

## From the President's Desk: CAP17—No match for being there, 11/17



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**November 2017**—My sister Jean had a Chatty Cathy doll; you pulled a cord in the back of her neck and she would say one of a handful of things (“Would you like some tea?”). Chatty Cathy was Jean’s favorite for a while, supplanting her much-loved Raggedy Ann. The coup lasted just long enough to make it plain that the new kid on the block didn’t have much to say for herself. She was kind of stiff and controlling, really. Raggedy Ann was a much better listener. Making up stories with her was a lot more fun.

All this came to mind when I was thinking about how to explain the difference between spending a few days at CAP17 in National Harbor, Md., Oct. 8–11, and watching video of a few selected CAP17 events at home. With a video, there’s no interaction, no spontaneity, no future consultant’s card in your pocket—none of the things that best grow what we know and how we understand the needs of our patients and clinical partners. While digital highlights are great if you really can’t come, they cannot compete with being there. Travel has its costs, but the effort invested generates a respectable return.

A total of 1,124 pathologists and 97 exhibitors attended CAP17. The annual meeting is a year-round cross-CAP production and the work product of many talented people. If we listed them all, the credits would roll for a long time. Suffice to say that its success is a credit to our hard-working Curriculum Committee, chaired by Sarah M. Bean, MD, and staff teams from the Learning, Membership, and Marketing departments and others too numerous to mention.

Enabling sustained and enjoyable social and cognitive engagement is a balancing act, and CAP17 was proof of concept. The beauty of the CAP meeting is that the guy who just gave a mind-boggling talk is likely to turn up beside you at lunch or in a small group clustered around some shiny new technology in the exhibit hall.

In some of the 80-plus courses at CAP17, you can almost hear brain cells multiplying. The opening scientific plenary was one of those. Moderator Wayne W. Grody, MD, PhD, introduced a panel on CRISPR/Cas9 gene editing technology with a historical overview of genetic research and experimentation. He underscored the challenges this promising, cutting-edge tool presents and the importance of pathologists in ensuring that associated concerns are thoughtfully addressed. We sat spellbound as his panel of experts described the use and potential of CRISPR/Cas9 in all its complexity and walked out feeling grateful and overwhelmed at once.

I always stop to recharge at least once in the residents and new-in-practice lounge. The Residents Forum is growing like kudzu and becoming increasingly integral. The residents forum/new-in-practice career fair got high marks from both employers and job seekers, and the fellowship fair drew recruiters from top programs. The Residents Forum held a new (and microscopy-friendly) photo contest; winning prints were auctioned to raise money for the CAP Foundation. The poster sessions, which featured posters from the “Top 5 Junior Member Abstract Program” award winners, were a highlight as always. (Check out the September online supplement to the *Archives of Pathology & Laboratory Medicine* to see the CAP17 abstracts.)

We had the great pleasure of seeing George F. Kwass, MD, accept the CAP Pathologist of the Year award at the annual spotlight event. Also that evening, Abraham Verghese, MD, MACP, a professor and vice chair for the theory and practice of medicine at the School of Medicine, Stanford University, and a National Humanities Medalist, presented a memorable talk on physician burnout.

The new “inspiration stage” featured three wonderful speakers. Eric Glassy, MD, who emceed the event, set the mood by reminding us that personal stories can be the source of indelible lessons. Susan D. Rollins, MD, shared her path from newly trained pathologist to founder of one of the first fine needle aspiration clinics in the United States. I think many of us were surprised to learn about the initial resistance she encountered and pleased to hear how well it had worked out. Timothy Amukele, MD, PhD, medical director of the Makerere University-Johns Hopkins University Laboratory in Kampala, Uganda, described building drones to transport specimens to and from feeder clinics, ending long treks over rivers and national borders. Now they’re working on a drone network! In Jameisha B. Brown, MS, CHES, we met an impressive patient advocate who had been diagnosed with Burkitt lymphoma during the summer after second grade. Brown, who is now pursuing a PhD in health education, described an impoverished childhood, a strong family, and a determined mother who enrolled her in a clinical trial at MD Anderson Cancer Center when all else had failed. She found her passion, Brown told us with a wonderful grin, working with her academic community and the CAP See, Test & Treat team to bring culturally responsive health care to racial and ethnic minority patients in Houston.

My report of CAP17 would not be complete without a few words about the biennial CAP president’s dinner. We had a beautiful ballroom, fine Cajun food, and a well-tuned New Orleans jazz band. After dinner, many of us joined in an energetic line dance. One resident later told me, “If this is what a CAP meeting is like, I’ll never miss another one.”

The CAP has the diversity, flexibility, and generosity to make creative contributions in every dimension of medicine. The annual meeting is one of the ways we come together to drive progress in health and healing; it’s a durable benefit of CAP membership. We don’t know how all of our stories will turn out, but the experience makes us better collaborators when we get home. And we return every year for the same reason that my sister’s battered and beloved Raggedy Ann remains in her closet. While we can calculate the value of some things, others are priceless. You just had to be there.

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