

## [CE IVD mark for digital PCR system, 5/16](#)

written by CAP TODAY  
May 12, 2016

May 2016—Bio-Rad Laboratories announced CE IVD marking for its QX200 Droplet Digital PCR System. The technology, which partitions a DNA or RNA sample into 20,000 droplets and amplifies targeted sequences within each droplet, allows scientists to precisely detect and quantify low concentrations of target DNA and RNA sequences.



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## [FilmArray GI: findings from first months of clinical use](#)

written by CAP TODAY  
May 12, 2016

April 2016—Treating *Clostridium difficile* can be dreadfully difficult, even when a clinician doesn't have to navigate ordering restrictions based on testing frequency. So when Julie A. Ribes, MD, PhD, director of clinical microbiology at UK HealthCare in Lexington, Ky., received a phone call last year from a clinician who asked for repeat *C. difficile* testing, she was more than sympathetic.



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# **From the President's Desk: Our role in population health, 4/16**

written by CAP TODAY  
May 12, 2016

April 2016—In late January, I represented the CAP at MEDLAB, the medical laboratory conference and exhibition held each year in Dubai, United Arab Emirates. MEDLAB was held in conjunction with Arab Health, a multidisciplinary conference attended by more than 130,000 people from 163 countries. I was asked to present six separate talks in Dubai; the one on precision medicine in pathology drew more than 1,200 attendees.



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# **IQCP without agony at the point of care**

written by CAP TODAY  
May 12, 2016

April 2016—For many point-of-care testing coordinators, the prospect of developing Individualized Quality Control Plans is far from enticing. But there has never been much chance that laboratories could opt out of the Centers for Medicare and Medicaid Services' new quality control framework for much of their nonwaived testing.



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# [In late flu season, early signs of new tests' impact](#)

written by CAP TODAY  
May 12, 2016

April 2016—The 2015–2016 influenza season is shaping up to be lighter than physician offices and hospitals have seen in recent years, with fewer flu positives reported, a lower death count, and a smaller share of flu-like illnesses among outpatients.



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# [Next-gen sequencing workflow in full spate](#)

written by CAP TODAY  
May 12, 2016

April 2016—With next-generation sequencing's clear benefits—for diagnosis, prognosis, treatment, and trials—come its new challenges, and clinical laboratories are doing what it takes and sharing how. Two plenary speakers at last year's meeting of the Association for Molecular Pathology spoke of variant calling in the bioinformatic pipeline and validation, and of clinical reporting. Colin Pritchard, MD, PhD, of the University of Washington and one of the speakers, sees reporting a genomic sequencing assay as more like making a histologic diagnosis, which he calls craftwork, than reporting a sodium value. "That's an idea that hasn't really permeated yet," he said.



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# **Diagnosing polycythemia vera: conventional tools amid molecular options—case report and brief review**

written by CAP TODAY  
May 12, 2016

April 2016—Case. The patient presented in May 2013 at age 42 with a two-year history of fatigue and pruritus of his legs. He smoked one pack of cigarettes per day as he had for 25 years and had about five to six alcoholic drinks daily. Physical exam was unremarkable with no rash or palpable splenomegaly. Height was 74 inches and weight 189 pounds.



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# **Prostate pointers—PIN, ASAP, mimics, and markers**

written by CAP TODAY  
May 12, 2016

April 2016—Presenting on prostate cancer diagnosis at CAP '15 last fall, David G. Bostwick, MD, MBA, recalled how he and Kenneth A. Iczkowski, MD, came up with the term “atypical small acinar proliferation suspicious for but not diagnostic of malignancy,” or ASAP, when they were at Mayo Clinic in 1997. They had scoured the Mayo files trying to spot the right term because they didn’t know what to call it, said Dr. Bostwick, who is medical director of Granger Diagnostics in Richmond, Va. “Should we call it suspicious but not diagnostic? Should we call it worrisome? Problematic?” Dr. Bostwick joked that his favorite expression seen in the files as a prostate biopsy finding in the 1980s was “semi-malignant,” saying, “I still don’t know what that means.”



## [The challenge of intraductal carcinoma of prostate](#)

written by CAP TODAY  
May 12, 2016

April 2016—In his CAP '15 presentation last fall, David Bostwick, MD, MBA, referred to intraductal carcinoma of the prostate as “sort of the rage right now in the urologic pathology field.” “The problem is that it has multiple different definitions, and interobserver agreement with it is moderate at best,” said Dr. Bostwick, medical director of Granger Diagnostics in Richmond, Va. Even when pathologists can agree on an IDC diagnosis, he said, they aren't on the same page about treatment.



## [Anatomic Pathology Abstracts, 4/16](#)

written by CAP TODAY  
May 12, 2016

April 2016—Comparison of methods for analyzing gene amplification in gastric cancers; Uterine smooth muscle tumor analysis by comparative genomic hybridization; Role of TAZ in aggressive types of endometrial cancer; Reclassification of resected lung carcinomas diagnosed as squamous cell carcinoma; Sequencing of cancer genes in ampullary carcinoma shows trends in histologic subtypes; Prognostic significance of the 2014 ISUP grading system for prostate cancer



