## Cellular pathology audit template

|  |  |
| --- | --- |
| Date of completion | (To be inserted when completed) |
| Name of lead author/ participants | (To be inserted) |
| Specialty | Histopathology/gastrointestinal |
| Title | **Audit of anal cancer reporting in biopsy specimens** |
| Background | Datasets published by the Royal College of Pathologists define the core data items that should be included in histopathology reports to ensure all necessary data is provided.  In 2024, the College’s *Dataset for histopathological reporting of anal cancer* was published, which lists and discusses the data items to be included when reporting anal biopsy specimens.1 |
| Aim & objectives | This audit template is a tool to determine whether pathological core data items are included in histopathology reports in anal biopsy specimens. |
| Standards & criteria | **Criteria range:** 100%, or if not achieved, there is documentation in the text of the report that explains the variance.  **The agreed standards:**  Each core data item stated in the dataset for inclusion in histology reports of anal biopsy specimens should be included in the histology reports. |
| Method | **Sample selection:** (To be completed by the author)  Retrospective random selection of consecutive anal cancer biopsy specimens during a set period (e.g. 6 months).  Data to be collected from proformas (for excisional biopsies) and textual histology reports (for incisional biopsies).  **Data to be collected on proforma (see below).** |
| Results | (To be completed by the author)  The results of this audit show the following compliance with the standards.  (All items apply to excision biopsies but only items that are marked with an asterisk (\*) apply to incisional biopsy specimens.)   |  |  | | --- | --- | | **Core data items** | % compliance | | **Macroscopic description** | | | Specimen type\* |  | | Size of specimen\* |  | | Maximum size of tumour\* |  | | **Histology** | | | Histological type (of tumour)\* |  | | Differentiation\* |  | | Background epithelium\* |  | | Adjacent dysplasia (AIN/SIL)\* |  | | Completeness of excision of dysplasia |  | | Maximum dimension of tumour\* |  | | Depth of invasion |  | | Post-treatment regression |  | | Peripheral margins |  | | Distance to nearest peripheral margin |  | | Deep (CRM) margin involvement |  | | Distance to deep margin |  | | Lymph nodes (separately submitted) |  | | **Summary** | | | Tumour grade and stage (e.g. pT1N0R0Mx) |  |   **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 areas of practice that are different * present and discuss findings at departmental audit meeting * if necessary, propose alterations to the format of text reports/dataset proforma to improve compliance. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| References | 1. Royal College of Pathologists. *Dataset for histopathological reporting of anal cancer.* London, UK: Royal College of Pathologists, 2024. Available at: [https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html#](https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html) |

## Data collection proforma for anal cancer reporting in biopsy specimens

## Audit reviewing turnaround times

Patient name:

Hospital number:

Date of birth:

Consultant:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Standards** | **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** |
| **Macroscopic description** | | | | |
| Specimen type\* |  |  |  |  |
| Size of specimen\* |  |  |  |  |
| Maximum size of tumour\* |  |  |  |  |
| **Histology** | | | | |
| Histological type (of tumour)\* |  |  |  |  |
| Differentiation\* |  |  |  |  |
| Background epithelium\* |  |  |  |  |
| Adjacent dysplasia (AIN/SIL)\* |  |  |  |  |
| Completeness of excision of dysplasia |  |  |  |  |
| Maximum dimension of tumour\* |  |  |  |  |
| Depth of invasion |  |  |  |  |
| Post-treatment regression |  |  |  |  |
| Peripheral margins |  |  |  |  |
| Distance to nearest peripheral margin |  |  |  |  |
| Deep (CRM) margin involvement |  |  |  |  |
| Distance to deep margin |  |  |  |  |
| Lymph nodes (separately submitted) |  |  |  |  |
| **Summary** | | | | |
| Tumour grade and stage (e.g. pT1N0R0Mx) |  |  |  |  |

Note: All items apply to excision biopsies but only items that are marked with an asterisk (\*) apply to incisional biopsy specimens.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Audit action plan**  Audit of anal cancer reporting in biopsy specimens | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |