PALGA-dag

3 oktober

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PALGA en de patholoog

Associatie andere tumoren

Voorgeschiedenis

SPIEGELINFORMATIE

Verslaglegging

PROTOCOLLEN

Follow-up

RESEARCH

palga

Pathologie en kwaliteit

PALGA faciliteert

Kwaliteitskeurmerk! (ISO27001)

Ontwikkelingen eisen kwaliteit

Virchows Arch
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REVIEW AND PERSPECTIVES

The effects of implementing synoptic pathology reporting in cancer diagnosis: a systematic review

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Abstract Pathology reporting is evolving from a traditional narrative report to a more structured synoptic report. Narrative reporting can cause misinterpretation due to lack of information and structure. In this systematic review, we evaluate the impact of synoptic reporting on completeness of pathology reports and quality of pathology evaluation for solid tumours. Pubmed, Embase and Cochrane databases were systematically searched to identify studies describing the effect of synoptic reporting implementation on completeness of reporting and quality of pathology evaluation of solid malignant tumours. Thirty-three studies met the inclusion criteria. All studies, except one, reported an increased overall completeness of pathology reports after introduction of synoptic reporting (SR). Most frequently studied cancers were breast ($n = 9$) and colorectal cancer ($n = 16$). For breast cancer, narrative reports adequately described 'tumour type' and 'nodal status'. Synoptic reporting resulted in improved description of tissue margins', 'DCIS size', 'location' and 'presence of calcifications'. For colorectal cancer, narrative reports adequately reported 'tumour type', 'invasion depth', 'lymph node counts' and 'nodal status'. Synoptic reporting resulted in increased reporting of 'circumferential margin', 'resection margin', 'perineural invasion' and 'lymphovascular invasion'. In addition, increased numbers of reported lymph nodes were found in synoptic reports. Narrative reports of other cancer types described the traditional parameters adequately, whereas for 'resection margins' and '(lympho)vascular/perineural invasion' implementation of synoptic reporting was necessary. Synoptic reporting results in improved reporting of clinically relevant data. Demonstration of clinical impact of this improved method of pathology reporting is required for successful introduction and implementation in daily pathology practice.

Keywords Pathology · Synoptic reporting · Narrative reporting · Checklist · Template · Proforma · Guideline · Completeness · Quality · Colorectal carcinoma · Breast cancer

Introduction

The ever increasing complexity of cancer treatment requires high-quality diagnostic process, in which anatomic pathology plays a central role. A complete and clear anatomic pathology report forms the basis for optimal treatment decisions. Depending on cancer type, an increasing number of parameters need to be reported by pathologists [2–5].

The way anatomic pathology reports are constructed needs to adapt to the continuous increase in complexity of reported diagnostic data [6]. There is a specific need in the way pathology results are reported. This should be divided into six levels by Srigley et al. [6]. Traditionally a report consists of the following three parts: macroscopy, microscopy and conclusion all

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BRIEF REPORT

Synoptic reporting increases quality of upper gastrointestinal cancer pathology reports

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Abstract
Introduction Traditionally, surgical pathology reports are narrative. These report types are prone to error and missing data; therefore, structured standardized reporting was introduced. However, the effect of synoptic reporting on the completeness of esophageal and gastric carcinoma pathology reports is not yet established.
Materials and methods A population-based retrospective nationwide cohort study in the Netherlands was conducted over a period of 2012–2016, utilizing the Netherlands Cancer Registry for patient data and the nationwide network and registry of histology for pathology data.
Results In total, 1148 narrative and 1311 synoptic pathology reports were included. Completeness was achieved in 56.4% of the narrative reports versus 97.0% of the synoptic reports ($p < 0.01$). Out of 21 standard items, 15 were significantly more frequently reported in synoptic reports.
Conclusion Synoptic reporting improves surgical pathology reporting quality and should be implemented in standard patient care.

Keywords Pathology report · Synoptic · Surgical pathology · Narrative

Introduction

Traditionally, surgical pathology reports are narrative, meaning they are written without a fixed form or structured outline [1]. Narrative reporting (NR), however, is prone to error, missing data, and inferior readability [2].

In 1991, the idea of a synoptic pathology format was introduced, meaning that completing a standardized structured form based on relevant and up-to-date guidelines will create a pathology report [1, 3]. Since its introduction, several studies have reported that synoptic or structured standardized reporting (SSR) significantly improves report completeness [4, 5]. Audits show that for esophageal carcinoma (EC) and gastric carcinoma (GC) narrative pathology reports completeness is an issue, in particular for resection margins and TNM stage [6]. Therefore, the College of American Pathologists' esophageal and gastric oncology guidelines advise the use of SSR for pathology reporting [7, 8].

The main objective of this study is to assess the effect of SSR on the completeness of esophageal and gastric carcinoma pathology reports. We hypothesize that SSR will improve the completeness of reporting [9].

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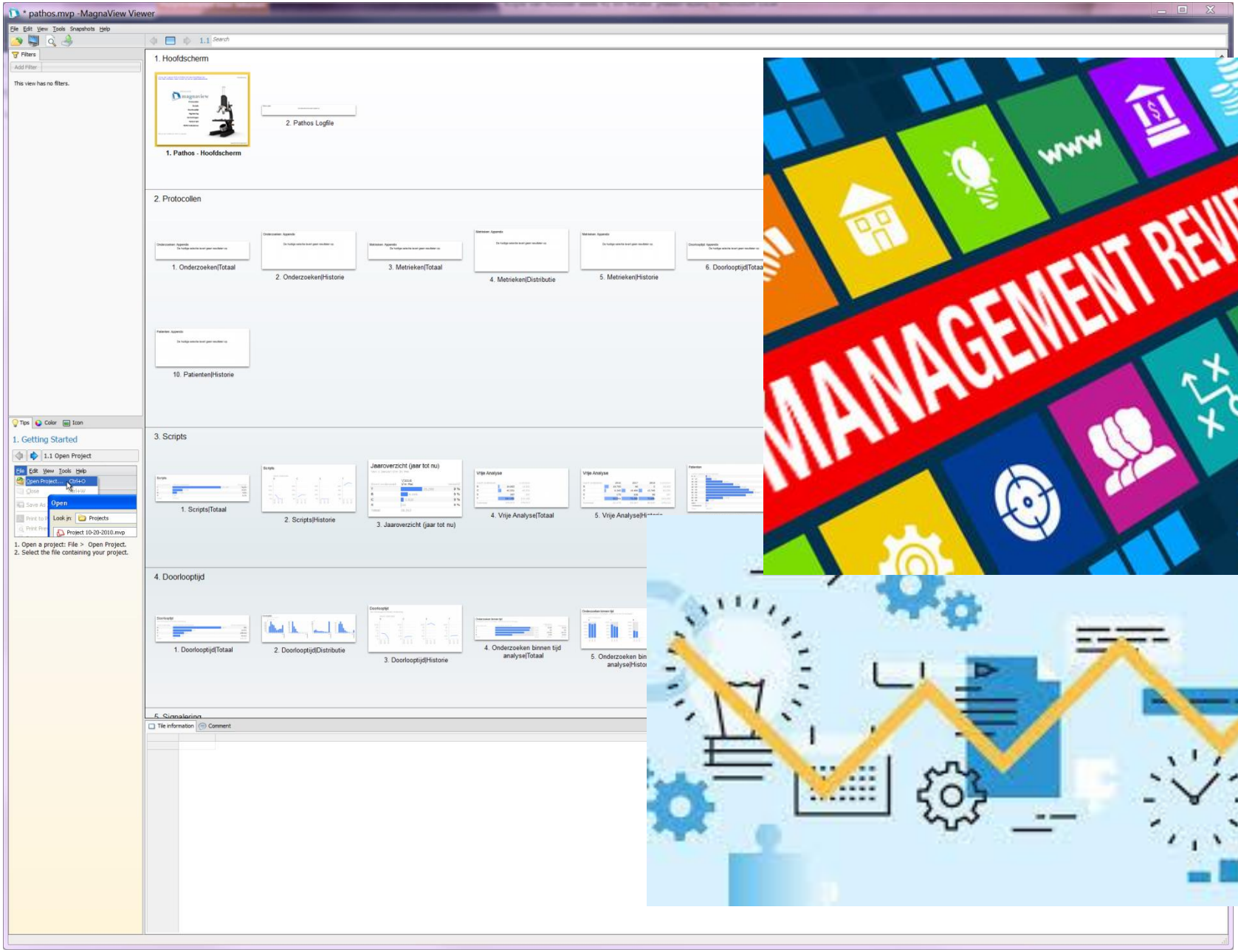
Snoepen van PIE

“Ken uzelf”

Spiegel aan de wand, heb ik andere uitkomsten dan Nederland?


* pathos.mvp -MagnaView Viewer
File Edit View Tools Snapshots Help
Filters
Add Filter
This view has no filters.
1. Hoofdscherm
1. Pathos - Hoofdscherm
2. Pathos Logfile
2. Protocollen
1. Onderzoeken|Totaal
2. Onderzoeken|Historie
3. Metrieken|Totaal
4. Metrieken|Distributie
5. Metrieken|Historie
6. Doorlooptijd|Totaal
10. Patienten|Historie
3. Scripts
1. Scripts|Totaal
2. Scripts|Historie
3. Jaaroverzicht (jaar tot nu)
4. Vrije Analyse|Totaal
4. Doorlooptijd
1. Doorlooptijd|Totaal
2. Doorlooptijd|Distributie
3. Doorlooptijd|Historie
4. Onderzoeken binnen tijd analyse|Totaal
1. Getting Started
1.1 Open Project
Open Project... Ctrl+O
Open
Look in: Projects
Project 10-20-2010.mvp
1. Open a project: File > Open Project.
2. Select the file containing your project.
Tile information
Comment
MANAGEMENT REVIEW
www

PROGRAMMA 3 OKTOBER

10.10 - 10.40	Gevolgen uitfaseren UDPS –*Jaap van Ekris (Delta Pi / PALGA)*
10.40 - 11.00	Ontwikkelingen protocollen, introductie CE-markering – *Paul Seegers (PALGA)*
11.00 - 11.30	Pauze
11.30 - 12.00	CE markering protocollen – *Nico van Oene (ICT / PALGA)*
12.00 - 12.20	CE validatie rapportages voor de laboratoria – *Rick Spaan (PALGA)*
12.20-12.30	Iedereen een stuk PIE! –*Mathias Sellenslagh (Sectra)*
12.30 - 13.30	Lunch

Middag

13.30 -14.00	Spiegelinformatie – *Ivette Deckers/Tom de Swart (PALGA)*
14.00 -14.45	Wegvallen Pathos: - scripts protocollen - *Esther van den Broek (PALGA)* - scripts BVO - *Bert Siebers (PALGA)* - discussie behoefte labs *(team PALGA)*
14.45 - 15.00	Pauze
15.00 – 15.30	Protocolgebruik naar 90%! Project 'Improving' – *Julie Swillens (RadboudMC)*
15.30 uur	Afsluiting, gelegenheid voor borrel

palga

VEEL PLEZIER!