British Association of Gynaecological Pathologists (BAGP) and British Gynaecological Cancer Society (BGCS): Evidence Based Pathways for Review of Histopathology in Gynaecological Oncology Survey Results

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The practice of reviewing histology in patients diagnosed with cancers is based on the premise that it improves the quality of healthcare and helps avoid diagnostic errors. However, it results in a large amount of extra work for pathologists with an increase in administrative work and healthcare costs and potential delay in diagnosis. This is on the background of chronic pathology understaffing with only 3% of pathology departments in UK having enough staff to meet clinical needs. The BAGP and BGCS aim to provide evidence-based guidance for pathology reviews. The first step was to undertake a survey of current practice including volume of work generated by reviews, clinical indications, impact on clinical management and whether evidence or protocol based. A multidisciplinary group from both societies including pathologists, surgeons, and oncologists formulated a questionnaire constituting 26 questions. The survey was sent by email to the membership of both societies. The results are summarised here.

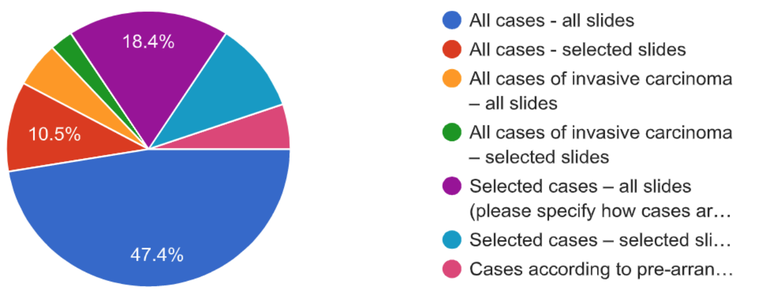
General questions 91 responses

Are you a member of the gynaecological oncology
cancer multidisciplinary team? 95.6%
Are you a core member? 89.0%
Is your department a Cancer Unit or Centre?
Centre 67%
Unit 30.8%
Average number of hours per week spent preparing cancer MDT meeting including transport.
2 hours (range 10 minutes – 7 hours)
Would you be happy if the MDT attendance became virtual even after the Covid pandemic?
Yes 70.3%

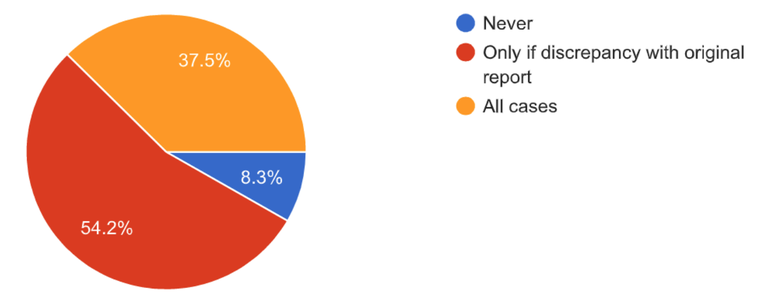
Questions for pathologists 63 responses

Regarding specialization
Specialist gynae pathologist 55.6%
Pathologist with interest in gyn path 38.1%
General pathologist 6.3%
Do all pathologists attend MDT?
Yes 1.6%
No 98.4%
Is attendance job planned?
Yes 81%
No 19%
Routine review of cases to Centre
Yes 75%
No 25%
Wide range of responses for
Protocol determining cases for review
Updates of protocol (if any)
Workload scores for reviews
Yes 22.2%
No 77.8%
Feedback to reporting pathologist
Yes – all cases 37.5%
Yes- only for cases with disagreement 54.2%
No – 8.3%
Audit of review outcomes
Yes 14%
No 86%
Showing histology at MDT
Never 53.3%

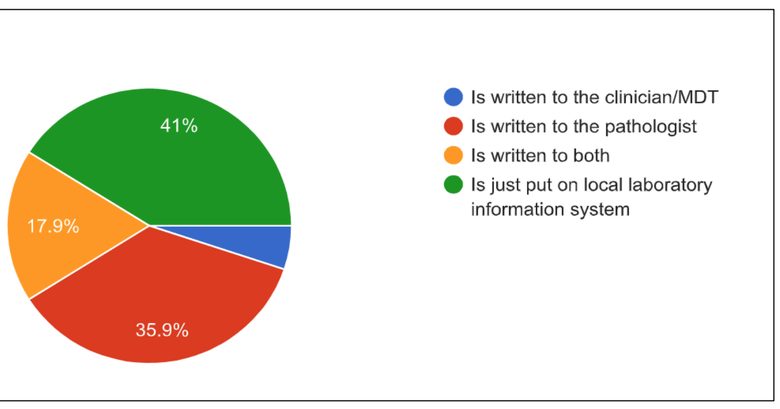
Review by Cancer Centre pathologists



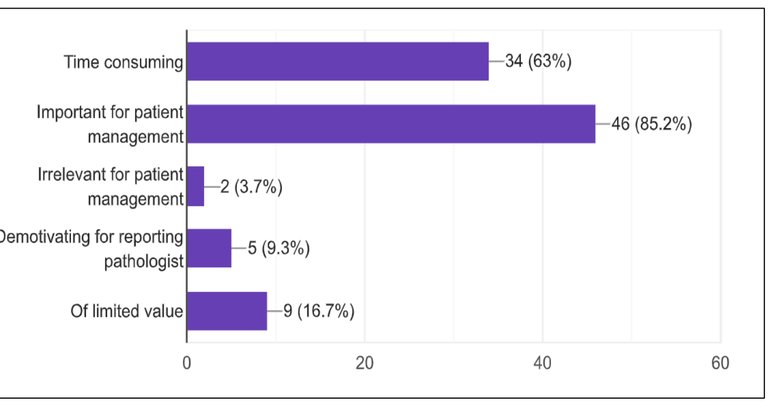
Feedback to the reporting pathologist



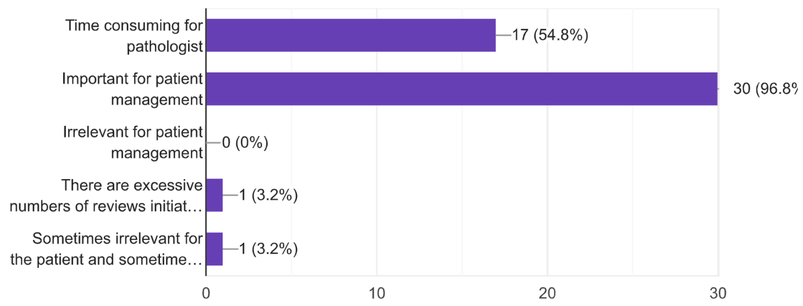
Who is the feedback given to?



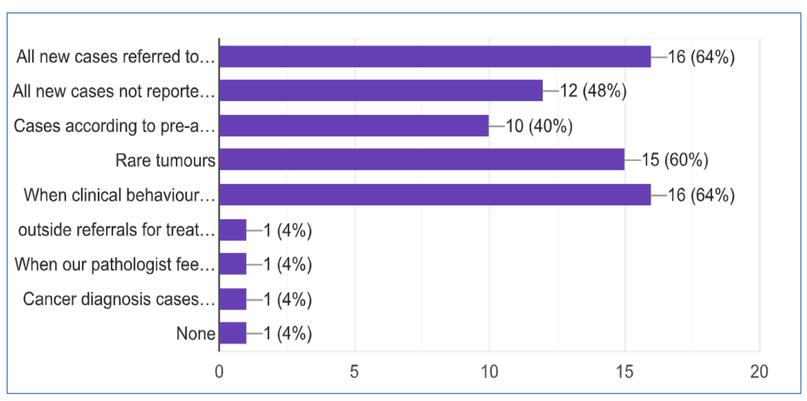
Pathologist opinion of the review process



Clinician opinion of the review process



Clinical criteria for review



Questions for clinicians 29 responses

Clinical specialty
Subspecialist gynae oncologist 48.3%
Gynaecologist 34.5%
Medical Oncologist 13.8%
Others
Clinical Oncologist
CNS / Macmillan nurse
Radiologist
Palliative care physician
Do you initiate pathology reviews?
Yes 79.3%
No 20.7%
When do you ask for review?
All cases referred to MDT
When clinical behaviour does not correlate with pathology
Rare tumours
Miscellaneous
Opinion of the review process
Important for patient management
Time consuming for pathologist
Support for evidence-based protocols
Yes 100%

Conclusions:

- A total of 95 responses were received from general pathologists, specialist pathologists, general gynaecologists, subspecialist gynaecological oncologist, medical oncologists and clinical oncologists
- The survey results have been very useful to identify working practices at MDT around the country.
- MDT attendance and preparation takes up time that is not always accounted in job plans.
- Practice of showing histology material at MDT is declining.
- Review of cases is time intensive and considered by pathologists and clinicians as important for patient management.
- There is no uniform practice of case selection for review, conducting reviews, conveying and recording results of the review.
- There is near unanimous support for collaboration to generate evidence-based guidelines for oncology reviews.