

[New paths through hematologic neoplasms](#)

written by CAP TODAY
March 17, 2023

March 2023—Updated classifications for hematologic neoplasms are here. Let the complications continue. As with other specialties, hematopathology has been absorbing advances gleaned from molecular and genetic data. In some cases, this can tilt diagnosis away from primarily immunophenotypic approaches. It might lead to splits in what was formerly a single entity. On occasion, it might suggest further testing options that could be of value to patients now, or possibly at a date down the road. Or it might just leave pathologists and their clinical colleagues peering at a lack of data, knowing they have to make decisions nonetheless. Two groups—the World Health Organization and the International Consensus Classification—have put forth classifications to help physicians sort through the complexities. The WHO published a beta version of the fifth edition of its Classification of Haematolymphoid Tumours in July 2022.



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[Case review reveals latest on overtransfusion](#)

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March 17, 2023

March 2023—A retrospective study of patients who received blood transfusions at 15 community hospitals found that just over half of the patient encounters reviewed could have been managed without the transfusion of at least one component type, and 45 percent could have been managed without any transfusion.



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[Spotlight on ancillary tests in endometrial cancer](#)

written by CAP TODAY
March 17, 2023

March 2023—With endometrial carcinomas and other gynecologic tumors, molecular testing matters, and not only at the diagnostic stage. “We’re rapidly evolving,” said Leslie M. Randall, MD, MAS, division director of gynecologic oncology, Virginia Commonwealth University Health, speaking at CAP22.



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[Putting in place a molecular panel for pneumonia](#)

written by CAP TODAY
March 17, 2023

March 2023—When it comes to molecular syndromic panels for pneumonia, there’s both upside and downside, says Neil W. Anderson, MD, D(ABMM), associate professor, Department of Pathology and Laboratory Medicine, Washington University School of Medicine in St. Louis.



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[Digging deep to drive recruitment and retention](#)

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March 2023—All in on staff retention and solving staff shortages, some made worse temporarily by weather. That's where laboratories were when Compass Group members told CAP TODAY publisher Bob McGonnagle in their Feb. 7 call where hospitals and labs were aiming their efforts. From safety huddles and stay interviews to arranging for overnight stays and incentives, the work to remain sufficiently staffed continues. The Compass Group is an organization of not-for-profit IDN system laboratory leaders who collaborate to identify and share best practices and strategies.



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[For those who want it easy, blood draws anywhere](#)

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March 17, 2023

March 2023—The need was always there for some. For others, it's a matter of convenience. "Home phlebotomy as a concierge service" is how Michael Eller describes what went live in 2019 in New York at Northwell Health, where he is assistant vice president of business development for its laboratories. "It was just a matter of using the capacity we already had in the field and hiring appropriately as needed," he says.



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[Close-up on AI-driven assistive tools in pathology](#)

written by CAP TODAY
March 17, 2023

March 2023—Assessing cardiac allograft rejection from endomyocardial biopsy and assigning a differential diagnosis to cancers of unknown origin have been shown to get a boost from AI-driven computational pathology models. So too has identifying subregions of high diagnostic value on whole slide images.



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[In urinalysis, reflex algorithms and other efficiencies](#)

written by CAP TODAY
March 17, 2023

March 2023—Urinalysis was at the heart of a Feb. 7 discussion between *CAP TODAY* publisher Bob McGonnagle; Ron Jackups Jr., MD, PhD, of Washington University School of Medicine; and Jason Anderson of Sysmex America. “There’s a lot of room to explore what the optimal parameters are to use with the best specificity and sensitivity for a reflex to the sediment analysis or the culture,” Anderson said. Here’s what he and Dr. Jackups said about reflex testing, automation, and middleware.



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How useful is an APTT value if the value falls below the reference interval?

written by CAP TODAY
March 17, 2023

October 2022

Q. How many blocks should a histotechnologist with multiple responsibilities cut per day in a semiautomated laboratory? [Read answer.](#)

Q. Is it acceptable to release results from an analyzer with flags or alarms if a pathologist sends an email instructing to do so, even if the manufacturer's instructions state that results with flags or alarms should be verified by another method before reporting? I am referring to hematology analyzer auto-differential results with asterisk flags. The emailed instructions from the pathologist are applied to all samples but are not incorporated into our standard operating procedure.

We report auto-differential results that have asterisk flags and then perform a manual differential. The report, therefore, contains two differential results that, when compared, are almost always different clinically and statistically. [Read answer.](#)

Q. How useful is an aPTT value if the value falls below the reference interval? [Read answer.](#)



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