



The Royal College of Pathologists

Pathology: the science behind the cure

Annual Meeting of Cellular Pathology Subspecialty Advisors

The Annual meeting of Cellular Pathology Subspecialty Advisors Committee was held on Wednesday 3 November 2021 at 10.00am via Zoom Conferencing

Dr Lance Sandle
Registrar

		Minutes
Present:	Dr Adrian Bateman	Chair
	Dr Paul Cross	Cytopathology
	Dr Rahul Deb	Breast Pathology
	Dr Nigel Cooper	Forensic Pathology
	Dr Luciane Irion	Ophthalmic Pathology
	Dr Candice Roufousse	Renal and Transplant Pathology
	Prof Dan Berney	Urological Pathology
	Dr Martin Goddard	Cardiac Pathology
	Dr Phil Da Forno	ENT Pathology
	Prof S Coupland	Dermatopathology
	Dr Rachel Brown	Liver Pathology
	Dr Duaa Abu-Sinn	Gynaecological Pathology (<i>attended on behalf of Dr Raji Ganesan</i>)
In attendance:	Miss Shelaine Kissoon	Governance and Committee Services Officer (<i>minutes</i>)
Apologies:	Prof Stefan Dojcinov	Haematopathology
	Prof Roger Feakins	GI Pathology
	Dr Raji Ganesan	Gynaecological Pathology
	Dr Srinivas Annavarapu	Paediatric Pathology
	Prof Stefan Hubscher	Liver Pathology
	Prof Keith Hunter	Oral and Maxillofacial Pathology
	Dr Gareth Rowlands	Workload Scoring Group
	Prof David Snead	Pulmonary Pathology

SS.01/21 Welcome, declarations of conflict of interests and apologies for absence

The Chair welcomed all members to the meeting. There were no declarations of conflicts of interests, and the apologies for absence were as listed.

SS.02/21 Notes from the last meeting held on 4 November 2020

The minutes of the meeting held on 4 November 2020 were approved.

Review of actions from 2020 meeting:

The Chair recognised that the majority of the outstanding actions were listed under the previous Chair, Professor Mike Osborn, who was not present at the meeting. He stated that he and Shelaine Kissoon would follow-up on all the actions after the meeting.



SS.03/21 Matters arising

There were no matters arising.

SS.04/21 Reports submitted

The subspecialty reports from the subsequent disciplines had been circulated prior to the meeting. Members were given the opportunity to highlight areas from their report or raise any issues from their discipline.

a) Urological & Endocrine Pathology report¹

The report was prepared and presented by Professor Daniel Berney. No major issues had been raised.

b) Oral and Maxillofacial Pathology report²

The report was prepared by Dr Gillian Hall who was not present at the meeting and had given her apologies. The Chair provided a brief overview of the report and recognised that there is an overlap with Oral and Maxillofacial Pathology and ENT Pathology, therefore he had asked Dr Phil Da Forno if he had any comments. Dr Da Forno shared that the Oral and Maxillofacial discipline is a small community that has a good handle on what is happening nationally and although there is a shortage of staffing, it is all in hand.

c) Ophthalmic Pathology report³

The report was prepared and presented by Dr Luciane Irion. No major issues had been raised.

The Chair enquired whether there are concerns in recruiting people into the sub-specialty. Dr Irion explained that recruitment is difficult and that a post cannot be promised if it doesn't exist. She advised that meetings are held each year to discuss staffing and recruitment for the next five years. Professor Coupland added stating that the specialty is in a distinct disadvantage as Ophthalmic Pathology does not feature on the training scheme and trainees are not exposed to it or examined on it.

d) Gastrointestinal Pathology report⁴

The report was prepared by Professor Roger Feakins who was not present at the meeting and had given his apologies. The Chair provided a brief overview of the report and no major issues had been raised.

e) ENT Pathology report⁵

The report was prepared and presented by Dr Philip Da Forno who shared that he was appointed to the post in June 2021 and felt that from an ENT aspect, with regards to medically qualified pathologist, there was not a very good handle on staffing and recruitment. He stated that Shelaine Kisson had been trying to put him in contact with people who might have an idea of the number of medically qualified pathologists there are with a neck and head component to their job; and how many vacancies there currently are. He expressed that he does not believe there are data out there to this effect, asked the Advisors for their opinion and enquired if it would be worthwhile of his time in trying to get a more accurate figure. The Chair explained that if Dr Da Forno felt there is a particular issue that needs to be address then people need to be encouraged to go into the specialty area.

Dr Da Forna shared that he and Dr Hall plan to have a meeting to discuss a formal post part 2 training attachments in head and neck pathology for medically qualified pathologists.

f) Gynaecological Pathology⁶

The report was prepared by Dr Raji Ganesan who was not present at the meeting and had given her apologies. Dr Duaa Abu-Sinn attended on her behalf and presented the report. No major issues had been raised.

- g) Cytopathology report⁷
The report was prepared and presented by Dr Paul Cross. No major issues had been raised.
- h) Liver Pathology report⁸
The report was prepared and presented by Dr Rachel Brown and no issues had been raised. However, Dr Brown shared that during the Covid pandemic, there was a massive decrease in cancer surgery which is now picking up.
- i) Thoracic Pathology report⁹
The report was prepared by Professor David Snead who was not present at the meeting and had given his apologies. The Chair provided an overview of the report and had a brief discussion with Dr Martin Goddard about lung cancer screening that was mentioned in the report.
- j) Cardiac Pathology report¹⁰
The report was prepared and presented by Dr Martin Goddard. Dr Goddard highlighted that one of the main concerns across Cardiac Pathology is with a continuing decline in (and ageing) workforce.
- k) Renal and Transplant Pathology¹¹
The report was prepared and presented by Dr Candice Roufousse.

Dr Roufousse advised that that she took over as Subspeciality Advisor a year ago. She stated that the liver and gynae report that was shared at the last meeting of the Advisors inspired her to create a UK renal and transplant pathology network. The network started as informal virtual slide clubs, where cases were shared. It was used as an opportunity to pull together renal and transplant pathologists on various issues relating to service delivery, diagnosis, education and training as well as research and clinical trials. Good feedback was received, and pathologists felt that it was useful to bring the UK renal and transplant community together.

Dr Roufousse stated that in relation to organ donation, there was an initiative for out of office frozen section services for when lesions are discovered which is being led by NHS Blood and Transplant (NHSBT). Professor Desney Neil, who is leading on this, advised that the initiative was moving forward and NHSBT was considering financing it.

- l) Breast Pathology report¹²
The report was prepared and presented by Dr Rahul Deb. No major issues had been raised.

The following reports are attached as appendices:

¹ *Urological & Endocrine Pathology report*

² *Oral and Maxillofacial Pathology report*

³ *Ophthalmic Pathology report*

⁴ *Gastrointestinal Pathology report*

⁵ *ENT Pathology report*

⁶ *Gynaecological Pathology report*

⁷ *Cytopathology report*

⁸ *Liver Pathology report*

⁹ *Thoracic Pathology report*

¹⁰ *Cardiac Pathology report*

¹¹ *Renal and Transplant Pathology report*

¹² *Breast Pathology report*

SS.05/21 Any other business

BMS reporting

Chair asked Dr Deb if there was anything specific that he needed to discuss on BMS reporting as he had requested for this to be discussed as an item under AOB.

Dr Deb stated that he heard on the grapevine that a module for “BMS reporting in breast pathology” is being developed. However, neither himself (as RCPATH Specialty Advisor) nor the National Coordinating

committee for Breast Pathology had been involved or consulted in this matter. He recognised that this needs to be a separate discussion and stated that he would be happy to raise his concerns around the process. The Advisors had a discussion around this and agreed that there is some disquiet around the process. They stressed that they are concerned about the process and not the principle.

Professor Coupland shared that she has been appointed the Interim Chair for the Dermatopathology SAC. She explained that there was a controversy of consultant biomedical scientists in Dermatopathology, and Professor Mike Osborn (RCPath President) has worked hard with the previous SAC Chair to solve the issue. Together, they had created a defined role for consultant biomedical scientists in Dermatopathology that is going to be trialled and run. Professor Coupland stated that if there are concerns about BMS, a letter/email should be sent to Professor Mike Osborn who is aware of the issues.

Diamond Jubilee

Professor Coupland reminded the Advisors of the College 60th birthday and encouraged them to get involved.

SS.06/21 Date of next meeting:

Wednesday 2 November 2022 at 10:00am

Annual report: Urological pathology

Staffing and Recruitment

Workload is high in many institutions worldwide as many men were deferred biopsy last year. I am at promoting how workload could be reduced as I believe that often too much data is required with poor evidence, especially in prostatic biopsies.

Reduction in prostate biopsy sampling to targeted sampling is slow and controversial. In the future there is likely increases in opportunistic screening and active surveillance associated biopsies.

Courses

BAUP has an extensive programme next year of urology courses running into 2022 as part of their rolling programme. The joint BDIAP winter meeting is going ahead on the 5th Nov with WHO 2022 as a focus and will be uropathologically based.

This is an in-person meeting though lectures will be available to BDIAP members.

The EQA continues to run very smoothly. Results will be presented and discussed at the annual meeting. There is extremely high take up. Dr Ash Chandra is now BAUP Chairman, and the Secretary is Dr Jon Oxley

Datasets and ICCR (International Collaboration for Cancer Reporting)

We await the WHO 2022 classification which is complete and being proofed, and involved a few UK pathologists, with me as a joint editor.

The testis dataset is 2020 and very up to date.

The other datasets are 2017 and in need of an update soon, probably after the WHO blue book release. I will raise this at the next BAUP meeting, which is joint with the BDIAP on the 5th Nov.

Oral and Maxillofacial Pathology Annual Report

Cellular Pathology SAC Subspecialty Advisers meeting, Wednesday 3rd November 2021

New developments and issues affecting service

In common with all subspecialties, we have faced significant challenges to working patterns and pressures related to COVID19 and the current challenge lies in the catch up and perceived increase in workload which many report to be above pre covid levels. This is compounded by an observation of overall increasing specimen numbers and increased complexity of resection specimens that has been observed over the previous decade, and the more regular requirement for additional molecular / genetic testing and interpretation / integration of these results.

Staffing and recruitment

We have 32 individuals active on the specialist register (Oct 2021). The workforce remains stable but at a shortage level. There has been inter-institution movement in 2021, Birmingham to Bristol, Sheffield to Liverpool, leaving vacancies in some major centres. One colleague has retired and returned, with uncertainty regarding who might replace him longer term. There are unlikely to be enough trainees to fill posts. Numerous jobs for Consultant head and neck pathologists, or jobs including a component of head and neck, have been advertised over the last year, and these are more targeted to medically qualified individuals, but success in the appointment process is unknown and these could remain unfilled.

Training

There are currently 15 OMFP trainees (including several in academic posts / ACFs). One trainee left the specialty after completing 1 year in post, although having achieved positive outcome from ARCP. National recruitment took place, but no appointments were made as none of those shortlisted were deemed appointable, with gaps in essential experience that could relate to Covid and redeployment. Inability to arrange ad hoc shadowing also seemed an issue.

The LEPT system is now fully in use and provides a better way to keep an active portfolio rather than paper based systems.

We ran national ARCP in September 2021 (trainees not called to attend once again).

In October 2020 1 person sat part 2 and was unsuccessful. There were no part 2 candidates in Spring 2021. We have just run part 2 for 3 candidates in Bristol in October 2021, results pending. Regarding part 1, 3 UK based trainees passed the Spring 2021 sitting, two UK based sat Autumn 2021, results pending.

Curriculum

The curriculum update is in progress, shortly to go out to consultation with a view to implementation in Autumn 2022.

Interpretive EQA

Numbers remain stable with 182 participants and 156 submissions in the last circulation. There have been 2 circulations in 2021, hence a return to the expected frequency. An advantage of the move towards virtual meetings has been an increased participation in the review session.

There has been an introduction of a small number of digital only cases, with the organisers keen to push for a fully digitised system, to overcome issues of low submission of cases from the membership and also the ability to then include small biopsies as well.

Annual reports are submitted to the RCPATH steering committee and the organisers attend the annual college hosted meeting.

Datasets and ICCR

Oropharynx and Nasopharynx datasets are now live for consultation on the College website.

Oral cavity and salivary gland are in the writing stage and will be submitted to the College for consultation soon.

Other Matters

Consideration of formal post part 2 training attachments in head and neck pathology for medically qualified pathologists, and identification of ways to ascertain the wider workforce issues across head and neck pathology as a whole, are areas of interest to me. I would welcome the opportunity to work with the ENT pathology sub specialty advisor on these.

Gillian Hall 26 Oct 2021.

Appendix 3

Subspecialty Report for Ophthalmic Pathology 2021

- New developments and issues affecting service delivery

No major issues. Workload gradually returning to usual levels. Digital pathology being validated in some centres.

- **Staffing and recruitment**

No changes to the National Specialist Ophthalmic Pathology Service (NSOPS) or the British Association for Ophthalmic Pathology (BAOP) in 2021.

- **Training**

Training usually takes place at specialist centres according to trainees' interest, usually after part two exam or as part of stage D training. One trainee currently completing their stage D training. NSOPS laboratories can accept clinical attachments for interested candidates.

- **Interpretative EQA**

The National Ophthalmic Pathology (NOP) EQA scheme currently has 30 participants (UK and Ireland). The scheme serves specialist ophthalmic pathologists as well as general histopathologists and neuropathologists who practise ophthalmic pathology. A small number of BMS advanced practitioners participate but they only submit answers for cases which fall within their usual independent reporting practise. The scheme also includes a small number of overseas participants. There are two circulations per year consisting of 10 scoring cases and up to 2 educational non-scoring cases.

The annual BAOP meeting and the NOP EQA discussion meeting for both 2020-21 circulations were hosted online (via Zoom) with good feedback from participants. There is no participant at First or Second Action point. At the annual meeting, participants agreed to trial digital circulations going forward. The first circulation for 2021-22 has recently become available as a digital format; however, glass slides are still available upon request.

- **Datasets and ICCR (International Collaboration for Cancer Reporting)**

-Dataset for histopathological reporting of conjunctival melanoma: Being reviewed by Dr Mudhar, Prof Coupland and Dr Krishna. Draft to be submitted by January 2022.

-Dataset for histopathological reporting of uveal melanoma: Submitted by Prof Coupland and Dr Irion. Consultation period completed. Currently with Production Editor for imminent publication.

-Dataset for histopathological reporting of ocular retinoblastoma: Being reviewed by Prof Luthert. Draft to be submitted by December 2021.

-Tissue pathways for non-neoplastic ophthalmic pathology specimens: New document published in June 2020. Next review due in 2025.

-Best practice recommendations: Reporting ophthalmic pathology specimens: New document published in August 2020. Next review due in 2023.

-Dr Slater and Dr Irion developed new eyelid carcinomas dataset forms to be added as appendices to respective datasets for reporting skin tumours at the time of their planned review. The authors are aware of early discussions on a new TNM 9th edition which ideally should be incorporated in the upcoming review.

- **Other matters**

Forensic Ophthalmic Pathology: Dr McPartland and Dr Malcomson (paediatric pathologists) continue to take cases from police forces around the UK (except Scotland). Dr Roberts does the Scottish cases. Welsh cases are dealt with by Cardiff forensic pathologists. A joint RCOphth and RCPCH statement regarding postmortem clinical eye examinations in cases of suspicious deaths is being developed.

Luciane Dreher Irion

Appendix 4

Gastrointestinal (GI) subspecialty adviser report, 2021

External quality assurance (EQA)

The national GI pathology EQA scheme is now online. It continues to attract an increasing number of participants. The format of the bowel cancer screening pathology EQA scheme is under review.

Courses and meetings

The main formal group for UK GI pathologists is the Pathology Section of the British Society of Gastroenterology (BSG). The status and role of this group remain subjects of discussion by its members and by the BSG.

There are many high-quality GI pathology courses in the UK and internationally that often attract large numbers of delegates. Online meetings as a result of COVID-19 paradoxically increase the number of opportunities for delegates. However, most societies strongly prefer face to face conferences and meetings (despite their impact on the environment and the costs for delegates).

Many UK GI pathologists are active in national and international pathology and gastroenterology societies.

The College has held a series of webinars based on datasets, including a successful appendix cancer webinar.

Datasets

RCPATH:

Appendiceal cancer: published in 2021

Revision of the gastrointestinal / pancreatobiliary tissue pathway is due in 2021/2022.

New datasets for inflammatory bowel disease and other non-neoplastic conditions are under consideration.

Service configuration and profile

FIT testing for the BCS programme may increase pathology workload in the future. With the COVID-19 pandemic effect, figures are difficult to predict.

GI pathology is essentially back to its usual numbers after the COVID-19 lockdowns. Pancreatobiliary pathology continued almost as normal during the pandemic.

Digestive disease remains by far the largest specialty in histopathology and has a high proportion of relatively urgent cases and cancers. Problems with recruitment to histopathology, and to GI pathology in particular, persist and are widespread in the NHS. Large amounts of GI pathology and even HPB/liver pathology from some UK departments continue to undergo outsourcing to the private sector or to backlog companies. This is in danger of becoming a long-term solution.

There is a steady and unrelenting increase in requests for molecular tests in pathology. This impacts heavily on GI pathologists because this specialty has such a large number of cancers, and because new prognostic markers for GI carcinomas and other GI malignancies appear increasingly frequently.

Guidance from NICE and other national organisations regarding colorectal cancer and related areas sometimes develops without formal input from pathologists. The College has suggested to these organisations that we could have a more active role in such guidance.

There is a strong interest in improving services and clinical outcomes in the UK (and elsewhere) for inflammatory bowel disease patients. The relevant UK groups, e.g., IBD UK, involve the College actively.

Roger Feakins

26th October 2021

Appendix 5

ENT Pathology Annual Report

Cellular Pathology SAC Subspecialty Advisers meeting, Wednesday 3rd November 2021

This is my first submission to the committee, having been appointed in June of this year.

New developments and issues affecting service delivery

In line with most areas of cellular pathology the primary issues affecting service delivery are the changing work patterns and burgeoning increase in the volume of work during our recovery from the Covid – 19 pandemic.

Datasets and ICCR

The head and neck data sets are in the process of revision. Consultation is now open on the Draft of the new Oropharynx and nasopharynx dataset. The datasets for oral cavity, neck dissections, larynx, nasal cavity and

sinuses and salivary gland are in the writing stage and will be submitted for consultation in the coming months. A revised version of the Tissue pathways for head and neck pathology has recently been submitted to the college.

Interpretive EQA

The National EQA Scheme in Head and Neck Pathology continues to be managed by British Society for Oral and Maxillofacial Pathology. The scheme is organised by a team from Bristol/Birmingham/Cardiff. There is compulsory on-line response submission and virtual slide circulation, though a limited number of glass slide sets are available. The scheme membership remains steady (182 participants and 156 submissions in the last circulation) with roughly equal numbers leaving (due to retirement etc) and joining. Circulation review meetings are currently held via Microsoft Teams. There have been 2 circulations in 2021, hence a return to the expected frequency.

Staffing and recruitment

I am unable to say if retiring head and neck pathologists are balanced with trainee recruitment, but I note the submission by Prof. Hunter in 2020 for OMFP, in which he states that a number of H&N-focussed posts advertised in DGH Histopathology departments are unfilled, despite repeated advertisement. The greatest challenges to staffing appear to be those affecting cellular pathology as a whole, namely increased patient numbers, increased report complexity and increased demand for molecular tests. This was submitted to the SAC for consideration in response to Health Education England's Call for Evidence to support the development of a long-term strategic framework for health and social care workforce planning.

Dr Phil Da Forno, Subspecialty Adviser in ENT Pathology: October 2021

Appendix 6

REPORT ON GYNAECOLOGICAL PATHOLOGY – VIRTUAL SAC MEETING NOV 2021 by Dr Raji Ganesan

• Issues affecting service delivery

i. Increase in specimen numbers due to

Increase in number of colposcopy clinics and two week wait time clinics has resulted in increasing numbers of biopsy specimens

Availability of ITU beds has resulted in increasing numbers of complex surgery for cancer and benign disorders such as endometriosis

Increased benign surgery in order to catch up with waiting lists resulting in large specimens

ii. Continued increase in Covid positive cases especially in school going children resulting in unpredictable isolation resulting in lower numbers available

iii. Working from home not equally enabled due to variations in digital and IT issues

iv. Molecular testing increase

• Staffing and recruitment

Most departments are chronically short staffed both at medical and scientist level

• Training

Trainees back in departments

BAGP and ISGyP run trainee teaching webinars very popular

• Interpretative EQA

EQA circulations have run successfully this year, no drop in participation despite the pandemic. Review meetings continue virtually and are very well attended.

• Datasets and ICCR (International Collaboration for Cancer Reporting)

RCPATH Cervical cancer dataset published – an NHSCSP document published after the dataset may necessitate update to the dataset.

RCPATH Tissue pathway - consultation complete, awaiting action on comments of consultation before publication

ICCR - all data sets updated and published available on ICCR website

• Other matters

Cervical e-learning course - up and running on BAGP website. Feedback provided by all participants. Feedback mandatory to obtain certificate. Plan: act on feedback and provide new cases whilst archiving the present cases better available as a part of the course. Numbers accessing the course till date exceeds 250

FIGO update on staging of vulval cancers - BGCS, BAGP, RCPATH in the process of writing a joint document highlighting the changes in the latest edition of staging and providing a start date for use of new staging.

BAGP application (supported by BGCS, Wellbeing Of Women and Eve Appeal) to include POLE testing for endometrial cancers in the National Genomics Directory has been successful. POLE testing for endometrial cancers will become available sometime in 2022.

Cytopathology Sub-Committee Subspecialty report 2021

New developments/issues

The ongoing issues with the Covid pandemic has affected the ability to deliver services with disruption to staff, consumables and work flows. These are improving, but post-covid work rebound is noticeable.

The greater use of ROSE in cytopathology has been endorsed, working with the IBMS, Cytology CJB and BAC. This will be led by the IBMS in developing a training programme. A route to allow for EBUS reporting by CBMS staff with the ASD NG qualification has also been discussed and is being developed jointly with the same partners. The English CSP is currently looking at the possibility of home reporting for cervical cytology, and it is hoped this will report in the near future. The greater use of home reporting in cancer screening histology, including the use of digital systems, is also being considered.

The first College national survey of cytopathology services and provision was undertaken and released (July 2021). <https://www.rcpath.org/uploads/assets/67400f5c-8c8d-4432-a609ef0760832936/Diagnostic-cytopathology-in-the-UK-a-survey-of-cytopathology-practiceFor-publication.pdf>. This will form a base line of current cytopathology provision, and will help in identifying new developments, and service and training needs.

Training

The move to online resources for education and teaching has been embraced within cytopathology, as it has across Pathology as a whole. Working with the BAC, 9 webinars have been held since September 2020. These have been very successful and were aimed at pathologists (in post or in training) and BMS staff.

The issue of ST1 and ST2 cell path trainees experiencing problems in accessing cervical cytology training has been highlighted previously. Whilst it appears to have improved, there are still some problems in some areas and this is being kept under review.

Interpretative EQA

No established iEQA in cytopathology exists currently. However, the digital based system developed by UKNEQAS CPT is due to go "live" this Autumn, after 3 pilot rounds. The Pilots have demonstrated good acceptance and concordance by participants, and it is anticipated that this will be widely taken up.

Guidance

GO89 *Guidance on the reporting of thyroid cytology specimens* is being updated and is nearly ready for wider consultation. Its revision has been slowed partly by parallel revision of the Bethesda Thyroid cytology system, and some discussions about potential closer ties with the two systems.

The need for other College guidelines, datasets etc allow for cytology has been highlighted. This is to try and ensure harmonisation of guidance, and better embed cytology where relevant into other guidance.

Other

The Cytopathology SC has met three times since October 2020 by Zoom. The SC has worked well despite a lack of face to face meetings, but would aim to have at least one F2F meeting as and when feasible. #

Dr Paul Cross
Chair, Cytopathology SC
October 2021

Annual Meeting of Cellular Pathology Subspecialty Advisors, 3rd November 2021

Subspecialty Report for Liver Pathology

Since September 2016, liver pathology activities in the UK have been developed and coordinated by the UK Liver Pathology Group (UKLPG). This has the following remit:

To promote excellence in liver histopathology services in the UK and Ireland, across all levels of specialisation, through professional collaboration in education, quality assurance and research.

This is delivered by subcommittees: education & training, quality assurance and research, alongside representatives for transplantation, paediatric liver pathology and trainees. Committee meetings are usually held 3 or 4 times/year. In 2021 meetings have taken place via Teams; 15th January, 16th April, 2nd July, 8th October. The UKLPG has around 120 full members, comprising the members of the National Liver Pathology EQA scheme. There is an annual subscription fee of £30, which also includes optional free membership of the British Association for the Study of Liver (BASL), the British Liver Transplant Group (BLTG) and HCC-UK. There are also options for associate, trainee and overseas membership to allow people with an interest in liver pathology to benefit from our CPD activities without being full members of the Group.

1. New developments and issues affecting service delivery

Intrahepatic cholangiocarcinoma now needs molecular input.

2. Staffing and Recruitment

See above re members of the UKLPG. Medical liver biopsies are received by nearly all histopathology departments, but sub-specialisation in liver pathology is generally restricted to hospitals providing tertiary liver services. One aim of the UKLPG is to provide accessible liver pathology CPD designed for non-specialist pathologists. As with other smaller specialties, succession arrangements for pathologists working in tertiary referral centres can be problematic.

3. Training

Liver pathology CPD meetings have been held via virtual platforms this year, as follows:

- Annual Liver Pathology Update Meeting (running since 2006) - 5th November 2020.
- Enigma of the liver biopsy RCPATH event, a day of lectures 14th May 2021 followed by bitesize topic specific sessions x 6 delivered during June and July 2021.
- Liver transplant pathology - 7th October 2021.
- Postgraduate training materials available online (see below for link) include virtual slides from >400 previous liver EQA cases and Power Point presentations from liver pathology CPD meetings referred to above.
- Opportunities are available, currently on an ad hoc basis, for training in liver pathology for post-exam trainees, who are considering applying for consultant posts which include a substantial component of liver pathology.

4. Interpretive EQA

There have been 3 recent changes:

- The scheme is now fully digital.

Appendix 9

College Sub-Specialty Adviser for Pulmonary Pathology - Report from Professor David Snead

New developments and issues affecting service delivery

The national pilot for lung cancer screening is now underway and has extended to 12 sites in England. This is likely to lead to a relatively modest increase in sample numbers, but samples of greatly increased complexity. Slide level data is a reasonably reliable means of measuring case complexity. I have begun steps to establish a lung cancer screening pathologist working group to help establish consistency in reporting of screened detected lesions.

The College has been consulted on 7 NICE appraisals of novel or updated treatments for thoracic malignancies, all concerning non-small cell lung cancer. Sotorasib has become the first therapy to be approved by the US FDA for the treatment of KRAS mutated non small cell lung cancer [Drugs (2021) 81:1573–1579 <https://doi.org/10.1007/s40265-021-01574-2>].

The number of new treatments for these conditions is welcomed as greatly lengthening survival times for these common malignancies but it is inevitably presenting pathologists with new challenges. Even for those pathologists with a special interest in the area it is difficult to keep up to date with rate of developments and there is a real danger of patient's not receiving optimal care if companion diagnostic tests are not adequately delivered. Delivery of these molecular results continues to be a major challenge facing thoracic pathology. In many sites access to next generation sequencing to support this is encountering significant delays which is escalating pressure on pathologists and encouraging adoption of alternative strategies including adoption of an expanding repertoire of "hot spot" testing kits which are now available.

The development of molecular pathology tumour boards is likely to be pivotal in linking genomic laboratory hubs with treating clinical teams, but these are still at an early stage and involvement of pathologists inconsistent and largely ad hoc. Selection of cases may lack consistency within and between regions. Is there a role for guidelines from the College on how pathologists should support these?

There continues to be a concern regarding the National Optimal Lung Cancer Pathway. This is still at odds with RCPATH on turnaround times for biopsies (despite stating that it should follow RCPATH guidelines) and introduces an additional rigid turnaround time for molecular testing, with proposed compliance by 2020. It is likely most sites fail to deliver these turn-around times at the moment.

"Pathology results should be available to members of the lung cancer MDT within a maximum of 3 working days from biopsy for tumour subtype, and (when undertaken) within a maximum of 10 working days from biopsy for full molecular analysis (including, but not limited to, EGFR, ALK and PD-L1).

"The Lung Clinical Excellence Group (CEG), did not meet in 2021 or in 2020 but the college's interests will be represented if and when meetings resume.

COVID-19

The pandemic continues to have an enormous impact on the provision of thoracic pathology. Staff sickness and absence within laboratories and amongst clinical teams is affecting the working of many teams. The impact on cancer care in particular is widely recognised and thoracic cancer patients have suffered as much as other tumour sites in this regard. The long term effects of the disease are still largely to be established and understood, but undoubtedly a significant number of patients surviving serious effects of this disease to be left with pulmonary fibrosis and other complications affecting the respiratory system. A concerted effort is needed to ensure data and knowledge relevant to understanding this disease is shared widely.

- Training

Most trainees obtain experience as part of the rotations. For those wanting pulmonary pathology to be part of their consultant interests, it remains up to trainees to request rotation to units where there is a substantial thoracic service (usually regional units with thoracic surgery). Many Trusts dealing with thoracic pathology cases unofficially continue to offer visiting observerships/clinical fellowships, typically for post-exam stage D trainees who wish to obtain a greater volume of thoracic pathology. This is an extremely valuable training resource which would benefit greatly from formal organisation and funding. The lack of exposure trainees receive to molecular pathology is a concern. It would be reassuring to see opportunities for training in this area to be offered as widely as possible and encourage juniors to develop understanding of this area.

However, there are worryingly increasing shortages at consultant level, evidenced by the number vacancies unfilled, and the low numbers of candidates applying for advertised posts and increased requests for covering other Trusts. This is only going to become more problematic.

- Interpretative EQA

The Pulmonary pathology EQA scheme did not hold circulations in 2021, we will be working to reinstate circulations as soon as possible. A new scheme which has commenced this autumn aimed at cytology is welcomed [cpt@ukneqas] relevant to thoracic pathologists who encounter a large number of these

- WHO Tumour classification

The 16th edition of the WHO Tumour Classification for Tumours of the Lung Pleura Thymus and Heart has been published in the spring of 2021.

- Datasets and ICCR

All three datasets (lung, mesothelioma and thymic epithelial tumours) underwent revisions in 2017, primarily to take account of the 8th TNM staging system but also, for lung, to reflect the advent of immunotherapy as a treatment option. All three datasets were slated for revision over the coming year. Due to the distractions of clinical work and explosion in interest for digital pathology solutions I apologise that I have delayed progressing the process of revising these documents, which had been due for this year, which will now take place early next year.

David Snead.

October 2021

Appendix 10

Cardiac Pathology – Sub-specialty report

Education

Educational activity has continued in 2021 despite the COVID restrictions.

The Cardiovascular Pathology Course was delivered in virtual format this year and was well received.

Cambridge hosted the biennial Association of European Cardiovascular Pathologists in a combined format with more than 90 delegates in total with excellent feedback.

The UK Cardiac Pathology Network provided part of the content particularly aimed at trainees for the AECVP meeting.

Governance

The annual EQA round was undertaken with now more than 40 registrants for the scheme. The scheme has now started to provide slides in digital format enabling wider engagement.

The results were presented at the UKCPN/AECVP meeting and proved of great interest from delegates in other countries where no similar scheme operates and have applied to participate next year.

Workforce

This remains a major concern across Cardiac pathology with a continuing decline and ageing workforce. Although, we have created the opportunity for stage D training, this has not been utilised.

Development

Cardiac pathologists are engaged with the College and other bodies in the development of Regional Genomics Hubs to support inheritable cardiac disease management. Much of the associated cardiac pathology work is derived from autopsy practice and is often neither funded nor recognised within job plans. As a group, it is felt that a nationally commissioned service including cardiac pathology remains the best way to configure this service.

Martin Goddard
Royal Papworth Hospital and Cambridge University Hospital

Annual Meeting of Cellular Pathology Subspecialty Advisors - 3rd November 2021

Subspecialty Report for Renal and Transplant Pathology

1. New developments and issues affecting service delivery:

- There are a number of new molecular markers for renal diseases, for which access in the UK is either limited to few centres, or not available (e.g. PLA2R and others for membranous glomerulonephritis, DNAJB9 for fibrillary glomerulonephritis, IgG subtypes for renal disease related to monoclonal heavy chains, haemoglobin etc.). A survey of UK renal pathologists led to collation of a centralised spreadsheet of antibodies available in various units, that has been circulated to all UK pathologists reporting renals, so that they can refer cases to each other for stains that they don't have in their own labs. The spreadsheet will be updated yearly and circulated through the UK renal pathology slide club group (see below). UK renal pathologists were encouraged to approach their management with business cases for introduction of new antibodies. Our UK-wide group would allow to collate information to support local purchase of an antibody with real data on likely referrals from elsewhere.

- Delivery of diagnostic Electron Microscopy remains a concern as previously high-lighted, with no national or local solutions in place. Several units are at risk of closure due to retirement of staff and/or risk of old equipment failure. A few UK renal pathologists showed interest in engaging in conversations about EM on a national level. The UK renal pathology slide club now set up (see below) will be a good forum for approaching UK renal pathologists to create a working group of service users to discuss the issue of future provision. Once a group is in place, I will liaise with the College.

2. Staffing and Recruitment:

Medical kidney biopsies are received and reported in histopathology departments all over the UK, but with variable individual workload ranging from >500 to <50 per annum.

Training in renal pathology and succession arrangements can be problematic. In spring 2021, Imperial/GSTT trialled delivery of a blended remote and on-site training programme in renal pathology, which worked well. For this we developed a formal training curriculum with recorded lectures and scanned slides available remotely, one-to-one remote discussions on each chapter, followed by on-site viewing of current cases and teaching sets, and finishing with assessments.

We are interested in hearing from the College about the possibility of creating a formal post-part 2 training programme in renal pathology for trainees who are considering applying for consultant posts which include a component of renal pathology.

3. Training:

- Opportunities within the UK for CPD accredited events in renal pathology were: the EQA on-line discussion session (21st May 2021) and the renal sessions at the British division of the IAP/Path Soc annual meeting (7th July 2021), as well as some of the sessions of the Association for Clinical Electron Microscopists annual meeting (8th July 2021). Many international opportunities for training are also available.

- As a new development, we started non-CPD accredited renal pathology virtual slides clubs to bring UK renal pathologists closer together as a community in an informal environment. These were held 3 times in 2021 (18th January, 12th May, 13th September) and were highly attended. They allowed easy and informal exchange of information, and polls to learn what the needs of the renal pathology UK community are. 3 sessions are already planned for 2022, and we will continue to develop a UK renal pathology network based on identified needs.

4. Interpretive EQA:

- Native scheme run by Oxford (Prof Ian Roberts and Dr Maria Soares) now fully digital with drop-down list of options. This has been well received by organisers and members. Participants chose from dropdown menus for diagnoses. Circulation W was discussed virtually 21st May 2021. *Persisting issues for both with non-payment of invoices by Trusts leading to some members being excluded.*

- Drs Naomi Simmonds and Candice Roufosse trialled a new transplant EQA scheme but the new, free platform used was not deemed to work well by a number of participants (google forms with link to Sysmex platform), therefore the scheme was not used for ranking or CPD. A new system will be trialled in 2022.

5. Datasets: Tissue Pathways for Native medical renal biopsies, 3rd edition. July 2019. Tissue Pathways for renal transplant biopsies. 1st edition published January 2021.

6. Other:

PITHIA trial resumed in July 2021 (trial of remote 24/7 reporting of pre-implantation biopsies for organ use to avoid discarding usable organs) (www.pithia.org.uk).

Not aware of any progress in a National out-of-hours service for frozen section of lesions found in potential transplant organs. CR still needs to put Prof Osborn in contact with Prof Hubsher and Prof Neil.

Dr Candice Roufousse 28/10/2021

Appendix 12

BREAST PATHOLOGY REPORT NOV 2021

Issues related to Breast Pathology in the UK are dealt with by the National Coordinating Committee for Breast Pathology (NCCBP). This committee is chaired by Professor Sarah Pinder. The Sub-Specialty Advisor for Breast Pathology is co-opted into the committee, if not already a member. It has sub-groups responsible for Information, Quality Assurance, Non-operative Diagnosis, Education & Training and Research. The Committee provides oversight for the National External Breast Pathology Interpretive External Quality Assurance Scheme. Professor Ian Ellis is the chair for the interpretative EQA scheme.

Key Issues are as follows

WORKFORCE & CAPACITY ISSUES (NHSBSP CATCHUP):

Like others, breast pathology too suffers from workforce shortages. However, breast pathology has been doubly affected due to the breast screening catchup that is currently ongoing in many departments (suspended during the pandemic)

As an example, one large centre reports 120% breast case volume at present compared to pre-covid levels, with 60% staffing levels in the laboratory, despite some locum cover (when locums can be found) and a backlog of 3800 blocks to cut, whilst being down by one Breast Pathology Consultant. The lead breast pathologist described the situation as being at "breaking point". From feedback at the national pathology committee meeting, the situation is replicated across many histopathology departments across the UK.

EQA SCHEME:

This has recommenced and the break provided by the COVID-19 pandemic allowed the scheme to go fully digital. The team behind this has worked very hard and needs to be commended. The transition has been relatively smooth and provides several advantages to the scheme (incorporating IHC slides, microfocal lesions, needle core biopsies and the ability for all participants to participate within the same time frame).

RCPATH DATASETS

Guidelines for non-operative diagnostic procedures and reporting in breast cancer screening has been updated and published recently.

Pathology reporting of breast disease in surgical excision specimens incorporating the dataset for histological reporting of breast cancer) has been sent to the RCPATH for collation etc (I am chair of the writing group).

I would re-iterate that the RCPATH could/should be directing more resources to help pathologists do this activity. I suggest a small working group is formed who could come up with a plan (take cue from the ICR datasets)

NATIONAL PATHOLOGY AUDIT

This has also been finalised recently and should be disseminated shortly to breast pathologists in England (includes individual pathologist data)

BMS REPORTING

Heard on the grapevine that a module for "BMS reporting in breast pathology" is being developed however neither I (as RCPATH Specialty Advisor) nor the National Coordinating committee for Breast Pathology have been involved or consulted in this matter.

Dr Rahul Deb

Consultant Histopathologist/Breast MDT Lead

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