# Commemorating World Cancer Day

February 12, 2024

**Becca Battisfore:**

Welcome to the latest edition of the College of American Pathologist CAPcast. I'm Becca Battisfore, Content Specialist with the CAP. In this episode, Dr. Gladell Paner will be talking with Dr. M.E. de Baca and Dr. Gail Vance about how the CAP is addressing barriers to health equity through the Cancer Protocols, the Council on Informatics and Pathology Innovation, and the CAP Foundation Global Pathology Committee.

World Cancer Day is recognized around the world on February 4th to raise awareness of and encourage the prevention, detection and treatment of cancer. World Cancer Day is led by the Union for International Cancer Control, a CAP partner organization to support the goals of the World Cancer Declaration. This year, World Cancer Day is focused on engaging advocacy groups, policy makers, and other stakeholders around the world to develop innovative strategies to reduce inequity and invest in achieving a more equitable and cancer-free world. Included in this work is a call on leaders to eliminate health inequities by addressing the social determinants. Furthermore, World Cancer Day challenges leaders to ensure everyone has access to quality health services, when, where, and how they need them. So before we get into the questions, I'll have our guests introduce themselves. Dr. Paner, we'll start with you.

**Dr. Gladell Paner:**

Hello everyone, and I hope everybody celebrated the World Cancer Day. I am Gladell Paner. By profession I am a pathologist with specialization in genitourinary pathology at the University of Chicago, and I had the pleasure of working with for the Cancer Protocol in the past six years.

**Becca Battisfore:**

Great. Dr. de Baca.

**Dr. M.E. de Baca:**

Hi, I'm M. E. de Baca. I'm speaking to you today from Washington State. I live in Seattle. I'm an AP/CP and hematopathology-boarded pathologist. Currently, I work as the Vice President of Medical Affairs for Sysmex America. I'm a member of the CAP Board of Governors and the Chair of the newly formed Council on Informatics and Pathology Innovation. I've been active in the CAP informatics related activities for a couple of decades and thanks for having me.

**Becca Battisfore:**

Great. Thanks for being here. And Dr. Vance?

**Dr. Gail Vance:**

Yeah, hi, I'm speaking to you from the Midwest. I'm in Indianapolis. I'm a professor of Medical and Molecular Genetics and a professor of pathology and laboratory medicine at Indiana University in Indianapolis. And I've been associated with the CAP for over 33 years. I've served on the board of Governors, I've served on the board of directors of the CAP Foundation, and I'm currently chairing the Global Pathology Committee of the CAP Foundation.

**Becca Battisfore:**

Wonderful. So, so many years of experience and insights. So I'm excited to hear the conversation. Thank you all for joining. Dr. Paner, I'll let you take it from here.

**Dr. Gladell Paner:**

So for this year, the theme of the World Cancer Day is the care gap, and I like the statement from the World Cancer Day. It says that everyone deserves access to cancer care and as a pathologist, I would like to add to that, that everyone deserves optimal pathology service in cancer care. Having said that, I would like to ask Dr. de Baca, tell us how does CAP ensure that best practices are made available to pathologists, whether they practice in a large academic institutions or in small community practice?

**Dr. M.E. de Baca:**

Well, thanks for that question. For years, the CAP has, through its cancer committee, published the CAP Cancer Protocols, and these are documents that delineate the data elements needed for a particular organ system and a specimen type in order to ensure that all the information needed for further management of a patient is present in a standard way. And the authors of these protocols are pathologists who are experts in their specific area. So these are put together in both Microsoft Word and PDF file formats, and they're free of charge available at the cap.org, so that's cap.org, and they can be used by anyone worldwide. Additionally, for about the last 20 years, the CAP PERT committee has been curating these protocols into electronic formats that also encode these with SNOMED and coding information, and there are multiple vendors who implement these protocols. So while this isn't supposed to be an infomercial, it's important to mention these electronic protocols because electronic reporting allows us all to become closer to our goal of being able to share data across hospitals and hospital systems. This will lead to greater continuity of care such as in cancer, and it will continue to improve the overall outcomes of our patients.

**Dr. Gladell Paner:**

And I would like to add to that, it's a very good point that you mentioned about the Cancer Protocols, and it's free for everyone. And actually in the CAP website, these protocols are available in PDF and Word format. So users can basically copy and paste the accurate protocol and put it in the report. And in terms of the electronic Cancer Protocol, there's really a fantastic data that we're hearing from CAP. The last time I heard is at this point there are more than 8,000 pathologists user now in the United States and Canada, and roughly that's, so we can say that's more than 50% potentially are using the electronic Cancer Protocols. Now let's shift our focus to the cancer epidemiology. So the recent epidemiological data highlighted changing patterns in cancer diagnosis. Now we are seeing increased incidence of cancer in those under 50 even though the overall cancer mortality has declined. So explain to us, Dr. de Baca, how is CAP working with partner organizations? And this could be clinical or research organization, it could be national international to contribute our collective expertise for early detection, improved diagnosis and sharing of best practices. You can respond to any of those three elements or you can respond to all of it.

**Dr. M.E. de Baca:**

Oh, thanks. So I think it's important for everybody listening to realize that pathologists are physicians and we're the ones who make disease diagnoses. So we are the cancer diagnosis and CAP works with lots of different organizations, but fundamentally at the root we start with ourselves. We support education in pathology subspecialties. We have glass and digital slide programs which help provide a practical approach for continuing education by giving pathologists a way to assess their diagnostic skills and to compare their performance with that of their peers and to keep up to date so that the pathology services that we are offering are top notch. And then we take that degree of specialty and up-to-date ness, if you will. And for instance, if we were talking about the Cancer Protocols, which we keep up to date, the Cancer Committee and the PERT committee work in alignment with other organizations such as the AJCC and the World Health Organization to align the content with things that are happening in other parts of medicine.

And for the last 20 years, since the electronic implementations have been in existence, they've been in part supported by CDC grants. So we're working with CDC and we work with organizations with national cancer registrars and other professional societies such as the American College of Surgeons. Now you also mentioned something about the incidents of cancer. And recently the American Cancer Society issued a report that was based on population based cancer occurrences and outcome data from the National Center of Health Statistics. It's really interesting because as you said, the overall mortality from cancer is diminishing, but the overall number of cancer cases is continuing to rise, and we're seeing that younger patients are being diagnosed with cancer as opposed to the 65 and older group that we've seen in the past as our most prevalent cohort. Another thing that you said was that we have to make sure that pathology services are available to everyone.

And unfortunately, we look at those mortality rates from the American Cancer Society report. We see that the mortality rates in our non-white groups, and it demonstrates a need for improvement in our healthcare system because mortality is higher in prostate, stomach, and uterine cancers for black people. And Native Americans are more affected with liver, stomach, and kidney cancers. If you compare that to their white cohort, there's a lot more data in that report. But I think that nobody wants to listen to me talk about a percent of this or a percent of the other. So I'll stop there saying that we do have a higher incidence of cancer in people born after 1950s, and we think part of that is because of higher incidences of obesity, but there are other unknown factors that are being investigated currently.

**Dr. Gladell Paner:**

The CAP Cancer Protocols are truly a remarkable tool provided to our pathologist. And you mentioned some of the uses, some of the advantages already of in using the CAP Protocols. So I want to go further if you can explain or you can explain to us how the Cancer Protocols support the pathologist in making their diagnosis.

**Dr. M.E. de Baca:**

Oh, sure. So the Cancer Protocols are sort of one of the things that I've spent 20 years thinking about. The implementation of those into the electronic format was a fun project that started just for kicks amongst some of us a long time ago. And it's turned into something like you said, where millions and millions of patients are now being served by these electronic protocols. But even back then when we were trying to move things into the electronic world, the reason that we wanted to do that was because, well, let me take you on a little story. I think everybody's heard in the news about pilots and the checklist they have to go through before they take us up into the air. And that checklist system and the standardization of going through how we start up before we take an airplane up every time is something that has improved airline safety significantly.

And so there were probably physicians who were using checklists before, but at some point we took this checklist idea as a way to make sure that we were looking at cases in a way so that our reports would make sense to the other physicians who read them, and that every cancer report would have the same information and that same information would be in the same order. So that if you're the patient and you're sitting in front of your surgeon or your internist and they're reading your report, they know where to look, they can see that all of information that they need is in one place and they know that they have to turn the page to see if the tumor margins were clear in your surgery or they know that on the second line it says what surgery they did. And that's just a good practice if you know where to look and you know that all of the information is going to be there, then this supports all of the different stakeholders, so the surgeons, the oncologists, the treating physicians, everyone.

And it also then allows to make sure that the latest standards and guidelines are being included and reported. And it also then helps to create a framework from which data can be sent back and forth to people who need it. Now the other one thing that I'd like to say about this, and I know you said it already, but it's important to repeat the Word format and PDF format documents of the Cancer Protocols are available free of charge on the CAP website. So go to cap.org and on the homepage there's a link there that will take you to those Cancer Protocols. If you haven't seen them before and you're a pathologist from somewhere other than the US or even if you are and didn't know about it, that's a good place to go to look for these protocols.

**Dr. Gladell Paner:**

Thank you, Dr. de Baca. That's very informative. And from my experience, we actually started using the electronic checklist this year and it really made a big difference in my practice. And before, as you know, I have this several lines in my narrative diagnosis on the top, but now I just have very aggravated summary at the top, like I would say, adenocarcinoma of the prostate synoptic report and everything is there. And now as you know, it's easier because we don't have to write with the electronic checklist. We basically have to check. And then once we close the report, there's a warning if we did not check those core elements or those recommended elements, I like to add further. There's one important purpose of this Cancer Protocols, and this is about the lab accreditation. Can you explain on this, Dr. de Baca?

**Dr. M.E. de Baca:**

Oh, sure. That'd be fun. So the features that you were mentioning are really important, and creating data that's captured the same way by every pathologist to allow for downstream data use is really important. And supporting the way that this works is important in quality initiatives. So the amount of quality that is added in by using the protocols in a standardized way is so important. It is so critical for quality and for patient care that the implementation of these Cancer Protocols is now a requirement for CAP accreditation.

**Dr. Gladell Paner:**

Dr. de Baca, can you give us, just very briefly, what are the processes that the CAP Protocols undergoes once it's created until release regard specifically focusing on who reviews it until to the point that it's being published?

**Dr. M.E. de Baca:**

Sure. So the decision to create the protocols are based on advances in science and the impact that those protocols would have on the pathologists. So the expert panels bring in lots of representation from the pathology community around the country, and we bring in both experts from academia, but also people who are from community practice and people who are patient facing in other specialties of medicine. And once the protocols are, or once a protocol is written, then we present that to the House of Delegates of the CAP. And the House of Delegates comprises CAP members from a state who represent their state, and it's kind of like a legislature or it's the house of people representing their state. But the House of Delegates then has a period for open comment and there's feedback for those protocols. And so when I was on the House of Delegates for the state of Washington, there was comment period, and I was looking at some of the protocols for subspecialty documents that I didn't know a lot about, but I was able to take them to other people in my state and say, Hey, do you have any comments here because I know you're an expert on this as well.

So it's kind of a grassroots pathology, get to look at things and put in feedback so that the Cancer Committee can then approve the protocol. And once it's approved, then there's also a way to monitor continued feedback through CancerProtocols@cap.org. And there are facilities there that you can have questions about the use of different protocols be addressed as well.

**Dr. Gladell Paner:**

So I want to shift our focus now to artificial intelligence and machine learning, which are truly hot topics. So with the technology changing the pathology landscape, and I know that CAP has been working hard to be sure the organization can support its member pathologists and also the pathology community. So my question to you, Dr. de Baca, is what is the recently created Council on Informatics and Pathology innovation and what can we look forward to in the future seeing from CIPI?

**Dr. M.E. de Baca:**

Well, the Council Informatics and Pathology Innovation, the acronym CIPI is lovingly referred to as "sippy", and we actually have Sippy Cup awards. You can giggle at that. You already know what the logo for our awards looks like. But first of all, this is a council that brings together committees, the newly formed AI Committee. It's a year and a half old now, the Informatics Committee, the Digital and Computational Pathology Committee, the Pathology Electronic Reporting Committee. And we've talked about it a lot already about the Cancer Committee. And the reason that these committees came together in a council is because as information technology just explodes in the world and in medicine and in pathology, it became clear that the small committees that had previously lived in the Council on Scientific Affairs had a lot more in common and that it would be a lot more synergistic to bring them together to create our information family, if you will.

And so the charge for CIPI is to bring to the Board of Governors the vision for the information technology needs and projects or programs for the CAP, and the board then can determine the directions in which they want to go. CIPI has a lot of things going on. As you said, we have to deal with artificial intelligence and machine learning. The AI committee is dealing with that. New technologies such as AI and ML bring with them all sorts of new challenges and opportunities. One of the things that they've been working on, it sounds mundane, but just figuring out what people think they know about AI is already kind of a big, big deal. And then figuring out what it is that where the gaps are and how do we make sure that we're training both the pathologists who are in their residencies and fellowships, and how do we also bring practicing pathologists into the herd?

Because everybody's at a different level and what they all need in their practice is different if they have five years left in their practice or if they have 30 years left in their practice. We have the Digital and Computational Pathology Committee. One of the funny things, funny for me at least things that we talked about this weekend at the CIPI meeting was do we really need to call it digital pathology or is it just pathology as we move in our practices and incorporate more technologies or more different diagnostic tools, things that at one point are really new and shiny and exciting become what we do every day. Immunohistochemistry, for instance, used to be a big deal. Now it's just part of the day. Dr. Vance can explain later. Conventional cytogenetics has been around for a really long time, but molecular genetics has really shifted a lot in the last 10 to 15 years.

So there's that. Then continuing to work on standards. For instance, the work that is done with the Cancer Protocols has encoding on the background. So every diagnosis has a SNOMED code. Well, SNOMED is a standard and the standards have to be maintained. And if there are new diagnoses, then we have to have new codes. And that has to all be aligned with everything that existed prior. And one more thing, and I know I'm being long-winded and very maternal about this new council, but the other thing that we're doing is that we were able to attain over the course of three years, a $3.4 million grant from the FDA for what's called the SHIELD Initiative. And that is a harmonization project for laboratory data that is being sponsored by the FDA and the CAP is working on a project to ensure laboratory data quality in the interoperability space.

So CAP and CIPI are really leading the charge on many fronts simultaneously trying to ensure that we are educating ourselves on how to use new technology. We are considering how to do that ethically. We're trying to figure out how to get paid for new implementations. We're trying to help pathologists who need to implement new digital pathology platforms or AI information into their workflows. We're trying to help them learn how to do that. And then outside the CAP, we're working with standards organizations to make sure that the data that we're using is built on a strong foundation, and we're working with the government and other initiatives to make sure that we are the ones who are leading the way in decisions that are made about data so that pathologists are represented so that pathology is understood as a strong subspecialty. And so that the use of the data that pathologists create and curate are applied in ways that ensure that our patient's diagnostic information is transferred or used in a way that is safe and that the quality is as high as possible.

**Dr. Gladell Paner:**

I like the sound of CIPI, so it matches with

**Dr. M.E. de Baca:**

CIPI is fun.

**Dr. Gladell Paner:**

So CIPI is going to be busy, and there's lot of things coming up in the horizon. And this is a bit for the future. We are aware that there's a lot of studies right now in artificial intelligence machine learning about the different cancers. So my question to you, Dr. de Baca, is that how do you see these technologists evolving over the next few years, and how do you see the pathologist workflow adapting relative to cancer diagnosis as we integrate AI and machine learning? This is a bit looking ahead in the future.

**Dr. M.E. de Baca:**

Well, so I see that there are two ends of a really long number line. One end of the line is people who are really afraid of AI and ML and they think that this is going to make pathologists or pathology obsolete, and we have other people who think that this is going to be the best thing since I don't know how 2001: A Space Odyssey, I think that the truth is probably somewhere in the middle. And I think to the people who are really afraid of this, I would suggest that other new technologies and modalities that we've introduced into the pathology workflow for at least my lifetime, we never really lose a technology. We always gain another one. And pathologists have learned how to add, let's see, Virgo added microscopy and Virgo and all of his pals figured out all sorts of different stains, and they moved that in.

And then we had, I'm going to skip a couple a hundred years here, but then we came up with immunohistochemistry and we have cytogenetics, and then we figured out fish and then keep adding things on. It doesn't take away everything that we learn is additive and it adds to the information that we have. So I think that the artificial intelligence is going to be there, I'm going to call it augmented intelligence because I think it's going to be another tool that helps us have more information and artificial or augmented intelligence used properly can do all sorts of things. It can take care of mundane things like telling me we have this many cases and we're going to spread it out this many ways across the laboratory. Hopefully if for digital pathology, it will say, these are the complex cases that you may want to do in the part of your day when you are the sharpest.

The morning people might want to do their new cancer cases early in the morning and somebody who's a little bit later might want to see those at 11 o'clock and get other things out of the way earlier. I think that there's a lot of workflow opportunity there that is just sort of administrative. And I think we will see other things come into the cancer diagnostic world. A lot of that is TBD. Some of it that we're seeing right now is doing other mundane things looking for mycobacteria. And if algorithm can say, look here, do you think that's a mycobacterium or look there, do you think it's a mycobacterium? It might've saved me 37 minutes of looking between that one and the second one, and that was 37 minutes that I could be using time for something else. I think my takeaway with this whole thing is trust and verify.

And for the people who are worried about AI taking away their jobs, I don't think it will. I think that pathologists who are open to learning about AI and do so and implement it into their practice may end up taking jobs from the pathologists who don't do that. It's a great new world. And the parting note is that I think that augmented intelligence will bring information to us so that it is more digestible. We don't have to go running after every single little tidbit, but I don't think that in my lifetime at least an augmented intelligence system will be wise. I think people are wise and people work in better contexts than machines do. And anyone who's ever seen a patient or worked with another physician colleague knows that there's stuff that's written down one way, but if you talk to them, it's like, yeah, this just doesn't really feel right or it just doesn't smell right. And you start looking at things together and you start putting together kind of the art of medicine. So I think that the combination of the data with the experience that people bring to a more organized, structured set of knowledge elements will make pathologists better, that we will increase our patient care to capacity, increase the quality, and hopefully it will highlight who we are and how important we are in the house of medicine.

**Dr. Gladell Paner:**

Those are very good words. Dr. de Bacaand I strongly agree with that. Our practice has been changing, and I'm old enough. I've been practicing 15 years now, and I could see how the practice has evolved. We basically incorporated different technologies and some of them work, some of them did not work. And I think our practice should be open to these innovations, cutting edge technologies that are in the horizon. And we don't know, it may pan out. And then for sure these will be incorporated in our practice and hopefully into our routine daily practice. Now I'm going to switch over to Dr. Vance.

**Dr. Gail Vance:**

Can I just make a comment while we're transitioning here? I've been listening to this augmentation of pathology, but I want to take you back to the 1970s when we were doing recombinant DNA and there were committees, national and international committees that were concerned about recombinant DNA. And it's very similar to what you're hearing about AI now. And then with digital pathology and genomic testing, I've been doing karyotyping. Well, the science of karyotyping has been around since the seventies. That's genomic medicine. A karyotype is your genomic, right? We've been digitizing karyotypes since the 1980s. So a lot of this comes when there are new movements and new concerns around those. But if you look back historically, we've gone through this time and time again, and I would agree with Dr. de Baca that we're going to find that this would augment our practice and improve our diagnosis versus any kind of diminishing or taking away.

**Dr. Gladell Paner:**

So we are excited to have you talk about the work of the CAP Global Pathology Committee. Can you tell us about it?

**Dr. Gail Vance:**

Well, I'm excited to tell you about it too. Yeah. The CAP Foundation Global Pathology Committee is now in about its fourth year, is one of the committees of the CAP Foundation and the CAP Foundation is the humanitarian arm of the CAP giving back locally, nationally, and internationally. The C-A-P-G-P-C Global Pathology Committee was started based on a generous gift from Gerald Hansen, one of our pathology members, and a former board of governor member. The CAP Foundation GPC has as its focus three buckets, education, training and improving diagnostics primarily in low and middle income countries. Some of our initiatives you're going to ask me, so I'm just going to go ahead and tell you.

We started with what's called the Global Pathology Education Award, and that was in 2020. That was the first effort that came out of this committee, and we gave three awards. And what that allowed international pathologists to do was apply for this award to which they would receive access to the virtual CAP meeting of that year, and also were eligible to be an international fellow of the CAP for a year. So in 2020 we awarded 3, 2021 we awarded 10 awards, 2022 15. And last year in a conjunction with the 60th anniversary of the CAP Foundation, we awarded 60 from over 27 countries. And in 2024, we'll do it again this time with about 40 awards. So that's education. So that's one of those buckets. The other is to expand training and diagnostics. And so we also started a global pathology development grant. We have three $10,000 grants that we award each year.

We're in our second year of awarding these. And some of the awards have been really phenomenal. So in Ghana, they're now looking at oral candidiasis and candidiasis that's resistant to regular treatment. And how can we improve the treatment of oral candidiasis in another country. Let me just see which one that was. Ethiopia. They're trying to train individuals to do manual biomarkers for breast cancer for ER and PR, estrogen receptor and PR progesterone receptor, trying to do that manually because they don't have the automation that we do in this country. And then we're also supported what was called the Open, which is a platform for training and providing educational materials launched primarily in Vietnam initially and then expanding to gynecological cancers. This last year, we partnered with pathologists overseas, another pathology organization to do exactly what you were previously talking about, implement a LIMS system, or a laboratory information system, in Nigeria for which they can then automate their processes in the laboratory and potentially use the CAP electronic Cancer Protocols.

And then another, in Rwanda, we're trying to implement 3D parts of microscopes because what happens in low and middle income countries is they get the material, the equipment, like a fluorescent microscope or a microscope and parts break, and they don't have those parts to replace it. So what you have is a cemetery of equipment that never gets used again. So trying to innovate with 3D printing to make the parts that can then be shipped either nationally or internationally, if it's printed within the country or internationally across the ocean to these places that can be fit into microscopes to keep them functional. And then one other that we're doing is utilizing existing courier services that were set up for multi-drug resistant T and also HIV to transport what tissues for cancer diagnosis, because many of the countries rely on central or metropolitan hospitals for all their cancer diagnoses from all the rural parts of the country.

So this way, this country, or in Uganda I should say, they will try and implement or try and revitalize the courier system that was established for HIV to transport tissues for cancer diagnoses. And then I'll just say one more thing. We were talking about Cancer Protocols. One of the efforts for 2023 was to implement educational seminars. We were grateful that you, Dr. Paner participated in one of these webinars. We had three of them. And essentially throughout those three, we were doing how to, what are the notes in the C Cancer Protocols and then providing use cases for breast, prostate, and colon. And the reason this all got started is because some of our work, we were able to talk to pathologists and say, do you use the Cancer Protocols? Because they're free. You can download 'em as paper, you can upload 'em into your phone.

Because mainly in lower and middle income countries, they either use a laptop or desktop computer or their phones. But many would say, or at least some would say that, no, we really are, we aren't comfortable. Some of us are comfortable in our practice because we trained outside of this country, but some of the pathologists are not. So they couldn't standardize their reporting. So the whole idea of these webinars was to make people comfortable and utilize this excellent resource that you've already talked about. And these webinars were all taped. We had over 1400 registrants from across the globe, and they're all taped and they're available. The recordings are available on the CAP website.

**Dr. Gladell Paner:**

These are truly novel deeds. And for me, growing out from developing countries when they started, we didn't have that access to the advanced technology that is available here in the us. And this is a good opportunity for those practicing in this under-resourced country to have access to this new and innovative technologies that we have here in the us.

**Dr. Gail Vance:**

Yeah, I just wanted to do a shout out, not only to yourself, sir, but also to the CAP Cancer Committee that was instrumental and gave of their time and expertise to facilitate these webinars. Couldn't have done it without them.

**Dr. Gladell Paner:**

And from what I heard, at least from the statistics that I know, I think it's really far reaching. We have the global audience was tremendous for this webinar. So it's going to grow and grow for sure. My question, Dr. Vance, and this is from my curiosity, is what do you think are the major barriers that international laboratories are facing in terms of cancer reporting?

**Dr. Gail Vance:**

Well, I think there is a huge need for pathologists. I mean, usually in many of these developing countries, you'll see one pathologist for five to 10 million people is extraordinary. So as we've already talked about, pathology is essential for a correct diagnosis. So one of the goals of our committee is to facilitate training and training onsite, not necessarily to bring someone to another country to train, but to provide training in place. So it's the number of pathologists, it's the training of pathologists, it's the infrastructure as well. As I was saying, many of the patients for many of these low and middle income countries are rural, and transportation is a problem, and getting paid to leave your job is a problem, and insurance isn't necessarily available as well.

**Dr. Gladell Paner:**

This is just for our audience. I know that some of our audience, or many of our audience are interested in this application for this Global Pathology Fund, the Grant Education Award. How do they apply to that?

**Dr. Gail Vance:**

Ah, go to the CAP Foundation website and look up global pathology, and there'll be the awards, the Global Pathology Education Awards, the Global Pathology Development Grant, and then any, there's other material about global pathology. And also, much like what was said earlier, we're open to questions, comments, ideas, et cetera.

**Dr. Gladell Paner:**

Despite the advancement in cancer care, as you know, disparity still exists in mortality, morbidity, and survivorship of cancer conditions caused by racial, social, environmental, and economic disadvantages among others. My question for you, Dr. de Baca, is what are the initiatives taken by CAP to address these issues of disparities in cancer care?

**Dr. M.E. de Baca:**

Well, I think that this is a really easy one for me to just lob the softball back over to Dr. Vance because the CAP Foundation has for years supported what's called the See, Test & Treat program. I'm going to jump out on a limb here and ask for forgiveness or for remediation, Dr. Vance if I say something wrong. But this is a program in which pathology groups or practices around the country can get together and in their communities, have a day where a team is built from not only pathology, but from other areas, other specialties of medicine, including ob gyn and radiology for sure, perhaps others to do cancer screening for women who may be uninsured or otherwise don't have access to healthcare. And so I know in some places, there've also been ancillary pediatric screens or vaccination opportunities for those families who come to See, Test & Treat. And I know that this has been ongoing since Dr. Jean Herbeck and Mrs. Herbeck started this some years ago. So it's a point of a lot of pride, and I'm sure that there's something that Dr. Vance can add to what I just said.

**Dr. Gail Vance:**

You did a great job. Thank you. No, it's exactly that. It's actually a cancer screening for women, so mammograms and including 3D, mammograms and cervical screens, clinical breast exams and HPV vaccinations, et cetera. So any kind of cancer screening for women, different See, Test & Treat modules or different locations have different offerings, much like she already mentioned. Sometimes pediatrics, sometimes the dentists are there. There's different offerings. But the crux of it is to provide women with cancer screening who either have no access to insurance or are under insurance and to give them the results in the same day. And then if they have abnormal results to integrate them, this is the key here to integrate them into the healthcare system. And just a plug for the Affordable Care Act, because now we have more access to general medicine and general care for individuals who do have abnormal screening.

**Dr. Gladell Paner:**

So my question for both of you is, as we celebrate World Cancer Day, what actions can pathologists take to help raise awareness of cancer by the public, and how can the cap support them in doing so? I'll start with you. We'll start with you, Dr. DeBaker.

**Dr. M.E. de Baca:**

What I hope that we can do at some point, and it probably won't be in the lifetime of anyone who's listening, is to celebrate world cancer is over day. We don't so much celebrate World Cancer Day as we acknowledge that cancer is still with us and that we have a lot to do. We're doing a lot. And I think that part of what we need to do as pathologists is to continue to educate our patients and the communities. And so we need to actually be active in our communities with the information that we have that other people don't. We need to make sure that other people in the house of medicine know how we can help them in a patient's cancer journey. We write an awful lot of things in those absolutely amazing Cancer Protocols, but a phone call to your pathologist is sometimes a really good idea.

We need to continue to educate ourselves and make sure that we don't have pockets of, and I'm saying this without judgment. We have to make sure that there aren't pockets of ignorance among ourselves or our colleagues where there's a need for education. We need to make sure that people have access to that education. And then we need to continue doing what pathologists always do. And that's being really curious and continuing to do research about what it is we're looking at so that we understand more about what these diseases are. And hopefully through that information, we can figure out ways to eradicate a lot of the diseases. And Dr. Vance?

**Dr. Gail Vance:**

Yeah, I really appreciate what you just said. One other thing I wanted to add, or two other things I wanted to add about See, Test & Treat is the education component of See, Test & Treat. I've always viewed medicine, whatever my role in medicine, either seeing patients or looking in a microscope or whatever as a team activity. And so when we bring pathologists outside of the basement or from behind their office and have them meet the people and explain to individuals what a pap smear is, what do those cells mean, that makes them curious and makes us curious, and also gives us a voice, as Ben said multiple times, we can't make a cancer diagnosis without a pathologist. That role is critical. The accuracy, the responsibility of that role is also critical. We want to take that in the Global Pathology Committee from the United States and spread that worldwide.

So I would ask anybody who wants to donate to the CAP Foundation Global Pathology Committee, please do. We're open on the web 24/7. You can give your donations there and help us in our mission. I will tell you, 70% of the new cases of cancer in the world are in low and middle income countries (LMIC). And for every common cancer type in LMIC, the cure rates are 50 to 70% lower than in high income countries. And as I've already said, this is mainly due to socioeconomic factors in healthcare, but the influence of pathology is wide. It's necessary, and it's essential for lifting up the diagnosis of cancer so that we can identify it, the new technology, the ai, et cetera, so we can better define it, so then we can pinpoint therapy for those cancers as well and try and understand why they occur.

**Dr. Gladell Paner:**

Thank you, Dr. Vance, Dr. de Baca. I know we can talk here all day, but that's all the time we have. So I would like to thank both of you for sharing your thoughts on cancer care and on the World Cancer Day. And I'd like to share one message that I read in the World Cancer Day messaging. It says, cancer doesn't mean the end of life. So never give up, keep fighting. And that's all for us. Thank you. And I would like to pass this to Becca.

**Dr. Gail Vance:**

Thank you.

**Becca Battisfore:**

Thank you, Dr. Paner, Dr. de Baca and Dr. Vance for sharing your insights as we commemorate World Cancer Day. And I want to thank you all for listening to this CAPcast.

You can find links to the CAP'S Cancer Protocols in the episode description, along with other resources mentioned during the episode. You can learn more about the CAP Foundation and the Global Pathology Committee at foundation.cap.org. Please consider making a donation to help in their mission to addressing health inequities. And for more information about the CAP, visit cap.org.