



Samuel K. Caughron, MD, FCAP

For personalized health care, there's no place like home

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Samuel K. Caughron, MD, FCAP, hasn't been in practice all that long; just three years ago he was a fellow in molecular genetic pathology at Vanderbilt, chairing the CAP Residents Forum at the same time. He spent two-and-a-half years at Yellowstone Pathology in Billings, Montana ("big sky country"), before moving to Missouri, where he joined the MAWD Pathology Group, a practice of 10 pathologists who cover six hospitals in the greater Kansas City area. Both practices offered an opportunity near the top of his list: the chance to participate in the introduction of molecular diagnostics from the ground up.

As a member of the CAP Personalized Health Care and Technology Assessment Committees, Dr. Caughron was asked to record a CAP Webinar that would set out practical, scientific, and business considerations in bringing personalized pathology to a general community practice. And he does that in the presentation, cites chapter and verse; but equally important, he sets out the rationale. The Webinar is a valuable tool for pathologists who are considering a ramp-up to personalized medicine—and a must-see for those who are not.

"Personalized medicine is about changing how we think about cancer and how we think about the care we deliver to patients," Dr. Caughron says. "As pathologists, we tend to be very focused on getting the diagnosis right. We have to expand our thinking to include not only getting the right diagnosis but also taking it one or two steps further, to characterize that tumor more specifically so the treatments can be custom tailored."

"We deal with complex testing," Dr. Caughron says. "This is a fit for the kind of medicine we practice. The same principles of good laboratory medicine apply to molecular testing. It's not rocket science; it's pathology."

Some government and private payers, he says, perceive new assays to be “expensive,” but they are coming to appreciate their value and economic validity. It is incumbent upon pathologists, he says, to educate payers about the savings that personalized medicine can generate. How many nonphysicians, he asks, realize that 30% to 70% of patients taking statins and 40% to 70% taking beta-2 agonists, are nonresponders? This is treating the disease, not the patient.

Improved connectivity with other specialists is another benefit of personalized pathology, Dr. Caughron says. “Tumor board is one of the best formats to partner with oncologists,” he says. If you have prepared by reading up on the literature, you can come to the meeting, provide substantial input, and raise awareness of new options. Other physicians will look to you for information about emerging topics.

“At one tumor conference I discussed microsatellite instability and its implications for prognosis and response to 5-FU based chemotherapy in colorectal cancer,” Dr. Caughron recalls. There was skepticism on the part of two oncologists so they looked it up online. “I guess one pathologist is worth two oncologists,” they said, “because he’s right.”

At the end of the day, Dr. Caughron says, the quality of care the patients receive will come down to the attitudes, aptitudes, and passions of those who care for them: pathologists who are intellectual leaders, physician colleagues who seek collaboration, and medical technologists who are scientifically curious and passionate about quality.

As a graduate of Creighton University in Omaha, Nebraska, Dr. Caughron came of age in the hometown of billionaire philanthropist Warren Buffett. “Buffett has said that he invested in companies based on the people and not just the business they were in.” Dr. Caughron observes. “He was right. The quality and success of a lab will be proportional to the quality of the individuals who are running it.”

Dr. Caughron’s 2009 Webinar is posted under “Webinar Archives” on the Institute page of the CAP Transformation website (www.cap.org/institute), where a schedule of upcoming Webinars for the personalized health care series can also be found.