## 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 | Cellular pathology/paediatric pathology |
| Title | **An audit of peripheral neuroblastic tumours reporting standards** |
| Background | Datasets published by the Royal College of Pathologists define the core data items that are to be included in the histology reports of different cancers to ensure all necessary data is provided. In April 2024, the *Dataset for histopathological reporting of peripheral neuroblastic tumours (3rd edition*) was published, which states the core data items to be included when reporting peripheral neuroblastic tumours.1 |
| Aim & objectives | This audit template is a tool to verify the inclusion of all defined data items in histopathology reports for: diagnostic biopsies/pre-treatment tumour resectionspost-treatment tumour resectionstrephine biopsies. |
| 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 should be included in the histopathology report. |
| Method | **Sample selection:** Retrospective selection of all cases for a specified time period.Review of the histopathology reports of peripheral neuroblastic tumours on laboratory information system.Record whether the data items outlined below are/are not included in each report.**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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| **Core data items** | % compliance |
| **Clinical** |
| Site of specimen stated (1, 2, 3) |  |
| Pre- or post-treatment recorded (1, 2, 3) |  |
| Site(s) of separate lymph nodes recorded (1, 2) |  |
| **Macroscopic** |
| Type and size of specimen stated (1, 2, 3) |  |
| Fresh tissue for genetic studies taken – yes or no (1) |  |
| Number of nodules present and nodular variant subtype stated (1, 2) |  |
| Lymph nodes attached stated – yes or no (1, 2) |  |
| Lymph node metastases stated – yes or no (1, 2) |  |
| Site(s) of positive node(s) stated – yes or no (1, 2) |  |
| Site(s) of negative node(s) stated – yes or no (1, 2) |  |
| Adequate bone marrow trephine biopsy stated – yes or no (3) |  |
| **Microscopic** |
| International Neuroblastoma Pathology Classification (INPC) tumour category stated (diagnostic biopsy/pre-treatment resection only) (1) |  |
| Neuroblastoma grade of differentiation stated (1) |  |
| Necrosis stated (if present) – yes or no (1, 2) |  |
| Calcification stated (if present) – yes or no (1, 2) |  |
| Immunohistochemistry profile stated positivity for one or more of the commonly used neural markers (PHOX2B, synaptophysin, NSE, PGP9.5) if morphology on H&E is equivocal (1, 2). In unequivocal cases state N/A. |  |
| Trephine biopsy:at least 6 sections examined |  |
| Immunohistochemistry utilised 2 neuroblastoma antibodies |  |
| Comment on specimen adequacy |  |
| Trephine bone biopsy: presence or absence of bone marrow infiltration recorded, including percentage involvement (left and right) |  |
| Trephine bone biopsy: neuroblastoma differentiation recorded |  |
| SNOMED CT codes or SNOMED T and M codes recorded |  |

**Commentary:**It is recommended to include results of all the molecular genetics findings on the tumour that are available to the reporting pathologist. |
| 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. The Royal College of Pathologists. *Dataset for histopathological reporting of peripheral neuroblastic tumours.* 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)
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## Data collection proforma for peripheral neuroblastic tumour reports

## Audit review practice

Patient name:

Hospital number:

Date of birth:

Consultant:

**Specimen type:**

Diagnostic biopsy (1) □ Resection pre-treatment (1) □ Resection post-treatment (2) □

Trephine bone biopsy, right (3, right) □ Trephine bone biopsy, left (3, left) □

Lab number:

Specimen date:

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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** |
| Site of specimen stated |  |  |  |  |
| Pre- or post-treatment stated |  |  |  |  |
| Site(s) of separate lymph nodes recorded |  |  |  |  |
| **Macroscopic** |
| Type and size of specimen –biopsy (needle or open/surgical) or resection stated |  |  |  |  |
| Fresh tissue for genetic studies taken |  |  |  |  |
| Resection: number of nodule(s) present and nodular variant subtype stated |  |  |  |  |
| Resection: lymph nodes attached |  |  |  |  |
| Resection: lymph node metastasis |  |  |  |  |
| Resection: lymph node metastasis positive site(s) |  |  |  |  |
| Resection: lymph node metastasis negative site(s) |  |  |  |  |
| Adequate bone marrow trephine biopsy stated |  |  |  |  |
| **Microscopic** |
| Tumour category according to INPC stated (diagnostic biopsy/pre-treatment resection) |  |  |  |  |
| Neuroblastoma grade of differentiation stated |  |  |  |  |
| Presence or absence of necrosis stated |  |  |  |  |
| Presence or absence of calcification stated |  |  |  |  |
| Immunohistochemistry profile stated |  |  |  |  |
| Trephine biopsy:at least 6 H&E sections examined |  |  |  |  |
| Immunohistochemistry utilised 2 neuroblastoma antibodies |  |  |  |  |
| Comment on specimen adequacy |  |  |  |  |
| Comment on bone marrow infiltration, including percentage involvement |  |  |  |  |
| Comment on neuroblastoma differentiation |  |  |  |  |
| SNOMED CT codes or SNOMED T and M codes recorded |  |  |  |  |

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| **Audit action plan** An audit of peripheral neuroblastic tumours reporting standards |
| Audit recommendation | Objective | Action | Timescale | Barriers and constraints | Outcome | Monitoring |
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