Put It on the Board

New AST program to sharpen labs' antibiotic stewardship practices

December 2020—Antimicrobial Susceptibility Testing: Monitoring and Trend Analysis is a new CAP program that is beginning to roll out to laboratories this month.

The CDC guidance for antibiotic stewardship consists of seven core elements to address resistance-associated risks, one of which points to the importance of laboratory collaboration, communication, and AST reporting practices to the success of stewardship programs. According to this core element, the laboratory must provide information to guide discussions on the potential implementation of test interpretive criteria, such as changes in antibiotic breakpoints, that might affect antibiotic use.

"Accredited laboratories that provide microbiology testing are already required to report a cumulative susceptibility report, an antibiogram, at least annually for antibiotic stewardship and to inform prescribing practices," says Ron B. Schifman, MD, a member of the CAP Quality Practices Committee, which developed the program. Results from those antibiograms along with the antibiotic breakpoints used for testing are the primary data that laboratories enrolled in the new program will submit yearly, he says. "So participation in the program should require little extra effort."

Since one of the program's goals is to help laboratories track institutional trends in susceptibility rates over time, participants will also be instructed to submit data from two prior year antibiograms when they first enroll, says Dr. Schifman, emeritus professor of pathology, University of Arizona College of Medicine, and former chief of pathology, Southern Arizona VA Health Care System.

Dr. Schifman

The data that participants in the program submit will undergo robust statistical analysis, Dr. Schifman says, to identify significant changes in institutional susceptibility rates over time. The report labs receive will contain comparisons of the institution's susceptibility results with those of other participants. "These reports will add a lot of extra information beyond the laboratory's regular antibiogram summary that should be helpful to the institution and its stewardship program," Dr. Schifman says.

The CAP program will also help labs with antibiogram reporting practices that might involve, for example, antibiotic breakpoint decisions, or with evaluating how a lab's procedures for creating antibiograms align with reporting guidelines, primarily from the Clinical and Laboratory Standards Institute.

To enroll or for more information about the program (QP211), call the CAP at 800-323-4040 option 1. Orders, which will be taken through Feb. 25, 2021, can also be placed online at https://estore.cap.org (Quality Management Tools tab).

ABPath discontinues SAM requirement

The American Board of Pathology will no longer require self-assessment modules as part of its Part II Lifelong Learning of the Continuing Certification Program, starting in 2021. In response, the CAP no longer offers SAM credits for activities released after Oct. 31 of this year.

In other ABPath news, trustees of the board announced Nov. 9 that the National Association for Medical Examiners was approved as a cooperating society of the ABPath.

CAP, ASCP lymphoma guideline released

The CAP and ASCP, in collaboration with the American Society of Hematology, issued in November their guideline for the laboratory workup of lymphoma in adults.

The guideline expert panel reviewed more than 6,000 articles in the peer-reviewed literature to answer this overarching question: What are the specimen requirements for accurate diagnosis of adult patients in whom lymphoma is suspected?

Here is a sampling of the panel's 13 recommendations. Clinical care providers should do the following:

- Use surgical biopsy when feasible in a clinical setting where Hodgkin lymphoma is highly suspected.
- Obtain excisional or core needle biopsy specimens in patients with high suspicion of lymphoma.
- Use a combined morphologic and flow cytometric evaluation of cerebrospinal fluid in the investigation of possible primary or secondary CNS lymphoma in select patients.

"[E]ven as the diagnostic process for lymphoma has grown more complex and requires application of an ever-growing array of ancillary diagnostic techniques, clinical practice has shifted progressively toward less invasive procedures," the guideline's authors write. "Effectively, pathologists are being asked to do more with less. Given these trends, it is logical to suspect that a tipping point will eventually be reached at which the quality of the diagnostic process will begin to degrade."

The full guideline is at https://doi.org/10.5858/arpa.2020-0261-SA.

Qiagen, BioNTech to collaborate on CDx

Qiagen will collaborate with BioNTech SE to develop and commercialize a tissue-based companion diagnostic that identifies patients with squamous cell carcinoma of the head and neck caused by HPV infections. It is to be used with investigational cancer treatment BNT113.

The assay will detect the presence of HPV genotypes and be developed on Qiagen's RGQ MDx platform.

Qiagen says it plans to expand the panel for use across HPV-driven cancers to provide a universal HPV companion diagnostic for its pharmaceutical partners.

Latest on COVID-19

Editor's note: See captodayonline.com for news on SARS-CoV-2 tests (Coronavirus News). A list of FDA EUAs for COVID-19 can be found at https://j.mp/covid-19-EUA.