House of Delegates
Fall ‘13 Meeting

Orlando FL
October 12, 2013
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### Meeting:
House of Delegates Meeting & Events

### Date:
October 11-12, 2013

### Location:
Gaylord Palms Orlando
6000 West Osceola Parkway
Kissimmee, Florida 34746

**Tel:** 1-407-586-0000  **Fax:** 1-407-586-9556

### Staff:
- Sandra B. Grear  |  **Tel:** 800-323-4040, x7536  |  sgrear@cap.org
- Marci Zerante  |  **Tel:** 800-323-4040, x7656  |  mzerant@cap.org

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**Friday, October 11, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
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</thead>
<tbody>
<tr>
<td>5 – 6pm</td>
<td>HOD Orientation</td>
<td>Captiva</td>
</tr>
<tr>
<td>8:30 – 10:00pm</td>
<td>House of Delegates/Residents Forum Welcome</td>
<td>Castillo Fort</td>
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<tr>
<td></td>
<td>Reception</td>
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</table>

**Saturday, October 12, 2013**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>7:00 – 8:00am</td>
<td>House of Delegates/Residents Forum Breakfast and Registration</td>
<td>Osceola Lobby</td>
</tr>
<tr>
<td>8:00 – 9:00am</td>
<td>House of Delegates/Residents Forum Joint Session</td>
<td>Osceola CD</td>
</tr>
<tr>
<td>9:15am – 12:00pm</td>
<td>House of Delegates Meeting</td>
<td>Osceola A1-3</td>
</tr>
<tr>
<td>12:00 – 1:15pm</td>
<td>House of Delegates/Residents Forum Joint Lunch</td>
<td>Osceola CD</td>
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<td></td>
<td>*Special Guest Speaker Hosted by PathPAC, Bob Woodward</td>
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<tr>
<td>1:30 – 4:00pm</td>
<td>House of Delegates Meeting</td>
<td>Osceola A1-3</td>
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<tr>
<td>4:00 – 5:00pm</td>
<td>House of Delegates/Residents Forum Networking Reception</td>
<td>Emerald Bay Plaza (hotel atrium)</td>
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<tr>
<td>6 – 6:45pm</td>
<td>Inaugural Reception</td>
<td>Osceola CD</td>
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<tr>
<td>7 – 11pm</td>
<td>Inaugural Dinner &amp; Dance</td>
<td>Osceola CD</td>
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# Fall 2013 House of Delegates & Residents Forum

## Morning Joint Session

### Agenda

<table>
<thead>
<tr>
<th>TIME</th>
<th>PRESENTATION</th>
<th>PRESENTER</th>
<th>DURATION</th>
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<tbody>
<tr>
<td>8:00 – 8:05</td>
<td>Welcome and Introduction of CAP Officers, Governors, and Official Guests</td>
<td>David A. Novis MD, FCAP, Roseann I. Wu, MD, MPH</td>
<td>5 min</td>
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<tr>
<td>8:05 – 8:10</td>
<td>State of the House of Delegates</td>
<td>David A. Novis MD, FCAP</td>
<td>5 min</td>
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<tr>
<td>8:10 – 8:15</td>
<td>State of the Residents Forum</td>
<td>Roseann I. Wu MD, MPH</td>
<td>5 min</td>
</tr>
<tr>
<td>8:15 – 8:45</td>
<td>CAP Business Meeting, Swearing In of New Board of Governors &amp; Award Presentations</td>
<td>Stanley J. Robboy MD, FCAP</td>
<td>30 min</td>
</tr>
<tr>
<td>8:45 – 8:55</td>
<td>Update from the CAP President</td>
<td>Stanley J. Robboy MD, FCAP</td>
<td>10 min</td>
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<tr>
<td>8:55 – 9:10</td>
<td>Update from CAP CEO</td>
<td>Charles Roussel</td>
<td>15 min</td>
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<tr>
<td>9:10 – 9:15</td>
<td>CAP Foundation Leadership Awards</td>
<td>Lewis A. Hassell MD, FCAP</td>
<td>5 min</td>
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<tr>
<td>9:15 – 9:20</td>
<td>Closing Remarks</td>
<td>Roseann I. Wu MD, MPH</td>
<td>5 min</td>
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<tr>
<td>9:20 – 9:30</td>
<td>Break and move to separate meetings</td>
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<td>10 min</td>
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## Fall 2013
### House of Delegates
### DRAFT Meeting Agenda

<table>
<thead>
<tr>
<th>Time</th>
<th>Duration</th>
<th>Topic</th>
<th>Presenter</th>
</tr>
</thead>
<tbody>
<tr>
<td>9:30 – 9:35am</td>
<td>5 mins</td>
<td>Welcome</td>
<td>Antonio E. Martinez MD, FCAP Florida Delegation Chair</td>
</tr>
<tr>
<td>9:35 – 9:50am</td>
<td>15 mins</td>
<td>Vision, Voice and Value</td>
<td>David A. Novis MD, FCAP</td>
</tr>
<tr>
<td>9:50 – 10:45am</td>
<td>30 mins</td>
<td>Realizing Our Vision: One College</td>
<td>David A. Novis MD, FCAP AG Chairs:</td>
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<tr>
<td></td>
<td></td>
<td>HOD Action Group Updates</td>
<td>Michael Misialek MD, FCAP Jeffrey Craver MD, FCAP Rodolfo Laucirica MD, FCAP Rana Samuel MD, FCAP James E. Richard DO, FCAP</td>
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<td>• Networking AG on CMPD</td>
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<td>• Networking AG on CGPA</td>
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<td>• Networking AG on COE</td>
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<td>• AG on Delegate Chair/Delegate Orientation</td>
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<td>• AG on Center Guidelines</td>
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<td>• AG on New Product Development</td>
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<tr>
<td>10:45 – 11:00am</td>
<td>15 mins</td>
<td>HOD Proposal to CAP Constitution &amp; Bylaws</td>
<td>David A. Novis MD FCAP Arthur McTighe MD, FCAP</td>
</tr>
<tr>
<td>11:00 – 11:40am</td>
<td>20 mins</td>
<td>Advocacy Updates</td>
<td>Richard C. Friedberg MD, PhD, FCAP</td>
</tr>
<tr>
<td>11:40 – 11:50am</td>
<td>10 mins</td>
<td>New Business</td>
<td>David A. Novis MD FCAP</td>
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<tr>
<td>11:50 - Noon</td>
<td>Break and move to lunch</td>
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<tr>
<td>Noon - 1:15pm</td>
<td>HOD/RF Joint Lunch - Sponsored by PathPAC Guest Speaker, Bob Woodward</td>
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<tr>
<td>1:15 - 1:30pm</td>
<td>Break and move to individual meeting</td>
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<tr>
<td>1:30 – 2:40pm</td>
<td>70 min Panelist presentations</td>
<td>What’s Your Competitive Edge? Panel</td>
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<td></td>
<td></td>
<td>a. CAP Official Position</td>
<td>David A. Novis, MD FCAP Panelists –</td>
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<tr>
<td></td>
<td></td>
<td>b. Individual Presentations from Panels:</td>
<td>Jim Almas MD, FCAP Lydia Christensen MD, FCAP Eric Glassy MD, FCAP C. Dean Pappas MD, FCAP Robert Hunter MD, PhD, FCAP Cory Roberts MD, FCAP</td>
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<td></td>
<td></td>
<td>a. Academic</td>
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<td>b. Small Community Hospital</td>
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<td>c. Large Community Hospital</td>
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<td>d. Commercial Lab</td>
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<td>e. Small Private Group</td>
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<td>f. Large Private Group</td>
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<tr>
<td>2:40 – 2:55pm</td>
<td>15 mins</td>
<td>Break</td>
<td>James E. Richard DO, FCAP Panelists –</td>
</tr>
<tr>
<td>2:55 – 3:55pm</td>
<td>60 mins</td>
<td>What’s Your Competitive Edge? Q&amp;A</td>
<td>Jim Almas MD, FCAP Lydia Christensen MD, FCAP Eric Glassy MD, FCAP C. Dean Pappas MD, FCAP Robert Hunter MD, PhD, FCAP Cory Roberts MD, FCAP</td>
</tr>
<tr>
<td>3:55 – 4:00pm</td>
<td>5 mins</td>
<td>Closing Remarks</td>
<td>David A. Novis MD, FCAP</td>
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<tr>
<td>4:00 - 5:00pm</td>
<td>House of Delegates/Residents Forum Networking Reception</td>
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<tr>
<td>6:00 - 6:45pm</td>
<td>Presidential Inaugural Reception (ticketed event)</td>
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<tr>
<td>7:00 - 11:00pm</td>
<td>Presidential Inaugural Dinner &amp; Dance (ticketed event)</td>
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Committee Minutes

BACKGROUND
The House of Delegates met on March 2, 2013 in Baltimore, MD.

OBJECTIVES
• Approve draft minutes from House of Delegates meeting held March 2, 2013 in Baltimore, MD.

CONTENTS OF THIS TAB
• March 2, 2013 Draft House of Delegates Meeting Minutes
JOINT SESSION

WELCOME

Residents Forum Executive Committee Chair, Roseann Wu, MD, MPH welcomed House of Delegates (HOD), Residents Forum members and CAP Leadership to the sixth House of Delegates/Residents Forum Joint Session at 8:00 am, Saturday, March 2, 2012, at the Sheraton Inner Harbor in Baltimore MD. The Residents Forum Executive Committee and Staff were recognized.

STATE OF THE RESIDENTS FORUM

Roseann Wu, MD, MPH provided a brief update on the activity of the Residents Forum and agenda topics for their Spring ’13 meeting.

INTRODUCTION OF CAP OFFICERS, GOVERNORS, AND OFFICIAL GUESTS

David A. Novis, MD, FCAP, House of Delegate Speaker recognized the presence of current and past CAP officers and governors, as well as the House of Delegates Steering Committee and Staff.
STATE OF THE HOUSE OF DELEGATES

David A. Novis, MD, FCAP, Speaker of the House, opened his State of the House reiterating the mission of the House which is to be the Voice of the Membership, articulating to the Board the needs of the members and apprising the Board on how well we feel the College is doing meeting those needs.

Our vision is One College; the House and the College working together as one unit. In order to make this happen, we engaged our delegates. Our delegates built the infrastructure we have today. They revised House Rules twice, created job descriptions, recently created a mechanism to get our delegate chairs more involved in operations of the House and increased the scope of our membership, by reaching out to residents, members newly in practice and State Pathology Societies. We have engaged the Board of Governors in a variety of venues; through the Board of Governors meetings, House meetings, on our Collaboration Space and through our annual report card.

By all measures, we are moving the in the right direction for meeting the needs of our delegates. Attendance is at its highest, membership is up, and overall satisfaction is up. Delegates feel the House articulates their voice.

For us to achieve the One College vision, the College must embrace the house. For this to happen, the House must provide value. Over the next one and a half years, we will focus our efforts on accomplishing this. We will work towards making the House the gateway to leadership in the College. We will network with the
College of American Pathologists and ask “how can we provide value?” We will look for projects that advance the mission of the House and the vision of One College.

The presentation and audio file for this segment are available on the HOD Topic Center.

CAP BUSINESS MEETING

CAP President, Stanley J. Robboy, MD, FCAP, opened the CAP Business meeting by announcing this meeting to be the largest Spring meeting in the history of the CAP with 249 pathologists registered for the meeting. Dr. Robboy conducted the CAP Business meeting and announcement of the CAP Bylaws Revisions Vote.

UPDATE FROM THE CAP PRESIDENT

CAP President, Stanley J. Robboy, MD, FCAP, reminded attendees that it was just a few years ago that we tried a new format to bring the House of Delegates and Residents Forum together for a combined morning session and he now can’t imagine it any other way. Both groups will hold their individual sessions following the combined session and both have ambitious agendas providing meetings that will not disappoint. Dr. Robboy highlighted a few key discussion topics for both meetings.

Dr. Robboy discussed how today’s events are designed to energize and engage us, to remind us of our rich tradition, of ably and cooperatively working together to solve problems.
He sighted how collaboration with our colleagues has lead to many successes. Where there were once no standards for lab testing, we now have surveys. Where each lab was its own operating system, we now have accreditation. Where we once learned by apprenticeship, we now have online learning and SAMs. Each innovation is the brain child of a Pathologist working with peers. He spoke about how Pathologists are the doctors doctor and we have never been more needed than now. Few get anywhere on their own. We need mentors and partners as early and as often as our patients need us. He reminded members that their engagement with the professional community is the single most powerful element of Pathologists' future success.

The presentation and audio file for this segment are available on the HOD Topic Center.

UPDATE FROM THE CHIEF EXECUTIVE OFFICER

Charles Roussel, Chief Executive Officer of the College, spoke to the members about the power of the House of Delegates and Residents Forum. He described these two communities of the College as a real arc of accomplishment from the early embrace of a new profession to the polished practice of an old art. The arc of accomplishment that Pathologists represent is evident in everything we do at the College. He defined staying power as endurance, strength, stamina, toughness and the ability to survive in the face of adversity. Charles shared three views of the College’s staying power with the attendees. The first view focusing on traditions of innovation at the College that prepare our members well for the challenges they
face out there. The second describes the nature of the College’s resiliency and that of the specialty. Why CAP leadership believes that our best days may be ahead. The third and final view frames the College's investments on member's behalf to ensure the next fifty years are as impressive as the half century that just passed. He asked all attendees to pause and consider all of this. Remember where you came from and look forward at the promise that lies ahead for the College and for our members.

**HOUSE OF DELEGATES MEETING**

**CALL TO ORDER**

Speaker of the House, David A. Novis, MD, FCAP, called to order the regular session of the College of American Pathologists House of Delegates at 9:15 AM, Saturday, March 2, 2013. He highlighted that the Spring ’12 meeting was the largest House of Delegates Spring meeting and Spring ’13 is thirty percent larger.

**STRATEGIC OVERVIEW: VISION, VOICE AND VALUE**

Dr. Novis welcomed delegates/alternates and guests to the largest registered Spring HOD meeting. He reviewed the HOD mantra: Just One College, HOD strategy: Be The Customer, and highlighted discussion topics for today’s agenda.

*The presentation and audio file for this segment are available on the HOD Topic Center.*
FALL ’12 HOD MEETING MINUTES APPROVAL

Dr. Novis asked for a motion to approve the Fall ’12 House of Delegates Meeting Minutes. A motion was granted, seconded and approved.

PROPOSED REVISIONS TO THE HOD RULES

HOD Steering Committee Member at Large and Liaison to the Action Group (AG) on Rules II, Rodolfo Laucirica, MD, FCAP introduced AG Chair, V.O. Speights, DO, FCAP for an update on the work of this AG.

Dr. Speights recognized the members of his Action Group, presented HOD Members with three proposed revisions to the current HOD Rules and answered questions from the floor.

Dr. Novis asked for a motion to approve proposed revision #1: Current and past Officers of the College and members of the Board of Governors shall have all privileges of the House but may not serve as delegates, vote, hold office or serve on House committees.

A motion from the floor was heard to amend proposed revision #1.

Motion was seconded and approved.

Dr. Novis asked for a motion to approve amended proposed revision #1: Officers of the College, members of the Board of Governors and Past Presidents of the College shall have all privileges of the House but may not hold House office, vote or serve on committees.
Motion was granted, seconded and approved.

Dr. Novis asked for a motion to approve proposed revision #2: State Pathology Society Presidents who are CAP Fellows may serve as ex-officio members of their state House delegations.

Motion was granted, seconded and approved.

Dr. Novis asked for a motion to approve proposed revision #3: The immediate Past Speaker of the House shall serve on the HOD Steering Committee as an Advisor for one term immediately following his/her term as Speaker.

Motion was granted, seconded and approved.

The presentation and audio file for this segment are available on the HOD Topic Center.

SUSPENSION OF PARLIAMENTARY PROCEDURE

It was moved, seconded, and CARRIED to SUSPEND parliamentary procedure.

CAP 2013 CANDIDATE FORUM: PRESIDENT-ELECT Q&A

The candidate running for the office of CAP President-Elect, Richard C. Friedberg, MD, PhD, FCAP participated in a live 50 minute Q&A segment moderated by Dr. Novis. Delegates had one minute to ask a question, the candidate had one-and-a-half minutes to respond. Dr. Al Campbell, HOD Sergeant-at-Arms provided official time keeping for the segment.

The audio file for this segment is available on the HOD Topic Center.
CAP 2013 CANDIDATE FORUM: GOVERNOR Q&A

All candidates running for the CAP Board of Governors participated in a 50 minute panel moderated by Dr. Richard. Candidates: David L. Booker, MD, FCAP, Richard R. Gomez, MD, FCAP, Bharati Suketu Jhaveri, MD, FCAP, and Emily E. Volk, participated in this segment. David G. Hicks, MD, FCAP was unavailable. Delegates had one minute to ask a question, all candidates had one-and-a-half minutes to respond. Dr. Al Campbell, HOD Sergeant-at-Arms provided official time keeping for the panel.

The audio file for this segment is available on the HOD Topic Center.

FOLLOW THE MONEY: 2012 CAP FINANCE UPDATE

CAP Secretary/Treasurer, Paul N. Valenstein, MD, FCAP provided an update on CAP finances. A question and answer segment followed Dr. Valenstein’s presentation.

The presentation and audio file for this segment are available on the HOD Topic Center.

NEW BUSINESS

Dr. Novis reminded delegates that the 2014 House Elections will begin with a call for candidates this fall. Delegate term is three years. All delegates must renew by election every three years. Delegates elect their own chairs. Dr. Novis asked if there is any new business to come before the House. No new business was brought from the floor.
PART I – ACOS: WHAT DO WE NOW KNOW, WHAT DO WE NEED TO KNOW AND WHAT DO WE NOT HAVE A CLUE ABOUT?

HOD Member at Large, Kathryn T. Knight, MD, FCAP introduced the Chair of the CAP ACO Network, Donald S. Karcher, MD, FCAP. Dr. Karcher provided an overview of Accountable Care Organizations, the different models that exist, valued added roles of pathologists and challenges pathologists face in these arrangements. A question and answer segment followed Dr. Karcher’s presentation.

The presentation and audio file for this segment are available on the HOD Topic Center.

PART 2 – ACO PANEL: HOW CAP MEMBERS ARE MAKING IT WORK

CAP HOD Members, John Harbour, MD, FCAP, Donald S. Karcher, MD, FCAP and Conrad Schuerch, MD, FCAP shared information about how they got to where they are today in their ACO models.

The presentations and audio file for this segment are available on the HOD Topic Center.

PART 3 – HELPING YOUR PRACTICE ADDRESS EMERGING HEALTH CARE PAYMENT SYSTEMS

HOD Sergeant at Arms, John G. Newby, MD, FCAP introduced the CAP President-Elect Gene Herbek, MD, FCAP. Dr. Herbek provided an high level overview of the major forces driving the increased demand for health care services, the emerging payment systems developing in response to market drivers and what tools are

College of American Pathologists
Elect Gene Herbek, MD, FCAP. Dr. Herbek provided an high level overview of the major forces driving the increased demand for health care services, the emerging payment systems developing in response to market drivers and what tools are available to help our members now.

**PART 4 - YOUR OPPORTUNITY TO HELP THE COLLEGE HELP YOU NOW**

Delegates/Alternates and guests were invited to participate in roundtable discussions designed to gather information that the College can use to help members transition their practices. During the roundtable discussions, delegates scribed responses for the following questions: 1) What is your practice doing to prepare for changes in health care? 2) Identify the opportunities and challenges your practice is facing. Lastly, delegates completed a Tool Prioritization form to help the College better understand which tools are most important in helping members make this transition.

**SUMMARY AND NEXT STEPS**

Dr. Novis reminded House members of their responsibilities to communicate, serve and attend. Delegates/Alternates are asked to complete all surveys so we know how we are doing, check the website and post your comments, bring your issues to your Delegate Chair so we can bring them to the College for you, communicate the information you learned today to your constituents and attend the next two meetings: The CAP Policy Meeting in May 2012 and the Fall HOD Meeting in September 2012.

*College of American Pathologists*
Providing Leadership & Value

BACKGROUND
This section of the Agenda Book highlights Delegates who have received special awards for their contributions to the specialty, appointed to leadership positions and Action Groups.

CONTENTS OF THIS TAB

- HOD Members in the CAP ’13 Spotlight
- HOD Members appointed to CLSI Focus Groups on New Guideline Development
- HOD Members serving on 2012-2013 HOD Action Groups
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HOD Members in the CAP '13 Spotlight!

The CAP House of Delegates provides leadership opportunities to CAP members. Join us in recognizing the outstanding contributions of House members receiving special awards at CAP '13 – THE Pathologist’s Meeting.

Barbara A. Crothers DO, FCAP
US Army Alternate
CAP Public Service Award

M. Elizabeth H. Hammond MD, FCAP
Utah Alternate
CAP Excellence in Education Award

Alfred Lui MD FCAP
California Delegate
CAP Distinguished Service Award

Ann T. Moriarty MD, FCAP
Indiana Delegate
Lifetime Achievement Award

David A. Novis MD, FCAP
HOD Speaker
New Hampshire Delegate Chair
President’s Honors

Deborah A. Perry MD, FCAP
Nebraska Delegate Chair
CAP Excellence in Teaching
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Gateway to Leadership

In April of 2013, the CAP Standards Committee reached out to the House of Delegates for recommendations for appointment to a two – three year term on CLSI (Clinical Laboratory and Standards Institute) Writing and Review teams for a new guideline on Customer Focus.

Please join the CAP House of Delegates in congratulating all those who were appointed:

Writing Group Members: Responsible for drafting the guideline

   James Harker MD, FCAP
   Ronald Weiss MD, MBA, FCAP

Review Group Contributors: Responsible for providing review/feedback of the guideline.

   Vinod Shidham MD, FCAP
   Rana Samuel MD, FCAP
   David Grier MD, FCAP
   Martha Clarke MD, FCAP
   Louis Sussman MD, FCAP
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Gateway to Leadership

The House of Delegates recognizes and thanks the following delegates for their service on 2012-2013 Action Groups.

One College Action Groups

Networking AG on Council on Membership & Professional Development

Chair
Michael Misialek MD, FCAP
Liaison
Arthur McTighe MD, FCAP
Member
Wayne Garrett DO, FCAP
Member
Karla Murphy MD, FCAP
Member
Gerald Wedemeyer MD, FCAP
Member
Amanda Wehler MD, FCAP

Networking AG on Council on Government & Professional Affairs

Chair
Jeffrey Craver MD, FCAP
Liaison
Kathryn Knight MD, FCAP
Member
Nicole Balmer MD, FCAP
Member
Al Martin MD, FCAP
Member
Elizabeth Martin MD, FCAP
Member
Robert Freedman MD, FCAP

Networking AG on Council on Education

Chair
Eleanor Pollak MD, FCAP
Liaison
Rodolfo Laucirica MD, FCAP
Member
Andrew Fesnak MD, FCAP
Member
Qihui (Jim) Zhai MD, FCAP
Member
Candace Black MD, FCAP
## Networking AG on Center Guidelines

<table>
<thead>
<tr>
<th>Chair</th>
<th>Jim</th>
<th>Richard</th>
<th>DO, FCAP</th>
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## State Network Pilots

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<tr>
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<td>Volmar</td>
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## Infrastructure Action Groups

### AG on HOD Orientation

<table>
<thead>
<tr>
<th>Chair</th>
<th>Rana</th>
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<tr>
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<td>Clarke</td>
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<td>Bryd</td>
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AG on Delegate Chairs Initiative I

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<thead>
<tr>
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<th>Name</th>
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<td>Misialek</td>
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<td>Jeffrey</td>
<td>Craver</td>
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<td>Kois</td>
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AG on State Societies II

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<td>Neal</td>
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AG on Leadership II

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<tr>
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<td>Melton</td>
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</tr>
<tr>
<td>Member</td>
<td>John</td>
<td>Cangelosi</td>
<td></td>
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</table>
Delegates Serving the CAP Membership

BACKGROUND
Delegate elections are held every three years. The next House of Delegates election begins with a Call for Candidates this Fall. This is the first House of Delegates election that will be held via electronic voting. Paper ballots will be mailed to CAP Fellows who have opted out of email.

CONTENTS OF THIS TAB
• 2014 Elections Speaker Letter
• 2014 Elections Timeline
• 2014 Candidate Form
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September 25, 2013

Dear Delegates

Your 3-year term expires 2014. I hope you will run again. The election process details are attached.

Since the last election, your peers have revised our job descriptions to require a greater degree of commitment, responsibility and accountability than that required of us previously. Please access Delegates’ job descriptions at www.cap.org/hod.

**Our Mission:** We are the Voice of our Membership, articulating to the Board of Governors, the needs of the CAP’s 18,000+ members and apprising the Board on the degree to which the College is meeting those needs.

**Our Vision:** To achieve One College-- the CAP House of Delegates, Board of Governors, and College Councils and Committees functioning as a single unit to achieve common goals.

**What’s in it for you?**

As a Delegate, you have the opportunity to provide value to the College in three major areas:

1. **Influence CAP Policy.** By articulating the needs of your constituents, you provide guidance to the Board of Governors as they craft and implement College policy.
2. **Improve CAP services.** By serving as a “think tank” for College Councils and Committees, you shape the manner in which the College delivers services to our members.
3. **Provide Leadership.** By serving the House and your constituents, you provide the largest source of College leadership.

Sincerely,

David A. Novis, MD, FCAP
Speaker, CAP House of Delegates
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## 2014 Delegate Elections Timeline

<table>
<thead>
<tr>
<th>Deadline</th>
<th>Action</th>
</tr>
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<tbody>
<tr>
<td><strong>October 2013</strong></td>
<td>Call for Candidates</td>
</tr>
<tr>
<td><strong>November 15th, 2013</strong></td>
<td>Submission forms Deadline</td>
</tr>
<tr>
<td><strong>December 1, 2013</strong></td>
<td>Candidate Slates sent to State Societies for endorsement</td>
</tr>
<tr>
<td><strong>January 17, 2014</strong></td>
<td>Deadline for State Societies to endorse candidates</td>
</tr>
<tr>
<td><strong>February 24, 2014</strong></td>
<td>Voting opens</td>
</tr>
<tr>
<td><strong>April 7, 2014</strong></td>
<td>Voting closes</td>
</tr>
<tr>
<td><strong>May 30, 2014</strong></td>
<td>Election results announced</td>
</tr>
<tr>
<td><strong>June 27, 2014</strong></td>
<td>Delegate Chair election results due from each delegation</td>
</tr>
</tbody>
</table>
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CAP House of Delegates
2014 Candidacy Form

If you are interested in becoming a candidate for election to the CAP House of Delegates, please complete this form and return it by Friday, November 15th, 2013. Contact Marci Zerante (800-323-4040 ext. 7656 or mzerant@cap.org) if you have questions.

Name

Institution

Practice Manager’s Name

Address

City State Zip

Daytime Telephone (include area code & extension) Fax

E-Mail

1. Are you currently a member of your State Pathology Society? ☐ Yes ☐ No

2. Which of the following best describes your primary laboratory or practice setting (select only one)?

☐ Academic Medical Center (with ACGME pathology resident program) ☐ Corporate Reference Laboratory
☐ For Profit Hospital ☐ Niche Sub-Specialty Reference Laboratory
☐ Not for Profit Hospital ☐ Physician Office Laboratory (non-pathologist owned)
☐ Pathologist Owned Laboratory ☐ Non-hospital lab of Military/Federal Government

Other, please specify: ____________________________________________

3. Which of the following best describes your primary practice type (select only one)?

☐ Academic practice plan ☐ Path owned group
☐ Hospital employees ☐ Other, please specify:
☐ Stand-alone laboratory employee Does the group own its own histology lab (Y/N)? ___

4. Do you have any special interest, talent, or skill (other than the practice of pathology) that would make you a valuable contributor to the House of Delegates?

☐ Communications ☐ Marketing ☐ Parliamentary Procedure
☐ Technology ☐ Media relations ☐ Political action
☐ Education ☐ Quality assurance ☐ Other: ___
☐ Fiscal Management ☐ Presentation ☐
☐ Negotiating skills ☐ Relationship building
☐ Business Acumen ☐ Interpersonal

Submissions Due by Friday, November 15th, 2013 to:

Marci Zerante
College of American Pathologists
325 Waukegan Road
Northfield IL 60093-2750
Email: mzerant@cap.org
Fax: 847-832-8656
Realizing Our Vision: One College

Voting Item

BACKGROUND:

This section includes the proposed changes to the CAP Constitution and Bylaws regarding the purpose of the House of Delegates. During the Fall ’13 House of Delegates meeting we will call for a motion to approve sending these amendments forward to the Board of Governors for their review/approval.

CONTENTS OF THIS SECTION:

• Email from the Speaker
• Proposed Changes to CAP Constitution and Bylaws
• Comments posted on Collaboration Space
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The following is sent on behalf of House Speaker, David A. Novis MD, FCAP.

Delegates,

At the Fall ’13 House of Delegates Meeting in Orlando, FL on Saturday, October 12, 2013, we will call for a motion to approve amending CAP Bylaws to bring them in line with House Rules.

CAP Bylaws label the House as the legislative body of the College but provide no mechanism by which the House may assume legislative authority. This ambiguity has hindered the House in executing its mission as the Voice of the Membership. For the past three years we have distanced ourselves from this bylaw. In its place, the House has chosen to assume the role of the customer, apprising the College of our members' needs and the degree to which the College is meeting those needs. At the Spring ’12 HOD meeting we changed our HOD Rules to formalize this role. Your responses on HOD surveys indicate that this strategic vanguard is working. We now need to complete this process by proposing that the Board of Governors amend College Bylaws to describe more accurately, the role of the House of Delegates.

Please access the HOD Collaboration Space to familiarize yourself with and comment on the proposed amendments to the CAP Constitution and Bylaws. Open comment period on these proposed amendments will close August 31, 2013.

Thank you,
Dave

David A. Novis, MD FCAP
Speaker, House of Delegates
Member, Board of Governors
College of American Pathologists

Business Phone: 603 659 6931
Cell: 603 534 2056
HouseSpeaker@cap.org
www.davidnovis.com
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**PROPOSED AMENDMENTS TO**
**CAP CONSTITUTION AND BYLAWS**

The following identifies the original text, proposed amendments and rationale for change to ARTICLE II. HOUSE OF DELEGATES, Section 1. Purpose of the CAP Constitution and Bylaws.

Legend:
Strikeout = remove text
Yellow highlight = add text

<table>
<thead>
<tr>
<th>Original Text</th>
<th>Proposed Text</th>
<th>Rationale for Change</th>
</tr>
</thead>
<tbody>
<tr>
<td>A House of Delegates shall act as the legislative body of the College of American Pathologists. It shall receive reports of the activities of the Board of Governors and College councils, commissions, and committees. It may initiate its own business and assume such other responsibilities as may be assigned by provisions in the bylaws. Upon concurrence by the Board of Governors, policy determinations by the House of Delegates shall become official policy of the College. Actions of the House vetoed or modified by the Board of Governors shall be returned to the House, together with the reasons therefore, for consideration at its next meeting.</td>
<td>The House of Delegates (HOD) shall act as the legislative body, voice of the membership of the College of American Pathologists, articulating to the Board of Governors what the HOD believes to be the needs of the constituents and articulating to the constituents what the College is doing to meet those needs. It shall receive reports of the activities of the Board of Governors and College councils, commissions, and committees. It may initiate its own business such as the formation of Action Groups to address issues the membership believes are important to the practice of pathology. It may assume such other responsibilities as may be assigned by provisions in the bylaws. Upon concurrence by the Board of Governors, policy determinations by the House of Delegates shall become official policy of the College. Actions of the House vetoed or modified by the Board of Governors shall be returned to the House, together with the reasons therefore, for consideration at its next meeting.</td>
<td>This revision provides continuity between the CAP Constitution and Bylaws and the House of Delegates mission, vision and strategy.</td>
</tr>
</tbody>
</table>
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House of Delegates Collaboration Space

Discussion Forum comments for
2013 Proposed Amendments to CAP Constitution & Bylaws
As of September 23, 2013

- Proposed Amendments
  Posted by Martha R. Clarke at 2013-07-31 14:26
  Looks good.
  Reply

- Proposed Amendments
  Posted by Martha R. Clarke at 2013-07-31 14:26
  Looks good.
  Reply

- Proposed amendment to CAP By laws for HOD
  Posted by Richard N. Eisen at 2013-06-01 05:09
  The wording seems fine to reflect the change in function of the House. However, the prior left a provision for the BOG to act/adopt House proposals, something that did not happen often it appears. Is there any written provision for the recommendations of HOD action groups/HOD at large to be brought to a future BOG meeting for review, discussion and action? I do remember from prior meetings that such a provision may be written in revised HOD by laws. Does a corresponding provision exist in CAP by laws?
  Reply

- Proposed amendment to CAP By laws for HOD
  Posted by David Alba Novis at 2013-09-18 14:15
  Thanks for your comments Richard. HOD action groups report to the HOD Steering Committee which in turn determines what actions to take, including communicating with the BOG. As you know, we have ceased recommending specific actions to the Board. Rather, we indicate our needs and the degree to which their activities meet those needs.
  Reply
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Realizing Our Vision: One College
One College Action Groups

BACKGROUND:

The following House of Delegates Action Groups submitted their final reports to the HODSC and will be sunsetting following the Fall '13 Meeting:

- Networking AG on Council on Membership & Professional Affairs
- Networking AG on Council on Government & Professional Affairs
- HOD AG on Center Guidelines

The final reports from these Action Groups have been reviewed by the HODSC. Approval of recommendations and implementation timelines are outlined in the Speaker Memo in this section.

The HODSC thanks the members of these Action Groups for their engagement in House activities that are designed to advance our strategy.

CONTENTS OF THIS SECTION:

- HOD Networking AG on Council on Membership & Professional Affairs
- HOD Networking AG on Council on Government & Professional Affairs
- Speaker Memo
- HOD AG on Center Guidelines
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1. **PURPOSE OF THIS REPORT**
   **Information** – Summarize projects identified through networking with the CMPD.

   **Brainstorming or input requested of the HODSC:**
   a. None.

   **Decisions requested of the HODSC:**
   a. None.

   **Approvals requested of the HODSC:**
   a. Project approval.

2. **CURRENT STATUS**
   1. **Charge and deliverables defined:**
      Charge: Ask the Councils and Committees, “What can the HOD do to help advance whatever work you are doing?”
      Deliverable: The answers to that question in a form that we can turn into definable projects.

3. **Project Delineated:**
   a. **Peer to Peer:** The HOD can help in identifying conversation leaders.
   b. **CAP 100 Program:** Designed to help CAP refine services to better meet the needs of practices, and eventually provide members with more detailed information about a representative set of practices.
      a. Participation requirement: Interested members need to complete a Basic Practice Information Profile. Some House members already completed this profile form at the Spring '13 meeting. House members can help encourage CAP members to complete.
   c. **CAP 100 Beta Program (2013-14):** Explores what information is of interest to member practices and how best to gather, record, maintain and report practice information.
      a. Participation requirement: Participating practices will need to complete 2 short surveys per quarter. Participating practices will be first to receive aggregated practice information collected from this program. Engaged House members can be first to enroll.
   d. **Knowledge Exchange:** A subcommittee of the Member Engagement Committee is being formed and will be working on job descriptions for those involved with this effort. It is too early to know exactly what/how we can help, but the HOD may be able to help in talent acquisition.

4. **NEXT STEPS**
   a. Forward report to HODSC for consideration and approval.
This page is intentionally left blank.
1. PURPOSE OF THIS REPORT

Information – Summarize project identified through networking with the CGPA.

Brainstorming or input requested of the HODSC:
  a. None.

Decisions requested of the HODSC:
  a. None.

Approvals requested of the HODSC:
  a. Project approval.

2. CURRENT STATUS

1. Charge and deliverables defined:
   Charge: Ask the Councils and Committees, “What can the HOD do to help advance whatever work you are doing?”
   Deliverable: The answers to that question in a form that we can turn into definable projects.

2. Project Delineated:
   a. Strengthen opportunities for Grassroots Support and State Advocacy by increasing membership in State Pathology Societies (SPS).
   b. Only 30% of CAP members now belong to their SPS\(^1\). This decreases the SPS’ ability to raise funds to hire lobbyists and to identify the Pathologists that have an interest in becoming politically active on a local basis.
   c. In addition to regular membership drives SPS may consider adapting a recently successful campaign by the Massachusetts Pathology Society (MSP). The CAP HOD Delegates from MA undertook a concerted effort to personally recruit CAP members who were not members of the MSP. Under this initiative, a record number of new members joined the MSP in a relatively short time frame.\(^2\) The on-line CAP Member Directory is available for CAP members to use in this effort.
   d. Consider using elements of the AG on State Societies I final report.\(^3\)
   e. The success of the membership drives might be attenuated by the SPS’ strength.

3. Project approved by AG on CGPA on 5/22/13.

3. NEXT STEPS
   1. Forward report to HODSC for consideration and approval 6/13/13.

---

\(^{1}\) Per CAP Washington Office

\(^{2}\) Personal communication sent from Michael Misialek, M.D., Chair, MA Delegation.

\(^{3}\) Published in the CAP HOD Fall 2011 Agenda Book; pp 29-31.
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To: Networking AG on Council on Membership and Professional Affairs and Networking AG on Council on Government and Professional Affairs

From: David A. Novis MD, FCAP
Speaker, House of Delegates

Date: September 10, 2013

Subject: Final Reports – Projects Approved

During the July 13, 2013 meeting, the House of Delegates Steering Committee reviewed and discussed final reports received by the Networking Action Group (AG) on Council on Membership and Professional Affairs and Networking AG on Council on Government and Professional Affairs.

The following projects were approved and will commence in 2013 – 2014.

<table>
<thead>
<tr>
<th>Project</th>
<th>Description</th>
<th>Council</th>
<th>Start Date</th>
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<tbody>
<tr>
<td>Peer2peer</td>
<td>Talent acquisition, identification of conversation leaders</td>
<td>CMPD</td>
<td>November 2013</td>
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<tr>
<td>CAP 100 Beta Program</td>
<td>Explores what information is of interest to member practices and how best to gather, record, maintain and report practice information</td>
<td>CMPD</td>
<td>October 2013</td>
</tr>
<tr>
<td>Knowledge Exchange</td>
<td>Talent acquisition, feedback</td>
<td>CMPD</td>
<td>2014</td>
</tr>
<tr>
<td>Grassroots Advocacy</td>
<td>Strengthen opportunities for Grassroots Support and State Advocacy by increasing membership in State Pathology Societies (SPS).</td>
<td>CGPA</td>
<td>October 2013</td>
</tr>
</tbody>
</table>

The Steering Committee thanks all House members who served on these networking AGs. Your efforts further us in realizing our vision of One College.

House members interested in participating in projects planned for 2013-2014 should contact HOD Staff, Marci Zerante (mzerant@cap.org) or 800.323.4040 ext 7656.
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1. **PURPOSE OF THIS REPORT**

   **Information** – provide a status update on work being done by the Action Group.

   **Brainstorming or input requested of the Center:**
   a. Decision timeline for review/selection of submissions.

   **Decisions requested of the Center:**
   a. Submissions selected for 2014 development.

   **Approvals requested of the Center:**
   a. None

2. **CURRENT STATUS**

   The House of Delegates Action Group (AG) on Center Guidelines is submitting the following eleven ideas for guideline development consideration in 2014. All idea submission forms are attached to this final report.

<table>
<thead>
<tr>
<th>Idea #</th>
<th>Title</th>
<th>Original Submitter</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pathologist Staffing</td>
<td>Patricia A. Gregg MD, FCAP</td>
</tr>
<tr>
<td>2.</td>
<td>Cytogenetic and Molecular Testing Guidelines in Myelodysplasia</td>
<td>Donald Peven MD, FCAP &amp; James E. Richard DO, FCAP</td>
</tr>
<tr>
<td>3.</td>
<td>CAP/ASH Work-up of Malignant Lymphoma (Hodgkin Lymphoma, Non-Hodgkin Lymphoma)</td>
<td>Ron Weiss MD, FCAP &amp; Patricia A. Gregg MD, FCAP</td>
</tr>
<tr>
<td>4.</td>
<td>Utility of p16 Immunostain in Lower Unogential Squamous Lesions</td>
<td>Sang Wu MD, FCAP</td>
</tr>
<tr>
<td>5.</td>
<td>Utility and cost-effectiveness of H. pylori immunostain vs special stains</td>
<td>Sang Wu MD, FCAP</td>
</tr>
</tbody>
</table>
6. Basal cell markers

V.O. Speights Jr., DO, FCAP

7. Molecular testing

V.O. Speights Jr., DO, FCAP

8. CAP Standardized Cytopathology sample adequacy criteria (Organ/system based consolidated source)

Vinod B. Shidham MD, FCAP, FRCPath, FIAC

9. Should LSIL and some cells with features of HSIL be considered a new GYN cytology category?

Nicole Johnson MD, FCAP

10. Standardized reporting of neoadjuvently-treated breast carcinomas

Nicole Johnson MD, FCAP

11. Consensus guideline for HER2/neu testing on alcohol-fixed cytology specimens

Nicole Johnson MD, FCAP

3. **NEXT STEPS**

This concludes the work of this Action Group. Our final report will be included in the House of Delegates Fall ’13 Agenda Book. At the Fall ’13 House of Delegates meeting, Dr. Richard will provide a verbal update on the work of this AG.

The AG respectfully asks the Center to provide a timeline of when the submissions will be reviewed and selected, how the AG and submitters will be notified of the Center’s selections by October 4, 2013.
Share your idea for a guideline to improve the practice of pathology.

CAP Pathology and Laboratory Quality Center Idea Submission Form
Part I

Submit by September 30th for consideration in the following year.

Date Submitted
June 15, 2013

Guideline Title
Pathologist Staffing

Proposed Topic Description

1. What problem will the Center guideline address?
Problem of nonpathologists arbitrarily assigning unsafe workloads to pathologists. Problem of commoditizing our professional practice. Problem of insurers and government payers believing that lowest bidders are allocating appropriate RVU's to our patient care services.

2. What are the risks to the specialty if a Center guideline is not developed?
Continued downward spiral in which quality is sacrificed for quantity, leading to decreased respect for our services, leading to devaluation of our services, leading to needing to increase volume to maintain revenue, leading to quality being sacrificed for quantity, and so on.

3. What are the benefits to the specialty if a Center guideline is developed?
Slowing and potentially reversing the devaluation spiral described above.

4. Which types of experts are needed to write the guideline?
Experienced practicing pathologists representing a variety of practice settings; CAP affiliate members who are practice managers (maybe).

5. What is the urgency for developing this guideline?
Medium to high
6. How can we track this guideline's implementation, usage and benefit?

LAP application data

7. Potential professional society partners:

APF, ASC, AMP, MGMA, ASCP

Pathology Domain (s) (select all that apply)

- Autopsy Pathology
- Breast Pathology
- Cardiovascular Pathology
- Chemical Pathology
- Coagulation Pathology
- Cytogenetics
- Cytopathology/Cytology
- Endocrine Pathology
- Dermatopathology
- Forensic Pathology
- Gastrointestinal Pathology
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- Gynecologic/Obstetrics Pathology
- Head and Neck Pathology
- Hematopathology/Hematology
- Hepatopathology
- Immunopathology
- Inheritable Disease Pathology
- Infectious Pathology
- Laboratory Direction
- Microbiology
- Molecular Biochemical Pathology
- Molecular Identity Pathology
- Molecular Oncology
- Neuropathology
- Nephropathology
- Ophthalmic Pathology
- Orthopedic Pathology
- Pediatric Pathology
- Pharmacogenomics
- Pulmonary Pathology
- Soft Tissue Pathology
- Surgical Pathology
- Toxicologic Pathology
- Transfusion Medicine/Blood Banking
- Transplant Pathology
- Other

Factor Evaluation (Criteria)

The CAP Center uses the following list of factors in evaluating and prioritizing all proposed topics.

1. Patient risk, patient safety and quality; issues that affect patient care and quality outcomes

2. Performance characteristics of assay and ability to reach consensus. Do problems exist including high false positive/false negative rates and lack of uniformity in practice with significant ability to reach consensus?

3. Amount of evidence to predict a clinical response to an agent or change a patient outcome to provide sufficient experience to determine a guideline for pathologists

4. Guidelines are lacking but regulatory bodies or other professional organizations are trying to preempt specialty development of guidelines or approval/disapproval or show unusual interest

5. Adoption momentum of a particular assay (estimate the number of pathologists affected and volume of testing below)

6. Feasibility of significantly changing practice of pathology or medicine (e.g., using Ultra Sound Guided FNA to change cytology practice)

7. Ability to collaborate with the right partner(s) in development of a Center product to facilitate development and acceptance, and improve overall probability of success

8. The public's perception of the issue negatively affects the image of pathologist and pathologists' role in medicine

9. Evaluation of existing methods is obsolete or does not bring value in patient care
Proposed Topic Description

1. What problem will the Center guideline address?
Identification or Guidelines for the appropriate indications/intervals for initial and repeat cytogenetic testing. Criteria for making the choice between routine karyotyping, FISH, and molecular testing for various lesions would also be helpful and in the order of importance as it pertains to patient care and treatment.

2. What are the risks to the specialty if a Center guideline is not developed?
Continued variability in ordering and testing for these patients. Significant costs increased with unnecessary and untimely testing. Abdicating the responsibility and control regarding testing to other specialists (Oncologists and hematologists).

3. What are the benefits to the specialty if a Center guideline is developed?
Pathologists will take the lead again in the appropriateness of testing and choice of correct testing and be seen as a true participant in the patient's care.

4. Which types of experts are needed to write the guideline?
Cytogentic and molecular specialists, hematopathologists, oncologists and pharmacists.

5. What is the urgency for developing this guideline?
Moderate to high
6. How can we track this guideline's implementation, usage and benefit?

See the frequency it is requested from the CAP web site. Via tumor registry support. Have a question in the LAP evaluations.

7. Potential professional society partners:

Molecular Society of Pathology, ASCO, ASCP, Association of Medical Tumor registrars (there has to be a society for this)

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Share your idea for a guideline to improve the practice of pathology.

CAP Pathology and Laboratory Quality Center Idea Submission Form

Part I

Submitter Name
Dr. Ron Weiss/Dr. Patricia Gregg

Council, Committee, Organization
CAP HOD AG

Email/Telephone
weissrl@aruplab.com patricia.gregg@hma.com

Other Primary Contact

Guideline Title

Proposed Topic Description

1. What problem will the Center guideline address?
There is significant variation in how specimens (bone marrow, lymph nodes, biopsies) are processed and evaluated for suspected hematologic disorders.

2. What are the risks to the specialty if a Center guideline is not developed?
The lack of standardization can lead to significant variations in care and to unnecessary costs.

3. What are the benefits to the specialty if a Center guideline is developed?
Increased specialty-drive standardization will lead to the recognition that the specialty is taking responsibility to provide evidence-based care.

4. Which types of experts are needed to write the guideline?
Hematopathologists, hematologist/oncologists, surgical pathologists, flow cytometrists, geneticists, molecular pathologists

5. What is the urgency for developing this guideline?
Medium to High
6. How can we track this guideline's implementation, usage and benefit?

LAP AP checklist item; ACoS/CoC accreditation checklist item

7. Potential professional society partners:

ASH, AMP, Clinical Cytometry Soc, NCCN, Society for Hematopathology, American College of Surgeons (Commission on Cancer)

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CAP Pathology and Laboratory Quality Center Idea Submission Form
Part I

**Submiter Name**
Sang Wu MD

**Council, Committee, Organization**
CAP HOD Action Group on Guidelines

**Email/Telephone**
sangwu@texashealth.org

**Other Primary Contact**

**Guideline Title**
Utility of p16 Immunostain in Lower Unogenital Squamous Lesions

**Proposed Topic Description**

1. What problem will the Center guideline address?
This guideline will address the utility of p16 immunostain in biopsies of HPV-related lower urogenital squamous lesions. When is it appropriate to order p16 immunostain?

2. What are the risks to the specialty if a Center guideline is not developed?
Lack of standardization may lead to under-utilizing p16 during instance when it can be a useful adjuvant to diagnosis. Potential over-utilizing p16 is also possible.

3. What are the benefits to the specialty if a Center guideline is developed?
Greater confidence in the diagnosis of high-grade and low-grade dysplastic lesions, along with possible cost savings in the event the immunostain is overutilized.

4. Which types of experts are needed to write the guideline?
LAST Steering Committee members, gynecologic pathologists, ASCCP

5. What is the urgency for developing this guideline?
mild to moderate urgency

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Submit by September 30th for consideration in the following year.

**Date Submitted**
June 12, 2013
6. How can we track this guideline's implementation, usage and benefit?

retrospective or prospective studies, surveys, cost-benefit analysis

7. Potential professional society partners:

ASCCP

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CAP Pathology and Laboratory Quality Center Idea Submission Form
Part I

Submitter Name
Sang Wu MD

Council, Committee, Organization
CAP HOD Action Group on Guidelines

Email/Telephone
sangwu@texashealth.org

Other Primary Contact

Guideline Title
Utility and Cost-effectiveness of H. pylori Immunostain vs special stains

Date Submitted
June 12, 2013

Proposed Topic Description

1. What problem will the Center guideline address?

With H. pylori immunostaining currently in vogue, is there still a role for special stains? Is IHC for H. Pylori cost-effective in this new era of value-based medicine?

2. What are the risks to the specialty if a Center guideline is not developed?

Lack of standardization may lead to group to group variability, thereby leading to ambiguity as to what is the "best practice". Special stains in certain circumstances to evaluate disease and render diagnosis will be better defined than currently.

3. What are the benefits to the specialty if a Center guideline is developed?

potential cost-savings while maintaining a high level of diagnostic accuracy.

4. Which types of experts are needed to write the guideline?

GI pathologists, cross representation of academic and non-academic practices, and different practice settings.

5. What is the urgency for developing this guideline?

mild to moderate urgency; some have considered the use of special stains as a type of self-referral.
6. How can we track this guideline's implementation, usage and benefit?

retrospective or prospective studies, surveys, cost-benefit analysis

7. Potential professional society partners:

Gastroenterologists' Society

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9. Evaluation of existing methods is obsolete or does not bring value in patient care
Share your idea for a guideline to improve the practice of pathology.

**Proposed Topic Description**

1. **What problem will the Center guideline address?**

Some laboratories are now commonly performing basal cell markers on prostate biopsies which do not have any features suggestive of cancer on initial H & E sections. This is not medically necessary, adds to the cost of medical care, and may alarm the patient if an area of partial discontinuity of basal cells is seen in benign tissue.

2. **What are the risks to the specialty if a Center guideline is not developed?**

Pathologists will be seen as overutilizing basal cell immunostains.

3. **What are the benefits to the specialty if a Center guideline is developed?**

It would show that pathologists are judicious in the use of special tests. Only a small percentage of prostate biopsy have abnormal features suspicious but not diagnostic for cancer and really need basal cell stains.

4. **Which types of experts are needed to write the guideline?**

Genitourinary pathologists

5. **What is the urgency for developing this guideline?**

It is a cost control measure at a time when funding for healthcare is becoming tighter.
6. How can we track this guideline's implementation, usage and benefit?

Number of prostate biopsies with basal cell immunostains. This number should be around 5% or less and these stains should not be done unless there is an "atypical" or suspicious diagnosis seen on H & E sections.

7. Potential professional society partners:

International Society of Urologic Pathology- this was a subject of concern at the recent meeting of the ISUP.

ADASP

Pathology Domain (s) (select all that apply)

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The problem of repeatedly unnecessary immunostains adds to the cost of care and is not responsible patient care. It makes people who do these stains when they are not needed look greedy. It was mentioned as a concern at the Economic Affairs Committee meeting. Working on problems such as this shows that we are serious about practicing ethical cost effective medicine.
Proposed Topic Description

1. What problem will the Center guideline address?
   Some companies offering molecular testing profiles are now practicing direct to physician or direct to patient marketing. This results in blocks/tissue being sent out for testing which may not be the most appropriate for the patient, adds unnecessary cost to medical care, and may deplete tumor blocks so that tumor will not be available for appropriate testing.

2. What are the risks to the specialty if a Center guideline is not developed?
   Patients with cancer and in some cases other diseases will have testing which may not help them in their decision making and may even be misleading. Pathologists will become send out techs rather than physician colleagues whose expertise is necessary for optimum patient care.

3. What are the benefits to the specialty if a Center guideline is developed?
   Pathologists will be recognized as part of the healthcare team whose input is needed for selection of specialized tests.

4. Which types of experts are needed to write the guideline?
   Molecular pathologists, general and subspecialty pathologists who diagnose cancer in different organ systems.

5. What is the urgency for developing this guideline?
   Pathologists need to stay active in the selection and performance of cutting edge testing. Advances in Molecular testing may be taken over by others if we don't demonstrate our value.
6. How can we track this guideline’s implementation, usage and benefit?

Monitor the number and stage of cancer submitted for certain molecular profiles for appropriateness and impact on patient health.

7. Potential professional society partners:

AMP, ADASP, ASCP, ACSO, other pathology societies involved in cancer care (such as ISUP, International Society of Breast Pathology, etc)

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9. Evaluation of existing methods is obsolete or does not bring value in patient care
Pathologists are uniquely qualified to select the testing and the tissue sent for testing. Our involvement will help to assure cost effective patient centric healthcare with appropriate utilization of limited resources.

Submit electronically below.
Questions? Email center@cap.org or call 847-832-7266
Share your idea for a guideline to improve the practice of pathology.

CAP Pathology and Laboratory Quality Center Idea Submission Form
Part I

Submitter Name
Vinod B. Shidham, MD, FRCPATH, FIAC

Council, Committee, Organization
MI Del Chair, CAP HOD, Vice-Chair-AP, Professor

Email/Telephone
vshidham@med.wayne.edu (313).993.0699

Other Primary Contact

Guideline Title
CAP Standardized Cytopathology sample adequacy criteria (Organ/system based consolidated source)

Proposed Topic Description

1. What problem will the Center guideline address?
Cytopathology specimen adequacy guidelines (organ/system wise)

2. What are the risks to the specialty if a Center guideline is not developed?
Persistant lack of reproducibility with related variablilities

3. What are the benefits to the specialty if a Center guideline is developed?
Legitimacy and leadership initiative status

4. Which types of experts are needed to write the guideline?
Cytopathologists

5. What is the urgency for developing this guideline?
As early as possible (other organizations may ultimately pitch in and get the credit)
6. How can we track this guideline’s implementation, usage and benefit?

Application of guidelines in final cytopathology report (CAP check list). Better patient care due to standardized criteria.

7. Potential professional society partners:


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### Part I

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</tr>
</thead>
<tbody>
<tr>
<td>Council, Committee, Organization</td>
<td>HOD AG on Center Guidelines</td>
</tr>
<tr>
<td>Email/Telephone</td>
<td><a href="mailto:nbjohnso@bidmc.harvard.edu">nbjohnso@bidmc.harvard.edu</a></td>
</tr>
<tr>
<td>Date Submitted</td>
<td>July 9, 2013</td>
</tr>
<tr>
<td>Guideline Title</td>
<td>Should LSIL and some cells with features of HSIL be considered a new GYN cytology category?</td>
</tr>
</tbody>
</table>

### Proposed Topic Description

1. What problem will the Center guideline address?

   With new clinical guidelines, ASCCP recommends following women 21-24 with ASCUS or LSIL with a repeat pap in 12 months and again in 12 months and similar diagnosis. Some cases cytologically may show some cells with features suggestive of HSIL in addition to LSIL but not enough to call HSIL. Should these cases be separated from the ASCUS and LSIL algorithm by indicating possible high grade lesion to indicate further sampling should be considered earlier for these patients.

2. What are the risks to the specialty if a Center guideline is not developed?

   Diagnostically, the category seems to have crept into cytologists’s repertoire but not part of Bethesda category. Without guidelines not sure if all pathologists are using category the same (for those that use it) and not sure if clinicians know what to do with it.

3. What are the benefits to the specialty if a Center guideline is developed?

   May help standardize its use and help clinicians interpret appropriately.

4. Which types of experts are needed to write the guideline?

   Cytologists, gynocologists

5. What is the urgency for developing this guideline?

   I am not sure all cases of LSIL should be treated the same (particularly for women 21-24). With new guidelines, these cases that have some features of HSIL but not enough to diagnose HSIL will be followed with a repeat Pap in a year rather than under serving these patients.
6. How can we track this guideline's implementation, usage and benefit?

7. Potential professional society partners:

ASCCP

<table>
<thead>
<tr>
<th>Pathology Domain(s) (select all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autopsy Pathology</td>
</tr>
<tr>
<td>Breast Pathology</td>
</tr>
<tr>
<td>Cardiovascular Pathology</td>
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<tr>
<td>Chemical Pathology</td>
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<tr>
<td>Coagulation Pathology</td>
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<tr>
<td>Cytogenetics</td>
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<tr>
<td>Cytology/Cytology</td>
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<tr>
<td>Endocrine Pathology</td>
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<td>Dermatopathology</td>
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<td>Gastrointestinal Pathology</td>
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<tr>
<td>Genitourinary Pathology</td>
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<tr>
<td>Genitourinary/Obstetrics Pathology</td>
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<tr>
<td>Head and Neck Pathology</td>
</tr>
<tr>
<td>Hematopathology/Hematology</td>
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<tr>
<td>Infectious Pathology</td>
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<tr>
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<tr>
<td>Molecular Identity Pathology</td>
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<tr>
<td>Molecular Oncology</td>
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<tr>
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<tr>
<td>Neoplastic Pathology</td>
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<td>Ophthalmic Pathology</td>
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<tr>
<td>Orthopedic Pathology</td>
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<tr>
<td>Pediatric Pathology</td>
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<tr>
<td>Pharmacogenomics</td>
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<td>Pulmonary Pathology</td>
</tr>
<tr>
<td>Soft Tissue Pathology</td>
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<tr>
<td>Surgical Pathology</td>
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<tr>
<td>Toxicologic Pathology</td>
</tr>
<tr>
<td>Transfusion Medicine/Blood Banking</td>
</tr>
<tr>
<td>Transplant Pathology</td>
</tr>
</tbody>
</table>

**Factor Evaluation (Criteria)**

The CAP Center uses the following list of factors in evaluating and prioritizing all proposed topics.

1. Patient risk, patient safety and quality; issues that affect patient care and quality outcomes

2. Performance characteristics of assay and ability to reach consensus. Do problems exist including high false positive/false negative rates and lack of uniformity in practice with significant ability to reach consensus?

3. Amount of evidence to predict a clinical response to an agent or change a patient outcome to provide sufficient experience to determine a guideline for pathologists

4. Guidelines are lacking but regulatory bodies or other professional organizations are trying to preempt specialty development of guidelines or approval/disapproval or show unusual interest

5. Adoption momentum of a particular assay (estimate the number of pathologists affected and volume of testing below)

6. Feasibility of significantly changing practice of pathology or medicine (eg, using Ultra Sound Guided FNA to change cytology practice)

7. Ability to collaborate with the right partner(s) in development of a Center product to facilitate development and acceptance, and improve overall probability of success

8. The public's perception of the issue negatively affects the image of pathologist and pathologists' role in medicine

9. Evaluation of existing methods is obsolete or does not bring value in patient care
Share your idea for a guideline to improve the practice of pathology.

CAP Pathology and Laboratory Quality Center Idea Submission Form
Part I

Submitter Name
Nicole Johnson

Council, Committee, Organization
HOD AG on Center Guidelines

Email/Telephone
nbjohnso@bidmc.harvard.edu

Other Primary Contact

Guideline Title
Standardized reporting of neoadjuvantly-treated breast carcinomas

Proposed Topic Description

1. What problem will the Center guideline address?
Currently, there are a number of different proposed ways to report neoadjuvantly treated breast carcinomas (Miller Payne, AJCC, residual cancer burden and others). With an increase in neoadjuvantly treated breast carcinomas due to trials, it would be beneficial to have a standardized manner of reporting these results. Perhaps CAP can suggest a preferred method of reporting these cases.

2. What are the risks to the specialty if a Center guideline is not developed?
If a guideline is not developed, Clinician’s will need to interpret a different manner of reporting the results in addition, standardized forms, some information may be missing from the pathologist's reports.

3. What are the benefits to the specialty if a Center guideline is developed?
1. Each of the above methods have different advantages and disadvantages. It would be beneficial for the Center to evaluate the different methods and come to a conclusion regarding the most suitable method for reporting those cases.
2. Will be easier for clinicians to read report if standardized.
3. For those pathologists who may not specialize in breast pathology, a standard method of reporting will highlight the need for specific reporting of these results in these cases as well as call attention to a difference in processing for these cases.

4. Which types of experts are needed to write the guideline?
1. Breast pathologists
2. Hematology-oncologists
3. Breast surgeons

5. What is the urgency for developing this guideline?
Urgent. At least in our institution, there is currently a new trial. INFORM which has increased the number of neoadjuvantly-treated cases we are seeing regularly.
6. How can we track this guideline's implementation, usage and benefit?

Not sure - same way that the institution tracked the usage of the cancer templates.

7. Potential professional society partners:

Pathology Domain (s) (select all that apply)

- Autopsy Pathology
- Head and Neck Pathology
- Ophthalmic Pathology
- Breast Pathology
- Hematopathology/Hematology
- Orthopedic Pathology
- Cardiovascular Pathology
- Hepatopathology
- Pediatric Pathology
- Chemical Pathology
- Immunopathology
- Pharmacogenomics
- Coagulation Pathology
- Inheritable Disease Pathology
- Pulmonary Pathology
- Cytogenetics
- Infectious Pathology
- Soft Tissue Pathology
- Cytopathology/Cytology
- Laboratory Direction
- Surgical Pathology
- Endocrine Pathology
- Microbiology
- Toxicologic Pathology
- Dermatopathology
- Molecular Biochemical Pathology
- Transfusion Medicine/Blood Banking
- Forensic Pathology
- Molecular Identity Pathology
- Transplant Pathology
- Gastrointestinal Pathology
- Molecular Oncology
- Other
- Genitourinary Pathology
- Neuropathology
- Gynecologic/Obstetrics Pathology
- Nephropathology

Factor Evaluation (Criteria)

The CAP Center uses the following list of factors in evaluating and prioritizing all proposed topics.

1. Patient risk, patient safety and quality; issues that affect patient care and quality outcomes

2. Performance characteristics of assay and ability to reach consensus. Do problems exist including high false positive/false negative rates and lack of uniformity in practice with significant ability to reach consensus?

3. Amount of evidence to predict a clinical response to an agent or change a patient outcome to provide sufficient experience to determine a guideline for pathologists

4. Guidelines are lacking but regulatory bodies or other professional organizations are trying to preempt specialty development of guidelines or approval/disapproval or show unusual interest

5. Adoption momentum of a particular assay (estimate the number of pathologists affected and volume of testing below)

6. Feasibility of significantly changing practice of pathology or medicine (eg, using Ultra Sound Guided FNA to change cytology practice)

7. Ability to collaborate with the right partner(s) in development of a Center product to facilitate development and acceptance, and improve overall probability of success

8. The public's perception of the issue negatively affects the image of pathologist and pathologists' role in medicine
9. Evaluation of existing methods is obsolete or does not bring value in patient care

Please include any supporting information below.

Submit electronically below.
Questions? Email center@cap.org or call 847-832-7266
CAP Pathology and Laboratory Quality Center Idea Submission Form
Part I

Submitter Name
Nicole Johnson

Council, Committee, Organization
HOD AG on Center Guidelines

Email/Telephone
nbjohnso@bidmc.harvard.edu

Date Submitted
July 9, 2013

Proposed Topic Description

1. What problem will the Center guideline address?

Requests for HER2/neu testing on alcohol-fixed cytology specimens are somewhat frequent; however, studies report both false positive and false negative results in this setting for immunohistochemistry. In many of these instances, this is the only available material for testing. FISH can be done in some cases but in other cytology cases such as pleural effusions, the number of malignant cells may be few and difficult to identify without other corresponding immunohistocyhemical stains. (Is FISH reliable in this setting?)

2. What are the risks to the specialty if a Center guideline is not developed?

If a guideline is not developed, pathologists may still order HER2 IHC and report results (with or without realizing the potential for false positive results when cell block material has been fixed in alcohol).

3. What are the benefits to the specialty if a Center guideline is developed?

Will offer guidance to pathologists and oncologists in ordering and interpreting results for cellular material that has been previously alcohol-fixed.

4. Which types of experts are needed to write the guideline?

1. Cytopathologists
2. Breast pathologists
3. Oncologists

5. What is the urgency for developing this guideline?
6. How can we track this guideline’s implementation, usage and benefit?

7. Potential professional society partners:

<table>
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9. Evaluation of existing methods is obsolete or does not bring value in patient care
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Realizing Our Vision: One College
CAP Finance and Council Reports

CONTENTS OF THIS SECTION:

- Report from the CAP Secretary/Treasurer
- Report from the Council on Accreditation
- Report from the Council on Education
- Report from the Council on Government & Professional Affairs
- Report from the Council on Membership & Professional Development
- Report from the Council on Scientific Affairs
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The annual audit of the College of American Pathologists for the year ended December 31, 2012, and the comparable period in the prior year was completed in March, 2013. Copies of the College of American Pathologists’ audited financial statements, including the report of Ernst & Young, the College’s independent auditors, for the years ended December 31, 2012 and 2011, are attached for information purposes.

The Board of Governors was recently updated on the mid-year results for 2013. As of June 30, 2013, the College had total assets of $194.5 million and net assets of $99.9 million. Total assets reflect an increase of $6.5 million over the prior year due primarily to an increase in computer software for completed Enterprise Platform Program (EPP) projects to replace certain legacy software and an increase in cash and cash equivalents to fund the 2013 projects.

Total liabilities as of June 30, 2013 of $94.6 million are greater than the comparable period in the prior year. The increase is from Accounts payable up $1.5 million due to the timing of the payment of invoices, accrued salaries, employee benefits and taxes up $1.1 million due to the timing of the payroll to the end of the month and deferred revenue increased by $2.5 million due to increase sales in Proficiency Testing and Laboratory Accreditation Program. These changes occurred in current liabilities and when netted against the other liabilities decrease for the notes payable total liabilities were up $4.7 million.

Year-to-date revenue of $85.7 million exceeds the prior year by $3.3 million and is under budget by $2.1 million. Growth in LIP products and an increase in Laboratory Accreditation Program (LAP) fees drive the revenue increase over the prior year. The revenue for LAP fees is favorable to budget by $1.2 million and is netted against the shortfall of the CAP SNOMED Technology Solutions (STS) revenue, Periodical and Published materials revenue and Learning revenue, resulting in revenue being $2.1 under budget. The forecast is these shortfalls to budget will continue during the year. Expenses are favorable to budget by $10.2 million and below the prior year by $2.2 million. The favorable decrease in expenses variance drives favorable Excess Revenue from Operations compared to budget.

The 2013 budget, as approved, includes funding of the Transformation, Emerging Business Opportunities, Enterprise Platform Program, Diagnostic Intelligence and Health Information Technology, International, Biorepositories and Communications initiatives. The 2013 budget called for revenue of $172.7 million and shortfall of revenues over expenses of $14.5 million. We are in the process of updating the 2013 forecast. At this time it appears that the favorability to budget will continue.
The Finance Committee met in August to begin the 2014 Budget process. At this first meeting, the committee met with the Division Vice Presidents to discuss the underlying strategies driving the development of the 2014 Budget. A preliminary 2014 budget will be presented to the Finance Committee in October. After this meeting, the Finance committee will recommend a target for the 2014 budget and present this to the Board at the November Board meeting.
FINANCIAL STATEMENTS

College of American Pathologists
Years Ended December 31, 2012 and 2011
With Report of Independent Auditors

Ernst & Young LLP
College of American Pathologists

Financial Statements

Years Ended December 31, 2012 and 2011

Contents

Report of Independent Auditors ........................................................................................................ 1

Financial Statements

Balance Sheets ..................................................................................................................................... 2
Statements of Activities ..................................................................................................................... 4
Statements of Cash Flows ................................................................................................................ 5
Notes to Financial Statements ......................................................................................................... 6
Report of Independent Auditors

The Board of Governors
College of American Pathologists

We have audited the accompanying financial statements of the College of American Pathologists, which comprise the balance sheets as of December 31, 2012 and 2011, and the related statements of activities and cash flows for the years then ended, and the related notes to the financial statements.

Management’s Responsibility for the Financial Statements
Management is responsible for the preparation and fair presentation of these financial statements in conformity with U.S. generally accepted accounting principles; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free of material misstatement, whether due to fraud or error.

Auditor’s Responsibility
Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free of material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor’s judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity’s preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity’s internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion
In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of the College of American Pathologists at December 31, 2012 and 2011, and the results of its operations and its cash flows for the years then ended in conformity with U.S. generally accepted accounting principles.

March 8, 2013

Ernst & Young LLP
### College of American Pathologists

#### Balance Sheets

*(Dollars in Thousands)*

<table>
<thead>
<tr>
<th></th>
<th>December 31</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
<td>2011</td>
</tr>
<tr>
<td><strong>Assets</strong></td>
<td></td>
<td></td>
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<tr>
<td><strong>Current assets:</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cash and cash equivalents</td>
<td>$22,507</td>
<td>$22,059</td>
</tr>
<tr>
<td>Accounts receivable, trade, net of allowance for doubtful accounts of $179 and $295 at December 31, 2012 and 2011, respectively</td>
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<td>56,975</td>
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<tr>
<td>Other receivables</td>
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<td>306</td>
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<tr>
<td>Inventory</td>
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<td>385</td>
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<td>Prepaid expenses</td>
<td>2,229</td>
<td>2,343</td>
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<tr>
<td>Short term investments and related receivables</td>
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<td>13,490</td>
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<td><strong>Total current assets</strong></td>
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<td><strong>Investments</strong></td>
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<tr>
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<td>Note receivable from affiliate</td>
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<td>175</td>
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<tr>
<td>Deferred compensation plan assets</td>
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<td>3,041</td>
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<tr>
<td>Other long-term assets</td>
<td>623</td>
<td>–</td>
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<tr>
<td><strong>Property and equipment:</strong></td>
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</tr>
<tr>
<td>Land and land improvements</td>
<td>5,693</td>
<td>5,533</td>
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<tr>
<td>Buildings, improvements, and leasehold improvements</td>
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<td>24,289</td>
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<tr>
<td>Furniture and equipment</td>
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<td>12,701</td>
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<tr>
<td>Computer software</td>
<td>84,234</td>
<td>72,567</td>
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<td>Projects in progress</td>
<td>13,683</td>
<td>14,169</td>
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<tr>
<td><strong>Less accumulated depreciation and amortization</strong></td>
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<td>76,365</td>
</tr>
<tr>
<td><strong>Total assets</strong></td>
<td>$233,280</td>
<td>$231,836</td>
</tr>
</tbody>
</table>

*Note: All amounts are in thousands.*
## Liabilities and net assets

<table>
<thead>
<tr>
<th></th>
<th>December 31</th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>2012</td>
<td>2011</td>
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</tr>
<tr>
<td><strong>Current liabilities:</strong></td>
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<tr>
<td>Accounts payable</td>
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<tr>
<td>Accrued salaries and employee</td>
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<td>12,037</td>
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<tr>
<td>benefits</td>
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<td>3,624</td>
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<tr>
<td>Other accrued expenses</td>
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<td>509</td>
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<tr>
<td>Current portion of note payable</td>
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<tr>
<td><strong>Total current liabilities</strong></td>
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<td>120,039</td>
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<tr>
<td>**Note payable, less current</td>
<td>7,834</td>
<td>8,420</td>
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<tr>
<td>portion**</td>
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<tr>
<td><strong>Deposits</strong></td>
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<td>27</td>
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<tr>
<td>**Deferred compensation plan</td>
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<tr>
<td>liabilities**</td>
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<tr>
<td><strong>Total other liabilities</strong></td>
<td>11,131</td>
<td>11,488</td>
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<tr>
<td><strong>Net assets – unrestricted</strong></td>
<td>100,898</td>
<td>100,309</td>
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</tr>
</tbody>
</table>

**Total liabilities and net assets**  

$233,280 $231,836

*See accompanying notes.*
## College of American Pathologists

**Statements of Activities**  
(Dollars in Thousands)

<table>
<thead>
<tr>
<th>Year Ended December 31</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Revenues</strong></td>
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</tr>
<tr>
<td>Laboratory improvement programs</td>
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<tr>
<td>Accreditation revenue</td>
<td>27,583</td>
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<tr>
<td>Terminology revenue</td>
<td>4,723</td>
<td>6,202</td>
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<tr>
<td>Periodical and published material revenue</td>
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<td>4,708</td>
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<tr>
<td>Membership dues</td>
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<td>3,107</td>
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<tr>
<td>Other</td>
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<td>3,602</td>
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<tr>
<td><strong>Total operating revenues</strong></td>
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<td><strong>154,214</strong></td>
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<tr>
<td><strong>Expenses</strong></td>
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<tr>
<td>Cost of materials and on-site inspections</td>
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<tr>
<td>Personnel and employee benefits</td>
<td>71,619</td>
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<td>Travel and meeting</td>
<td>10,449</td>
<td>9,998</td>
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<tr>
<td>Outside services</td>
<td>16,614</td>
<td>17,537</td>
</tr>
<tr>
<td>Depreciation and amortization</td>
<td>9,034</td>
<td>7,354</td>
</tr>
<tr>
<td>Office expense, rent, and maintenance</td>
<td>8,973</td>
<td>8,763</td>
</tr>
<tr>
<td>General and administrative</td>
<td>2,819</td>
<td>2,995</td>
</tr>
<tr>
<td>Miscellaneous</td>
<td>865</td>
<td>1,186</td>
</tr>
<tr>
<td><strong>Total operating expenses</strong></td>
<td><strong>175,753</strong></td>
<td><strong>167,193</strong></td>
</tr>
<tr>
<td><strong>Loss from operations</strong></td>
<td>(13,805)</td>
<td>(12,979)</td>
</tr>
<tr>
<td><strong>Non-operating revenues (expenses)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interest and dividend income</td>
<td>2,208</td>
<td>1,804</td>
</tr>
<tr>
<td>Interest expense</td>
<td>(532)</td>
<td>(563)</td>
</tr>
<tr>
<td>Gains (losses) on investments, net</td>
<td><strong>12,718</strong></td>
<td>(5,135)</td>
</tr>
<tr>
<td><strong>Excess (deficit) of revenues over expenses</strong></td>
<td><strong>589</strong></td>
<td>(16,873)</td>
</tr>
<tr>
<td>Increase (decrease) in net assets</td>
<td>589</td>
<td>(16,873)</td>
</tr>
<tr>
<td>Net assets at beginning of year</td>
<td>100,309</td>
<td>117,182</td>
</tr>
<tr>
<td>Net assets at end of year</td>
<td><strong>$100,898</strong></td>
<td><strong>$100,309</strong></td>
</tr>
</tbody>
</table>
### Operating activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increase (decrease) in net assets</td>
<td>$ 589</td>
<td>$(16,873)</td>
</tr>
</tbody>
</table>

Adjustments to reconcile increase (decrease) in net assets to net cash used in operating activities:
- Depreciation and amortization: $9,034, 7,354
- Losses (gains) on investments, net: $(12,718), 5,135

Changes in operating assets and liabilities:
- Accounts receivable, trade, net: $(1,948), (8,776)
- Other receivables: (617), 194
- Inventory: 24, (67)
- Prepaid expenses: 114, (35)
- Short-term investments and related receivables: 2,298, (11,990)
- Accounts payable: (892), (1,662)
- Deferred revenue: 1,339, 6,306
- Accrued expenses and deposits: 1,592, 681

Net cash used in operating activities: $(1,185), (19,733)

### Investing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Purchases of property and equipment, net</td>
<td>(12,622)</td>
<td>(20,066)</td>
</tr>
<tr>
<td>Purchases of other long-term assets</td>
<td>(900)</td>
<td>–</td>
</tr>
<tr>
<td>Proceeds from sales of investments</td>
<td>43,695</td>
<td>49,505</td>
</tr>
<tr>
<td>Purchases of investments</td>
<td>(27,986)</td>
<td>(3,543)</td>
</tr>
</tbody>
</table>

Net cash provided by investing activities: 2,187, 25,896

### Financing activities

<table>
<thead>
<tr>
<th>Description</th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Payments on note payable</td>
<td>(554)</td>
<td>(479)</td>
</tr>
<tr>
<td>Increase in cash and cash equivalents</td>
<td>448</td>
<td>5,684</td>
</tr>
<tr>
<td>Cash and cash equivalents at beginning of year</td>
<td>22,059</td>
<td>16,375</td>
</tr>
<tr>
<td>Cash and cash equivalents at end of year</td>
<td>$22,507</td>
<td>$22,059</td>
</tr>
</tbody>
</table>

### Supplemental disclosure of cash flow information

(Decrease) increase in accounts payable and accrued expenses and deposits to purchases of property and equipment: $ (856), 791

*See accompanying notes.*
1. Summary of Significant Accounting Policies

Organization

The College of American Pathologists (the College) was established to foster the highest standards in education, research, and the practice of Pathology; to advance the science of Pathology and improve medical laboratory service to patients, physicians, hospitals, and the public; and to enhance the dignity, scientific competence, and efficient practice of the specialty of Pathology for the service of the common good. The College provides services to its members and to hospital and clinical laboratories, substantially all of whom are located in the United States.

The College is a not-for-profit professional organization exempt from federal income tax under section 501(a) of the Internal Revenue Code as an organization described in section 501(c)(6).

Use of Estimates

The preparation of financial statements in conformity with U.S. generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements. Estimates also affect the reported amounts of revenues and expenses during the reporting period. Although estimates are considered to be fairly stated at the time that the estimates are made, actual results could differ.

Cash and Cash Equivalents

Cash and cash equivalents are financial instruments with original maturities of 90 days or less and primarily consist of investments in short-term bond funds, commercial paper, and mutual funds, as well as amounts retained by certain investment managers upon liquidation of the account.

Upon liquidation, certain alternative fund managers have the right to retain a portion of the College’s investment pending completion of the funds’ year-end audit. Monies retained as of year-end under such agreements are invested in cash equivalent vehicles by the fund manager and will be remitted to the College early in the subsequent year and, as such, are recorded as cash equivalents in the financial statements.
1. Summary of Significant Accounting Policies (continued)

Accounts Receivable

The College evaluates the collectability of its accounts receivable based on the length of time the receivable is outstanding and the anticipated future uncollectible amounts based on historical experience. Accounts receivable are charged to the allowance for doubtful accounts when they are deemed uncollectible.

Investments

Short term investments consist of investments in mutual funds and are reported at fair value based upon quoted market prices.

Long term investments include investments in debt and equity securities with readily determinable fair values and are reported at fair value based upon quoted market prices.

Investments in alternative investment funds, structured as limited partnerships, limited liability companies, and investor companies, are accounted for on the equity basis for interests greater than 5% and on the cost basis for interests less than 5%.

Income earned on debt and equity securities is reflected in non-operating revenues. Changes in fair value and earnings on equity-method investments are recorded in gains on investments in non-operating revenues.

Fair Value of Financial Instruments

The carrying amounts reported in the balance sheets for all financial instruments, with the exception of alternative investments, approximate their fair values at December 31, 2012 and 2011.
1. Summary of Significant Accounting Policies (continued)

Inventory

Inventory is primarily comprised of publications and test materials. Inventory is stated at the lower of cost or market.

Other Long-Term Assets

Other long-term assets consist of an investment in a joint partnership which the College has a 50% ownership interest. The College’s ownership interest is recorded under the equity method of accounting.

Property and Equipment

Property and equipment, including leasehold improvements, are stated at cost. Depreciation is provided using the straight-line method over the estimated useful lives of the related assets, ranging from 3 to 40 years. Leasehold improvements are amortized over the shorter of the related lease term or the estimated useful lives of the assets using the straight-line method. Costs related to the purchase and development of computer software for internal use are capitalized and amortized over the estimated useful life of the software (three to five years) using the straight-line method.

Costs associated with the development and installation of internal-use software are accounted for in accordance with Accounting Standards Codification (ASC) 350-40, Internal-Use Software. Accordingly, internal-use software costs are expensed or capitalized according to the provisions of ASC 350. Depreciation expense for internal-use software was $7,520,000 and $5,709,000 for the years ended December 31, 2012 and 2011, respectively.

Deferred Revenue and Revenue Recognition

The College recognizes revenue related to its laboratory improvement programs and membership dues upon shipment of the product or completion of services. The College invoices and collects cash in advance of the delivery of some products and services and accounts for the cash or receivable as deferred revenue.

The College recognizes revenue for some products and services at the time of delivery, or in the case of accreditation services, on an annual basis when the service is performed.
College of American Pathologists

Notes to Financial Statements (continued)

1. Summary of Significant Accounting Policies (continued)

The College performs support and consulting services under contracts for which it is paid on a time and material or a cost plus basis upon performance of services, which is recognized as terminology revenue in the statements of activities.

Reclassifications

Certain reclassifications have been made to amounts in the fiscal year 2011 financial statements in order to conform to the fiscal year 2012 financial statement presentations. Such reclassifications had no effect on net assets, loss from operations, or excess (deficit) of revenues over expenses as previously reported.

2. Related-Party Transactions

The College is related to the College of American Pathologists Foundation (the Foundation). The Foundation is a Section 501(c)(3) not-for-profit organization established to contribute to health and patient care by providing resources and leadership to assure the continuing excellence in the science, art, and practice of pathology. The College makes contributions to the Foundation to further the Foundation’s purpose. Contributions to the Foundation totaled $500,000 and $750,000 for the years ended December 31, 2012 and 2011, respectively. Net amounts due from the Foundation totaled $139,000 and $154,000 as of December 31, 2012 and 2011, respectively. The College provides management services to the Foundation that are not charged back to the Foundation. Dedicated Foundation personnel are paid by the College and charged to the Foundation based on actual cost. Total salaries and benefits paid by the College and charged to the Foundation were $641,000 and $607,000 as of December 31, 2012 and 2011, respectively. The College also charges the Foundation for other shared services, which totaled $19,000 and $71,000 for the years ended December 31, 2012 and 2011, respectively.

In response to the College’s Board of Governors’ action, the College entered into an agreement in 1997 to lend the Foundation up to $150,000 in 1998 and $100,000 in 1999. In December 2000, the College and the Foundation agreed to extend the agreement through December 31, 2010. The terms of the agreement stipulate repayment to the College in ten equal payments of $25,000, payable each year by December 15, beginning in 2001 and ending in the year 2010. Approximately $175,000 is reflected as a note receivable from affiliate at December 31, 2012 and 2011. The College’s Board of Governors took action to allow the Foundation to defer payment on the $175,000 loan balance at its May 2004 meeting. The deferment of the note and its collectability is evaluated annually by the College’s Board of Governors. The note was deferred until December 15, 2014 and is thus reflected as a long-term asset as of December 31, 2012.
College of American Pathologists

Notes to Financial Statements (continued)

3. Investments

Investments consisted of the following at December 31 (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th></th>
<th>2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Carrying Value</td>
<td>Cost</td>
<td></td>
<td>Carrying Value</td>
<td>Cost</td>
</tr>
<tr>
<td>Common stocks</td>
<td>$12,385</td>
<td>$11,752</td>
<td>$12,119</td>
<td>$12,555</td>
</tr>
<tr>
<td>Mutual funds:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>U.S. equity</td>
<td>17,750</td>
<td>16,376</td>
<td>14,540</td>
<td>14,153</td>
</tr>
<tr>
<td>International equity</td>
<td>6,644</td>
<td>6,427</td>
<td>10,778</td>
<td>12,212</td>
</tr>
<tr>
<td>Fixed income</td>
<td>18,993</td>
<td>17,581</td>
<td>19,791</td>
<td>18,629</td>
</tr>
<tr>
<td>Alternative investments</td>
<td>21,675</td>
<td>21,675</td>
<td>22,940</td>
<td>22,940</td>
</tr>
<tr>
<td></td>
<td>$77,447</td>
<td>$73,811</td>
<td>$80,168</td>
<td>$80,489</td>
</tr>
</tbody>
</table>

Short term investments, consisting of investments in mutual funds, are excluded from the above table. These investments were in an unrealized gain (loss) position of $131,000 and $(166,000) at December 31, 2012 and 2011, respectively. Deferred compensation plan assets of $3,267,000 and $3,041,000 at December 31, 2012 and 2011, respectively, which are not included in the table above, are invested in marketable mutual funds.

Investment return is summarized as follows for the years ended December 31 (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th></th>
<th>2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Interest and dividend income</td>
<td>$2,208</td>
<td>$1,804</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Realized gains on investments, net</td>
<td>8,464</td>
<td>4,335</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unrealized gains (losses) on investments, net</td>
<td>4,254</td>
<td>(9,470)</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>$14,926</td>
<td>$(3,331)</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The fair value of alternative investments based on estimates determined by the investment’s management was $25,134,000 and $32,650,000 at December 31, 2012 and 2011, respectively.
3. Investments (continued)

Included in alternative investments are several private equity investments, which are long-term in nature and relatively illiquid. In general, the terms of the private equity investments commit the College to invest an agreed-upon amount of capital over a period of years as requested by the fund manager. The outstanding commitments under these agreements, which the College is obligated to fund upon request, totaled $853,000 and $1,288,000 at December 31, 2012 and 2011, respectively.

The following table summarizes the fair value of alternative investments that had unrealized losses and the length of time that the alternative investments have been in a continuous unrealized loss position:

<table>
<thead>
<tr>
<th>Date</th>
<th>Less Than Twelve Months</th>
<th>Twelve Months or Longer</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fair Value</td>
<td>Unrealized Losses</td>
</tr>
<tr>
<td>December 31, 2012</td>
<td>$</td>
<td>– $</td>
</tr>
<tr>
<td>December 31, 2011</td>
<td>$ 4,303,000</td>
<td>$ 140,000</td>
</tr>
</tbody>
</table>

Fair value is defined in ASC 820, *Fair Value Measurement*, as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820-10 establishes a three-level hierarchy for fair value measurements based upon the transparency of inputs to the valuation of an asset or liability as of the measurement date.

The three levels are defined as follows:

- **Level 1** – Inputs to the valuation methodology are quoted prices (unadjusted) for identical assets or liabilities in active markets.
- **Level 2** – Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets, and inputs that are observable for the asset or liability, either directly or indirectly, for substantially the full term of the financial instruments.
- **Level 3** – Inputs to the valuation methodology are unobservable and significant to the fair value measurement.
3. Investments (continued)

A financial instrument’s categorization within the valuation hierarchy is based upon the lowest level of input that is significant to the fair value measurement. Fair value measurements for all investments, other than the alternative investments, are Level 1 under the ASC 820 10-50-2 valuation hierarchy and are based on open market pricing and are valued on a daily basis.

4. Employees’ Retirement and Savings Plan

The College maintains a 401(k) plan for employees to defer a portion of their pay. For 2012, the College matched the employees’ 401(k) contribution, up to 4% of the employees’ salary and made an annual discretionary contribution of 6%. The employer contribution for the 401(k) match was approximately $1,900,000 and the discretionary contribution was approximately $2,500,000 as of December 31, 2012. For 2011, the College matched the employees’ 401(k) contribution, up to 4% of the employees’ salary and made an annual discretionary contribution of 8%. The employer contribution for the 401(k) match was approximately $1,500,000 and the discretionary contribution was approximately $3,600,000 as of December 31, 2011.

5. Leases and Other Commitments

The College leases certain office space, office equipment, and data processing equipment under operating leases. A ten-year lease for the Washington, D.C., office was negotiated during 2004; an amendment to the lease was put in place in 2006 and represents $1,587,000 of future obligations as of December 31, 2012. In 2008, a new seven-year lease for additional office space near Northfield, Illinois, was negotiated; this lease represents $997,000 of future obligations as of December 31, 2012. The first five years of both leases contain non-cancelable terms and do not include increases based on operating experience as they have not yet been determined. As of December 31, 2012, future minimum lease payments under all leases with initial or remaining non-cancelable lease terms in excess of one year are as follows (in thousands):

<table>
<thead>
<tr>
<th>Year</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$2,140</td>
</tr>
<tr>
<td>2014</td>
<td>1,804</td>
</tr>
<tr>
<td>2015</td>
<td>1,178</td>
</tr>
<tr>
<td>2016</td>
<td>424</td>
</tr>
</tbody>
</table>

$5,546

Rental expense amounted to $3,390,000 and $3,627,000 for the years ended December 31, 2012 and 2011, respectively.
6. Note Payable

On January 30, 2004, the College entered into a loan agreement with a principal amount of $12,000,000 bearing a fixed annual interest rate of 6.15%. The loan will be payable in monthly installments over 20 years and is secured by a mortgage on certain real estate owned by the College. The 20-year mortgage requires monthly payments (including interest) as follows (in thousands):

<table>
<thead>
<tr>
<th>Year</th>
<th>Principal</th>
<th>Interest</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>2013</td>
<td>$541</td>
<td>$503</td>
<td>$1,044</td>
</tr>
<tr>
<td>2014</td>
<td>576</td>
<td>468</td>
<td>1,044</td>
</tr>
<tr>
<td>2015</td>
<td>612</td>
<td>432</td>
<td>1,044</td>
</tr>
<tr>
<td>2016</td>
<td>651</td>
<td>393</td>
<td>1,044</td>
</tr>
<tr>
<td>2017</td>
<td>692</td>
<td>352</td>
<td>1,044</td>
</tr>
<tr>
<td>Thereafter</td>
<td>5,303</td>
<td>1,091</td>
<td>6,394</td>
</tr>
</tbody>
</table>

Interest paid amounted to $535,000 and $565,000 for the years ended December 31, 2012 and 2011, respectively.

7. Commitments

Supplier

The College has entered into agreements with several of its suppliers, which obligate the College to purchase a minimum amount of materials and supplies for use in various products and tests provided by the College during the current and future program years. These agreements expire at various times through 2014 and amount to approximately $37,100,000.
8. Functional Expenses

The College provides proficiency testing, educational services, accreditation, inspection, and other related services to its members and to hospital and clinical laboratories. The operating expenses included in the statements of activities are primarily related to the following for the years ended December 31 (in thousands):

<table>
<thead>
<tr>
<th></th>
<th>2012</th>
<th>2011</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program services</td>
<td>$154,253</td>
<td>$147,693</td>
</tr>
<tr>
<td>General and administrative services</td>
<td>$21,500</td>
<td>$19,500</td>
</tr>
<tr>
<td></td>
<td>$175,753</td>
<td>$167,193</td>
</tr>
</tbody>
</table>

9. Subsequent Events

The College evaluated events and transactions occurring subsequent to December 31, 2012 through March 8, 2013, the date of issuance of the financial statements. During this period, there were no subsequent events requiring recognition or disclosure in the financial statements.
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1. INTERNATIONAL BUSINESS OPERATIONS

   • Recent Accomplishments and Operational Updates:
     Translation Services:
     o Completed translation and quality review of the following checklists: Laboratory
       General, Team Leader, All Common, Hematology, Microbiology, Chemistry and
       Toxicology, Urinalysis, Immunology, Transfusion Medicine, Point of Care, Anatomic
       Pathology, Molecular Pathology, Histocompatibility, Cytogenetics, Flow Cytometry,
       and Clinical Biochemical Genetics. Work is in progress to complete quality review for
       the final checklist (Cytopathology). Remaining checklists will be distributed in Q2
       2013 to all accredited and in-process laboratories in China.

     Customer Support Issue Resolution and Planning:
     o Collaborated with CAP Purchasing to investigate low-stability Surveys, predominantly
       histocompatibility products (B27, HLAS/HLA1, MX1&2). Manufacturer was not aware of
       another matrix that would extend stability without a change in testing methodology.
     o Initiated 2013 revisions to the International Guide to Accreditation and Proficiency
       Testing (PT) for International Participants.
     o Initiated work on a CAP Welcome Packet for newly enrolled PT participants.
       Components may include a customized welcome letter, PT process charts, shipping
       and handling guidance documents, and primary contact information. CAP’s
       marketing team is drafting a general framework for initial review.
     o Work in progress:
       - Contact international laboratories regarding PT non-enrollment issues.
       - Develop reminder letter for international laboratories to ensure compliance
         with 2014 CAP PT Only requirement.
       - Review proposal to include updated language in the 2014 PT catalog
         encouraging international participants to try a first shipment of certain limited
         stability products. The team recently investigated performance data from
         domestic and international participants and found that in a majority of cases
overall PT performance is not negatively impacted on a subset of low stability products. Our current process for customers ordering low stability products provides no replacements or refunds in cases when delivery is delayed.

**CAP Implementation of the Foreign Corrupt Practices Act (FCPA) Policy:**
- Launched FCPA online training program for staff most impacted by the policy. Training is scheduled to complete in May 2013. Work is in progress to identify training needs, content, and training delivery mechanism for members who may require additional training.

**International Inspector Certification Program:**
- Certified 45 international inspectors out of the current eligible group of 67 participants. Staff will continue to schedule training inspections for remaining participants to complete certification.

2. **MEDICAL LABORATORY PROFESSIONALS WEEK**
- The CAP celebrated Medical Laboratory Professionals Week, April 22–26, 2013, which spotlights the important role that laboratory professionals play in health care as part of the patient care team.
- The 2013 Marketing campaign focused on a heartfelt thank you from the CAP and encouraged peer-to-peer expression of gratitude. The campaign included:
  - A series of print ads in CAP TODAY in March and April
  - CAP Website carousel ad along with specific pages for Lab Week
  - Email announcements
    - eCard promotion to all CAP customers from the CAP on April 15
    - eCard promotion to all CAP customers and staff from Dr. Robboy on April 22
- **Customers sent more than 5,500 e-Cards, making this the most engaging external-facing Lab Week campaign in the CAP’s history!**
1. INTERNATIONAL BUSINESS OPERATIONS

Recent Accomplishments and Operational Updates:

Translation Services:
- Completed translation and quality review for all targeted checklists and distributed to accredited and in-process laboratories in China in May 2013. Work is in progress to prepare the 2013 checklist edition updates for translation.
- Finalized updates to the Guide to Accreditation and Proficiency Testing for International customers and completed translation of updated material. Work is in progress to post updated materials on the CAP website.

Customer Support Issue Resolution and Planning:
- Completed 2013 revisions to the International Guide to Accreditation and Proficiency Testing (PT) for International Participants.
- Initiated work on a CAP Welcome Packet for newly enrolled PT participants. Components may include a customized welcome letter, PT process charts, shipping and handling guidance documents, and primary contact information.
- Developed and distributed reminder letter to international laboratories to ensure compliance with the 2014 CAP requirement that international laboratories not subject to CLIA use CAP PT only (some exceptions apply).
  - Work in progress:
    - Update PT catalog with information on dangerous goods, cost of shipping and low stability products
    - Evaluate list of PT programs for inclusion in "summer packaging" configuration to improve stability

2. LABORATORY-DEVELOPED TEST (LDT) WORK GROUP

Stephen Sarewitz, MD, FCAP is leading a work group to examine whether CAP should institute more stringent validation (analytic and clinical) requirements in the Laboratory Accreditation Program (LAP) for laboratory-developed tests (LDTs). The purpose of the study is to determine if, within the current processes of the CAP Laboratory Improvement Programs (LIP), we can
implement more stringent requirements for validation of predictive LDTs. The means of this implementation could be revisions to the checklists or changes in the way the on-site inspection is conducted. New processes not currently part of LIP (such as central review of data) are excluded from consideration. The study workgroup will consist of representatives from COA (including the Chair, Checklist Committee), LDT Working Group, and CSA. The work group will address the issues of predictive markers, number of samples for analytic validations, clinical validation requirement for all disciplines, and standardized formats for data submission. The workgroup will develop specific, detailed recommendations to be submitted to the COA.

3. **PRIDE PRINCIPLES**
   As a part of a CAP-wide initiative, Accreditation team members are participating in the advancement of the meaning of PRIDE principles within the organization. Creating lists of specific behaviors for each characteristic is in progress. The plan for accomplishing this includes seeking broad input throughout the organization.

4. **ALLIANCE CENTER OF EXCELLENCE (ACE)**
   Accreditation team members, as part of a CAP-wide initiative, are participating in the development of a new center of excellence in alliance management or ACE. Work continues to develop a list of key organizations for which existing relationships should be advanced to the level of an alliance and to create training and best practice recommendations.

5. **EMPLOYEE ENGAGEMENT SURVEY**
   As part of a CAP-wide initiative, Accreditation team members participated in the implementation of an Employee Engagement Survey. Discussions are now taking place at all levels and via multiple venues as to benefits that may be gleaned from the data and participation levels.

6. **RAPID DECISION ROLES**
   On June 12, a group of CAP leaders kicked off a new project related to improving decision effectiveness. The “R.A.P.I.D. Response Decision Team” is charged with charting CAP’s future course on how to best embed effective decision-making skills, capabilities and processes within CAP’s culture. LIP staff will serve in a leadership role for this team with the goal to provide a recommendation to the Executive Operations Team and the Board of Governors in Q4 2013.

7. **EPP UPDATE**
   In June, the 2nd phase of Security Single Sign-On was completed allowing Members/customers to log into the website and gain access without re-entering their username and password to other applications including: eStore, Digital Scope (when released), and future Oracle modules. Additional releases planned for this year include; eStore Publications, Scores database upgrade, Crosslogix replacement, Universal Test Menu data cleansing, and Sales and Marketing.
1. **Learning Initiatives Supporting Transformation**

Two Working Groups (WGs), one focused on Informatics led by Dr. Walter Henricks and one focused on Genomics led by Dr. Richard Haspel, have identified and prioritized the competencies needed to perform transformational services in these topic areas and are currently developing CME curriculum recommendations. The CME curriculum recommendations from both WGs will be transitioned to the Curriculum Committee who will oversee development and release of the associated learning programs for practicing pathologists across 2014 – 2015. GME curriculum for Informatics will be developed under a collaborative effort between CAP, APC/PRODS and API. The CAP Graduate Medical Education committee will participate on the new working group and they will also develop a strategy for influencing key stakeholders to adopt the informatics curriculum.

2. **Association of Pathology Chairs (APC)/CAP Alliance Update**

On July 9, CAP and APC leaders met at the APC/PRODS annual meeting in Boston to discuss progress on our collaborative efforts. John Scott, Vice President Advocacy, provided an update on steps taken to build consensus on policy case for preferential GME funding for pathology, including development of a white paper by CAP’s Policy Roundtable Task Group on Workforce Issues and Education with policy recommendations to mitigate estimated pathologist shortages. CAP and APC also recently initiated discussions about coordinating on three specific policy areas: GME, Meaningful Use of electronic health records, and payment for molecular pathology services. Several collaborative education projects focus on our goal of “preparing pathologists to deliver”. At the APC/PRODS meeting, we offered a co-branded pre-meeting workshop on Clinical Informatics for Value-Based Pathology Practice, which will also be part of the CAP ’13 program. In addition, as part of the focus on building informatics capabilities, CAP and APC just released two co-developed HIT Basics education products; a free online course and a CME/SAM version which are available through the CAP Learning Portal. Future CAP/APC leadership meetings will focus on prioritizing future projects and enhancing communication with membership of both organizations.

3. **Advanced Practical Pathology Program (AP®) Status Update**

   a. **2013 Workshops**

The first two offerings of the Ultrasound-guided Fine Needle Aspiration (USFNA) Workshop (held in April and May 2013) as well as the April 2013 Laboratory Medical Director (LMD) Workshop were well attended. All offerings received highly positive feedback from...
participants. Registration for the September offerings of both programs continues to be strong.

<table>
<thead>
<tr>
<th>Program</th>
<th>Date</th>
<th>Location</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ultrasound-guided Fine Needle Aspiration (USFNA)</td>
<td>September 28-29</td>
<td>Las Vegas, NV</td>
</tr>
<tr>
<td>Laboratory Medical Director (LMD)</td>
<td>September 19-20</td>
<td>Chicago, IL</td>
</tr>
<tr>
<td>Multidisciplinary Breast Pathology (MBP)</td>
<td>November 2-3 MBP/Breast Predictive Markers Special CME offering*</td>
<td>Chicago, IL</td>
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*Due to delayed release of the HER2 Guideline update, the full AP3 program for BPFT will not be available for the November offering.

b. Prostate Pathology AP3 Update

Three of seven online courses planned for the Prostate AP3 program have been released this year, including Gleason Grading (2.5 CME/SAM), Prostate Specimen Handling, Processing and Quality Assurance (2.5 CME/SAM) and Histologic Variants of Prostate Carcinoma, Other Carcinomas, and Non-epithelial Lesions of the Prostate (2.5 CME/SAM). Additional online courses for the program are expected to release in Q3 and Q4 of 2013. The full program including a live workshop is anticipated to launch in Spring of 2014.

c. ASTD Awards for BPFT and LMD AP3s

The College of American Pathologists won an Excellence in Practice Award for the Breast Predictive Factors Testing Advanced Practical Pathology Program and an Excellence in Practice Citation for the Laboratory Medical Director Advanced Practical Pathology Program. Awards are presented for proven practices that meet a demonstrated need, have appropriate design values, are aligned with other performance improvement initiatives, and deliver clear and measurable results for their organizations. Citations are presented for practices from which much can be learned, but which have not yet reached the award level. The award and citation is from the American Society for Training and Development (ASTD), which is the world’s largest association dedicated to learning and performance professionals. A key function of ASTD is to recognize excellence and set the standard for best practices in learning and performance. CAP was honored at the awards ceremony during the ASTD International Conference & Exposition, May 19-22, 2013 in Dallas, Texas.

2. Portfolio Refinement Update

At its February meeting, the COE adopted criteria to facilitate CAP Learning portfolio decisions and align the product mix to CAP strategy. Since the February meeting, the criteria have been translated into specific metrics and incorporated into decision making approaches for products that generate direct revenue for CAP Learning. There are slightly different approaches for Advanced Practical Pathology Programs and other education programs. The approaches and metrics will be
used to evaluate products in the CAP Learning portfolio and guide product decisions (eg, retain, retire, repackage to address performance issues).

At its July meeting, the COE approved the decision approaches and metrics, product review strategy and schedule, and product review results for five learning programs. In addition to using the criteria to periodically evaluate existing products in the CAP Learning portfolio, the COE will align the decision approach and metrics for evaluating new product proposals with the approved criteria.

3. **CAP Companion Society Symposium at USCAP 2014**

What Every Pathologist Needs to Know about Genomic Tests is the topic for the CAP Companion Society Symposium at the 2014 USCAP Annual Meeting in San Diego, California. The program is focused on the competitive edge provided by genomics and includes such topics as the latest clinical gene panels and current best practices from early adopters of clinical genomic testing. Dr. Jennifer Laudadio will moderate the program and Dr. Debra Leonard is lead faculty.

4. **Accreditation Council for Continuing Medical Education (ACCME) Reaccreditation Update**

CAP Learning continues preparation for the ACCME reaccreditation in 2014. ACCME reaccreditation is necessary for CAP to continue providing CME for its courses. In 2008, the CAP received a 6-year Accreditation with Commendation, the highest accreditation awarded.

Staff is in the process of completing the self-study report, which provides the narrative of how CAP policies and procedures ensure compliance with ACCME accreditation requirements. Staff also is preparing for the Performance in Practice (PIP) review. Through the PIP review, ACCME surveyors review randomly selected courses in determining if CAP demonstrates compliance with requirements. The final part of the reaccreditation process is an interview with key CAP Learning members and staff in Q1 2014. The ACCME will make the reaccreditation decision in July 2014.

5. **Competency Assessment Program Update**

Now in its seventh year, Competency Assessment Program continues to deliver top-notch competency assessment service to clinical laboratories. Enhanced with a new set of courses focused on Safety & Compliance, the program appears to be meeting the needs of many laboratories. In 2012, over 1,100 laboratories participated in Competency Assessment Program (up from 415 in 2007). 2013 subscriptions continue to grow, with 1,238 laboratories enrolled so far; we anticipate that customers will continue to order through October.

The program is designed to help laboratories meet competency assessment requirements of the CAP’s Accreditation Program and CLIA for laboratory personnel. It offers 44 new courses annually and more than 130 instrument-specific observation checklists, along with tools to customize and create courses and checklists. Last year, 47,160 unique users enrolled and completed a total of 458,874 courses, which includes CAP-provided courses as well as laboratories’ custom courses. This is a 14% increase in unique users and a 7% increase in completed courses over the prior year.

A number of product enhancements are being implemented in 2013 in direct response to customer interactions and research. New “on-demand” videos help first-time customers get started with the program. Both new and experienced customers will use the training videos for the tools that help
them customize the program to their labs: CourseBuilder and ChecklistBuilder. As an enhancement to the online application, audio and video capabilities were added to the CourseBuilder tool in February. CAP is making use of social media and launched a Competency Assessment Program users’ group in earlier this year.

6. Learning Management System (LMS) Upgrade Update
CAP Learning completed the Learning Management System selection project at the beginning of April and received project approval in May. The team narrowed the field of seven initial vendors down to two. Once the two final vendors were identified, demonstrations were conducted and the team took a closer look at both vendors’ capabilities in user experience, reporting, learning activity configuration and LMS administrative functionality. The team selected the final vendor based on how well they met our needs as well as other features and capabilities they offer that CAP can leverage. The project team plans to wrap up the contracting phase of the project by end of September and begin planning the project implementation in October.

7. Publications
CAP Press released the 14th edition of its best-selling title, So You’re Going to Collect a Blood Specimen: An Introduction to Phlebotomy. Edited by Frederick L. Kiechle, MD, PhD, FCAP, the 14th edition contains new sections on competency assessment and quality assurance, and places increased emphasis on reducing pre-analytic errors that can lead to specimen rejection.
To: House of Delegates Steering Committee  

Topic: CGPA Update (July - August 2013 Report)  

From: Richard C. Friedberg, MD, PhD, FCAP  
Chair, Council on Government and Professional Affairs  
John H. Scott  
Vice President, Division of Advocacy  

Date: August 30, 2013  

Federal  

CAP Campaigns to Reverse CMS Proposed 2014 Cuts - As the September 6 deadline for comments to the Centers for Medicare and Medicaid Services (CMS) on the proposed 2014 physician fee schedule approaches, CAP members and staff are focused on preventing these misguided cuts from taking effect. The CAP is coordinating with the American Medical Association (AMA) and other impacted medical specialty organizations. The AMA hosted a strategy session on Friday, August 16, for the impacted groups to calibrate strategy. Urging Congress to intervene with CMS, the AMA has created a specialty society sign-on letter on the proposed rule and has already issued a strong criticism of the proposed 2014 Medicare physician fee schedule. CAP’s Washington office has hosted additional strategy session for the clinical laboratory and diagnostics industry groups to coordinate strategy and outreach. Representatives included the American Clinical Laboratory Association, AdvaMed-Dx, Quest Diagnostics, American Society for Clinical Pathology, Association of Pathology Chairs, American Association Clinical Chemistry, General Electric, and Becton Dickinson. Several of these groups are scheduling individual meetings with CMS, and we are sharing our economic analyses with them, as well as coordinating grassroots efforts. CAP staff met with CMS on August 27 to protest this rule and highlight the faulty methodology that resulted in these drastic cuts.  

CAP also sent a letter to every congressional office opposing the cuts and asking Congress to intervene. The letter is signed by virtually every major pathology organization and our state pathology societies. ASCP sent an action alert on Wednesday to activate its network in support of withdrawing the rule and we are working with APC to mobilize its membership. Our grassroots team is working with CAP members to educate Members of Congress and engage CMS to prevent these cuts from being implemented. To date, over eight hundred CAP members have sent 2,811 emails to Congress and hundreds of comments to CMS. In addition, meetings are taking place in congressional districts where CAP members are meeting with their Member of Congress or congressional staff. The ongoing efforts of CAP members are crucial in fighting these proposed cuts. The 60-day public comment period expires Friday, September 6, 2013.  

PQRS Measures for 2014 and Beyond Announced - CMS retained the five quality measures developed by CAP. Three new measures for lung cancer and melanoma were not included for use by pathologist; however, CMS may be reconsidering their decision on the three measures and CAP is working with others in
pathology to work for their inclusion in the 2014 measure set. In addition, CMS proposes to raise the criteria for successful reporting for the incentive to reporting on 50% of patients for nine measures. The criteria for avoiding the penalty have also been raised to match the successful reporting criteria.

**Value Based Payment Modifier** - CMS proposed several changes to the value-based payment modifier program which impact pathologists. Specifically, the agency would apply the value-based payment modifier to groups of physicians with 10 or more eligible professionals starting in 2016 based on their participation and performance in the 2014 PQRS and increase the amount of payment at risk under the value-based payment modifier from 1.0 percent to 2.0 percent. CMS would also make quality-tiering mandatory for group practices with 10 or more Members within Category 1 for the CY 2016 value-based payment modifier, except groups of physicians with between 10 and 99 eligible professionals would be subject only to any upward or neutral adjustment determined under the quality-tiering methodology, and groups of physicians with 100 or more eligible professionals would be subject to upward, neutral, or downward adjustments determined under the quality-tiering methodology.

**Clinical Laboratory Fee Schedule** - The Rule sought comment on reviewing all of the services listed on the Clinical Laboratory Fee Schedule. CMS proposes a new process to review laboratory tests paid on the CLFS to determine if the payments should be adjusted due to technological changes. While the agency acknowledges that adjustments could be made both to increase and reduce fee schedule amounts, the agency expects most payments will decrease due to changes in technology that have occurred since the payment amounts were established. The new process is proposed to begin in 2015.

**GAO Issues Report on Self-Referral of AP Services** - Taxpayers are footing the bill for nearly a million unnecessary anatomic pathology tests that likely would not have been ordered if the referring clinician hadn’t been allowed to bill Medicare for those services under a self-referral arrangement, asserts a July 15, 2013 report from the Government Accountability Office (GAO). Pathologists are already well aware of the problems caused by physicians who exploit the IOAS exception loophole and self-refer anatomic pathology services. However, this is the first government-sponsored report to document the millions of dollars physicians who self-refer anatomic pathology services cost Medicare with no added benefit to patients. CAP is calling on Congress again to take immediate action outlawing this business practice. The GAO study found that financial incentives for self-referring providers were likely “a major factor driving the increase in anatomic pathology referrals”, and in 2010, providers who self-referred made an estimated 918,000 more referrals for anatomic pathology services than they likely would have if they were not self-referring. CMS estimated these additional referrals cost Medicare about $69 million in 2010 alone.

The GAO Report examined Medicare claims from 2004 to 2010, and found:

- Self-referrals for anatomic pathology services during that period increased at a far faster rate than non-self-referrals, more than double, compared to a 38 percent increase by non-self-referring physicians over the same period.
- In 2004, self-referred anatomic pathology services made up 15.9 percent of all such services, and increased to 22.5 percent in 2010. During this period, Medicare expenditures for self-referred services increased about 164 percent, whereas expenditures for non-self-referred services increased about 57 percent.
- In 2010, three provider specialties—dermatology, gastroenterology and urology—accounted for over 90 percent of self-referred anatomic pathology services. GAO
estimates that in 2010, self-referring providers likely referred over 918,000 more anatomic pathology services than would have been referred by providers who were not self-referrers.

- In 2010, Medicare spent an estimated $69 million more than it would have spent if self-referring providers had performed tissue biopsy procedures at the same rate as non-self-referring providers, and according to GAO this estimate probably understates the level of additional Medicare spending because its analysis was limited to anatomic pathology services referred only by dermatologists, gastroenterologists and urologists.

CAP welcomed the GAO’s findings but said it did not believe the report’s recommendations would fix the problem. GAO called on HHS to flag claims for self-referred anatomic pathology services, and create policies to ensure appropriateness of biopsy procedures performed by self-referring physicians. In addition, GAO recommended HHS develop and implement a payment approach for AP services that would limit the financial incentives for referring a higher number of AP services per biopsy procedure. CAP believes the only correct course of action to put an end to self-referral abuses is to remove anatomic pathology from the In-Office Ancillary Services (IOAS) exception as quickly as possible.

Federal Legislation to Prohibit Physician Self-Referral of Anatomic Pathology - The CAP expressed strong support for legislation introduced by Rep. Jackie Speier (D-CA), that would put an end to physician self-referral of anatomic pathology and other designated health services under the Stark law. Introduction of the “Promoting Integrity in Medicare Act” came just two weeks after the Government Accountability Office (GAO) issued its report, “Action Needed to Address Higher Use of Anatomic Pathology Services by Providers who Self-Refer,” which found that self referral of anatomic pathology and the other services included in the bill cost Medicare billions. The President’s 2014 budget also projected saving over $6 billion. The legislation would amend the Stark Law’s In-Office Ancillary Services (IOAS) exception by removing anatomic pathology, physical therapy, advanced diagnostic imaging, and radiation oncology from the list of services that may be self-referred under the current exception. It would not change the status of clinical pathology or other services covered by the IOAS exception. In doing so, it returns the exception to its original intent, which is to allow physicians to self-refer simple laboratory tests, such as blood glucose, urinalyses and strep tests that can be done during the patient’s office visit to inform diagnosis and treatment. Complex testing for biopsies to diagnose cancer and other diseases or conditions do not fall into this category. Also, the bill does not impact truly integrated, coordinated care models such as ACOs or rural health care providers.

CAP Urges HHS to Reconsider Decisions on Molecular Code Placement and Pricing - CAP submitted comments to the CMS Administrator in a July 8th letter urging the agency to reconsider CLFS placement of the molecular pathology services; provide greater transparency in the price determination process by utilizing RUC-approved data; and provide Medicare coverage for molecular pathology tests necessary for diagnosis and patient management. The letter stated: “We are extremely concerned with the proposed lack of coverage for many of these tests, which are already in use today in real time patient management and are supported by established literature and practice guidelines.” CAP has consistently sought to have the molecular codes placed on the physician fee schedule, and to determine pricing using RUC-approved data. The College also expressed concern for tests that have been denied coverage, and cited patient access problems reported by the American Medical Association in Indiana, Texas, Tennessee, Ohio, Kentucky, and Wisconsin. CAP’s letter included a chart citing specific problematic coverage decisions.
CAP Presents CLFS Payment Recommendations at CMS Meeting - The CAP presented payment recommendations in July on a number of codes listed on the Clinical Laboratory Fee Schedule, including several non-molecular pathology codes, at CMS’s annual public meeting for new and reconsidered Clinical Laboratory Fee Schedule services. CMS accepts public comments, then determines the basis of payment (either crosswalk or gap-fill) and posts the preliminary determinations on its web site in early September. The public can comment on these preliminary determinations through September 27. The basis of payment and the amount of payment becomes final at the same time as the annual CMS instruction for CY 2014 (approximately early November). The public has 60 days from the date the annual instruction is issued to request reconsideration of either the basis of payment or the amount of payment for these new test codes.

State

Connecticut Acts to Ban Laboratory EHR Donations - The Connecticut Department of Health issued a declaratory ruling in August clarifying that the donation of electronic health records (EHRs) by clinical laboratories to referring physicians, generally permitted under the current federal safe harbor, is prohibited under the state’s anti-kickback law. The ruling is in response to a petition request submitted by the Connecticut Society of Pathologists (CSP) and supported by the CAP. The CSP petition request, originally made in September 2012, was subject to formal administrative process for adjudication. At a May hearing on the issue, the Connecticut Hospital Association (CHA) opposed the CSP request for an opinion over concerns the request did not supply sufficient information for the Department to issue a ruling, and the potential implications for hospital donation of EHRs. In its ruling, the Department of Health rejected the arguments of the CHA and unequivocally prohibited clinical laboratories’ donation of EHRs, while preserving the donation of laboratory interface systems and software. Connecticut is now the eighth state to prohibit or limit the donation of laboratory interface systems and software. Connecticut is now the eighth state to prohibit or limit the donation of EHRs by clinical laboratories, joining Tennessee, West Virginia, New York, New Jersey, Pennsylvania, Missouri and Washington. Under a proposed U.S. Department of Health and Human Services regulation, that the CAP supports, the federal safe harbor for EHR donations by clinical laboratories is scheduled to sunset December 31, 2013. The final adoption of the federal regulation is pending.

CAP Model ACO Legislation Introduced in New Jersey - Legislation to promote a pathologists’ role in Accountable Care Organizations (ACOs) in New Jersey was introduced last week in the state Assembly (A4302) by primary sponsor Assemblywoman Angelica M. Jimenez. Introduction of A 4302 was a collaborative effort between CAP and the New Jersey Society of Pathologists (NJSP), and is based on CAP’s model legislative language on ACOs. Similar legislation was introduced earlier this year in California and Illinois, and enacted last year in Massachusetts as part of that state’s healthcare reform initiative. The legislation requires each ACO in New Jersey to work with a clinical laboratory in establishing a Clinical Laboratory Testing Advisory Board. The purpose of these boards is to advise the ACOs on “adoption of guidelines or protocols for clinical laboratory testing used for diagnostic purposes or disease management” and for “pathologist consultation on episodes of care.” The board would be required to include at least one physician, affiliated with the ACO and is a medical director of a laboratory regulated under CLIA.

The CAP Policy Roundtable’s white paper on ACOs includes the advisory board recommendation detailed in the legislation in promoting quality and in furtherance of the ACO mission in controlling cost and optimizing delivery of medical care through appropriate testing.
1. MEMBER ENGAGEMENT PROGRAMS

Practice Management Transformation Initiative 15 Business Tools

With the foundational planning and guidance provided by the Practice Management Committee (PMC) and the hiring of additional staff resources, we are starting to deliver Beta releases of key tools.

The following Road Map to a New Business Model shows the steps (in square edged shapes) along the Road Map and the titles of initial tools (in rounded edged shapes) to support each step.

**Tool Development Process**

![Road Map to a New Business Model]

- **Step 1**: Awareness Exploration
  - Practice Self-Awareness
  - Market Awareness
  - Road Map Graphic and Narrative
  - Got Value Document

- **Step 2**: Change Leader(s) Identified

- **Step 3**: Practice Assessment
  - Market Assessment

- **Step 4**: Select New Business Model(S)
  - PPP Select a pathway
  - Value examples/ case studies

- **Step 5**: Build Evidence Base & Business Case
  - PPP Business Case Template
  - Value impact Analysis

- **Step 6**: Negotiate Payment

- **Step 7**: Implement

- **Step 8**: Monitor & Improve

**Supporting Resources**
- Negotiation Skills Bibliography
- Practice Management Directory
- ACPE Basic Negotiation Skills Online Course
  - Applying Negotiation Principles to Pathologists’ Scenarios
  - Sample Contract for Value Based Arrangements

**Bolded** Beta Version at or Near Completion
The PMC identified and prioritized which Tool Sets to develop with input from the Transformation Program Office Steering Committee (TPOSC) and the House of Delegates. The specific tools to be developed in a Tool Set are identified and developed by PMC workgroups, CAP Staff, and third parties. The tools are vetted by a PMC workgroup and the full PMC. The vetted tools are then released as Beta/Test versions to a pre-selected group of members.

Those involved in the Beta are contacted to provide their feedback on the usefulness of the tool and refinements needed to improve the tool. The refinements will be incorporated into the tool as appropriate and the revised tool will be made available for General Release.

Engaged Leaders will be trained to coach other practices through the steps in the Road Map using the CAP Tools.

**Tool Use Tracking**
The CAP’s Web Team is implementing a capability to track which logged on users accesses the tools on the web site. This information will be used to individually contact the users to garner their feedback on the tools. Until this capability is in place, we are releasing tools to webinar attendees or to individuals upon request.

**General tool information**
Each tool includes a key component such as a set of questions for a survey. In addition to the key component(s), each tool includes an overview document that describes the objective of the tool, its components, audience, and recommended steps for the practice to achieve the objectives and that are supported by the tool. Additionally the tool includes a project management tool and other supporting information to help maximize the benefit and usefulness of the key tool component.

**Beta release Tools**

**Practice Self-awareness tool**

Objective:

- To support the discovery of pathologists and practice leaders’ viewpoints regarding the practice and its future
- To assist the practice in developing a common vision of the practice among its leaders and Identify steps to pursue the practice’s common vision

**Market Self-awareness tool**

Objective: To identify the key opportunities and challenges of client leaders for practices wanting to adapt to the evolving health care environment. This tool helps practices discover what client leaders are concerned and excited about and their views on the pathologists’ services, their organization, and its patients receive.
College of American Pathologists

**Value Impact Analysis Tool**
Objective: To guide practices through the process of collecting and presenting data that demonstrates the value that a practice creates in the health care system. This value can then be articulated to others including hospital administrators, insurance providers, and other specialty providers in an integrated delivery system.

**Practice Assessment Tool**
Objective: To assist practices in evaluating which medical competencies are strengths, their practice’s organizational capabilities (eg, decision making, marketing, compliance, culture, etc) and its capacity to handle current and additional volume or additional services.

**Market Assessment Tool**
Objective: To assist practices in defining the markets they want to investigate, gather information about their current and potential services, clients, and competition, and assist the practice in prioritizing its market opportunities.

**Road Map and Narrative**
Objective: To provide an overview graphic representation and narrative explanation regarding the process a practice can take to implement a new business model(s) in current and emerging payment models.

**Business Case Template**
Objective: To provide an outline/guide for practices to prepare a business case to present to potential clients, investors, or payers. Practices will develop the content of the Business Case and adapt it to each audience.

**Basic Project Management Tool**
Objective: To assist practices in successfully implementing their new business models; provides basic tool to record implementation tasks, assign associated responsibilities, and timelines and to track progress.

2. **CAP MEMBER INSURANCE PROGRAM**
As a result of the new medical insurance regulations (PPACA) that do not recognize association plans as group insurance, New York Life Insurance Company has made the decision to exit the medical insurance market and terminate all in force medical insurance plans effective December 31, 2013.

As the CMPD recommended and the CAP board approved in August, CAP will leverage its insurance broker AON’s current endorsement of eHealth as a referral resource for those CAP members currently in the CAP’s New York Life major medical insurance program as well as for CAP members newly seeking coverage. The CAP intends to add links to the AON and eHealth resources on the member benefits pages of cap.org by October 1, 2013.
Letters were sent by AON, prior to July 31, 2013, to the affected insured CAP members (122 members and dependants) notifying them of the termination of their medical coverage as of December 31, 2013.

AON has prepared a Q&A document for CAP customer service staff members to use as a reference and a preparation tool.

New York Life in conjunction with their Third Party Administrators is staffing a telephone hotline with trained personnel capable of responding to questions from the insured regarding replacement coverage for the group policy.

AON recommends referring CAP members to ehealthinsurance.com, a referral resource which would allow existing CAP members and their dependents to compare, buy, and use health insurance products, tools, and information that best protects their well-being and assists in identification of their best options for medical coverage.

Exchanges are set to begin on October 1, 2013.

3. CAP ENGAGED LEADERSHIP NETWORK (ELN)
   - Tracking Mechanism Up and Running
     The ELN tracking survey is up and running allowing ELN members to easily report engagement activities. Using Survey Monkey, ELN members are asked to answer a series of questions about their activities. Using simple check boxes, they can record standard activities such as hosting a lab tour, working with a patient advocacy group, meeting with C-suite executives, etc. They are also given the opportunity to report any other activities that are not specifically indicated in the survey tool as we recognize that engagement is a broad activity and can take many forms. In the first quarter, ELN members reported more than 250 activities with 2nd quarter report due in August.

   - Committee on Professional & Community Engagement (CPCE) Weights ELN Engagement Activities
     With nearly all of the ELN members reporting activities for the first quarter, the CPCE met in June and reviewed all of the reported activities. During that review, the activities were weighted on a scale of one to three. This will allow us to score the engagement activities and, over time, track the overall effectiveness of the ELN.

   - CPCE Work Group to Develop “How to” tool kit
College of American Pathologists

Dr. Dani Zander is leading a work team of CPCE members to develop “How to” materials for use by the ELN. Through the new ELN tracker, ELN participants were asked to identify barriers to completing activities. The committee then decided that they could help eliminate some of those barriers by providing continued guidance through an engagement tool kit.

- **Sample ELN Success Stories**
  - **Dr. John M. Yelcick**, a graduate of the 2012 ELA, has been actively engaged with “Us Too”, a prostate cancer education and support group in Pennsylvania. On May 14, he gave a presentation on two topics, “Known Factors to Predict Survival after Diagnosis” and “What We have Learned in Five Years.”

    Following the program which drew more than 80 attendees, the “Us Too” executive committee sent a glowing letter to Dr. Yelcick thanking him for his work and for the quality of his presentation that has elicited “numerous and repeated thanks…from those in attendance.” To make the letter even more impressive, “US Too” CCed the President, the Chief Physician Executive and the Medical Director for Oncology of Dr. Yelcick’s institution.

  - **Dr. Michael Misialek** conducted a lab tour with Congressman Joe Kennedy (D, MA) on Friday 7/12. Dr. Misialek has been very active in developing a relationship with Congressman Kennedy and because of his diligent work; the lab tour came together on very short notice. He spent 30 minutes in the lab then 30 minutes with hospital leadership in a wrap up discussion. The focus was on pathology, but many healthcare related items also came up. This is an excellent example of an ELN member raising the visibility of the profession in the halls of Congress as well as in his own institution.

    In addition, he received approval from NPR Boston to write an article on pathology; the basis of the article will be “The Undersung Pathologist…I am your pathologist and want to help you understand what I do.” NPR Boston gets approx. 300K hits a month, so the impact has the potential to be big. It is an amazing opportunity. “There is a possibility for further contributions depending on how this goes.”

4. **PEER2PEER (p2p)**

As of July 2013, 45 peer2peer (p2p) Practice Roundtable Discussions have been held in 25 states across the country. Four p2p events are confirmed for August 2013 and 35 events are in the scheduling process. 41 members have served as ConversationLeaders(with several participating more than once) and almost 400 pathologists have attended the Practice Roundtable Discussions. The practice sizes, settings, and number of members in the practice parallel College membership.
The CAP Partner (CP) monthly bulletin continues to serve as an informational tool and a reminder for the CP to nurture an ongoing relationship with the host group. A Training Corner was added in order to assist CAP Partners with, among other things, further definition of the program goals for the Host/Head of Group.

Post-event surveys continue to provide insight into the power of the peer2peer Practice Roundtable Discussions. A recent participant stated:

“We are now organizing meetings and get-togethers outside of work for all of our pathologists (we have over 30). We are considering hiring an outside billing company to audit our work. We are also more aware of practice patterns around the country when hiring someone new to the group. Thanks peer2peer!”

5. CAP ‘13 – THE PATHOLOGISTS’ MEETING™
   - **Registration:** CAP ‘13 registration continues to be strong with current registration numbers exceeding last year’s numbers.
   - **Exhibitors:** Exhibitor registration continues to sell; however, we continue to experience challenges with exhibitor spend as it relates to support opportunities and reduced booth size.
   - **Other Operations Activities:** Staff continues to work on details of the overall meeting, meeting room assignments, managing vendors, working on plenary events, finalizing exhibit hall layout. All is on target.

6. 2013 MEMBERSHIP
   CAP membership as of January 2013 is at an all time high of 18,119.
1. As of July 1st, current 2013 PT revenue is 99.6% of the budgeted 2013 revenue goal. Compared to the milestone targets, 2013 revenue is currently ahead.

2. International PT growth continues to be strong with increased revenue in Mexico (41%), China (33%), Saudi Arabia (23%), and UAE (21%).

3. In 2013, 52 new PT surveys were developed through the combined efforts of the scientific resource committees and the College’s professional staff. As of July 1, 2013 99.9% of the 2013 budgeted new surveys revenue goal has been captured.

4. The CSA has established a new working group to explore best practices and develop recommendations regarding test utilization. At its February 2013 Leadership Meeting, the scientific committee chairs participated in breakout sessions during which valuable feedback was received. The group is being chaired by Elizabeth A. Wagar, MD, CSA Vice Chair.

5. The CSA has recommended that a new committee be formed entitled the Cancer Biomarkers Reporting Committee. The group is expected to be formally constituted in 2013 and charged to continue development of reporting templates in accordance with the work it had begun during its existence as a Working Group.

6. The American Association of Pathologists’ Assistants (AAPA) has recontacted the College to advance its work to develop grossing guidelines. The CAP Cancer Committee, together with its internet editorial panels, is working to provide a detailed review of the AAPA site specific guidelines. Simultaneous to this, are ongoing considerations of acknowledgement for the CAP and licensing of the final product by the AAPA.

7. For the upcoming CSA Leadership Meeting in August, presentations will be conducted on The Genomics Project, Digital Pathology, International activities and Advocacy activities. Breakout sessions are planned to explore CAP’s current collaboration with the American Association of Pathologist Assistants, work in progress by the Cancer Biomarkers Committee, and a structured session during which the CSA will offer its feedback to the Council on Education.
8. On July 7th, an editorial by The New York Times Editorial Board was published, entitled, *The Gap in Medical Testing*, in which it was stated that “An alarming number of diagnostic medical tests have never been tested for safety and accuracy. That’s because the federal government has a two-tier system for regulating such tests. If a diagnostic test is made by a traditional device manufacturer, the Food and Drug Administration reviews its safety and effectiveness before approving it for marketing. However, if a test is developed by a clinical laboratory for use at its own facilities, it can be sold without a premarket review.” The CAP in the process of developing a response and action plan.
Meeting Delegate Needs

BACKGROUND:

The 2013 House of Delegates Annual College Report Card results ranked competition for specimens from other practices as one of the most important issues our members are facing.

The HODSC has assembled a panel of six practicing CAP members to share their compelling stories on how they met a competitive threat by creating a sustainable advantage.

CONTENTS OF THIS SECTION:

- Panelists & short stories
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Panelists

Jim Almas, MD, FCAP
President, JPA Pathology
Medical Director and Chief of Staff, St. Dominic Hospital
(Large community hospital)
Mississippi
Tony Hsieh’s *Delivering Happiness* contains all sorts of good advice about providing an anatomic pathology service. Sure, Tony’s business is Zappos shoes but you will not be let down by his business principles. Read his code of conduct. It is available on the web. And then live it. Premise number one: Deliver WOW through service. Be the best pathology service in your community or state. Do everything you can to be better than your competition. If no one else in town is signing out cases and calling physicians with path reports on Saturday morning, then do it. Put gross and microscopic photos in your path reports. Follow Paul Valenstein’s reporting formats ([Archives of Pathology & Laboratory Medicine](https://journals.aps.org/aplm/abstract?doi=10.1093/ajhp/zxn099) Jan 2008, Vol. 132, No. 1 (January 2008) pp. 84-94) and always improve it every day. Volunteer to help your medical staff even if they don’t ask you to. Raise your hand to help the College. Teach your techs and teach your nurses.

Lydia R Christiansen, MD, FCAP
President and Medical Director, Professional Pathology of Wyoming
(Small private group/small community hospital)
Wyoming
We are all an integral part of the community and are accountable to all members (specialists and primary care) of a patient’s healthcare team. We have a dedicated, experienced and outstanding staff that provide amazing service to our clients, and provide top quality material for me to review.

Eric Glassy, MD, FCAP
Medical Director, Affiliated Pathologists Medical Group and Pathology, Inc.
(Large private group)
California
We are “tribe builders” in that we focus on creating a group of clients that we intensely support, leading to brand loyalty.
Robert Hunter, MD, PhD, FCAP
Professor and Chairman Department of Pathology and Laboratory Medicine, University of Texas - Houston Medical School
(Academic)
Texas
Our plan is to make it possible for providers to efficiently order the most appropriate best practices algorithm driven laboratory workups for particular patients. Pre-consult algorithms will be developed by pathologists in consultation with both primary care and specialist providers. They will be executed in the laboratory and reported with a concise explanation of what was done and the meaning of the results. The interpretation of algorithms will be done by pathologists during the developmental phase. As best practices become clarified, nurses or other personnel will likely be able to interpret some algorithms. However, others that require review of the medical record and a physician’s judgment will continue to be done by pathologists. The project will begin with pre-consult evaluations for rheumatology and endocrinology and progress to the entire spectrum of diagnostic medicine as expertise and infrastructure develop. This evaluation will be used by ...

C. Dean Pappas, MD, FCAP
Chief of Department of Pathology
Medical Director Clinical Laboratories
Hallmark Health
(Small private group)
Massachusetts
Our small pathology group did not have a hematopathologist on our staff. Over the past years, the requests for Flow Cytometry, molecular testing, and Bone Marrow examinations with FISH probes had significantly increased. Nevertheless, the volume was not sufficient to hire a full time hematopathologist. More of our pathology work was being performed at commercial labs. Although our core group was reviewing the bone marrow biopsy, the flow and FISH probes were being performed at the commercial labs. We were losing revenue stream. Also, the correlation of the bone marrow biopsy findings and the special studies was less than optimal...

Cory Roberts, MD, FCAP
President and Medical Director
ProPath
(Large Private Lab)
Texas
We faced increasing pressure on our local outpatient business from national laboratory competitors. We decided that in the environment of improving logistics and connectivity, having a geographic proximity was less important than it had been in the past. We felt we would be best served to actually expand our target market for the outpatient business from local to national and still base our model on diagnostic excellence and personal relationships. Our solution...
Reimbursement Policy & Form

BACKGROUND:

HOD Members who attend one meeting in the calendar year are eligible for up to $100 in reimbursed expenses. HOD Members who attend two meetings in the calendar year are eligible for a total of up to $300 in reimbursed expenses. Receipts must accompany the reimbursement form for the amount the member is claiming.

CONTENTS OF THIS SECTION:

- Member reimbursement form
Please complete demographic and travel related information below.

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<thead>
<tr>
<th>Name</th>
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<td>Address</td>
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<td>Zip</td>
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<tr>
<td>Reason for Travel:</td>
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<td>House of Delegates Meeting</td>
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<td>Date(s) of Travel</td>
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<td>Lunch ($35)</td>
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<td>Auto Rental (include gas)</td>
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<td>Tolls/Parking</td>
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For Office Use Only: Account Combination

| 01-70-7095-59040-000000-000000 | TOTAL |

Personal car allowance (per mile) = $0.50

| Total Expenses Incurred | $0.00          |
| Net Amount Reimburseable | $0.00          |

House of Delegates Members are eligible for up to $100 reimbursement for attending one meeting per calendar year and up to $300 total for attending two meetings per calendar year. Receipts must be submitted for all expenses.

I hereby certify that the above expenses were incurred by me while on official business for the College of American Pathologists and that reimbursement is due me.

Signed: ____________________________ Date: ____________

I wish to donate my reimbursement to the CAP Foundation. (please initial on the line to the right)

For Office Use Only: Approved Date

Please return form and receipts via fax to Marci Zerante at 847-832-8656.
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Save the date for these CAP Events!

Spring ‘14
March 1, 2014
San Diego, CA

CAP Policy Conference
May 5 – 7, 2014
The Fairmont
Washington, DC

CAP ‘14
September 6, 2014
THE Pathologists’ Meeting
Chicago, IL

www.cap.org/hod