

Digoxigenin-labeled nucleotides, 4/16

written by CAP TODAY
April 18, 2016

April 2016—Enzo Life Sciences now offers Digoxigenin-dUTP and Digoxigenin-UTP, digoxigenin-labeled nucleotides that are suitable for a variety of molecular biology applications.



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Molecular Pathology Selected Abstracts, 4/16

written by CAP TODAY
April 18, 2016

April 2016—Genomic analyses to identify molecular subtypes of pancreatic cancer; Utility of noninvasive prenatal screening to detect abnormalities genome wide



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Career Center

written by CAP TODAY
April 18, 2016

The College of American Pathologists, the leading organization of board-certified pathologists and laboratory professionals, announces its improved online Career Center offering for association members

and nonmembers alike—one cohesive Web-based career center that connects job seekers with prospective employers in the laboratory industry. The improved career website can be found at captodayonline.com/cc.



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[Immunotherapy steers focus to microenvironment](#)

written by CAP TODAY
April 18, 2016

March 2016—It's not every day that a monoclonal antibody leads the news. But when former president Jimmy Carter was successfully treated for metastasized melanoma last year with the new drug pembrolizumab (Keytruda), the story made headlines. Carter's recovery—surprising to many when it was announced in December—may have been helped by traditional radiation and chemotherapy. However, the role played by pembrolizumab spotlighted immunotherapy as an exciting advance in the evolution of cancer treatment.



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[Cutting cultures: the move to all molecular in virology](#)

written by CAP TODAY
April 18, 2016

March 2016—For laboratories performing virology testing, taking advantage of molecular testing’s superiority to traditional testing methods is a no-brainer. But leaders in the University of Michigan’s clinical microbiology laboratory have found that the push to go all molecular for virology testing must be tempered by attentiveness to clinician preferences and a collaborative approach that’s likelier to make the journey a success.



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[Lab shoots for better phlebotomy service, satisfied patients](#)

written by CAP TODAY
April 18, 2016

March 2016—Try running a race and tying your shoes at the same time. That is the kind of challenge laboratories face when they endeavor to refine their processes while providing all the usual services clinicians and patients expect. When laboratory leaders at Brigham and Women’s Hospital in Boston surveyed the landscape of their phlebotomy operations, they spotted many opportunities for improvement through Lean Kaizen events as well as technology that reduces the risk of human error.



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[Anatomic Pathology Abstracts, 3/16](#)

written by CAP TODAY
April 18, 2016

March 2016—Reproducibility of residual cancer burden for assessing breast cancer after neoadjuvant chemotherapy: The residual cancer burden index was developed to quantify residual disease ranging from pathological complete response to extensive residual disease. The authors conducted a study to evaluate inter-pathologist reproducibility in the residual cancer burden index score and category and in their long-term prognostic utility.



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[Molecular Pathology Selected Abstracts, 3/16](#)

written by CAP TODAY
April 18, 2016

March 2016—Enhancing tumor selectivity of a picornavirus virotherapy: Oncolytic viruses that selectively target tumor cells are a promising cancer therapy and are thought to work not only via direct lysis and destruction of tumor cells but also through recruitment and activation of the host's anti-tumor immune response. While there are a number of naturally occurring viruses that preferentially replicate in cancer cells and have otherwise limited effects in human tissue, the real therapeutic promise lies in genetically engineered viruses.



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[Clinical Pathology Abstracts, 3/16](#)

written by CAP TODAY
April 18, 2016

March 2016—Impact of add-on laboratory testing at an academic medical center: Clinical laboratories

are often asked to perform additional laboratory tests after the original sample is received and testing per the original order is complete. It is well known that this significantly increases laboratory workload and impacts turnaround time.



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[Q&A column, 3/16](#)

written by CAP TODAY
April 18, 2016

March 2016—I have a question regarding auto-verification delta checks, not for a single patient but between all patients tested during a given period. Are there labs that use postanalytic comparisons of clinical lab results during the testing interval between quality assurance checks to ascertain if the autoverified results being released are reasonable?



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