



Nominee for Governor

Raouf E. Nakhleh, MD, FCAP
Jacksonville, Florida

Nominated by the Nominating Committee and petition

EDUCATION

Received MD, 1985, Wayne State University, Detroit, Michigan; Residency and Fellowship: University of Minnesota, Minneapolis.

CURRENT PROFESSIONAL AND ACADEMIC APPOINTMENTS

Consultant and Professor of Pathology: Mayo Clinic Medical School, Jacksonville, Florida.

PROFESSIONAL SOCIETY MEMBERSHIPS

College of American Pathologists, American Medical Association (AMA), California Society of Pathologists, Florida Society of Pathologists, United States and Canadian Academy of Pathology.

CAP-ELECTED OFFICES HELD

(Current) Board of Governors: Governor.

CAP COMMITTEE APPOINTMENTS

(Current) Chair: Council on Scientific Affairs (CSA), The Pathology and Laboratory Quality Center (Center) CAP/Association of Directors of Anatomic and Surgical Pathology (ADASP) Effective Communication of Urgent Diagnoses and Significant Unexpected Diagnoses in Surgical Pathology and Cytopathology Work Group, Center CAP/ADASP Interpretive Diagnostic Error Reduction in Surgical Pathology and Cytopathology Panel, Center CDC Guideline Metrics Expert Panel Project Team; **Member:** Audit Committee, Executive Committee, Finance Committee, Investment Committee; **Advisor:** Center Committee. **(Past) Chair:** Center Committee, CSA Laboratory General Cluster, Quality Practices Committee; **Vice Chair:** CSA, Quality Practices Committee; **Member:** Ad Hoc Committee for Center Plan Development, AMA Physician Consortium for Performance Improvement and Pathology Performance Measures Development Working Group, Archives Editorial Committee, CAP Nominating Committee, Center Committee, Clinical Data Registry Ad Hoc Committee, Council on Accreditation, Council on Government and Professional Affairs, CSA, Policy Roundtable Subcommittee, Quality Practices Committee, Standards Committee, Surgical Pathology Committee.

WHY DO YOU WANT TO BE GOVERNOR OF THE CAP?

First and foremost, I want to be a Board member to make sure that the priorities of the College of American Pathologists remain focused on patient care. The CAP is a unique organization; as a leader in accreditation and proficiency testing, the CAP is known for establishing the highest level of quality in pathology and laboratory

medicine. Because of this, the CAP has exceptional credibility when addressing issues with governmental (for example, the Centers for Medicare & Medicaid Services and Food and Drug Administration) and non-governmental (payers and pharmaceutical companies) agencies.

Second, I want to make sure that pathologists are recognized, appreciated, and compensated for their work. These tasks are addressed more easily because the CAP is a credible organization that advocates for patient care and safety.

WHAT MAJOR ISSUES DO YOU SEE FACING THE CAP DURING THE NEXT THREE YEARS?

1. Continuous challenges in getting reimbursed for our work. Most pressing of these is the Clinical Lab Fee Schedule as determined by PAMA
2. Potential regulation regarding laboratory-developed tests
3. Managing the ever-increasing demand for companion diagnostics, while understanding and communicating their limitations.
4. Local coverage determinations that become de facto national coverage determinations
5. Helping our members manage their laboratories in an ever-increasingly connected world. (Huge challenges remain in implementation of connectivity of laboratory information systems with electronic health records and others that need and want laboratory information while maintaining HIPPA compliance.

IF ELECTED, WHAT DO YOU HOPE TO ACCOMPLISH?

If elected my priorities listed in the first question will not change, but I want to focus on a few issues that are ongoing concerns.

1. Ensure cancer protocol issues are addressed sufficiently so that information related to cancers can flow without problems to providers, patients, cancer registrars, and researchers. Cancer reports play a central part in advancing cancer care.
2. Keep advancing molecular and immunohistochemistry diagnostic modalities. Multiple new treatment modalities are available to cancer patients, but these often come with companion diagnostics. This has created much confusion. The CAP must provide leadership in the area of companion diagnostics with guidelines on how these tests should be implemented and maintained at a high level.
3. To maintain our viability in advocacy and other areas, continue to grow our Laboratory Improvement Program strategy. Growth is increasingly dependent on international growth of CAP business. This entails many unique issues that must be addressed.

For more information and a CV for this candidate, please visit cap.org.