

# From the President's Desk: Partnerships for patients

*It's not how smart the people in the organization are; it's how well they work together.*

—Simon Sinek, *Leaders Eat Last*

**September 2015—This is my last column, so the bad news is that it's time to go.** But the good news is that by the time you read this, we'll be heading into CAP '15, where many of us will continue this conversation in person. If you cannot come this year, I hope you will at least plan lunch afterward with someone who did. We always return to work infused with energy and optimism. At least you can tap into that.



**Dr. Herbek**

The quote at the top of this page is from one of my favorite books. *Leaders Eat Last*, by Simon Sinek, is named for a tradition of the U.S. Marine Corps that underscores the belief that leadership is about putting others first and every Marine is expected to lead. As I have seen many times in the past two years, every pathologist leads, too.

Sinek says interesting things about how we make friends and how personal ties affect our productivity. He points to social media conventions (such as “likes” and “friends”) as agents of modern abstraction, slowly supplanting personal relationships. I agree with him: Texts may be useful but they are not conversation. How can we get to know one another without give-and-take? And if we don't know one another, how will we learn to trust one another? As anyone who has volunteered for a CAP See, Test & Treat event can attest, nothing compares to working beside our clinical partners, talking to patients, and explaining what we do.

I was thinking about all this in July, when I attended the American Society of Clinical Oncology/CAP Global Pathology Collaboration Workshop (which was subtitled, “You Cannot Treat It If You Don't Know What It Is).” ASCO has been providing short courses in cancer care for doctors and nurses in low- and moderate-income countries and placing volunteers in hospitals for some time. There is a great need for pathology in these settings.

It's early yet, but we've been talking about how we can help. Pathologist-oncologist teams from four pilot countries—Haiti, Honduras, Uganda, and Vietnam—joined us to talk about the most urgent cancer-care needs in their countries, and we discussed which ones would best align with the types of sustainable, meaningful support that ASCO and CAP could collaborate to provide. Firsthand accounts from physicians who practice in places like Uganda, where there is one pathologist for every 1 to 2.5 million people, made our problems pale by comparison. A

physician from the National Cancer Institute gave a presentation on the NCI Global Cancer Network and the essential role of pathology in cancer prevention and treatment. It was gratifying to learn that with a bit of education, the vital importance of pathology can emerge as something of an epiphany.

The CAP co-chair for the workshop was Matthew A. Zarka, MD, of the Department of Laboratory Medicine and Pathology, Mayo Clinic Arizona. ASCO president-elect Daniel F. Hayes, MD, was Dr. Zarka's ASCO partner. Many of us remember when Dr. Hayes and M. Elizabeth Hammond, MD, gave a standing-room-only presentation on breast cancer predictive factors testing at CAP '02. I'll never forget what he said then: that the pathologists who attended made him feel "like a rock star." It was pretty exciting.

Dr. Hayes was part of the teams that developed our first guidelines for HER2neu testing and the ER/PgR testing guidelines. He's one reason we have partnered so easily with ASCO on more projects since, most recently cosponsoring, with the Association for Molecular Pathology, a molecular oncology tumor board series on the ASCO University website.

Our collaborative ventures have multiplied apace. After seeing the great clinical benefit of our breast cancer guidelines, we launched the CAP Pathology and Laboratory Quality Center to develop evidence- and consensus-based practice guidelines. We've now published nine guidelines on a wide range of topics in partnership with six specialty groups (and patient advocates and other stakeholders): the National Society for Histotechnology, ASCO, International Association for the Study of Lung Cancer, AMP, American Society for Colposcopy and Cervical Pathology, and Association of Directors of Anatomic and Surgical Pathology. Other partners—American Society for Clinical Pathology, American Society of Cytopathology, and American Society of Hematology—have joined us to draft more guidelines, nine of which are now in process.

The CAP Cancer Biomarker Reporting Committee, which develops templates modeled on the cancer protocols, works closely with specialty liaisons from many organizations, including the American College of Surgeons, American Joint Committee on Cancer, and Centers for Disease Control and Prevention. We recently signed a memorandum of understanding with the National Biomarker Development Alliance confirming our shared intention to promote biomarker development for personalized health care through workshops, consensus conferences, and educational events.

Another memorandum of understanding, this one with the Association of Pathology Chairs, has supported creation of PIER (Pathology Informatics Essentials for Residents), a clinical informatics curriculum that we developed with the Association for Pathology Informatics. PIER is excellent, and alpha testing was completed recently.

We were among four major pathology groups (APC, American Board of Pathology, ASCP, and United States and Canadian Academy of Pathology) to cosponsor a pathology workforce summit in December 2013. The summit enabled us to brainstorm on the best ways to address the decreased supply of pathologists and laboratory professionals and the need for more education and training opportunities. Good things have grown from that.

It has been a great honor to represent you and a greater pleasure to discover, time and again, that pathologists are among the most thoughtful, imaginative, and generous people on the planet. One of our great strengths is our ability and inclination to work with others and share what we know. We understand the patient-care impact of what we do and know how to communicate it. Everyone does their part and then some. Thank you for that. I'm looking forward to more of the same.

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*Dr. Herbek welcomes communication from CAP members. Write to him at [president@cap.org](mailto:president@cap.org).*