

TERA - two audits

Current status - added to portfolio

Date	Credits claimed	Hours spent
From 04/08/2015		
To 04/08/2015	1 credits	1 hours

Activity type: CPD activity

Category: Professional

Revalidation Category: Review of your Practice

Sub category: Clinical incidents, Significant untoward incidents or other similar events

Quality improvement: No

Tags: audit, decalcification, turnaround time, mandible, predictive testing, her2, lauren

Description: Present: TB, JDH, BL, JK, LG, CS, CSH, MB, SB, PM, BAT Audit 1 was presented by Tayo Akinbobuyi and Audit 2 by Tim Bracey

Notes: Audit 1: Tayo presented TATs in head and neck specimens 2013-2014 1 year data of all radical excisions excluding cytology, benign pathology and lymphoma. 80% within 10 days is the RCPATH standard for all except bony head and neck specimens. This target is achieved for salivary and oropharyngeal excisions. Only 67% of neck dissections were reported in this time. Only 50% of jaw specimens were reported in less than 21 days due to decalcification processes (prior to procuring the Pathology Exakt saw). The discussion included pros and cons of batching specimens and BMS cutup plus the aim to procure a mechanical decalcifying device. Audit 2: TB presented 1 year of data on HER2 testing for metastatic OG adenocarcinoma. 17% of both derriford and exeter cases overexpressed HER2 and were therefore eligible for Trastuzumab (Herceptin) treatment in combination with traditional chemotherapy. TB noted that all positives were intestinal type (cohesive growth pattern even when poorly differentiated) and that no diffuse types (including signet ring adenocarcinoma) were positive in our hands (up to 5% in the literature but TB suspects these must include some solid growth). The total cost of testing (not including transport and admin) was £3802 (Derriford) and £1256 (Exeter). If diffuse types were not sent for testing this would save about £1000 per year. Testing "in house" would require standardisation and EQA plus different machines. Pathologist-guided digital algorithms will be the future for analysis and have already passed through FDA approval in the USA for breast cancer. Gastric cancer algorithms require some fine tuning as although the basis of the test is the same, staining can show more spatial heterogeneity and the apical membrane of malignant glands is usually negative.



Venue: DCL seminar room



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