## 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 | Oral and Maxillofacial/ENT pathology |
| Title | An audit of quality of reporting of oral cavity resection specimens |
| Background | Datasets published by the Royal College of Pathologists define the core data items that are to be included in the histopathology reports of different cancers to ensure that all necessary data is provided.  The histopathological reporting of carcinomas of the oral cavity plays a vital role in the diagnosis and management of such lesions. It is necessary to collect comprehensive and uniform datasets to contribute to a better global understanding of the incidence, nature, management and outcomes of oral cavity carcinoma in its various forms.  The 2023 *Dataset for Histopathology Reporting of Carcinomas of the Oral Cavity* replaces the previous 2013 dataset.1 The core data items in the current version have changed little, but now align with the core dataset items in the ICCR dataset of the same name. On occasion, we have provided additional guidance and detail to aid the consistent application of the dataset criteria. |
| Aim & objectives | This audit template is a tool to determine whether individual pathologists and/or departments are recording all core data items. |
| Standards & criteria | **Criteria range:** 100%, or if not achieved, there is documentation in the case notes that explains the variance. |
| Method | **Sample selection:**  All Oral SCC 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).** |
| Results | (To be completed by the author)  The results of this audit show the following compliance with the standards.   |  |  | | --- | --- | |  | % compliance | | Tumour site |  | | Tumour dimensions |  | | Histological type |  | | Histological grade |  | | Depth of invasion |  | | Pattern of invasive front |  | | Perineural invasion |  | | Lymphovascular invasion |  | | Bone invasion\* |  | | Margin status |  | | Pathological staging |  |   \*only for specimens including bone  **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 findings. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| Reference | 1. Hunter K, Da Forno P, Hall G, Jones A, Thomas G. *Dataset for the Histopathological Reporting of Carcinomas of the Oral Cavity*. London, UK: The Royal College of Pathologists, 2023. Available at: <https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html> |

## Data collection proforma for the reporting of oral cavity resection specimens

## 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** |
| Tumour site |  |  |  |  |
| Tumour dimensions |  |  |  |  |
| Histological type |  |  |  |  |
| Histological grade |  |  |  |  |
| Depth of invasion |  |  |  |  |
| Pattern of invasive front |  |  |  |  |
| Perineural invasion |  |  |  |  |
| Lymphovascular invasion |  |  |  |  |
| Bone invasion\* |  |  |  |  |
| Margin status |  |  |  |  |
| Pathological staging |  |  |  |  |

\*only for specimens including bone

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| **Audit action plan**  An audit of quality of reporting of oral cavity resection specimens | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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