General Points, Ethos and Tools

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‘The Cut-up’

More than just specimen dissection
Approach to cut-up; macroscopic examination as the precursor to accurate microscopic interpretation

More than just specimen dissection

‘Approach to cut-up; macroscopic examination as the precursor to accurate microscopic interpretation’
‘The Cut-up’

More than just specimen dissection

The entire process from receipt of the specimen to the sampling of tissue blocks to facilitate the provision of diagnostic and prognostic information, in the form of a written (and possibly verbal) report for the clinician and ultimately the patient.
Where to start?
The cut-up room

Specimen receipt

Gloucestershire Cellular Pathology Laboratory
Image courtesy of Professor Neil Shepherd
Preparation

- Stop and think....
  - Patient
Preparation

- Stop and think....
  - Patient
  - Clinical details
  - Specimen details
Preparation

- Stop and think....
  - Patient
  - Clinical details
  - Specimen details

- Clinical & specimen details
  - Do these make sense?
  - Do I need more information?
Where to Start?

- Do I need fresh tissue?
  - Molecular diagnostics
    - Most tests can be done using FFPE tissue
  
- Biobanking/research
  - Cardinal rule – not if sampling tissue will compromise the pathological interpretation of the specimen for diagnosis
Where to Start?

- Specimen fixation
  - Does the specimen need opening?
  - ?inking

- Decalcification?
Specimen Photography

- Very useful – can be part of the report
- Relatively quick and easy
- Whole specimen and cut slices
- Useful to record block taking
- A picture is worth a thousand words
Approach the Specimen with Purpose

- What does the clinician need to know?

- What do I need to do to produce a complete report?
  i.e. How am I going to handle this specimen?

- RCPPath Tissue pathways
- RCPPath Minimum datasets
- SOPs (departmental)
- Colleagues
- Internet
Approach the Specimen with Purpose

- **Understand the specimen**
  - Surgical technique
    - What operation?
    - How?
Approach the Specimen with Purpose

- **Understand the specimen**
  - Surgical technique
    - What operation?
    - How?
  - Anatomy
Prostate
Approach the Specimen with Purpose

- **Understand the specimen**
  - Surgical technique
    - What operation
    - How?
    - (Why?)
  - Anatomy
  - Pathology
Importance of Macroscopy

Current Prognostic factors in Renal Cell Carcinoma

- Pathological stage (TNM)
- Tumour type (WHO 2016 Classification)
- Tumour grade (WHO/ISUP)
- Presence of sarcomatoid +/or rhabdoid differentiation
- Tumour necrosis (coagulative)
TMN Staging in Renal Cancer (UICC 8th Ed)

T1: Tumour <7cm limited to kidney
- T1a: <=4cm
- T1b: 4-7cm

T2: Tumour >7cm limited to kidney
- T2a: >7 cm, <10 cm
- T2b: >10 cm

T3: Tumour extends into major veins or perinephric tissues, but not ipsilateral adrenal gland and not beyond Gerota fascia
- T3a: Tumour extends into the renal vein or its segmental branches, or tumour invades the pelvicalyceal system or tumour invades perirenal and/or renal sinus fat (peripelvic) but not beyond Gerota fascia *
- T3b: Tumour extends into vena cava below diaphragm
- T3c: Tumour extends into vena cava above diaphragm or invades the wall of the vena cava

T4: Tumour directly invades beyond Gerota fascia, including into adrenal gland

* Accepted that can identify sinus vein invasion microscopically
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Sarcomatoid and rhabdoid change
Additional Information?

- Previous histology reports
- Knowledge of previous treatment (neoadjuvant therapy)
- Radiology
- Speak to the clinician

- Usually you only have one (first) chance to do it well, therefore;

**IF IN DOUBT DO NOT TOUCH THE SPECIMEN**
The Pathology Report
The Pathology Report

- Macroscopic description
  - Dictated or scribed at the time of cut-up
  - Provide an accurate description of the specimen
  - Include a block key
  - +/- Specimen photograph

- Demonstrate anatomical and surgical understanding

- Consider your wording
  - Use terms such as ‘irregular’ and not ‘ragged’

Does it make sense?
CANCER DATASETS AND TISSUE PATHWAYS

The colleges' datasets for histopathological reporting on cancers have been written to help pathologists work towards a consistent approach for the reporting of the more common cancers and to define the range of acceptable practice in handling pathology specimens.

These will be implemented in many specialties from 1 January 2018. A full list of staging systems to be used by specialties is outlined in the recommendations from the working group on cancer care in the course of tumour staging systems and a list of the guidelines that have been decided to be guidelines (see right-hand column).

Please contact your local tumour diagnostic after 1 January 2018 should you continue to be reported using these. The British Association of Breast and Genitourinary Pathologists (BAPAG) have issued a statement supporting the recommendations for staging head and neck cancers. A further meeting is planned in January and the guidance will be updated in March 2016. http://bapag.org.uk/new-information

> BREAST

> BONE AND SOFT TISSUE
The College's Datasets for Histopathological Reporting on Cancers have been written to help pathologists work towards a consistent approach for the reporting of the more common cancers and to define the range of acceptable practice in handling pathology specimens.
RCPPath datasets for reporting cancers

- Provide guidance on cancer diagnosis, grading and staging, based on published evidence.

- The datasets should facilitate consistency in the reporting of the more common cancers, and improve:
  - communication with clinicians to achieve optimal patient management
  - clinical audit of pathology services
  - accurate and consistent data recording for the Cancer Services and Outcomes Dataset (COSD)
  - equitable comparison between cancer services.
Take home messages

- Think before you start
- Good macroscopic examination and description
- Standardise the assessment as far as possible
- Consider photography
- Consider your block taking

Have you provided yourself with sufficient information to provide an accurate and meaningful report?
Thank you!