

Method or test? Providing clarity to clinicians on NGS

written by CAP TODAY
September 20, 2016

September 2016—Whether it was “This is your brain on drugs,” “Take a bite out of crime,” or “Friends don’t let friends drive drunk” popping up onscreen, few of us watching TV in the 1970s and ’80s enjoyed having our programs interrupted by those public service announcements. Yet those important messages stuck in viewers’ brains—and stuck hard, if homages such as the *Washington Post’s* “10 Best PSAs of All Time” are anything to go by.



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Clinical Pathology Selected Abstracts, 9/16

written by CAP TODAY
September 20, 2016

September 2016—Medical error: a leading cause of death in the United States. The Centers for Disease Control and Prevention compiles an annual list of the most common causes of death in the United States, using death certificates. This process relies on assigning an International Classification of Disease (ICD) code to the cause of death.



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[Anatomic Pathology Abstracts, 9/16](#)

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September 2016—Digital image analysis versus manual biomarker assessment in breast cancer; Clinical and cost impact of EGFR and ALK testing in early stage NSCLC; Switch/sucrose nonfermenting complex protein expression in an aggressive endometrial cancer; Immune microenvironment of breast ductal carcinoma in situ; Adverse histological features in malignant colorectal polyps; Use of ancillary molecular analysis for diagnosis of soft tissue tumors



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[Molecular Pathology Selected Abstracts, 9/16](#)

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September 2016—Mutations causing acquired resistance to PD-1 blockade in melanoma: Immunotherapy in metastatic cancer has achieved durable responses in a wide variety of cancer types. Antibodies that block programmed cell death protein-1 (PD-1) are particularly effective in metastatic melanoma, but a recent study showed that approximately 25 percent of patients that achieved a durable response ultimately had disease progression at a median follow-up of 21 months.



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Q&A column, 9/16

written by CAP TODAY
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September 2016—We know we can count fewer than 100 cells for a manual differential if there is a very low white cell count. But if the white cell count is very high, should we count more than 100 cells? Some references state that >30,000 WBC/ μ L require a 200 cell differential, others >50,000 WBC/ μ L, and many do not mention at all the need to increase above 100 cells counted.



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Newsbytes, 9/16

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September 2016—Graph database technology: what it can do given the chance; Group seeks participants to help foreign labs meet needs; ONC tool grades C-CDA documents for interoperability; BBCS releases new version of ABO Express; Prototype device provides fast bacterial infection diagnosis; Voicebrook announces software installation



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Put It on the Board, 9/16

written by CAP TODAY
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September 2016—AMP lays out clinical utility standard for molecular Dx: The Association for Molecular Pathology has published a 14-page report its leaders hope will reset the conversation payers, policymakers, and medical guideline panels have when assessing the clinical utility of molecular diagnostics in oncology and inherited diseases. The key to AMP's approach is to broaden the standard for what is considered a clinically useful molecular diagnostic test.



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Blood test predicts adverse cardiovascular events, 9/16

written by CAP TODAY
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September 2016—Mayo Clinic has launched a new type of blood test that will be used to predict adverse cardiovascular events in patients with progressing coronary artery disease. The test measures blood concentrations of plasma ceramides, a class of lipids that are highly linked to cardiovascular disease processes. Researchers say this test is especially useful for patients with CAD when it does not improve with treatment or for young patients with premature CAD.



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[Autopsy saw, 9/16](#)

written by CAP TODAY
September 20, 2016

September 2016—Mopec introduced its Autopsy Saw 5000, which weighs less than three pounds and oscillates at 13,200 cycles per minute. Placement of the motor in the head and handle of the unit provides a balanced weight, resulting in a more precise cut with less operator fatigue, according to a company statement.



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[Wistar Institute grants Horizon exclusive license , 9/16](#)

written by CAP TODAY
September 20, 2016

September 2016—Horizon Discovery Group and the Wistar Institute announced that Horizon has taken an exclusive license to 153 of Wistar's melanoma patient-derived xenograft models. Horizon's distribution of the Wistar melanoma PDX collection will allow scientists worldwide to investigate the efficacy and safety of its drugs prior to trials in human populations.



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