Audit in Histopathology; Matters Arising

Modupeola Samaila[1] and Olusegun Ojo[2]

[1] Department of Pathology, Ahmadu Bello University Teaching Hospital, Zaria.
[2] Department of Morbid Anatomy, Obafemi Awolowo University, Ile-Ife

Laboratory quality assurance schemes are established as an integral part of clinical service and they seek to maintain the tenor of laboratory practice by systematic reviews of the processes employed in generating laboratory results and reports, thus effectively regulating and maintaining minimum acceptable standards in laboratory practice .[1] While quality control methodologies are fairly straightforward and reproducible in other laboratory departments and specialties, the scenario in histopathology is different because the laboratory reports on tests carried out are mainly textual or descriptive and they are apt to be less objective and are thus prone to inter-observer reproducibility difficulties.

Histopathology reports form essential ingredients for the design of the treatment plans especially in cases of malignant disease. This is because the histological typing as well as the grading and staging of tumour have a strong bearing on the prognostic outcome.

Concerns have been expressed in different fora on the discrepancies observed in reports by pathologists including those working in the same department on the quality and non-reproducibility of their descriptive reports. These concerns necessitated the international standardization of the histological diagnostic criteria of neoplastic diseases by regulatory bodies of histopathology practice such as the College of American Pathologists and Royal College of Pathologists who have proposed the use of protocols and guidelines in histopathology reporting. Such guidelines also recommend that auditing should focus on the practice and not the practitioners[2]. Many of these guidelines are cumbersome and difficult to follow in routine practice and major drawback is the lack of computerised preformatted report forms with diagnostic algorithms and minimum datasets.–In the circumstance, most pathologists have to resort to descriptive prose and objectivity is jeopardised.

End users of histopathology reports particularly the surgeons and oncologists, not being pathologists, often agonise over narrative descriptions and the interpretation of histopathology reports. In order to participate in audit exercises, pathologists should be encouraged to develop quantitative protocols and minimum datasets, which must be incorporated in order to achieve the required precision in histopathology reports.[3]

The new guidelines can then be audited for compliance within the department at regular intervals. Subsequent auditing can reach out to other departments within a particular locality and region for standardization. This would improve objectivity, consistency and uniformity of reports thus enhancing their clinical value.

With improved objectivity pathology reports can be audited for precision. The use of standardised histologic diagnostic criteria as well as scoring and grading systems open the possibility of development of computer-based audit software for histopathology laboratories. For each morphological site, the use of minimum datasets or individual pathologies or groups of them individual pathologies, or groups of them, could be audited for consistency of reporting.

Discussion of audit findings should curtail diagnostic errors as well as improve the clinical utility of pathology reports.[4] It is recommended that each histopathology laboratory should undertake regular audit exercises with an eye on how best to serve their clinical clientele.

References

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