

Beyond the Test: Connecting Communities Through Pathology

Episode 3: The Visibility Gap, Part 2

Joanna Cermak

Welcome back to Beyond the Test, Connecting Communities Through Pathology, a podcast from the CAP Foundation. Each episode explores how pathologists are helping bridge health disparities and improve outcomes around the world.

Claudia hadn't seen a doctor for nearly a decade. The high cost of care and lack of insurance kept her from routine checkups, even though she knew the risks of cervical cancer firsthand. Her mother had passed away from the disease at just 33.

But in May, 2021, a flyer in her Bronx neighborhood caught her eye, a free pathologist-led screening program called See, Test and Treat. At the event, she received a Pap test that revealed high-grade precancerous changes. Through prompt follow-up and a compassionate care team, including pathologists and gynecologists, she underwent a procedure to remove abnormal cells before they became cancerous. Beyond the medical care, Claudia experienced something rare.

The team spoke with her in her native Spanish, took time to explain each test clearly, and even made accommodations for her autistic son who accompanied her. The experience not only ensured her health, but also made her feel seen, heard, and empowered to continue regular screenings. In this episode, we sit down with Dr. Lija Joseph, Chief of Pathology at Lowell General Hospital, an affiliate of Tufts Medicine System based in Boston, Massachusetts, and Dr. Michael Misialek.

Chair of Pathology at Newton-Wellesley Hospital in Newton, Massachusetts, who are leading patient consultation programs that bring pathologists face to face with patients. They discuss how these programs help patients understand their pathology reports, see their own slides under the microscope, and gain confidence in their care. From Claudia's story to these innovative programs, we explore how pathologists are breaking down barriers, building trust, and creating a more patient-centered healthcare.

Let's hear from our executive director, Maya, who will guide us through today's discussion. Maya.

Maya Ogden (03:45)

Something that's been stated numerous times is that every diagnosis begins with pathology. Yet for many patients, the pathologist remains invisible. That lack of visibility can create fear, distance, and misunderstanding at a time when people need clarity the most. Dr. Lija Joseph and Dr. Michael Misialek

are helping to change that. Through their patient consultation programs, they're bringing pathologists out from behind the microscope into the patient experience, turning curiosity into empowerment and confusion into understanding. When a patient sees their own slide under the microscope, when they hear directly from the physician who diagnosed them, something powerful happens. They realize they're not just a case. They're seen, heard, and part of their own care.

These moments of connection aren't small, they're transformative. They help patients ask better questions, understand their reports, and become stronger advocates for their health. And just as importantly, they strengthen the role of pathology in the broader healthcare conversation. At the CAP Foundation, that's exactly what we're working toward, a future where pathologists are visible, accessible, and recognized as vital members of every patient's care team. Conversations like this one,

Move us closer to that vision.

Maya Ogden (05:06)

Dr. Joseph, what inspired you to start meeting with patients directly about their pathology reports?

Lija Joseph MD (05:12)

First of all, thank you, Maya and Dr. Misialek for joining this program. I'm really grateful to the CAP Foundation for allowing me to share my story. Honestly, it was Dr. Misialek that inspired me to start this program. Back in 2016, I read a story about a patient, Linnea, who met with Dr. Misialek. They met first.

online through social media and I read the story about how the patient wanted to see lung cancer, not even her own lung cancer, just an example of lung cancer. And Dr. Misialek showed it under the microscope and explained what cancer looks like. And when I read more about it, she lives in Lowell and I practice in Lowell. And I was

anxious to understand why a patient who lives in Lowell drove all the way to Newton to meet with Dr. Misialek. And I said, if there is one more patient in Lowell, whoever wants to see their biopsy, they should just come here. They shouldn't be driving all the way to Dr. Misialek. And then of course, I met with Dr. Misialek and asked him how did he start the program? And that kind of started.

this whole journey for me, but truly it was linear story that inspired me to start this program here in Lowell.

Maya Ogden (06:40)

Can you tell me what does a typical patient consultation look like in your program?

Lija Joseph MD (06:45)

So we actually market directly to the consumer. All of our pathology reports have a canned text in there asking them to pick up the phone and call us if they want to review their biopsy with the pathologist. And that usually initiates the conversation, particularly since the Cures Act where the patients actually can access their pathology report on their portal right away.

as soon as it is released. So once they reach out to us, our clinic runs every Tuesday afternoons from one o'clock to four o'clock. So it's just like cardiology clinic, oncology clinic, pathology clinic. So they call us, they schedule it. On the morning of the days that patients come here, one of our lab assistants will go and set up the microscope, hook it up to a TV monitor.

and when the patient shows up, we interact with them. There is a certain sequence that seems to work, which we have honed over time. We've met with over 250 patients so far. So we actually spend a few minutes explaining how tissue is processed in the lab, about two minutes to three minutes. We show their name on the glass slide. It seems like a

part of that patient experience that is an aha moment for them. When they see their name on it, they say, so this is really me? So that is a moment that we always try to capture because it makes it real for them. And beyond that, for them to see what normal looks like and then to see what the abnormal is, is another pivotal moment for them. And that is the sequence.

Once we meet with the, that patient interaction lasts for about 30 minutes. And then we write a note in the patient's chart. We communicate with the primary team and we also then bill for it. So all of this is a seamless, transparent process and we have owned it over time. But that is the sequence.

Maya Ogden (08:57)

So we definitely want to create more. And I think Dr. Misialek, you've worked really hard on this, is creating those aha moments for patients that Dr. Joseph just mentioned. Why is that important, Dr. Misialek, for those aha moments? As an advocate for patient pathology relationships, why is that important, and what drove you to be an advocate for that?

Michael Misialek, MD (09:20)

Something Dr. Joseph just said that really resonated with me. I had a patient in last week looking at their breast cancer. And when I pulled the slides out, it was four trays of a complex excision. And they looked and they said, those are all mine. And I'm sure Dr. Joseph has had similar.

experiences too. So I think that's sort of an aha when they see all the work that goes in behind the scenes that nobody knows about. Very few people get the experience of going into the lab and seeing what actually is composed and making a diagnosis. It's really enlightening. My journey started several years back.

around the time that Dr. Joseph mentioned that she saw some work I had done with a lung cancer survivor. At the time, I was heavily involved in a number of CAP committees on the Council of Membership and Professional Development, also on the foundation. have become inspired to share my story as a pathologist with patients, community.

legislators, I was also involved with PathPac and made trips to the Hill. It was probably when I did the Engaged Leadership Academy that I really was able to pull all of those skills together, coalesce them, and make my vision a little bit more focused. And I got into writing a blog, I was happy on social media about

why you need to meet your pathologists, how pathologists are important in the care team, and even reached out to different community groups and other vocal cancer survivors who unfortunately know the value of pathology. It's unfortunate that people only find out about their pathologists when they become sick. And granted, that's a large portion of our work. We do do a lot of work.

for healthy people too and keeping people healthy. And it's a mission of mine to dispel that myth of what a pathologist has been portrayed on as in the media over the years and really show people what we really do day to day.

Maya Ogden (11:46)

Why is that important for a patient to understand?

Michael Misialek, MD (11:49)

I think it's important because it's a win-win situation. We engage the patient. It raises awareness about pathologists, field of pathology. It shines a light on what pathologists do, how the laboratory is an active member of their care team. And perhaps most importantly, it creates a more informed patient. And an educated patient is really the best patient.

what we want to see, we want to have a patient who's a participant in their care, who asks the correct questions, who understands every element of their care. I'm sure Dr. Joseph, as part of her consults, goes through the pathology report line by line. And I think that's important that, that even if we don't talk to every patient, the report is our way of communicating to patients and they need to understand that. And I think that's one of our important jobs to do.

Lija Joseph MD (12:47)

Yeah, if I may add to that, it improves the profile of the pathologists in the greater community of what we do. It brings value and helps us to advocate for our specialty. It improves recruitment of more medical students to come into this field. And most important, what I hear from patients over and over again is

Knowledge is power. really, for a patient, coming to a hospital is not going on a vacation. It is a very vulnerable moment for them. And so to find an ally who would be journeying with them, helping them in their process of understanding what's going on in their bodies, empowers them to some degree at least to participate in their own care.

and to advocate for themselves. So it's important. It's very important for visibility and advocacy.

Maya Ogden (13:49)

I love what you just said, Dr. Misialek, about it being a part of this holistic journey. It's not just when you're sick, it's even when you're healthy or when you think you're healthy to engage with your pathologist. We had a patient on in a ~ previous episode and she talked about her journey.

through See, Test and Treat and one of the things that she said that really resonated with me was that it was almost the start of her self-care

when she met with her pathologist because Dr. Joseph, like you said, knowledge is power. She gained so much knowledge that day that now she goes back for other screenings. It's not just a mammogram or a pap. a colonoscopy. It's more than just that one thing that you came into the doctor for, because it is in a vacation to go into the hospital. I know it's not for me ~ to go into a hospital. And so to know that there are physicians that actually

They may not engage with you on a regular basis, but they really truly care about your health and well-being ~ and want to see and you kind of want to follow you on your journey is really important. ~

Dr. Misialek, what challenges have pathologists faced in stepping out from behind the microscope?

Michael Misialek, MD (15:12)

I think maybe the biggest one is fear because it is a little bit uncertain ground for some pathologists. And we may fear that we're stepping on other clinicians' toes when we do that. But quite the contrary. My experience has been that the program of breast consultation that

we offer and that Dr. Joseph offers, it's been very well received among the interdisciplinary groups in the hospital. The oncologists love it, the surgeons love it. They love to be able to offer patients the complete care, which really involves meeting every member of the team. So that may be one challenge. Another more

Realistic one is workload and staffing, carving out the time to sit down and meet with the patient. heard Dr. Joseph, it can take up to an hour or even more to go through. I do a similar style here. I started out with showing them if they can tolerate some blood, a little bit of where our PAs work in the grossing room and how.

~ Cassettes get loaded onto the processor and then cut in histology made into a slide. That takes up a chunk of time and then you're not talking about them sitting down at the scope and going through the report. Carving out an hour of anybody's time these days is difficult, I think. The workload and staffing are as challenging as any trepidation one might have in stepping out.

from behind the scenes to set up a type of program like this.

Maya Ogden (17:02)

if we could create a utopia where pathologists were out in front engaging with patients more, what would that look like? What kind of program would that be that other hospitals could replicate over and over to either one of you? That's a question for either of you.

Lija Joseph MD (17:21)

I can take a stab at it in my perfect

world as digital pathology and artificial intelligence and various nuances are bombarding the Gen Z and millennials who grow up were interacting with their iPads and interacting with, you know, various

resources online, a perfect world would be a patient who in their part of their wellness journey, not even when they become a patient, when they're actually going for their annual physical, gets their physical exam and gets their blood drawn and get their testing done.

will have access to the pathologist online. When the results are ready, they go online and say, I need to speak to my pathologist to understand what's going on. And the pathologist interacts with them either virtually or in person, but we are visible to them right from the beginning of their journey of pursuing their own wellness, whether it is a biopsy, whether it is a blood test.

All along we are visible because we generate those results. Why can't we be the person who interact with them to explain those results? I think it brings a lot of visibility and credibility to our profession as more and more of pattern recognizing algorithms may make our field not as relevant. Empathetic understanding and conversations.

Helping the patient to journey through their life would be more and more relevant.

That's my utopia.

Michael Misialek, MD (19:13)

Yeah, I echo Dr. Joseph's comments and I would add that our job is not just engaging patients, but we need to engage our clinical colleagues as well. It starts with them. Obviously, they're seeing the patient more than we are face to face and we need to make sure we're part of their dialogue and that they don't view the lab as a black box and they know the faces that...

are down there in the lab and can articulate that to the patient so that the patient knows that this resource is there and we're not overlooked.

Maya Ogden (19:51)

assuming that going to things like the leadership development kind of helped you articulate that. I guess I'm not a pathologist. I don't know where's the struggle. I mean it kind of seems like a no-brainer that you involve your clinical colleagues but is it difficult to do that? that been a challenge involving clinical colleagues on that?

Michael Misialek, MD (20:02)

I it kind of seems like a no-brainer.

I

think it's site dependent and region dependent across the country. But as I mentioned involving our clinical colleagues, but we also have to make sure we're engaging if we're practicing in a hospital environment, the C-suite, the administrative component of the hospital. You could think of it as a triad, the administration, the clinicians.

and the patients. We need to be on all of their radar in order for us to fully spread the knowledge and the advocacy and the wealth of what a pathologist does.

Lija Joseph MD (20:49)

I completely agree with Dr. Misialek. I think for our clinical colleagues, this sort of interaction of pathologists interacting with patients is not something they saw during their training. Even as medical school pathology curriculum is not as front and center anymore, it's part of a integrated curriculum. Medical students,

even don't understand what pathologists do, what is a specialty, what does a specialty look like. So unless we generate some level of visibility at multidisciplinary conferences in the C-suite as well as in the larger hospital community as well as the primary care community, it is a level of discomfort that they were not trained to do this. They don't know

what the pathologist would do. And there's definitely some fear of staying within your lane. Some doctors are like, what if she says something that was different from what I said? So there are several levels of distrust that we need to overcome in order to launch this in the larger pathology community.

Maya Ogden (22:09)

What would you say would be the connection between what we're discussing here, pathologists and patients, and the community?

Dr. Misialek?

Michael Misialek, MD (22:19)

I think there's definitely a strong connection in my journey towards learning how to advocate the field. One of the sectors I reached out to were community groups, patient advocacy groups. And I felt that they were very responsive. Many of them didn't know that psychologists would be interested in that. And since then, I've been off.

now a medical advisor for the Mass Accuses Breast Cancer Coalition. And I give a talk every year to the membership and to others who subscribe. It magnifies our message. And I think the more groups we can meet and talk to, especially as Dr. Joseph mentioned, marketing to the consumer and the consumers, the patients are out there.

following other patient groups. And if we can make sure we get into those conversations, that is only a benefit for us.

Lija Joseph MD (23:21)

I want to add to that when you think of community, there are so many other groups that as pathologists that it's an opportunity to engage with. Just like Dr. Misialek mentioned, I speak to the cancer registrars, the Association of Community Cancer Center groups, nursing groups, nursing leadership groups, patient support groups. There are so many other

communities that can advocate for these interactions that we are currently missing in the grand scheme of things. And it will really take a groundswell of these groups to eventually elevate what we do. It cannot just be pathologists trying to market ourselves.

Maya Ogden (24:14)

This podcast isn't just talk, it's action. Every episode helps us identify new ways to bridge the gap between patients, pathologists, and communities. What we heard from Dr. Joseph and Dr. Misialek proves that every connection between a pathologist and a patient has the power to spark something larger. It starts with one conversation, one act of understanding, and extends to everyone who believes that access to care begins with being seen and heard. Joanna, you want to close us out?

Joanna Cermak

This podcast is brought to you by the CAP Foundation, dedicated to expanding access to care through pathology. You can find more information about See, Test and TREAT in this episode's guest in the show notes. To learn more, visit foundation.cap.org. Be sure to follow and subscribe so you don't miss future episodes. Until next time, my friends, I'm Joanna, and thank you for listening.