

Enabling ‘the magic’ in hematology—eyes on what labs need

written by CAP TODAY
October 18, 2022

October 2022—New and better solutions for the hematology laboratory. That was at the center of a Sept. 2 virtual roundtable, led by CAP TODAY publisher Bob McGonnagle. With him were Jonathan Galeotti, MD, of the University of North Carolina School of Medicine, and representatives of Sysmex America, Siemens Healthineers, Beckman Coulter, and CellaVision. “It’s a new era in terms of what can happen in hematological data,” said Fernando Chaves, MD, global head of hematology, Siemens Healthineers.



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From the President’s Desk

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October 2022—When I was in pathology training back in the ‘90s, physicians carried around an index card for each patient, with all of the information we needed to know about them easily covered in that small space.

Today, the practice of medicine—and specifically the practice of pathology—looks very different in the era of big data. Of course, we still have to fill our traditional roles: making the correct diagnosis for individual patients and ensuring the integrity of laboratory results. But increasingly large data sets inform the diagnosis in individual cases and, at the same time, individual cases become data points in large data sets that inform the health of populations. Beginning in the 2000s with the value-based care movement and accelerating with the rise of high-parameter tests, we find ourselves having to be data scientists as much as physicians. We are being asked to incorporate data-heavy tests and pipelines, some of which require clinical decision support algorithms that demand a certain fluency with more sophisticated software. We find ourselves in the new position of considering population health in addition to patient health, an element that can involve predictive analytics and data mining.

[Clinical pathology selected abstracts](#)

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October 2022—Cardiovascular health is often linked to dementia, and compelling evidence indicates that there are modifiable risk factors for dementia, knowledge of which may also benefit vascular health. In previous studies, hypercholesterolemia and cardiovascular pathology were associated with the apolipoprotein E (*APOE*) ϵ 4 genotype and cognitive function.

[Sebia acquires Zeus Scientific](#)

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Oct. 17, 2022—Sebia announced the acquisition of Zeus Scientific, an in vitro diagnostic company based in Branchburg, NJ.

[Anatomic pathology selected abstracts](#)

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October 2022—Uterine carcinosarcoma is an aggressive malignancy with few treatment options. A recent clinical trial has shown an increase in progression-free survival in patients with human epidermal growth factor receptor 2 (HER2)-positive serous endometrial carcinomas treated with anti-HER2-targeted therapies.



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[Molecular pathology selected abstracts](#)

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October 2022—Immune checkpoint inhibitors are cancer treatments that function as an immune checkpoint blockade, strengthening a person's immune response to a tumor. These medications have revolutionized the treatment of patients with metastatic or unresectable cancers, significantly improving life expectancy.



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Q&A column

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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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Newsbytes

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October 2022—Cater to your audience, while sage advice, can be a challenging proposition when it comes to choosing a biobank information system. Unlike clinical laboratories, which use lab information systems that tightly link specimen testing results to patient information in the EHR, biobanks need specimen-centric systems that can store and track samples for research purposes. Biobanks, like research laboratories, need the functionality typically found in laboratory information management systems, or LIMS, says Raj Dash, MD, pathologist and director of laboratory informatics strategy, Duke Health.

Letters

written by CAP TODAY
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October 2022—I read with great interest your article “Transgender care, in and beyond the lab” (July 2022). In the article Gabrielle Winston-McPherson, PhD, talks about her desire to improve health outcomes, identify problems in the preanalytical process, develop training material, assemble data and information prior to implementation, address informatics challenges, and ensure proper allocation of limited resources—all of which is laudable and appears to align perfectly with our mission as pathologists. The writer reminds readers that the topic has landed in the middle of court cases, state laws, and policy debates, with “words like ‘controversial,’ ‘issue,’ ‘politics,’ ‘traditional family values,’ and ‘beliefs’ awkwardly mixed in with medical realities.”

Put It on the Board

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October 2022—The Food and Drug Administration has granted approval to Thermo Fisher Scientific’s Oncomine Dx Target Test as a companion diagnostic to aid in selecting patients with *RET*-fusion-positive locally advanced or metastatic non-small cell lung cancer, *RET*-fusion-positive advanced or metastatic thyroid cancer, and *RET*-mutation-positive advanced or metastatic medullary thyroid cancer who may be eligible for treatment with Lilly’s Retevmo (selpercatinib).



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