

Savings follow allergy, autoimmune test consolidation

written by CAP TODAY
December 14, 2023

December 2023—Hoi-Ying Elsie Yu, PhD, D(ABCC), isn't new to workflow optimization. As system director of chemistry, point-of-care testing, and preanalytics for Geisinger Medical Center in Danville, Pa., for the past decade, she has undertaken initiatives to maximize efficiency in complicated parts of the laboratory whenever she can.



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Digital pathology and AI—drivers, budgets, and jobs

written by CAP TODAY
December 14, 2023

December 2023—Digital pathology and AI—the push, the potential, the changing questions, the reimbursement, and the caution. All that and more came up when CAP TODAY publisher Bob McGonnagle on Oct. 17 led a conversation online with pathologists and industry representatives.



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[Phlebotomy program gives lift to lab, community](#)

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December 2023—The clinical laboratory at Children’s Hospital of Philadelphia is solving two problems at once: its phlebotomist staffing shortage and the need for some in its community to learn a new skill and obtain employment.



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[LDT proposal on the radar—little detail, clarity needed](#)

written by CAP TODAY
December 14, 2023

December 2023—For most, laboratory staffing woes continue, despite some letup post-pandemic. CAP TODAY publisher Bob McGonnagle on Nov. 7 got a sampling of where staffing stands as the year end approaches, in his conversation online with members of the Compass Group, an organization of not-for-profit IDN system lab leaders who collaborate to identify and share best practices and strategies. But first a few words from them about the Food and Drug Administration’s proposed rule on laboratory-developed tests.



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Potential von Hippel-Lindau syndrome in a patient with negative germline testing

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CAP TODAY and the Association for Molecular Pathology have teamed up to bring molecular case reports to CAP TODAY readers. AMP members write the reports using clinical cases from their own practices that show molecular testing's important role in diagnosis, prognosis, and treatment. The following report comes from Washington University School of Medicine in St. Louis. If you would like to submit a case report, please send an email to the AMP at amp@amp.org. For more information about the AMP and all previously published case reports, visit www.amp.org.



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AMP case report: Potential von Hippel-Lindau syndrome in a patient with negative germline testing

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[From the President's Desk](#)

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December 2023—About five years ago, when I was serving in my first term on the CAP Board of Governors, I attended a House of Delegates meeting where we had a candidate forum with several people on stage competing for just a few Board slots. Of the half-dozen or so people, only one or two were women and none was a minority. That's when one delegate stood up and, with a single question, altered the course of our entire organization: "When will the CAP have candidates for higher office who look like the CAP membership?"

[Anatomic pathology selected abstracts](#)

written by CAP TODAY
December 14, 2023

December 2023—Cytomegalovirus hepatitis in allograft livers is a significant infectious complication for which the histology historically has been described as overlapping that of acute cellular rejection, a diagnosis that compels a different treatment regimen. The authors conducted a study to update the clinicopathologic features of cytomegalovirus (CMV) hepatitis and explore its clinical and histologic relationship with acute cellular rejection (ACR). They performed a retrospective analysis of 26 patients, across four institutions, who were diagnosed with CMV hepatitis, assessing clinical, histologic, and IHC features. Patients were predominantly CMV donor positive/recipient negative (D+/R-; n=9 of 15) and received a diagnosis of CMV hepatitis at a mean age of 52 years (standard deviation [SD], 17 years) and

at a mean interval of 184 days (SD, 165 days) from transplantation. Mean CMV viral load at diagnosis was 241,000 IU/mL (SD, 516 000 IU/mL), and liver biochemical enzymes were elevated (mean alanine aminotransferase, 212 U/L [SD, 180 U/L]; mean aspartate aminotransferase, 188 U/L [SD, 151 U/L]; and mean alkaline phosphatase, 222 U/L [SD, 153 U/L]).



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[Clinical pathology selected abstracts](#)

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December 2023—Efforts to develop biomarkers that help predict risk factors for preeclampsia/eclampsia and to better understand the trends and implications related to new-onset hypertensive disorders in pregnancy have grown. New-onset hypertension arising during pregnancy (gestational hypertension and preeclampsia/eclampsia) is associated with coronary heart disease, heart failure, stroke, and other cardiovascular-related mortality. Hypertensive disorders of pregnancy have grown into major public health problems that contribute to maternal morbidity, mortality, and future risk of cardiovascular disease. The authors conducted a study to describe contemporary trends in new-onset hypertensive disorders of pregnancy in the United States. They conducted a serial cross-sectional analysis of 51,685,525 live births to women aged 15 to 44 years, from 2007 to 2019, using the Centers for Disease Control and Prevention’s natality database.



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Molecular pathology selected abstracts

written by CAP TODAY

December 14, 2023

December 2023—Immune checkpoint blockade therapy has dramatically altered treatment options for a variety of cancers. A high tumor mutation burden (TMB) is considered one of the strongest predictors of immune checkpoint blockade response. DNA mismatch repair deficiency (MMRd) is associated with a high TMB, and many tumors associated with MMRd have shown excellent response to immunotherapy. However, most MMRd tumors do not show durable response to treatment with immune checkpoint blockade (ICB). Intratumor heterogeneity may further mediate response to ICB therapy.



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