

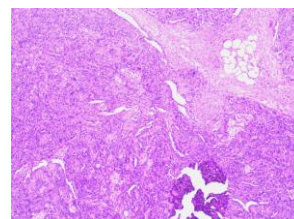
An audit of number of blocks taken in omentectomies from ovarian cancer resection specimens.

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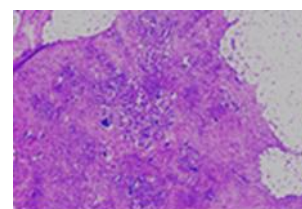
Background

In our current practice, there is no standard approach to block taking from grossly involved omentectomies from interval debulking ovarian cancer resection specimens.

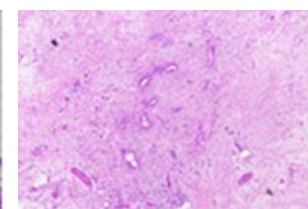
Sampling the omentum is important in assessing the Chemotherapy Response Score (CRS). The CRS is a histopathologic response to neoadjuvant chemotherapy (NAC) with prognostic importance. The CRS is a scoring system produced by Bohm et al.; and it has strong correlation to progression free survival. See Table 1 for definition of each CRS score.



CRS 1 (x40)



CRS 2 (x40)



CRS 3 (x40)

CRS	Definition
1	No or minimal tumour response. Mainly viable tumour with no or minimal regression-associated fibroinflammatory changes, limited to a few foci; cases in which it is difficult to decide between regression and tumour-associated desmoplasia or inflammatory cell infiltration.
2	Appreciable tumour response amid viable tumour that is readily identifiable. Tumour is regularly distributed, ranging from multifocal or diffuse regression-associated fibroinflammatory changes with viable tumour in sheets, streaks, or nodules to extensive regression-associated fibroinflammatory changes with multifocal residual tumour, which is easily identifiable.
3	Complete or near-complete response with no residual tumour OR minimal irregularly scattered tumour foci seen as individual cells, cell groups, or nodules up to 2mm maximum size. Mainly regression-associated fibroinflammatory changes or, in rare cases no or very little residual tumour in the complete absence of any inflammatory response. It is advisable to record whether there is no residual tumour or whether there is microscopy residual tumour present.

The Royal College of Pathologists (RCPath) recommend in their dataset to take just a single block to assess the Chemotherapy Response Score (CRS).

Aim

This audit looks at how many blocks our practice is taking in omentectomies from ovarian cancer resection specimens; and whether one block is indeed sufficient to assess the CRS, as per RCPath's dataset guidelines.

Method

Sections from macroscopically involved omentectomies from interval debulking ovarian cancer resections, undertaken at UCLH, were reviewed and assessed for CRS from January 2021 to January 2022.

Using the hospital's own CoPath software, a search was generated using the word 'omentectomies'. Each of the reports were reviewed to compile a total of 32 omentectomies with macroscopic tumour included in this audit.

For each omentectomy, the CRS was assessed on the first slide and compared with the CRS on all sections. The scores were assigned blindly, independent of what was originally reported. The number of blocks taken from the omentectomies were also analysed.

Results

32 omentectomies with grossly visible tumour were included in the study.

The number of blocks taken ranged from 2 to 10, with the average blocks taken per case being 5 (see Figure 3).

The overall concordance between the CRS on the first section against the CRS from all omental sections from each case was 94%.

Each small block costs approximately £39.66 according to our department. Based on this study, if we were to take only one block (as per RCPath's recommendation), we would be making a saving of £3,410.76 on 32 omentectomy cases alone.

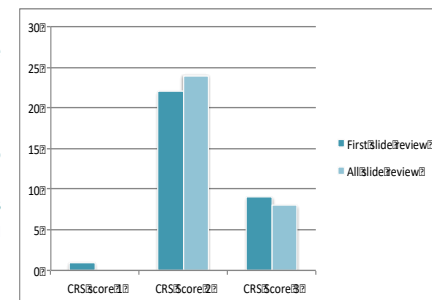


Figure 2. CRS score from first slide and all slide review

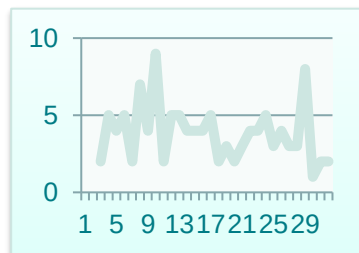


Figure 3. Chart showing number of blocks taken from omentectomies

References

<https://www.rcpath.org>

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Conclusion

In view of the high concordance, adhering to the RCPath dataset guidelines for sampling a single block from macroscopically involved omentum in cases of ovarian cancer has time and cost-saving implications. The findings will be relayed to the team with the recommendation to take one block in macroscopically involved omentectomies from interval debulking ovarian cancer resection specimens. A re-audit will be performed in a year's time to assess adherence to the RCPath's dataset guidelines.