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Twitter touted as tool to sway minds

Leading pathologists and the CAP are encouraging laboratory professionals to use the social media website Twitter as a way to amplify lab medicine's voice among clinicians, policymakers, news organizations, patients, and the public. It is advice that at least one prominent social media expert and nonpathology physician says lab professionals ought to heed.

"Pathologists have a problem being recognized by society because we don't see patients directly. This is an opportunity for us to get out there in society and to contribute value in that regard," says Timothy Craig Allen, MD, JD, a newly elected member of the CAP's Board of Governors and director of anatomic pathology at the University of Texas Medical Branch, Galveston.

Dr. Allen, on Twitter since 2010 under the handle @TimAllenMDJD, has recently engaged in a number of promotional activities designed to spark greater interest in the social media service among pathologists. In an August editorial, he noted that pathologists account for only 0.006 percent of the population and so cannot, "by sheer force of numbers," sway legislators or other decision-makers (*Arch Pathol Lab Med.* 2014;138:1000-1001). He wrote that pathologists are in need of a "force multiplier" and that social media could fill that role, not as a "substitute for face-to-face encounters and discussions, but a supplement to them."

"Nor is social media only for residents or pathologists just out of training—a generation usually considered to be more comfortable with social media and online interactions," Dr. Allen's editorial said. "Pathologists of all stripes should embrace social media."

In addition to the editorial, Dr. Allen took part in an August CAP webinar with Michael Misialek, MD, a pathologist at Newton-Wellesley Hospital near Boston who joined Twitter in 2013 and uses the handle @DrMisialek. The webinar, "Tweeting for #Pathologists: How (and Why) Twitter Can Be an Important Engagement Tool," can be viewed at <http://j.mp/tweet-how>. Email registration is required. Dr. Allen, Dr. Misialek, and pathologist Sharon K. Gauthier, MD, also led a similarly themed Sept. 10 lunch workshop at CAP '14.

During the CAP webinar, Dr. Misialek noted that Twitter has about 255 million monthly users worldwide and 57 million in the U.S., with about 500 million tweets posted daily. He has used hashtags—one- or two-word designated phrases preceded by the # sign—at medical meetings to amplify the reach of his tweets (see "10 best Twitter practices").

For example, in July Dr. Misialek attended the American Hospital Association's leadership summit. Using the designated hashtag for the meeting—#HFSummit—in his tweets, he was able to draw the attention of any attendee following the event on Twitter.

"You want to leverage the multiplier effect of Twitter," Dr. Misialek said. "The people in your tweets have followers.

What you're looking for is to engage followers and interest them enough to retweet to their followers. It's a geometric progression, and that can add up very quickly."

Dr. Misialek sent out 56 meeting-related tweets. Those tweets garnered 96,000 "impressions," landing him among the top 10 meeting attendees in terms of Twitter impact, according to the health care social media analytics firm Symplur. That figure is "determined by the number of your followers times the number of retweets that got done, times the number of their followers," Dr. Misialek explained in the webinar.

"Think of a tweet as a plug for pathology," he said. "It's an extremely powerful tool."

Dr. Misialek credits his Twitter activity for news media exposure such as an interview on Sirius XM Radio and the opportunity to write for Boston radio station WBUR's health care blog. For his part, Dr. Allen engages in a periodic Twitter chat on the topic of lung cancer to offer his perspective as a specialist in lung pathology.

"You want to get your name out there, and you want to get pathology out there," Dr. Allen said in the webinar. "It puts us at the table with colleagues, and it puts us at the table, frankly, with patients in a way that we're not typically used to."

Bryan Vartabedian, MD, a Houston pediatric gastroenterologist who has more than 20,000 followers on Twitter (@doctor_v), sees potential payback for doctors who take the time to interact online.

"The real challenge with all physicians, and perhaps it's a deeper challenge with pathologists, is finding or demonstrating that value proposition," Dr. Vartabedian tells CAP TODAY. "When I talk to doctors about public engagement, I always try to talk about the opportunities that have come my way by being visible. I see this all the time. Doctors talk about social media and all about the shiny tools, but then there's no talk about what the tools will get you and what they do."

It is unclear whether pathologists across the country are less active on Twitter compared with other doctors. Earlier this year, Dr. Vartabedian compiled figures relating to Texas physicians using the service. He found 14 Texas pathologists on Twitter—about the middle of the pack, compared with all other specialties—but far fewer than the 99 family doctors or the 76 surgeons using the service.

The CAP is on Twitter.com, using the handle @Pathologists. The College has invited pathologists to post pictures of themselves at their microscopes to the service using the hashtag #labfie.

Dr. Vartabedian, associate professor of pediatrics at Baylor College of Medicine, has spoken about social media at meetings of the American College of Physicians and other physician organizations. In a forthcoming ebook, *The Public Physician—Practical Wisdom for Life in a Connected, Always-On World*, he offers detailed advice to help doctors thrive in the age of Twitter and tablet computers. He notes that social-media engagement's greatest value may come in sparking communication with fellow health care professionals.

"One of the hangups for a lot of doctors is this inherent assumption with social media that it only exists to engage with patients. Nothing could be further from the truth," Dr. Vartabedian says. "In fact, when you look at the public stream and then tens of thousands of doctors on there now—a lot of the conversation is professional to professional."

Dr. Allen tells CAP TODAY the message to take up Twitter extends to nearly every professional working in lab medicine.

"There's plenty of reason for laboratory technologists and technicians, or histotechnicians, or laboratory administrators to pursue social media, because we're a team. There are financial issues, technical issues, or administrative issues they can respond to, or educate people about and provide a level of value of their own," he says. "Some of the people I follow on Twitter are administrators, or lab techs. Some of them are nurses. And they follow me. This is all a team effort." —KBO'R

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Class II for Thermo's Ion PGM Dx

Thermo Fisher Scientific has completed the listing of its next-generation sequencer, the Ion PGM Dx, with the FDA for clinical use as a class II medical device. The system will be used in a partnership with GlaxoSmithKline and Pfizer. The companies will work to develop a universal NGS oncology test for solid tumors with the intention of having the test serve as a companion diagnostic for multiple drug programs.

The Ion PGM Dx is a semiconductor-based system intended for targeted sequencing of human genomic DNA using peripheral whole blood samples, and supports development and implementation of user-defined NGS diagnostic assays in a clinical laboratory.

Mark Stevenson, Thermo Fisher's president of Life Science Solutions, tells CAP TODAY the system can help laboratories deal with one practical challenge to genetic testing.

"What we've found in the pathology labs is that tissue is the issue," Stevenson says. "We really don't have enough tissue coming out of the biopsy to analyze. The solution we've developed is very sensitive and only requires 10 nanograms of tissue."

He adds that the Ion PGM Dx system is priced at \$115,000. —KBO'R

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Glucose meter cleared for critical care

The FDA in September cleared a new indication for Nova Biomedical's Glucose Hospital Meter System, extending its use to critically ill inpatients. The FDA determined that the Nova system is simple to use and has a low risk for false results, and along with the clearance, it granted waived test system status under CLIA.

Data supporting the clearance included a study of more than 1,650 patients with a range of medical conditions and treated in a variety of hospital departments. Results showed agreement in blood glucose results compared to those of a comparator laboratory glucose analyzer in all patient types tested.

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Beckman's Power Express lands 510(k)

Beckman Coulter has received FDA clearance for its Power Express high-speed, automated sample-processing system. Power Express provides connected automation by combining the company's AU clinical chemistry system, the Unicel DxI 800 immunoassay system for high-throughput immunochemistry analysis, and third-party connection capabilities including coagulation.

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Stago's D-dimer meets CLSI standard

Diagnostica Stago received approval from the FDA for the STA-Liatest D-Di, used in the ER to help exclude pulmonary embolism in patients with low or moderate risk. FDA requirements for D-dimer assays for exclusion are now based on the new and more restrictive guidelines established by the Clinical and Laboratory Standards Institute.

To comply with the new guidelines, Stago performed a two-year, international prospective study with nine sites, in five countries, involving more than 1,100 patients. The study included evaluation of clinical pretest probability, imaging, and three months of follow-up. The study showed that Stago's D-dimer had a negative predictive value of

greater than 99.7 percent and sensitivity of greater than 97 percent.