

[Cytopathology in focus: ROSE and telecytopathology: a point-of-care test](#)

written by CAP TODAY
May 16, 2022

May 2022—Substantial progress has been made during the past several years in diagnosing and treating various illnesses. Advances in genetic and genomic science; imaging and localization devices; the use of minimally invasive diagnostic sampling procedures; diagnostic, prognostic, and predictive testing; and personalized therapeutic options—all have changed the pattern of the practice of medicine and how patient care is provided.



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[Cytopathology in focus: The cytopathology workforce through a DEI lens](#)

written by CAP TODAY
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May 2022—The ineffectiveness of the U.S. health care system is well documented. The United States consistently allocates more resources for health care compared with other industrialized countries, while not holding the top spots for desired outcomes. A significant percentage of Americans is underinsured or uninsured, and access to quality care is widely asymmetrical among different racial and ethnic groups. Early in the pandemic, COVID-19 highlighted these health inequities in which Blacks, Hispanics, Native Americans, and immigrants were the populations to disproportionately experience disparities related to burden of disease and mortality.



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Cytopathology in focus: Know the accreditation requirements for telecytology

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May 2022—The number of minimally invasive fine-needle aspirations requiring rapid on-site evaluation (ROSE) in the cytopathology laboratory has increased over the past decade. Laboratories have seen lower gynecologic volumes and an increase in both nongynecologic fine-needle aspiration biopsy and touch imprint samples. ROSE for patient care has proven value. Sample adequacy allows for a single visit and avoids having to make multiple attempts to provide material sufficient for all required testing, including flow cytometry, microbiology, cell block preparation for immunohistochemical and histochemical staining, and molecular testing.



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From the President's Desk

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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.



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[Clinical pathology selected abstracts](#)

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May 2022—Pancreatic ductal adenocarcinoma is the most common form of pancreatic cancer and a major cause of cancer death, despite its relatively low occurrence rate. Its high mortality levels are attributed to late diagnosis and limited therapeutic options.



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[Anatomic pathology selected abstracts](#)

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May 2022—Carcinoma with apocrine differentiation is an androgen receptor-positive subset of triple-negative breast carcinoma. In addition to carcinoma with apocrine differentiation, other androgen receptor-positive triple-negative breast carcinomas occur, albeit less frequently.



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[Pathology informatics selected abstracts](#)

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May 2022—An outgrowth of the COVID-19 pandemic has been a need to provide SARS-CoV-2 molecular testing and an increased need to manage workforce shortages, respond to fluctuations in specimen volumes, and shift to digital platforms for diagnostic work and education, among other challenges.



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[Molecular pathology selected abstracts](#)

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May 2022—The most common cause of death related to gynecological malignancies is epithelial ovarian cancer. One of the biggest challenges to treating this disease is the lack of reliable biomarkers for identifying its underlying precancerous and early stages. The study of epigenetic changes in epithelial cells shows some promise for detecting early ovarian cancer. In previous studies, DNA methylation performed on blood samples demonstrated important epigenetic changes associated with ovarian cancer but did not yield realistic screening parameters due to the heterogeneity of blood samples. To identify ovarian cancer risk earlier, the authors conducted a molecular epigenetic analysis of cervical epithelial cells derived from the Mullerian duct and collected using the ThinPrep system to establish a methylation model index called the Women's Risk Identification for Ovarian Cancer [WID-OC] index.



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Q&A column

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Q. Should peritoneal dialysis fluid collected directly from a patient be considered peritoneal fluid or peritoneal dialysate fluid? A clinician at my institution placed an order for peritoneal dialysate fluid because the fluid was to be collected from the patient, not from the bag. [Read answer.](#)

Q. What types of materials (for example, QC materials, patient samples, or both) can be used to check new reagent lots on my chemistry analyzer? We have three chemistry analyzers of the same model. Do we need to perform reagent lot studies on all three? [Read answer.](#)



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Newsbytes

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May 2022—If the pandemic proved nothing else, it proved that necessity is the mother of invention. And invention was top of mind when two like-minded employees from different institutions tackled education and training in blood banking and transfusion medicine during the past two years.



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