

# [Early days, early detection, early treatment for HIV](#)

written by CAP TODAY  
May 18, 2016

May 2016—In 1985, when the first test for HIV—then called human T-cell lymphotropic virus type III—became available, it was approved for screening blood products but not for diagnostic use. A diagnostic test for antibody to HIV-1 was soon approved. Over the subsequent 30-plus years, further iterations of HIV screening tests have been made, with increasing sensitivity and specificity and a shorter window to detection. Fifth-generation tests are now under review. CAP TODAY asked Eileen Burd, PhD, D(ABMM), to discuss the evolution of HIV diagnostics and algorithms for using them and to give a qualitative evaluation of the pending fifth-generation assay.



©2026 CAP TODAY, all rights reserved.

---

# [Metastatic cancer of unknown primary: diagnostic challenges](#)

written by CAP TODAY  
May 18, 2016

May 2016—CAP TODAY and the Association for Molecular Pathology have teamed up to bring molecular case reports to CAP TODAY readers. AMP members write the reports using clinical cases from their own practices that show molecular testing's important role in diagnosis, prognosis, and treatment. Case report No. 11, which begins here, comes from Cooper Medical School at Rowan University and Cooper University Hospital, Camden, NJ.



©2026 CAP TODAY, all rights reserved.

---

## **Heart biopsy the first step on a complex path**

written by CAP TODAY  
May 18, 2016

May 2016—The stories are haunting: a young, seemingly healthy athlete collapses on the playing field and dies. For Joseph Maleszewski, MD, section head of cardiovascular pathology, Mayo Clinic, Rochester, Minn., these deaths also seem sadly familiar, especially given his work with the NCAA on such cases. “Every community, it seems, has a story,” says Dr. Maleszewski, who is also associate professor, laboratory medicine and pathology, and associate professor, medicine. “A child died on the basketball court, on the football field, while running track. These young athlete deaths are not uncommon at all—or even young nonathlete deaths.”



©2026 CAP TODAY, all rights reserved.

---

## **With high-sensitivity troponins, watching and waiting continue**

written by CAP TODAY  
May 18, 2016

May 2016—Laboratories and hospitals in the U.S. continue to look forward to high-sensitivity troponin assays. Judd E. Hollander, MD, says all he’s heard for the past five years is that an assay will be out at the end of the year. “And once you get halfway through the year, it will be out next year,” says Dr. Hollander, chair of the Department of Emergency Medicine and associate dean of strategic health initiatives at Sidney Kimmel Medical College of Thomas Jefferson University.



©2026 CAP TODAY, all rights reserved.

---

## **FilmArray ME panel—clinical trial to 1st clinical test**

written by CAP TODAY  
May 18, 2016

May 2016—The BioFire FilmArray meningitis/encephalitis (ME) panel received FDA clearance last October, and in November Jennifer Dien Bard, PhD, D(ABMM), of Children’s Hospital Los Angeles, presented the results of the multicenter clinical evaluation of the panel, in a webinar produced by CAP TODAY in collaboration with BioFire. The panel’s use in the clinical setting will reduce turnaround time and may, pending further studies, have a positive impact on patient care and outcomes, said Dr. Dien Bard, director of the clinical microbiology and virology laboratories at Children’s Hospital LA.



©2026 CAP TODAY, all rights reserved.

---

## **Cytopathology in Focus: Paris System: a new paradigm for urinary cytology**

written by CAP TODAY  
May 18, 2016

May 2016—The Paris System Working Group has proposed and published a standardized reporting system that redefines the primary purpose of urinary cytology: the detection of high-grade urothelial carcinoma (HGUC).<sup>1</sup> A program to address standardization of urine cytology reporting was conceived at the 18th International Congress of Cytology in Paris in May 2013 where a number of people of like interest assembled and formed the Paris System Working Group.



## **Cytopathology in Focus: Managing adults with thyroid nodules and cancer—2015 guideline highlights**

written by CAP TODAY  
May 18, 2016

May 2016—In January of this year, the American Thyroid Association published the 2015 update to its guidelines for the management of adults with thyroid nodules and differentiated thyroid cancer.<sup>1</sup> Separate guidelines were published for the pediatric population in July 2015.<sup>2</sup> Although the guidelines for adult patients were published as a “Special Article” in *Thyroid*, they run the length of a small book—133 pages in total.



## **Cytopathology + More | Assessing needle core biopsy adequacy—survey of practices**

written by CAP TODAY  
May 18, 2016

May 2016—In the era of personalized medicine<sup>1</sup> it is paramount to collect samples that will have sufficient material not only for an accurate diagnosis but also in many cases for prognostication or eligibility for targeted therapy or both. This may involve use of immunohistochemistry, flow cytometry, microbiological culture studies, and molecular studies. Fine needle aspiration and needle core biopsies (NCB) are used routinely for diagnosis of mass lesions from various sites in the body, and both FNA and/or cell blocks and NCB have been used successfully for these purposes.

## [Clinical Pathology Abstracts, 5/16](#)

written by CAP TODAY  
May 18, 2016

May 2016—Platelet transfusion: a clinical practice guideline from the AABB: The AABB recently developed guidelines on the appropriate use of platelet transfusions in adults. The guidelines are based on a systematic review of randomized clinical trials and observational studies from 1900 to September 2014 that reported clinical outcomes on patients who received either prophylactic or therapeutic platelet transfusions.

## [Molecular Pathology Selected Abstracts, 5/16](#)

written by CAP TODAY  
May 18, 2016

May 2016—Immune checkpoint inhibition in hypermutant glioblastoma multiforme; Link between inactivating variants of ANGPTL4 and coronary artery disease risk

