## Cellular pathology audit template

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| Date of completion | (To be inserted when completed) |
| Name of lead author/ participants | (To be inserted) |
| Specialty | Endocrine pathology |
| Title | An audit of histopathological reporting of carcinomas of the parathyroid |
| Background | Histopathology reports play a crucial role in patient care. The completeness of these reports is essential for accurate diagnosis and treatment planning. The Royal College of Pathologists (RCPath) has defined core data items for histopathology reports, including those for carcinomas of the parathyroid.1 Additionally, timely reporting is crucial, as it impacts clinical decision-making.  The RCPath also advises as a Key Assurance Indicator2 that a report should be available at the point when it is needed for clinical decision-making; therefore, there should be an agreement between the laboratory and users of the laboratory services regarding turnaround times for specific patient pathways. Audit of performance against agreed turnaround times should be performed at least annually and the results made available. |
| Aim & objectives | This audit aims to assess the completeness of histopathology reports for parathyroid carcinomas and compliance with recommended turnaround times. Specifically, the audit aims to determine whether individual pathologists or departments are recording all core data items. |
| Standards & criteria | **Criteria range**  **Completeness of reports:** The RCPath has previously suggested that 95% of reports should contain structured data (Key Performance Indicator 5.2).3 Whether the report is structured or not, it should contain 100% of the core data items, or, if this standard is not achieved, it should be clear from the report why any data item is missing.  **Turnaround times:** 100% of reports should be available to clinical colleagues at the point when needed for clinical decision-making, or, if not achieved, there is documentation in the case notes that explains the variance. |
| Method | **Sample selection:** (To be completed by the author)  All cases of parathyroid carcinomas in resection specimens from a specified time period.  Review of histopathological reports.  Record whether or not data items are included.  **Data to be collected on proforma (see below).**  The audit proforma covers the core macroscopic and microscopic features stated in the dataset. It does not include core clinical items. The item should be considered fulfilled if the feature is included in the report, whether or not the feature is present in the specimen. |
| Results | (To be completed by the author)  The results of this audit show the following compliance with the standards.  **Completeness of reports:**   |  |  | | --- | --- | | **Core data items** | % compliance | | Specimens submitted |  | | Tumour site |  | | Specimen weight |  | | Tumour dimensions |  | | Histological tumour type, i.e. atypical parathyroid tumour or parathyroid carcinoma |  | | Histological tumour grade |  | | Extent of invasion |  | | Lymphovascular invasion |  | | Perineural invasion |  | | Necrosis |  | | Mitotic count |  | | Margin status |  | | Lymph node status |  | | Histologically confirmed distant metastases |  | | Pathological staging (AJCC TNM 8th edition):  Primary tumour |  | | Regional lymph nodes |  |   **Turnaround times:**   |  |  | | --- | --- | | **Core data items** | **% compliance** | | Report available to clinical colleagues at the point when needed for clinical decision-making, as per local agreement |  |   **Commentary:** |
| Conclusion | (To be completed by the author) |
| Recommend- ations for improvement | * Present the result with recommendations, actions and responsibilities for action and a timescale for implementation. Assign a person/s responsible to do the work within a timeframe.   **Some suggestions:**  Highlight items which fall below 100% compliance with an analysis of possible causes  Disseminate findings and recommendations  Arrange for re-audit in an appropriate timescale. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| References | 1. Johnson SJ, Natu S. *Dataset for the Histopathological Reporting of Carcinomas of the Parathyroid (4th edition).* London, UK: The Royal College of Pathologists, 2023. Available at: <https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html> 2. Wilkins B, Farrero-Feo M, Stewart K. *Key Assurance Indicators for Pathology Services*. London, UK: The Royal College of Pathologists, 2019. Available at: <https://www.rcpath.org/uploads/assets/24572f2b-b65f-4a4b-b9e4d0f526dbac55/G181-Key-assurance-indicators-for-pathology-services.pdf> 3. KPI Steering Group. *Key Performance Indicators – Proposals For Implementation.* London, UK: The Royal College of Pathologists, 2013. Available at: [www.rcpath.org/profession/quality-improvement/kpis-for-laboratory-services.html](http://www.rcpath.org/profession/quality-improvement/kpis-for-laboratory-services.html) |

## Data collection proforma for the audit of histopathological reporting of carcinomas of the parathyroid

## Audit reviewing practice

Patient name:

Hospital number:

Date of birth:

Consultant:

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|  | **1**  Yes | **2**  No | **3** If no, was there documentation to explain the variance?  Yes/No plus free-text comment | **4** Compliant with guideline based on **Yes** from column 1 or an appropriate explanation from column 3. Yes/No |
| **Completeness of reports** | | | | |
| Specimens submitted |  |  |  |  |
| Tumour site |  |  |  |  |
| Specimen weight |  |  |  |  |
| Tumour dimensions |  |  |  |  |
| Histological tumour type, i.e. atypical parathyroid tumour or parathyroid carcinoma |  |  |  |  |
| Histological tumour grade |  |  |  |  |
| Extent of invasion |  |  |  |  |
| Lymphovascular invasion |  |  |  |  |
| Perineural invasion |  |  |  |  |
| Necrosis |  |  |  |  |
| Mitotic count |  |  |  |  |
| Margin status |  |  |  |  |
| Lymph node status |  |  |  |  |
| Histologically confirmed distant metastases |  |  |  |  |
| Pathological staging (AJCC TNM 8th edition):  Primary tumour |  |  |  |  |
| Regional lymph nodes |  |  |  |  |
| **Turnaround times** | | | | |
| Report available to clinical colleagues at the point when needed for clinical decision-making, as per local agreement |  |  |  |  |

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| **Audit action plan**  An audit of histopathological reporting of carcinomas of the parathyroid | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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