

From the President's Desk: Collaborating when and where it matters, 7/14

Gene N. Herbek, MD

July 2014—I recently attended my first meeting as a member of the American Society of Clinical Oncology. I joined ASCO because I've been so impressed with the members I've met and the way they contribute to our work. I learned a lot and enjoyed the company, which means that I plan to attend their meetings whenever I can and hope many of you will do the same.



Dr. Herbek

Multidisciplinary endeavors are always engaging. The CAP cancer protocols, launched 25 years ago by the CAP Cancer Committee, have generated many such opportunities for CAP members. Other specialists have also collaborated with us to write evidence-based guidelines through the CAP Pathology and Laboratory Quality Center (the Center) and reporting templates through the CAP Cancer Biomarker Reporting Committee (CBRC). These have been high-yield investments of time and talent, improving the quality of our work and enabling us to best communicate what treating clinicians need to understand to provide high-quality care. They help us discern what our clinical partners need from us and communicate it clearly and effectively.

I think M. Elizabeth Hammond, MD, has always understood this. Dr. Hammond, a consultant pathologist at Intermountain Healthcare and professor of pathology at the University of Utah School of Medicine, is a member of the CBRC and the ASCO breast cancer margins and breast cancer tumor markers expert panels. A current member and former chair of the CAP Center, Dr. Hammond is also a former member of the CAP Board of Governors and former chair of the CAP Education and Cancer committees.

I have heard Dr. Hammond describe how Robert V.P. Hutter, MD, who was editor of Cancer and chair of the CAP Cancer Committee in the late 1980s, pressed for protocols to set out requirements for examination of specimens. This was an unconventional notion at the time, but not to Dr. Hutter's way of thinking—which was prescient.

Dr. Hutter also insisted that the protocols be developed in close collaboration with the surgeons and treating clinicians who would use them, so that the content would reflect what they needed to know and be related in a

way most useful to their work. All of this laid the foundation for a level of excellence that led to a fine moment for the CAP in 2004, when the American College of Surgeons Commission on Cancer mandated that all cancer program reports include the essential data elements identified in our protocols.

Our work in guideline development had its genesis when Dr. Hammond asked Daniel F. Hayes, MD, to take part in a presentation on breast cancer predictive factor testing at CAP '03. (Dr. Hayes, professor and clinical director of the breast oncology program at the University of Michigan Comprehensive Cancer Center, is an ASCO board member. He heads up the ASCO biomarker panel, which he started in the 1990s.) Anyone who was there will attest that hearing directly and in detail from a practicing breast oncologist about the ways that pathologists inform and enlighten patient care was an unforgettable experience.

At CAP '08, Jared Schwartz, MD, PhD, who was then president, announced formation of the CAP Center, through which multidisciplinary teams convene to write evidence- and consensus-based guidelines. Nine guidelines have been completed and eight more are in the pipeline. Our clinical partners in guideline development to date have included the American Society for Colposcopy and Cervical Pathology, American Society of Clinical Oncology, American Society for Clinical Pathology, American Society of Hematology, Association of Directors of Anatomic and Surgical Pathology, Association for Molecular Pathology, International Association for the Study of Lung Cancer, and the National Society of Histotechnology.

Meanwhile, the CBRC (a subcommittee of the CAP Cancer Committee) is creating templates that will improve the clarity, consistency, and completeness of cancer biomarker test reporting. Published in the February 2014 issue of the Archives of Pathology & Laboratory Medicine were the first templates, written by expert panels on lung and colorectal cancer. Two more have since been released, both of which relate to HER2 testing. The organizations represented on CBRC expert panels for the first templates were the CAP, ASCO, AMP, and North American Association of Central Cancer Registries—and we know that list will grow.

Any column that describes pathologists collaborating to catalyze advances in multidisciplinary medicine would be incomplete without mention of the estimable Mahul B. Amin, MD, editor-in-chief of the eighth edition of the AJCC Cancer Staging Manual. The American Joint Committee on Cancer has a key role in refining and enhancing cancer-related communication, and Dr. Amin, professor and chair, Department of Pathology and Laboratory Medicine, Cedars-Sinai Medical Center, is properly ensconced in the thick of it. A former chair of the CAP Cancer Committee, Dr. Amin has made it plain that he believes teamwork involving surgical oncologists, medical oncologists, radiation oncologists, pathologists, and radiologists will be critical to the best management of emerging knowledge in precision medicine.

Dr. Amin likes to say that pathologists have to understand what clinicians need because ultimately we're their guiding hand. He's right about that, of course, and a lot of other things. It is wonderful to see a highly respected pathologist become editor of the AJCC staging manual, a position traditionally held by a surgeon or an oncologist. And it is encouraging to know that we have in that position someone who embraces and articulates a vision for meaningful progress in cancer diagnosis and management that features a fully integrated and central role for pathologists.

This is the first of two columns on full engagement in our chosen profession. In an upcoming column I plan to talk about the value of membership in the American Medical Association. □

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Dr. Herbek welcomes communication from CAP members. Write to him at president@cap.org.