## 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 | Cellular pathology/Oral, maxillofacial and head & neck pathology |
| Title | An audit of quality of reporting of biopsy specimens taken for the diagnosis and assessment of intraoral mucosal polypoid lesions |
| Background | Most oral mucosal polyps represent examples of simple reactive processes, e.g. squamous papilloma, fibrous overgrowth or reactive vascular proliferations, that are treated adequately with excision. Occasionally, neoplastic lesions or systemic disease may masquerade as innocent-looking mucosal swellings that require further investigation or active management. |
| Aim & objectives | To determine compliance with recommendations and standards relevant to the various steps involved in processing, diagnosis and assessment of biopsy samples of intraoral mucosal polyps, including:  adequacy of clinical information  appropriateness of sampling  adequacy of macroscopic description and processing  quality of microscopic description, report and interpretation. |
| Standards & criteria | **Criteria range:**  Some items (e.g. Item 2b ‘Appearances of lesion’) are not necessary to permit interpretation of the histological findings and do not require compliance as such. They are regarded as examples of good clinical practice, reflecting the quality of the communication between the clinical team and the pathologist.  Item 13 (Turnaround time): the proportion of reports authorised and available within an agreed number of calendar days of the biopsy date as agreed locally for the patient pathway.  Other items: 100%, or, if not achieved, the existence of documentation that explains the variance.  **Clinical**  The clinical indication for biopsy should be stated (e.g. presence of a mucosal swelling). A description of the site(s), extent and appearances of the abnormality (e.g. solid or cystic, ulcerated, discoloured) and knowledge of the relationship with adjacent tissues (e.g. proximity to teeth or a denture) aid interpretation.  **Site of origin**  Biopsies from different parts of the oral cavity should be submitted and processed in such a way that their site of origin is identifiable. If the site of a biopsy is not identifiable, the audit response is ‘no’, but discretion is advised.  **Macroscopic description**  Small and/or fragmented biopsy specimens can be difficult to orientate and interpret. Recording such findings may provide partial explanation of equivocal reports.  **Slide preparation**  At least 1 H&E-stained slide should be examined for each tissue block processed.  **Microscopic report**  The report should describe the changes in the oral mucosa, bearing in mind the usual histological differences between subsites, e.g. conditions characterised by fibroepithelial hyperplasia/fibrous overgrowth can demonstrate a spectrum of changes whether the lesions are located on the gingiva, denture-bearing areas or lining-type mucosa. Similarly, secondary changes due to superadded mucosal trauma or candidal infection, for example, can distort the morphology and merit mention. The differential diagnosis of intraoral mucosal polyps includes conditions that have specific histopathological features, offering the opportunity to redress clinical uncertainty and provide definitive diagnosis.  **Turnaround time**  Compliance with the agreement between the laboratory and users of the laboratory services regarding the proportion of cases compliant with turnaround times for this specific patient pathway.1,2 |
| Method | **Sample selection:**  At least 25 cases from local archives, ideally sequential and from the past 2 years.  **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 | | **Clinical details** | | | 1. Indication for biopsy is stated clearly |  | | 1. Clinical description of the lesion is recorded:   a) Site of the lesion  b) Appearances of the lesion |  | |  | |  | | 1. Clinical diagnosis is recorded |  | | 1. Sampling is adequate |  | | 1. Anatomical site of origin is clearly identifiable for all biopsies |  | | **Macroscopic description/slide preparation** | | | 1. Number of tissue pieces is recorded |  | | 1. Size of the largest piece is recorded |  | | 1. At least 1 H&E-stained slide is available for each tissue block |  | | **Microscopic report** | | | 1. Biopsies from separate sites are described separately or biopsies from different sites which have the same features are described together |  | | 1. Description of changes in mucosal morphology is clear enough to be ascertained by the auditor |  | | **Summary and conclusions** | | | 1. Summary of microscopic changes is given |  | | 1. Preference for a diagnosis, or the inability to distinguish between diagnoses, is recorded |  | | 1. The report is authorised within the agreed period from the date on which the biopsy was taken |  |   **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 non-compliance with recommendations  present findings to colleagues in histopathology and/or clinical services. |
| 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. *Tissue pathways for oral and head and neck pathology.* Accessed November 2023. 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) 2. Royal College of Pathologists*. Key Assurance Indicators for Pathology Services.* Accessed November 2023. Available at : <https://www.rcpath.org/uploads/assets/24572f2b-b65f-4a4b-b9e4d0f526dbac55/G181-Key-assurance-indicators-for-pathology-services.pdf> |

## Data collection proforma for an audit of quality of reporting of biopsy specimens taken for the diagnosis and assessment of intraoral mucosal polypoid lesions

## Audit reviewing turnaround times

Patient name:

Hospital number:

Date of birth:

Sample no.:

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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** |
| **Clinical details** | | | | |
| Indication for biopsy is stated clearly |  |  |  |  |
| Clinical description of the lesion is recorded:  a) Site or sites of lesion  b) Appearances of lesion |  | | | |
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| Clinical diagnosis is recorded |  |  |  |  |
| Sampling is adequate |  |  |  |  |
| Anatomical site of origin is clearly identifiable for all biopsies |  |  |  |  |
| **Macroscopic description/slide preparation** | | | | |
| Number of fragments is recorded |  |  |  |  |
| Size of the largest fragment is recorded |  |  |  |  |
| At least one H&E-stained slide is available for each tissue block |  |  |  |  |
| **Microscopic report** | | | | |
| Biopsies from separate sites are described separately or biopsies from different sites which have the same features are described together |  |  |  |  |
| Description of changes in mucosal morphology is clear enough to be ascertained by the auditor |  |  |  |  |
| **Summary and conclusion** | | | | |
| Summary of microscopic changes is given |  |  |  |  |
| Preference for a diagnosis, or the inability to distinguish between diagnoses, is recorded |  |  |  |  |
| The report is authorised within the agreed turnaround time period |  |  |  |  |

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| **Audit action plan**  An audit of quality of reporting of biopsy specimens taken for the diagnosis and assessment of intraoral mucosal polypoid lesions | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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