The Royal College of Pathologists
Pathology: the science behind the cure

Best practice recommendations

Reporting ophthalmic pathology specimens

August 2020

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Unique document number	G053
Document name	Best practice recommendations: Reporting ophthalmic pathology specimens
Version number	3
Produced by	Dr Fiona Roberts on behalf of the Royal College of Pathologists
Date active	August 2020
Date for review	August 2023
Comments	In accordance with the College's pre-publication policy, this document was on the Royal College of Pathologists' website for consultation from 2 October to 30 October 2019. Responses and authors' comments are available to review at: www.rcpath.org/profession/publications/documents-in-development.html **Dr Shubha Allard** **Clinical Director of Publishing and Engagement**

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Foreword

Best practice recommendations (BPRs) published by the Royal College of Pathologists should assist pathologists in providing a high standard of care for patients. BPRs are systematically developed statements intended to assist the decisions and approach of practitioners and patients about appropriate actions for specific clinical circumstances. They are based on the best available evidence at the time the document was prepared. It may be necessary or even desirable to depart from the advice in the interests of specific patients and special circumstances. The clinical risk of departing from the BPR should be assessed and documented.

A formal revision cycle for all BPRs takes place every three years. The College will ask the authors of the BPR to consider whether or not the recommendations need to be revised. A full consultation process will be undertaken if major revisions are required. If minor revisions or changes are required, a short note of the proposed changes will be placed on the College website for two weeks for members' attention. If members do not object to the changes, a short notice of change will be incorporated into the document and the full revised version will replace the previous version on the College website.

This BPR has been reviewed by the Publishing team. It was placed on the College website for consultation with the membership from 2 October to 30 October 2019. All comments received from the membership have been addressed by the authors to the satisfaction of the Clinical Director of Publishing and Engagement.

This BPR was developed without external funding to the writing group. The College requires the authors of BPRs to provide a list of potential conflicts of interest. These are monitored by the College's Publishing team and are available on request. The authors of this document have declared that there are no conflicts of interest.

1. Introduction

This document has been written to address the best practice for the reporting of ophthalmic pathology specimens in the UK.

Ophthalmic pathology encompasses specimens originating from the eyelid, conjunctiva, cornea, sclera, all intraocular sites, extraocular muscles, orbital tissues, optic nerve and sheath, optic chiasm, lacrimal gland and drainage apparatus and bony wall of orbit. While some pathologists will regularly see the full range of ophthalmic pathology specimens, others will be exposed to a much narrower range of specimens.

There are currently several supra-regional services in the UK offering a specialist ophthalmic pathology services, including ocular oncology. In other areas, ophthalmic pathology specimens are reported by neuropathologists and/or by general pathologists who have developed a special interest in ophthalmic pathology.

A significant number of specimens are still reported by pathologists with no special interest in ophthalmic pathology.

The Royal College of Pathologists' document, *The recognition and roles of specialist cellular pathologists* (June 2006, now archived), acknowledged that diagnostic pathology is increasingly provided by specialist pathologists. The document also suggested standards of practice for general and specialist pathologists, stating that 'general and specialist pathologists will work to the same standards, as defined by guidelines and satisfactory performance in external quality assurance (EQA) schemes'.

As in all other specialties, consultant ophthalmic surgeons have a right to have the specimens they submit reported by pathologists with appropriate expertise in the area.

2. Who should report ophthalmic specimens?

Pathologists reporting ophthalmic pathology specimens should participate in an appropriate EQA scheme (such as the National Ophthalmic Pathology EQA Scheme). In addition, pathologists reporting ophthalmic pathology specimens should be encouraged to participate in the annual meeting of the British Association of Ophthalmic Pathology, where the cases used in the national EQA scheme are discussed. The intention is not that this EQA scheme should set standards appropriate to a specialist ophthalmic pathologist, but rather that anyone participating in the scheme will necessarily become aware of the full range of problems that may present to an ophthalmic pathologist. They will also be empowered to recognise cases that need to be referred on to a specialist.

It is recognised that there is significant overlap of ophthalmic pathology with other areas of pathology. For example:

- eyelid with dermatopathology
- lacrimal gland and drainage apparatus with ear, nose and throat pathology
- optic nerve, sheath and optic chiasm with neuropathology
- orbital tissues and bony wall of orbit with soft tissue and osteoarticular pathology.

Pathologists reporting samples exclusively from these sites will not always be ophthalmic pathologists and will not necessarily participate in the ophthalmic pathology EQA scheme. However, they should have appropriate experience and should participate in an EQA scheme that is relevant to the samples they report. They should also be aware of different anatomy, terminology and staging systems in this site (e.g. TNM 8 staging for carcinoma of the eyelid is different from skin). They should also be aware of appropriate ophthalmic pathology referral routes and use them when the need arises.

Pathology laboratories and ophthalmic surgeons should collaborate as necessary to establish local protocols that ensure this guidance is satisfied.

3. National Specialist Ophthalmic Pathology Service

A list of laboratories that constitute the National Specialist Ophthalmic Pathology Service (NSOPS) is available at: http://eyepathuk.co.uk/pathology_specialist.html