From the President’s Desk

written by CAP TODAY
March 16, 2023

March 2023—If you’ve read my prior columns, you know I am a strong advocate for pathologists stepping into leadership roles both within and outside the clinical laboratory. Our training gives us unique advantages as we serve in executive positions in health care, where our holistic view of medicine allows us to engage substantively on a broad range of issues. But what does that look like in the real world? I took on my first role as a hospital’s chief medical officer nearly two years ago and in some cases I’ve been surprised by how my day-to-day responsibilities differ from what I expected. Some of those surprises have been pleasant and some have not.

©2026 CAP TODAY, all rights reserved.

Clinical pathology selected abstracts

written by CAP TODAY
March 16, 2023

March 2023—Coagulation screening prior to surgery for patients without a history of a bleeding disorder is controversial. Studies have recommended routine screening of prothrombin time/International Normalized Ratio (PT/INR) and activated partial thromboplastin time (aPTT) to reduce the risk of perioperative and postoperative hemorrhage. Other studies have questioned the value of coagulation screening tests, such as INR, aPTT, and platelet count, because it is rare to detect an abnormal value in patients undergoing elective surgeries. Many professional society guidelines, such as those of the American Society of Anesthesiologists and British Committee for Standards in Hematology, advise against routine perioperative coagulation screening prior to surgery for patients who do not have a clinical history of abnormal bleeding, medical history of comorbidity, or bleeding disorders. The authors conducted a study in which they examined the association between abnormal coagulation profile and risk of transfusion following common elective surgery in patients who did not have bleeding disorders. They used the National Surgical Quality Improvement Program (NSQIP) database for their retrospective cohort study, which focused on adult patients across multiple disciplines who underwent common surgical procedures between 2004 and 2018.

©2026 CAP TODAY, all rights reserved.

BD gets FDA 510(k) clearance for vaginal panel on BD Cor system

written by CAP TODAY
March 16, 2023

March 16, 2023—BD announced it has received FDA 510(k) clearance for its BD Vaginal Panel on the BD Cor system.

©2026 CAP TODAY, all rights reserved.

Anatomic pathology selected abstracts

written by CAP TODAY
March 16, 2023

March 2023—Prognostic stratification of patients with surgically resected invasive pulmonary adenocarcinoma must be improved. The authors conducted a study to evaluate the prognostic value of complex glandular patterns (CGPs) in patients with resected stage I through IV lung adenocarcinoma. The presence of CGPs as a minor to predominant component was tested for association with overall survival (n=676) and relapse-free survival (n=463) after surgery. CGPs were observed in 284 (42 percent) tumors. Cribriform and fused gland were the predominant patterns in 35 and 37 cases, respectively. The presence of a cribriform pattern was associated with worse relapse-free but not

overall survival.

©2026 CAP TODAY, all rights reserved.

Molecular pathology selected abstracts

written by CAP TODAY
March 16, 2023

March 2023—The Association for Molecular Pathology, American Society of Clinical Oncology, and College of American Pathologists published a formalized somatic variant classification system in 2017. The tiered system stratifies variants based on clinical importance, taking into account how variants affect cancer diagnosis, prognosis, or treatment strategies. Somatic variants with strong clinical significance, including those that are associated with FDA-approved therapies or included in professional guidelines, are tier one; variants with potential clinical significance are tier two; variants of unknown significance are tier three; and benign variants are tier four. The authors, members of the AMP Variant Interpretation Across Testing Laboratories Working Group, assessed how laboratories are using the AMP/ASCO/CAP guidelines and whether there is good concordance among laboratories in applying the guidelines to variant interpretation. A somatic variant interpretation challenge was sent to participating laboratories.

©2026 CAP TODAY, all rights reserved.

Pathology informatics selected abstracts

written by CAP TODAY
March 16, 2023

March 2023—Whole slide imaging is increasingly being adopted by pathology laboratories worldwide. In 2013, the College of American Pathologists published guidelines on validating whole slide imaging (WSI) for diagnostic purposes. The CAP updated the recommendations in 2021. The guidelines include three strong recommendations and nine good-practice statements. The purpose of the validation guidelines is to ensure that a WSI system performs as intended in a particular clinical environment before it is used in patient care. In other words, the process is intended to make sure pathologists can render accurate diagnoses with WSI that are at least comparable to those provided via traditional light microscopy and that there are no interfering artifacts or technological risks to patient safety.

©2026 CAP TODAY, all rights reserved.

Q&A column

written by CAP TODAY
March 16, 2023

March 2023
Q. What is the best method to quantify ketones in serum? Can urine strips be used to detect ketones in serum? Read answer.

Q. Is it acceptable to run hemolyzed specimens for coagulation testing? We have a Stago analyzer for coagulation testing and some of my co-workers run hemolyzed specimens on it. Read answer.

Q. I am a medical laboratory scientist who would like to move into a laboratory information technology/information systems career to support the growing need of professionals in that aspect of health care. What education is advised and what licensing is required, and do you have any suggestions on how to make such a move? Read answer.

©2026 CAP TODAY, all rights reserved.

Newsbytes

written by CAP TODAY
March 16, 2023

March 2023—Interpreting digital pathology images requires a trained eye, but a pathologist and radiologist at Moffitt Cancer Center are working on a tool to make these and other medical images easier for patients to access and understand.

©2026 CAP TODAY, all rights reserved.

Put It on the Board

written by CAP TODAY
March 16, 2023

March 2023—Roche has launched its IDH1 R132H (MRQ-67) Rabbit Monoclonal Primary Antibody and the ATRX Rabbit Polyclonal Antibody to identify mutation status in patients diagnosed with a glioma.

CAP TODAY
Pathology • Laboratory Medicine • Laboratory Management

©2026 CAP TODAY, all rights reserved.

How many blocks should a histotechnologist with multiple responsibilities cut per day in a semiautomated laboratory?

written by CAP TODAY
March 16, 2023

A. The average number of blocks cut by histotechs per day is about 26 (6,433 blocks per full-time equivalent staff per year), according to a study jointly published by the National Society for Histotechnology and CAP in 2011.[1] However, this study also reported that histotechs spend only about 25 percent of their time at the microtome.

CAP TODAY
Pathology • Laboratory Medicine • Laboratory Management

©2026 CAP TODAY, all rights reserved.