## 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 | Gastrointestinal pathology |
| Title | **An audit of reporting appendiceal carcinomas and mucinous tumours in 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 *Dataset for histopathological reporting of carcinomas and mucinous neoplasms of the appendix*1 states data items for reporting these tumours in resection specimens, including appendicectomies and right hemicolectomies. It specifies the core data items that should be included in all reports. |
| Aim & objectives | This audit template is a tool to determine whether:   * individual pathologists and/or departments are recording all core data items * additional or alternative data are being collected. |
| Standards & criteria | **Criteria range:** The Royal College of Pathologists mandates that 95% of reports shall contain structured data (Key Performance Indicator 5.2).2 Whether the report is structured or not, it should contain 100% of the core data items or, if this standard is not achieved, there is documentation in the text of the report that explains the variance.  **The agreed standards:** Each core data item in the dataset is included in histopathology reports (100% compliance).  **Additional standards:** Inclusion of optional additional data that might be collected, including non-core data items. |
| Method | **Sample selection**  All cases of appendiceal carcinomas and mucinous tumours in 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).**  The audit proforma covers the macroscopic and microscopic features stated in the dataset. It does not include core clinical items that would need a different audit tool.  Only core data items should be included in the key performance calculations. |
| Results | (To be completed by the author)  The results of this audit show the following compliance with the standards.   |  |  | | --- | --- | | **Core data items** | % compliance | | Nature of specimen |  | | Length and maximum external diameter of appendix |  | | Appearance of appendix |  | | Maximum diameter of tumour |  | | Tumour perforation |  | | Mucin on serosal surfaces |  | | Appendicectomies only: whether any caecal wall is included |  | | Appendicectomies only: distance of tumour from proximal margin (macroscopic)\* |  | | Appendicectomies only: distance of tumour from mesoappendiceal margin (macroscopic)\* |  | | Right hemicolectomies only: length of specimen |  | | Right hemicolectomies only: distance of tumour from longitudinal ends (macroscopic)\* |  | | Right hemicolectomies only: distance of tumour from nonperitonealised circumferential margin (macroscopic)\* |  | | Type of tumour |  | | Grade (G1 to G3) |  | | Perforation |  | | Local spread |  | | Adenocarcinomas only: venous, lymphatic and perineural invasion |  | | Appendicectomies only: proximal margin |  | | Appendicectomies only: mesoappendiceal margin |  | | Right hemicolectomies only: longitudinal margins |  | | Right hemicolectomies only: nonperitonealised circumferential margin |  | | Lymph nodes: total number |  | | Lymph nodes: number involved |  | | Tumour deposits (satellites) |  | | Peritoneal metastases |  | | If pseudomyxoma peritonei: classification (acellular, low grade, high grade, high grade with signet ring cells) |  | | Non-peritoneal distant metastases |  | | SNOMED codes |  | | **Non-core data items** (not for key performance calculations) |  | | Width of mesoappendix |  | | Status of apical node |  | | Results of MMR analysis |  | | Results of *KRAS, NRAS* and *BRAF* analysis |  |   \*Macroscopic measurements of clearance not required if <30 mm.  **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 items which fall below 100% compliance with an analysis of possible causes  disseminate findings and recommendations  arrange for re-audit in an appropriate timescale. |
| Action plan | (To be completed by the author – see attached action plan proforma) |
| Re-audit date | (To be completed by the author) |
| References | 1. The Royal College of Pathologists. *Dataset for reporting of carcinomas and mucinous neoplasms of the appendix.* Accessed December 2024. Available at: [www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html](http://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html) 2. The Royal College of Pathologists. *Key performance indicators – Proposals for implementation.* London, UK: The Royal College of Pathologists, 2013. Available at: [www.rcpath.org/profession/quality-improvement/kpis-for-laboratory-services.html](http://www.rcpath.org/profession/quality-improvement/kpis-for-laboratory-services.html) |

## Data collection proforma for the reporting of carcinomas and mucinous tumours of the appendix

Patient name:

Hospital number:

Date of birth:

Consultant:

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| **Criteria** | **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** |
| **Core data items** | | | | |
| Nature of specimen |  |  |  |  |
| Length and maximum external diameter of appendix |  |  |  |  |
| Appearance of appendix |  |  |  |  |
| Maximum diameter of tumour |  |  |  |  |
| Tumour perforation |  |  |  |  |
| Mucin on serosal surfaces |  |  |  |  |
| Appendicectomies only: whether any caecal wall is included |  |  |  |  |
| Appendicectomies only: distance of tumour from proximal margin (macroscopic)\* |  |  |  |  |
| Appendicectomies only: distance of tumour from mesoappendiceal margin (macroscopic)\* |  |  |  |  |
| Right hemicolectomies only: length of specimen |  |  |  |  |
| Right hemicolectomies only: distance of tumour from longitudinal ends (macroscopic)\* |  |  |  |  |
| Right hemicolectomies only: distance of tumour from nonperitonealised circumferential margin (macroscopic)\* |  |  |  |  |
| Type of tumour |  |  |  |  |
| Grade (G1 to G3) |  |  |  |  |
| Perforation |  |  |  |  |
| Local spread |  |  |  |  |
| Adenocarcinomas only: venous, lymphatic and perineural invasion |  |  |  |  |
| Appendicectomies only: proximal margin |  |  |  |  |
| Appendicectomies only: mesoappendiceal margin |  |  |  |  |
| Right hemicolectomies only: longitudinal margins |  |  |  |  |
| Right hemicolectomies only: nonperitonealised circumferential margin |  |  |  |  |
| Lymph nodes: total number |  |  |  |  |
| Lymph nodes: number involved |  |  |  |  |
| Tumour deposits (satellites) |  |  |  |  |
| Peritoneal metastases |  |  |  |  |
| If pseudomyxoma peritonei: classification (acellular, low grade, high grade, high grade with signet ring cells) |  |  |  |  |
| Non-peritoneal distant metastases |  |  |  |  |
| SNOMED codes |  |  |  |  |
| **Non-core data items** (not for key performance calculations) | | | | |
| Width of mesoappendix |  |  |  |  |
| Status of apical node |  |  |  |  |
| Results of MMR analysis |  |  |  |  |
| Results of *KRAS, NRAS* and *BRAF* analysis |  |  |  |  |

\*Macroscopic measurements of clearance not required if <30 mm.

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| **Audit action plan**  An audit of reporting appendiceal carcinomas and mucinous tumours in resection specimens | | | | | | |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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