

# [Security in the cloud leads off in LIS exchange](#)

written by CAP TODAY  
November 16, 2021

November 2021—Cybersecurity and the cloud, COVID care gaps, and lab consolidation were among the topics CAP TODAY publisher Bob McGonnagle talked to LIS vendors and Toby Cornish, MD, PhD, about in a Sept. 20 virtual roundtable. A return to on-site trade shows, too, came up: “I do miss walking the vendor floor. I feel like I’m out of touch with what the developments are,” said Dr. Cornish of the University of Colorado Anschutz Medical Campus.



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# [From the President’s Desk: Keeping the truth](#)

written by CAP TODAY  
November 16, 2021

November 2021—In the past two years we have seen the lethal effect of a lack of trust in science. As physicians, pathologists, and fellows of the College of American Pathologists, our duty now as always is to prevent harm, the threat of which comes from mistrust and misinformation. It has always been our role to be revealers of truth, keepers of truth, and producers of clear, reliable information. Our profession and the entire CAP are based on the idea that there is a single truth that can be found through a laboratory value—a truth about a patient’s pathophysiology at a moment in time. This belief that there exist objective truths in medicine is fundamental. In fact, if the laboratory were not a reliable source of truthful information, then pathologists would have a much diminished role, if any at all, to play in clinical medicine. With the truth, pathologists are incredibly important. Without it, much less so. The founders of the CAP understood that.



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## [Clinical pathology selected abstracts](#)

written by CAP TODAY  
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November 2021—Detecting SARS-CoV-2 in deceased patients is important when considering safety measures for preventing infection during postmortem examinations. Rapid antigen tests are approved for testing and are widely used to mitigate the spread of the virus.



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## [Anatomic pathology selected abstracts](#)

written by CAP TODAY  
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November 2021—Metastasis to the thyroid gland is a rare occurrence that may pose a diagnostic challenge. The authors reported on the clinicopathological features, immunoprofile, molecular alterations, and outcomes of 30 patients with thyroid metastases who were treated at Memorial Sloan Kettering Cancer Center from 2003 to 2019.



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# [Molecular pathology selected abstracts](#)

written by CAP TODAY  
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November 2021—The standard-of-care treatment for muscle-invasive bladder cancer is neoadjuvant chemotherapy followed by radical cystectomy. Approximately 35 percent of patients who receive neoadjuvant treatment will achieve pathologic complete response (pCR).



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# [Pathology informatics selected abstracts](#)

written by CAP TODAY  
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November 2021—When the COVID-19 pandemic struck, many pathology training programs scrambled to formulate a plan to teach their pathology residents in a physically distanced learning environment. Using double- or multi-headed optical light microscopes, even with plexiglass barriers, is not ideal because they do not permit physical distancing. Many training programs leveraged digital imaging technology to continue teaching microscopy during the pandemic. Pathology departments that could not afford whole slide imaging for this purpose sometimes employed the less expensive option of dynamic virtual microscopy (DVM). A DVM platform includes a digital camera mounted to a light microscope and videoconferencing software so an educator can stream a slide image to one or more remote learners.



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# Newsbytes

written by CAP TODAY  
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November 2021—*The following is an edited excerpt of the article “Attention-based deep multiple instance learning,” written by Jonathan Glaser, a recent graduate of the computer science and biotechnology master of science degree programs at New York University Tandon School of Engineering, in Brooklyn. The excerpt delves into how aspects of artificial intelligence can transform health care, and pathology in particular. To read the full article, go to <https://tinyurl.com/AI-based-learning>.*



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## Q&A column

written by CAP TODAY  
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### **November 2021**

**Q.** I am a nurse in a cardiac cath lab that performs point-of-care testing, including for activated clotting time. At my hospital, the POC testing coordinator only allows other cath lab staff, usually nurses, to use POC testing equipment if they have a copy of their diploma. Can staff who have proof of licensure (such as from the American Registry of Radiologic Technologists) but do not have a copy of their diploma be authorized to use POC testing equipment? [Read answer.](#)

**Q.** I recently joined a hospital laboratory that verifies reagents lot to lot with patient samples using a percentage difference of 10 for all parameters. The hospital lab where I previously worked used a CLIA allowable-error percentage. Is 10 percent allowable error acceptable for reagent lot-to-lot verification for all parameters? [Read answer.](#)



## **Put It on the Board**

written by CAP TODAY

November 16, 2021

November 2021—Roche has entered into separate agreements with PathAI and Ibex Medical Analytics in which the companies will jointly develop embedded image analysis workflows for pathologists.



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## **LumiraDx's COVID-19 antigen test gets expanded EUA**

written by CAP TODAY

November 16, 2021

Nov. 5, 2021—LumiraDx announced that the FDA's emergency use authorization for its SARS-CoV-2 antigen test has been expanded to include screening of asymptomatic individuals.



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