

On the Pathology Scene

A PUBLICATION OF THE ILLINOIS SOCIETY OF PATHOLOGISTS

SUMMER 2020

Message from the President



Dear ISP Members,

These have been trying times for all of us, but I am prayerful many of you are starting to recover and see volumes increasing in your hospitals and other practice settings. I have been so proud of the focus on laboratory medicine and how each of us in our spheres of influence have kept patients safe with testing and communication with our clinical colleagues. Further, the outpouring of support by physicians in solidarity against injustice and healthcare disparities is unprecedented and a sign of future hope. We all chose medicine to improve the health of mankind, so we are now more than ever empowered to use our influence to insure equity of care in our practice settings. Thank you all for all you do for patients every day as we continue to lift each other in our quest for a healthier world.

Kalisha Hill, MD, MBA

The Following candidates for governor have been nominated by petition for the 2020 ballot:

Kalisha A. Hill, MD, MBA, FCAP

Kankakee, Illinois

Bradley S Karon, MD, PhD, FCAP

Rochester, Minnesota

Jonathan Louis Myles, MD FCAP

Cleveland, Ohio

A. Joe Saad, MD, FCAP

Dallas, Texas

John H. Sinard, MD, FCAP

New Haven, Connecticut

Election Information

You can find information on the CAP election at cap.org. Click on About the CAP at the bottom of the home page and look under CAP Elections. Complete candidate information will be available beginning in July.

CAP House of Delegates (HOD) Virtual Candidate Forum

Featured on the web page for each candidate are CAP HOD Virtual Candidate Forum interviews. HOD Speaker Kathryn T. Knight, MD, FCAP, presents Board of Governors candidates with questions from CAP HOD members ranging from the impact of COVID 19 to advocacy issues, diversity, and other issues challenging the profession.

Election Ballots

The 2020 Election will be conducted via electronic ballot. The CAP's vendor, Vote-Now, will email a link for the election ballot to all eligible voters (CAP Fellows, Founding Fellows, and Life Fellows) to their email address on file. If we do not have an email address for you on file, you will be sent a letter via US mail with voting information. Voting information will be sent by August 11. Voting will conclude on September 10, 2020. Please insure that your email address is correct in the CAP's system. You may update your profile at cap.org.

Also, please update your "safe sender" email list to include elections@vote-now.com so that you will be sure to receive your link. Contact your system administrator for instructions on adding people to this list. The results will be posted on cap.org in September.



2020 CAP BOARD OF GOVERNORS CANDIDATES ANNOUNCED

The CAP Nominating Committee has submitted the following nominees for governor election in 2020:

Kalisha A. Hill, MD, MBA, FCAP

Kankakee, Illinois

Bradley S Karon, MD, PhD, FCAP

Rochester, Minnesota

Jonathan Louis Myles, MD FCAP

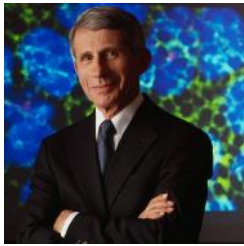
Cleveland, Ohio

A. Joe Saad, MD, FCAP

Dallas, Texas



Keynote Address Tuesday, October 13/1:00 PM (EDT)



Anthony S Fauci, MD
Director, National Institute of Allergy and
Infectious Diseases (NIAID)

Join us for this livestreamed session fea-
turing interactive Q/A time with Dr Fauci.

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“COVID-19” (SARs-CoV-2) has become a
part of everyday vocabulary for billions of
people around the world. What started
out as a cluster of unusual viral pneumo-
nia cases in the Wuhan province of China
in late 2019 has become a global pandem-
ic, with more than 16 million infections
and more than 600,000 deaths worldwide.

Thanh Ha Lan, MD

Although the WHO did not declare COVID
-19 a pandemic until March 11 2020,
some laboratories had already been working tirelessly to vali-
date and scale up large-capacity testing in February, following a
public health emergency issuance by the Secretary of Health and
Human Services (HHS). NorthShore University Healthsystem
(Evanston, IL) was not only the first laboratory in Illinois (outside
of state labs) but was also the first lab in the entire Midwest to
go live with COVID-19 testing. I recently spoke with Dr. Linda
Sabatini, Director of Molecular Diagnostics at NorthShore Uni-
versity Healthsystem, about meeting the challenges of a global
pandemic.

The NorthShore SARs-CoV-2 real time RT-PCR assay was devel-
oped based on the CDC-published assay, using commercially
produced primers, probes, and plasmid DNA constructs, fol-
lowed by validation using in-vitro transcribed viral RNA provided
by the Illinois Department of Public Health as well as genome
RNA from BEI Resources, a National Institute of Allergy and In-
fectious Disease sponsored repository. Once the assay’s speci-
ficity (documenting lack of cross reactivity with a wide range of
bacterial and viral targets including other coronaviruses) and
analytic sensitivity (100 copies per mL) were also established,
NorthShore submitted its application to the FDA for Emergency
Use Authorization (EUA) by the end of March. Simultaneously,
the molecular department under Dr. Sabatini’s leadership,
launched the m2000, a high-throughput SARs-CoV-2 platform by
Abbot Molecular, once it received FDA’s EUA clearance on
March 20.

Early in the pandemic, the lab faced an unexpected challenge of
reagent shortages due to sharp global demands. Dr. Karen Kaul,
who is the Chairman of Pathology at NorthShore, has been work-
ing closely with the governor’s office to ensure on-going reagent
availability.

At its launch, due to limited testing capacity due to many reasons,
COVID-19 testing at NorthShore was limited to those patients with
symptoms and a travel history to areas with known COVID-19 infec-
tions (primarily China) or those who have been exposed to another
person with known COVID-19 infection or very severe respiratory
symptoms. However, as the medical community learned more about
COVID-19 and its infectivity, inclusion criteria were relaxed and as of
the writing of this article, NorthShore performs COVID-19 testing on
all its ED, inpatient, and ICU admissions as well as those in the clinics
with recent exposure or mild symptoms, in addition to asymptomatic
patients through drive-through locations and as part of pre-surgical
screening. The lab has been able to provide results within 24-48
hours for ED and hospital admissions while a 3-4 days turn-around-
time is typical for drive-through testing.

The testing capacity was increased from 120 tests/day in the begin-
ning to about 1200-1500 test/day with three shifts of staff running 2
light cyclers (using the NorthShore SARs-CoV-2 real time RT-PCR as-
say) and 3 m2000 machines. Responding to this 24/7 testing demand
required significantly more staffing support and also careful re-
prioritizing of other molecular testing needs, both of which were
unexpectedly eased by the closure of many hospital as well as outpa-
tient services, allowing technicians from other areas of the pathology
lab to be cross trained in molecular. As hospitals and healthcare ser-
vices started to re-open and laboratory technicians are returning to
their original duty, staffing has resurfaced as an on-going challenge,
and will continue to be so in anticipation of continued testing de-
mands as more businesses and perhaps schools open in the future. In
anticipation of even greater testing demands, NorthShore’s molecu-
lar lab under Dr. Sabatini’s guidance has also recently launched the
Alinity m platform by Abbott Molecular. Unlike the m2000 which
runs a large batch of 94 samples, the Alinity m has a shorter run-time
and allows for greater flexibility in terms of running fewer samples
and designating priority samples, which may be useful features in
testing and triaging ED admissions.

Sincere gratitude to Dr. Linda Sabatini, Directory of Molecular Diag-
nostics at NorthShore University Health System for this interview.

**New Research Led by CAP Members Shows a 40% Pathology Work-
force Undercount in Nationally Published Reports**

*Authors in JAMA Network Open article call on previous works citing
decline in pathology workforce to be corrected.*

WASHINGTON, DC—Members of the College of American
Pathologists (CAP) found a massive undercount of pathologists in a
database of working US physicians that the Association of American
Medical Colleges (AAMC) maintains and is referenced in recent pub-
lished works on the pathology workforce. The CAP members wrote
about the undercount in an article published by the *Journal of the
American Medical Association (JAMA) Network Open* today and fur-
ther call for previous works citing the data to be corrected.
The JAMA Network Open article “[Re-evaluation of the US
Pathologist Workforce Strength](#)” by Stanley J. Robboy, MD, FCAP, et
al., explored unintended flaws in the methods used by various enti-
ties, and why most recent workforce counts have understated by

about 40% the number of actively practicing pathologists in the US. The authors recommend that AAMC alter how it reports pathology workforce numbers so that it includes all physicians the American Medical Association master file who are actively practicing pathologists. Currently, the AAMC database does not include in its count those pathologists who are also trained any of the various pathology subspecialties, such as cytopathologists, dermatopathologists, hematopathologists, forensic pathologists and eight others.

The authors estimated that AAMC's current methodology, as reported in a May 2019 *JAMA Network Open* article "[Trends in the US and Canadian Pathologist Workforces From 2007 to 2017](#)" by David Metter, MD, FCAP et al., excluded about 8,000 pathologists. The article used the AAMC database and reported a decrease in the US pathologist workforce in absolute and population-adjusted numbers from 2007 to 2017. The article stated that US pathologist supply decreased 17.5% while Canadian pathologist supply, based on the Canadian Medical Association Physician Masterfile, increased by 20.5% during that time period.

"The AAMC does not report data at the subspecialty level, but also does not recognize that its data source, the AMA Physician Masterfile, replaces the pathology primary specialty by the latest reported training," Robboy, et al. wrote. "Thus, if an anatomic/clinical pathologist receives later training in hematopathology, the physician's primary specialty field is replaced with the subspecialty hematopathology and the physician is no longer counted by the AAMC as a pathologist." As the percentage of residents taking additional training in a subspecialty (fellowship) has been rising, now documented at 97% of all residents, the AAMC database in essence reflects the retirement of older pathologists who were trained and practiced as generalists.

The authors recommend that all previously published reports, presentations, and other uses of the data from the AAMC be reexamined. Statements based on the AAMC data that report a pathology workforce shortage or decline must be reconsidered. It is noteworthy that recent surveys on the pathologist workforce have shown the job market for pathologists to be healthy. For example, according to a study published in the [Archives of Pathology and Laboratory Medicine](#) earlier in 2020, 45.5% of leaders of pathology practices responding to a CAP survey had sought to hire at least one pathologist in 2017. In [Academic Pathology](#) (2020), Charles F. Timmons, MD, PhD, FCAP et al. reported findings demonstrating a strong and strengthening pathologist job market: a 2017 survey by the Program Directors Section of the Association of Pathology Chairs showed 96% of residency graduates obtaining post-fellowship employment within three years and 97% within five years, while a 2013 survey showed 92% obtaining post-fellowship employment within three years and 94% within five years.

The July 2020 *JAMA Network Open* article is available online. The authors who are members of the CAP include Dr. Robboy (a former CAP president); Jason Y. Park, MD, PhD, FCAP; James M. Crawford, MD, PhD, FCAP; Rebecca L. Johnson, MD, FCAP (CEO, American Board of Pathology); Michael B. Cohen, MD, FCAP, Donald S. Karcher, MD (current CAP Governor), FCAP; Robert D. Hoffman II, MD, FCAP; and W. Stephen Black-Schaffer, MD, FCAP. Other authors are David J. Gross, PhD (Director, CAP Policy

force, Department of Health and Human Services Health Resources and Services Administration); and Tony Smith, MLS (CAP Senior Manager of Membership Services) sources and Services Administration); and Tony Smith, MLS (CAP Senior Manager of Membership Services)



Have a Safe and Happy Summer

ABOUT THIS PUBLICATION

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All contributions are made with the understanding that they may be edited for clarity and placement purposes.

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