"Closing the Gaps for Personalised Patient Care " – A quality improvement Audit of Colorectal Cancer reporting-Experience of a tertiary care center in Sri Lanka

M.M. Rajapakse[1*], D.K. Abeygunawardhana[1], H.A.S. Perera[1]
1-Department of Histopathology, National Hospital, Galle, Sri Lanka.
*madhara2024@gmail.com.

introduction

- Colorectal cancers are the 3rd commonest cancer worldwide, contributing to 10% of global cancer incidence and #2 cause for cancer-related deaths[1].
- Incomplete histopathological reporting of colorectal cancers may result in;

1. Inadequate individual risk stratification. And treatment decision for personalised therapy.
2. Delayed MDT decision making .
3. Incomplete cancer registry data.[2]

Objectives

- To assess the quality of histopathological reporting of colorectal carcinoma in relation to the recommended standards of Royal Collage of Pathologists for lymph node yield, peritoneal involvement, and venous invasion.[3]
- To determine the completeness of individual macroscopic and microscopic core data items .
- To identify the most frequently missed core data item

Methods

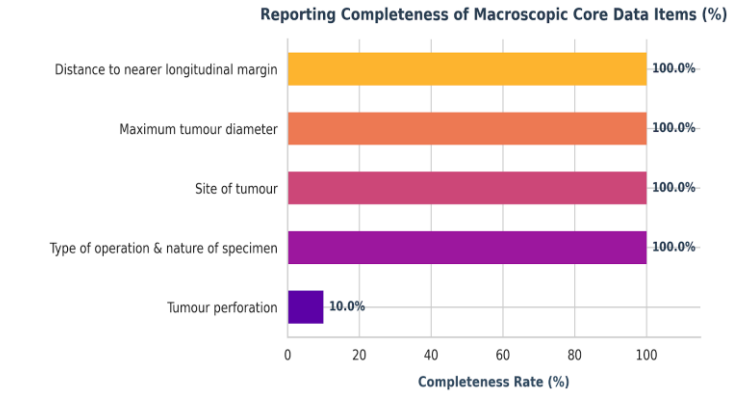
- **Study set up -** Department of histopathology, National hospital, Galle, Sri Lanka.
- **Study period-** 01.01.2024-31.12.2024
- **Sample size -** 77 colonic resection specimen
- **Inclusion criteria**-All the consecutive, histologically proven, colorectal carcinoma resection specimen, who haven't undergone pre operative therapy .
- **Exclusion criteria –**polypectomy/ local excision specimen, non neoplastic colorectal resections, cases where neoadjuvant therapy was given.
- **Procedure**-Data were extracted from the request forms and virtual archives in the department.

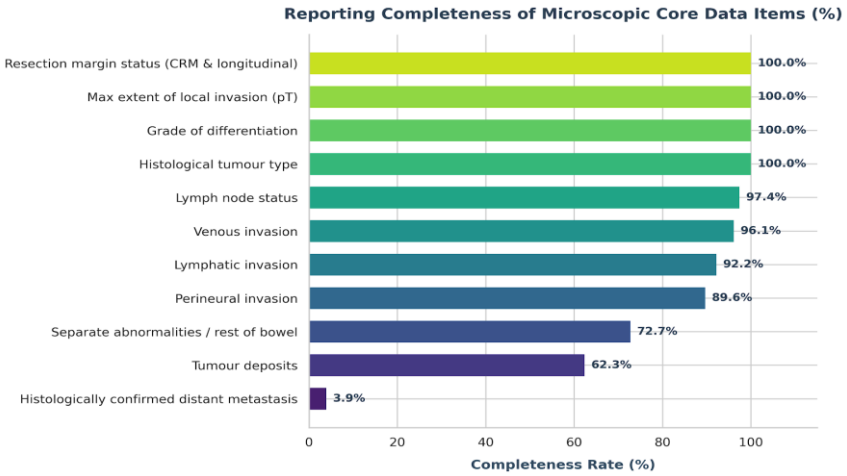
References

1. https://www.who.int/news-room/fact-sheets/detail/colorectal-cancer
2..Gunaratne SA, Samarasinghe K. An audit of colorectal cancer reports in a Sri Lankan tertiary care setting. *J Diagn Pathol*. 2011;5(1). doi:10.4038/jdp.v5i1.2959
3.https://www.rcpath.org/static/c8b61ba0-ae3f-43f1-85ffd3ab9f17cfe6/166b96a8-1771-451b-98190d5f3bd12f5f/G049-Dataset-for-histopathological-reporting-of-colorectal-cancer.pdf

Results

Quilty indicator	Audit standard According to the RCPath colorectal dataset -2023	Results	Compliance
Median lymph node yield	>15	17	Met
The frequency of Peritoneal involvement	>20%	14.2% (n=11)	Not met
The frequency of venous invasion	>40%	50.6% (n=39)	Met





Conclusion

- Median lymph node yield and frequency of venous invasion have fulfilled the recommended RCpath colorectal dataset (2023) audit criteria.
- Peritoneal involvement was below the recommended audit standard of >20%, identifying an area requiring further review and quality improvement.
- Many of the key prognostic and staging details are documented & most frequently missed important microscopic core data item was tumor deposits.
- Only 10% reports mentioned about the presence or absence of tumor perforation.
- **Take-home message** - structured colorectal cancer reporting proforma followed by periodic re-audits can be suggested to minimize reporting gaps which ultimately will improve treatment decisions and patients' outcome.