## 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 | Head and neck pathology/oral and maxillofacial pathology/ear, nose and throat |
| Title | Audit of quality of reporting of salivary gland cancer resection specimens |
| Background | Datasets published by the Royal College of Pathologists define the core data items that should be included in histopathology reports to ensure all necessary data is provided.In 2024, the College’s *Dataset for the histopathological reporting of carcinomas of the salivary glands* was published, which lists and discusses the data items to be included when reporting these resection specimens.1 |
| 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.**The agreed standards:*** Each core data item stated in the dataset for inclusion in histology reports should be present in the final pathology report.
 |
| Method | **Sample selection:** (To be completed by the author)* All salivary gland cancer resection specimens from a specified time period.
* Review of histopathological reports.
* Record whether or not data items are included.
* Specimen received and date report authorised.

**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.

|  |  |
| --- | --- |
| **Data items** | % compliance |
| Operative procedure |  |
| Specimens submitted |  |
| Tumour site |  |
| Tumour focality |  |
| Tumour maximum dimension |  |
| Histological type |  |
| Histological grade |  |
| Extent of invasion |  |
| Pattern of invasive front |  |
| Perineural or intraneural invasion |  |
| Lymphovascular invasion |  |
| Margin status |  |
| Pathological staging |  |
| Lymph node status |  |

**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 differentpresent 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. Royal College of Pathologists. *Dataset for the histopathological reporting of carcinomas of the salivary glands.* Accessed October 2024. 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)
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## Data collection proforma for reporting of salivary gland cancer resection specimens

## Audit reviewing practice

Patient name:

Hospital number:

Date of birth:

Consultant:

Case number:

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| **Standards** | **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** |
| Operative procedure |  |  |  |  |
| Specimens submitted |  |  |  |  |
| Tumour site |  |  |  |  |
| Tumour focality |  |  |  |  |
| Tumour maximum dimension |  |  |  |  |
| Histological type |  |  |  |  |
| Histological grade |  |  |  |  |
| Extent of invasion |  |  |  |  |
| Pattern of invasive front |  |  |  |  |
| Perineural or intraneural invasion |  |  |  |  |
| Lymphovascular invasion |  |  |  |  |
| Margin status |  |  |  |  |
| Pathological staging |  |  |  |  |
| Lymph node status |  |  |  |  |

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