## 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 | Endocrine system, thyroid |
| Title | An audit of histopathological reporting of thyroid cancer |
| 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 the histopathological reporting of thyroid cancer*1 outlines microscopic data items for reporting thyroid tumours. 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. |
| Standards & criteria | **Criteria range:** 100%, or if not achieved, there is documentation in the case notes that explains the variance (see also notes a, b and c in the Results section below). It is not expected that the full dataset proforma will be completed for coincidentally discovered classical type well differentiated papillary carcinomas less than 10mm in size. |
| Method | **Sample selection:** (To be completed by the author)All cases of … within the time period from … to … Specimen received and date report authorised. All thyroidectomy specimens from a specified time period.Review of histopathological reports.Record of 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.

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|  | % compliance |
| Surgical operative procedure recorded |  |
| Surgical operative findings; i.e. whether R0/R1 or R2a |  |
| Specimens submitted accurately recorded; Yes or No |  |
| Tumour focality recorded; Yes or No |  |
| Tumour site recorded; Yes or No |  |
| Tumour maximum dimension recorded; Yes or No |  |
| Histological tumour type (WHO 2022)\* |  |
| Histological tumour grade (WHO 2022) for follicular derived and medullary thyroid carcinoma\* |  |
| Mitotic activity noted; low or high (WHO 2022)\* |  |
| Tumour encapsulation/ circumscriptionb |  |
| Capsular invasionb |  |
| Lymphatic and blood vessel invasion (state number of foci for encapsulated neoplasms) |  |
| Tumour necrosis |  |
| Tumour invasion into perithyroid anatomical structures or tissues recorded; Yes or No |  |
| Tumour margin status |  |
| Lymph node status. If positive nodes, state number, size, largest deposit and of extra-nodal extension. |  |
| Co-existent pathology |  |
| Parathyroid gland status |  |
| Histologically confirmed distant metastasisc |  |

\* References available in *Dataset for histopathological reporting of thyroid cancer (5th edition)*.1**Notes:** 1. Although the surgical intraoperative findings; i.e. whether R0/R1 or R2 are a core data item this information is often not routinely provided by the operating surgeon.
2. It is expected that the interobserver reproducibility of tumour encapsulation/circumscription and also of capsular invasion will be quite low.
3. This information will only be available if there is histologically documented metastatic disease.

**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) |
| References | 1. Poller DN, Johnson SJ, Moonim MT, Smart LM. *Dataset for histopathological reporting of thyroid cancer (5th edition)*. London, UK: The Royal College of Pathologists, 2023. Available at:

[www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html](https://www.rcpath.org/profession/guidelines/cancer-datasets-and-tissue-pathways.html) |

## Data collection proforma for the audit of histopathological reporting of thyroid cancer

## 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** |
| Operative procedure |  |  |  |  |
| Operative findings |  |  |  |  |
| Specimens submitted |  |  |  |  |
| Tumour focality |  |  |  |  |
| Tumour site |  |  |  |  |
| Tumour maximum dimension |  |  |  |  |
| Histological tumour type |  |  |  |  |
| Histological tumour grade(follicular derived tumours) |  |  |  |  |
| Histological tumour grade(medullary thyroid carcinoma |  |  |  |  |
| Tumour encapsulation/circumscription |  |  |  |  |
| Capsular invasion |  |  |  |  |
| Lymphatic and blood vessel invasion |  |  |  |  |
| Tumour necrosis |  |  |  |  |
| Tumour invasion into perithyroid anatomical structures or tissues recorded |  |  |  |  |
| Tumour margin status |  |  |  |  |
| Lymph node status. If lymph node is positive, state number, size, largest deposit, and of extranodal extension. |  |  |  |  |
| Coexistent pathology |  |  |  |  |
| Parathyroid gland status |  |  |  |  |
| Histologically confirmed distant metastases |  |  |  |  |

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| **Audit action plan** An audit of histopathological reporting of thyroid cancer |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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