that will occasionally happen as a result of that. We need to carve out room for creativity and to develop an appetite to try new things that may fail, understanding that when failure is done well we can still learn from it.

This kind of approach will help us face the new challenges and opportunities that arise from innovation. I have heard from many pathologists lately who worry about digital pathology and fear the introduction of AI-based tools into our laboratories. Just like the pathologists who believed IHC would put us out of a job, today the concern is that AI will put us out of a job. I am confident we will never be in the position of simply verifying a computer's "diagnosis." Only physicians can make a diagnosis. And if augmenting our diagnostic process with AI gives us more to give our patients, what's to fear about that? Some worry about being diminished by this technology, but I believe we have the opportunity to be enhanced by it—to do our jobs better and to become even more important to every patient we serve.

When it comes to concepts like AI and digital pathology, the CAP is the place where pathologists can turn to learn more about these concepts, where we can overcome the feeling of intimidation and empower ourselves with information. Courses on how these technologies can be woven into our practices will be among the many offerings at our meeting in New Orleans this September, and it will be an ongoing focus in our publications.

If you are interested in getting involved in this and other important conversations at the CAP, I encourage you to consider applying to join one of our many councils and committees. I assure you that innovation at the CAP will not be exclusive to our new council. We're not just looking for technophile early adopters; we also need participation from pathologists who look to the CAP to be stable and steady in a changing landscape. As we celebrate the CAP's 75th year, we need to ensure that our approach to innovation is sufficiently sustainable and thoughtful to support our next 75 years.

Dr. Volk welcomes communication from CAP members. Write to her at president@cap.org.