



# General Points, Ethos and Tools

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# 'The Cut-up'

More than just specimen dissection





**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

# Preparation

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



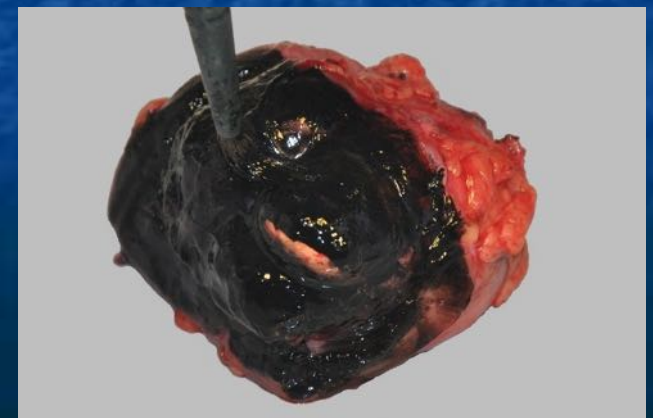
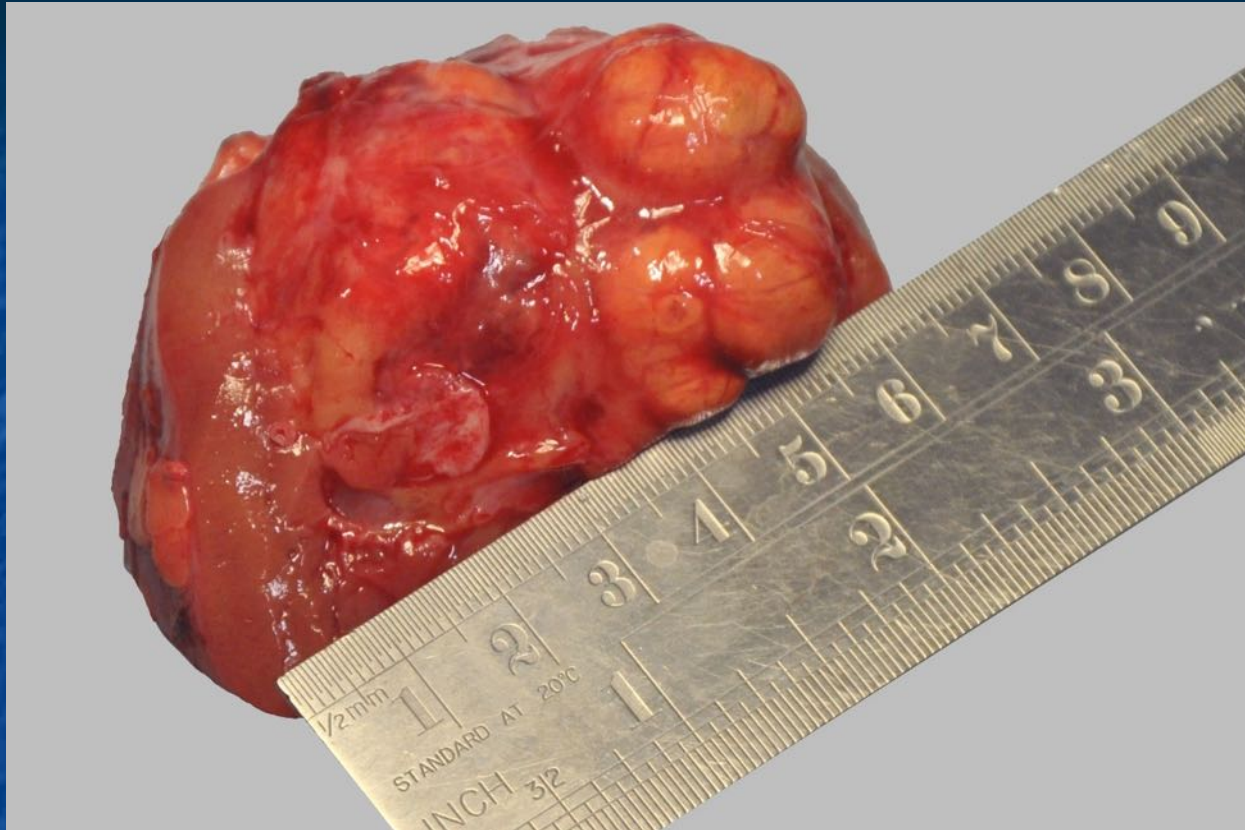
# Preparation

- 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



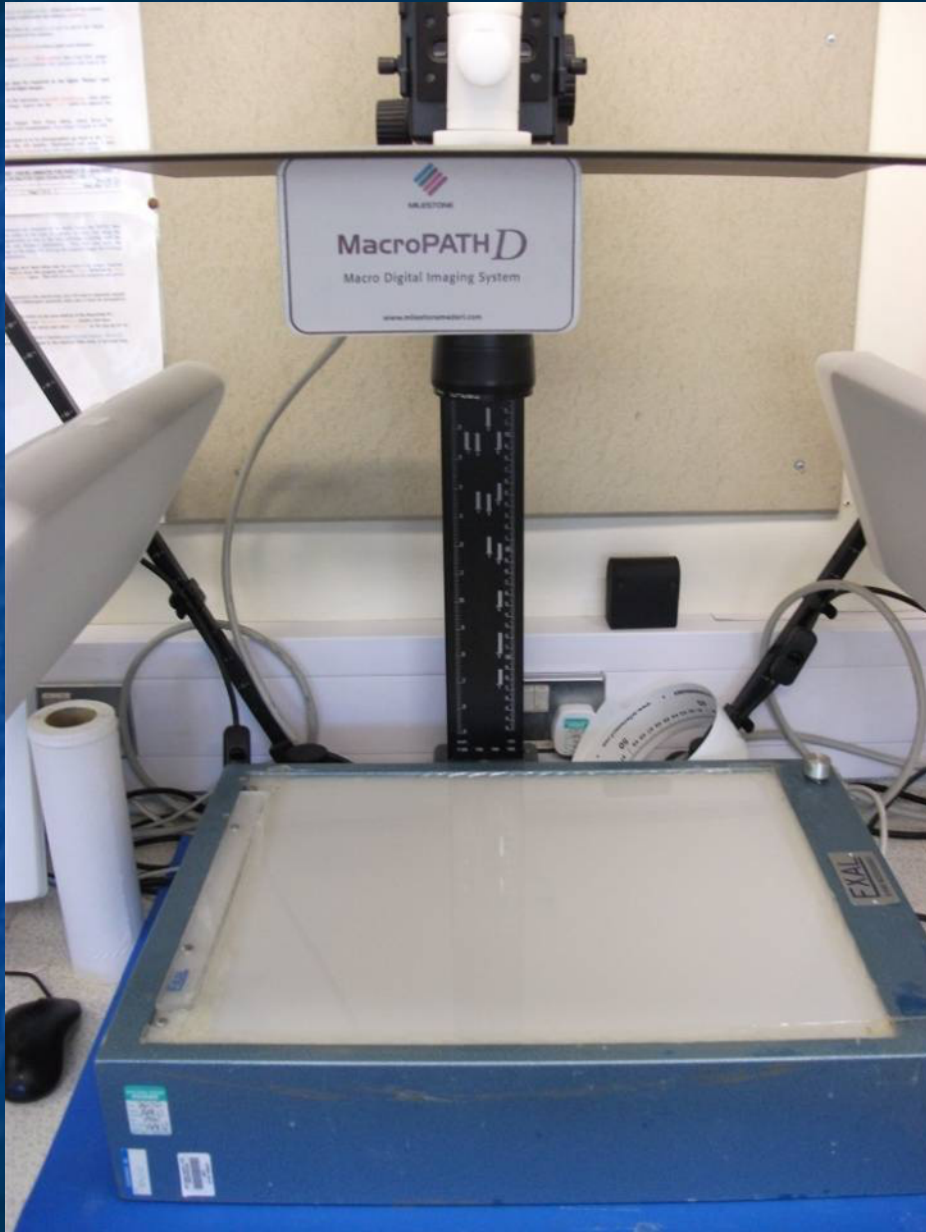






# Where to Start?

- Specimen fixation
- 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 know to produce a complete report?
  - i.e. How am I going to handle this specimen?
  - Tissue pathways
  - Minimum datasets
  - SOPs (departmental)
  - Colleagues
  - Textbooks, internet



# Approach the Specimen with Purpose

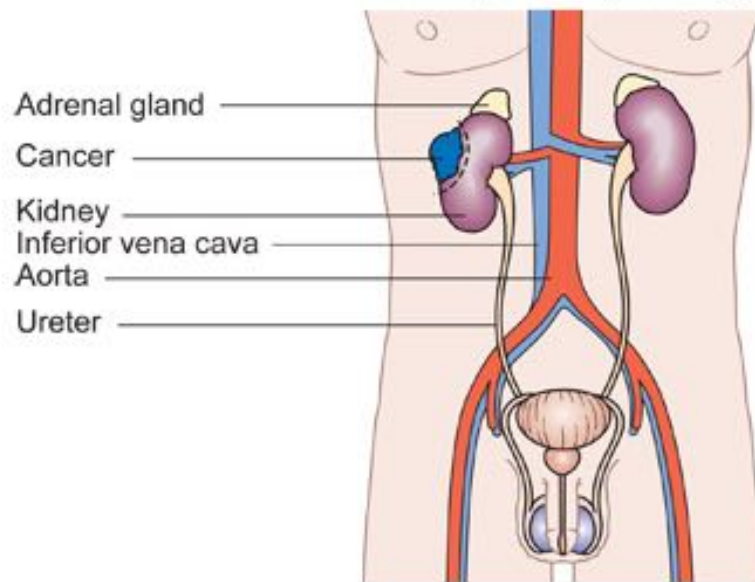
- **Understand the specimen**

- Surgical technique

- What operation?

- How?

Before partial nephrectomy



After partial nephrectomy

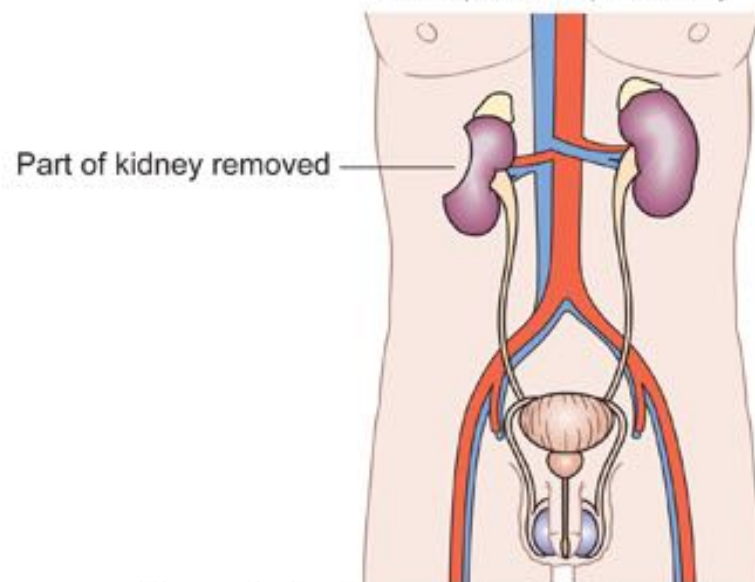
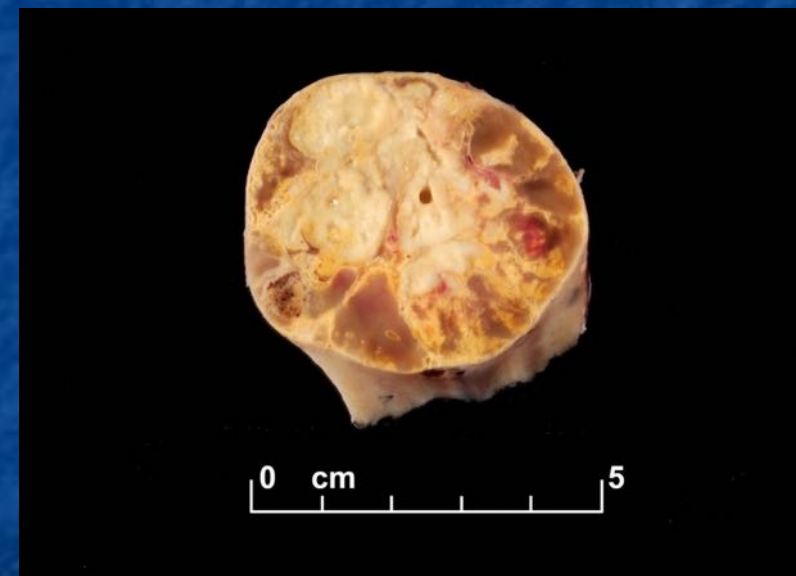
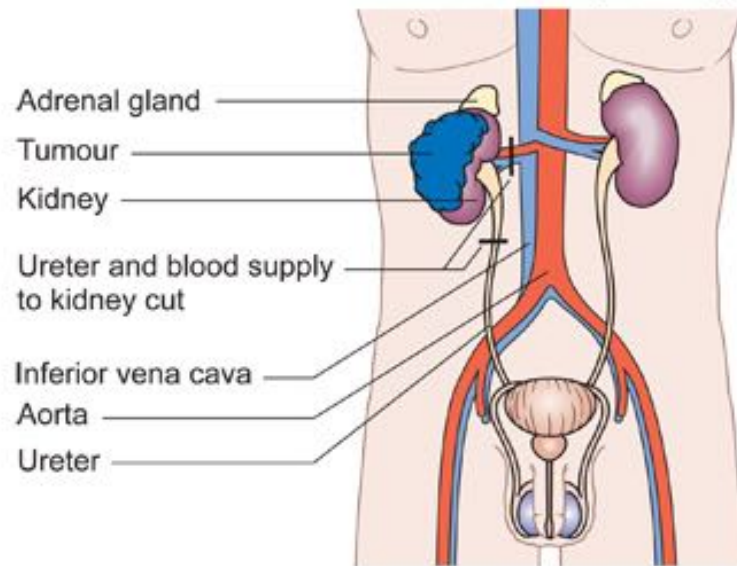


Diagram showing before and after a partial nephrectomy  
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Before radical nephrectomy



After radical nephrectomy

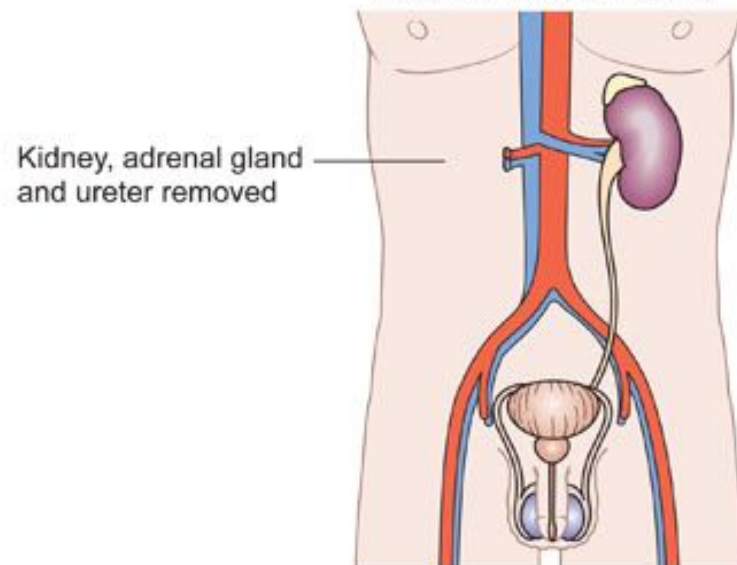
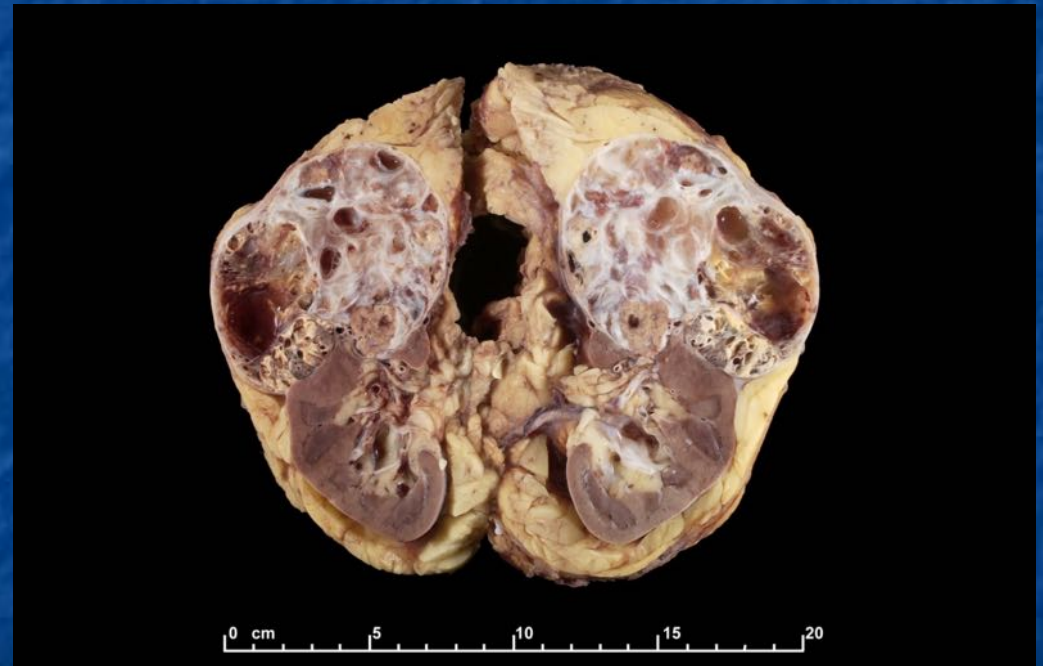


Diagram showing before and after a radical nephrectomy  
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# Approach the Specimen with Purpose

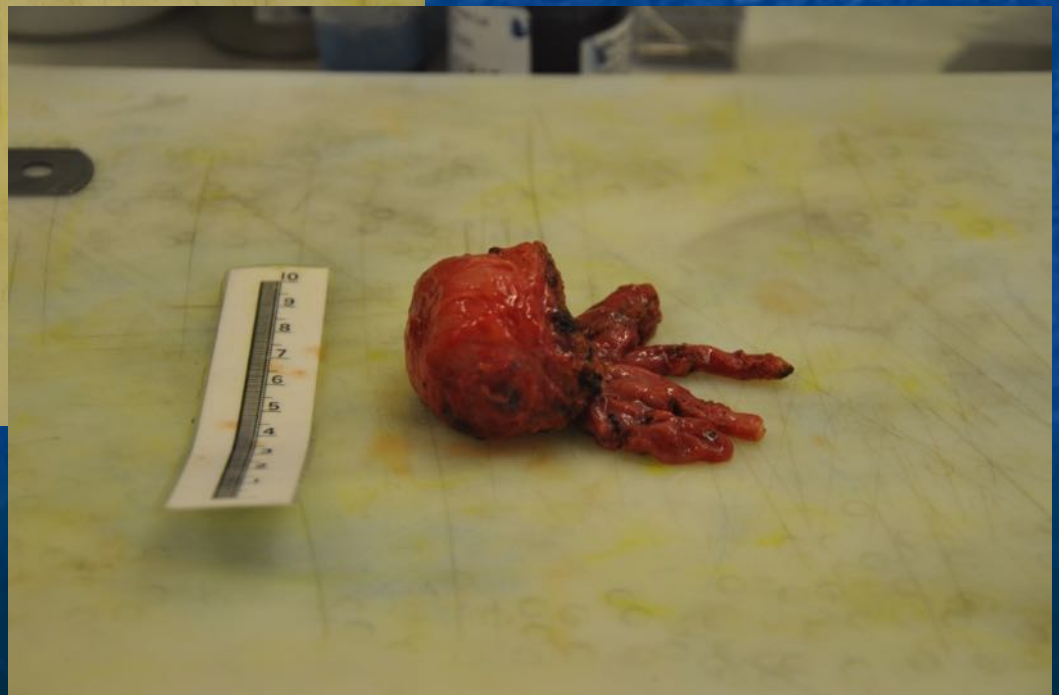
- **Understand the specimen**

- Surgical technique

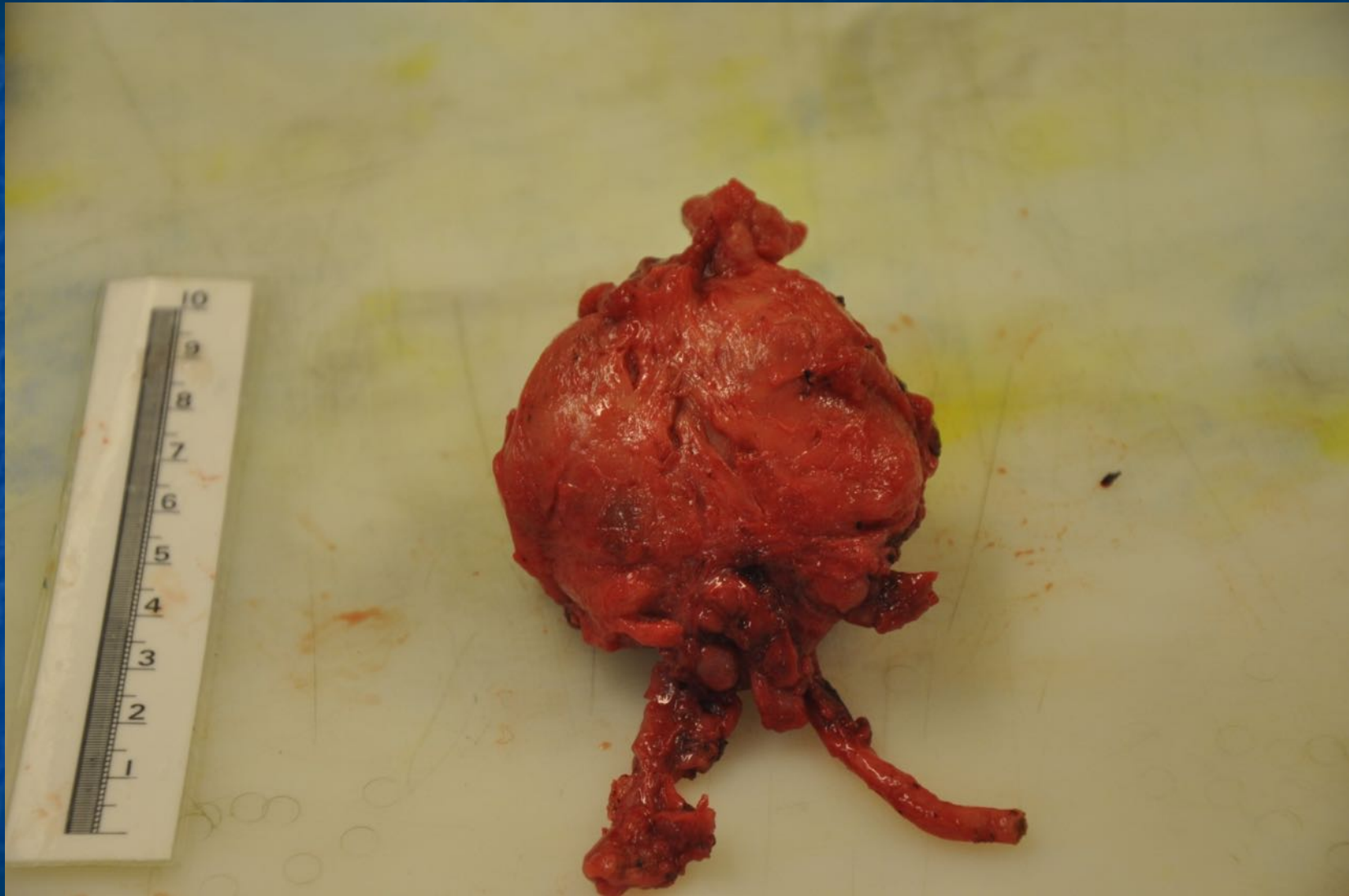
- What operation
- How?
- (Why?)

- Anatomy

# Prostate



Not so straightforward....





# Approach the Specimen with Purpose

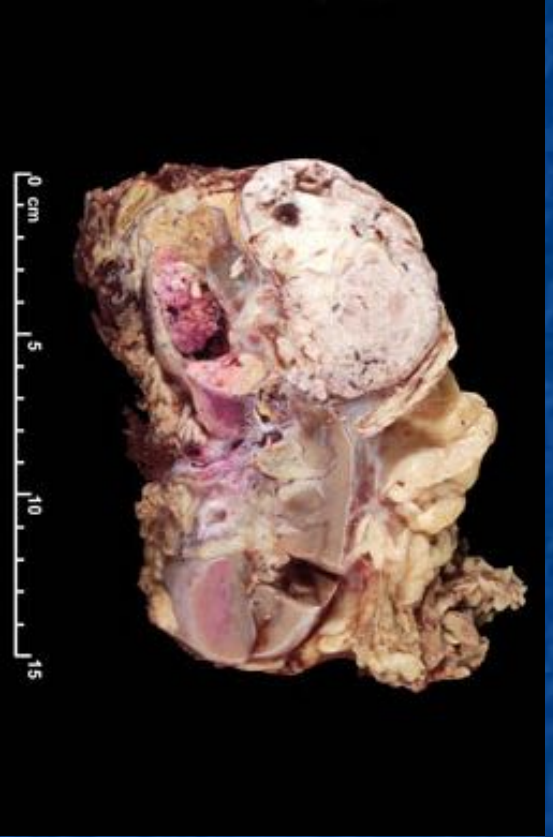
- **Understand the specimen**

- Surgical technique

- What operation
- How?
- (Why?)

- Anatomy

- Pathology

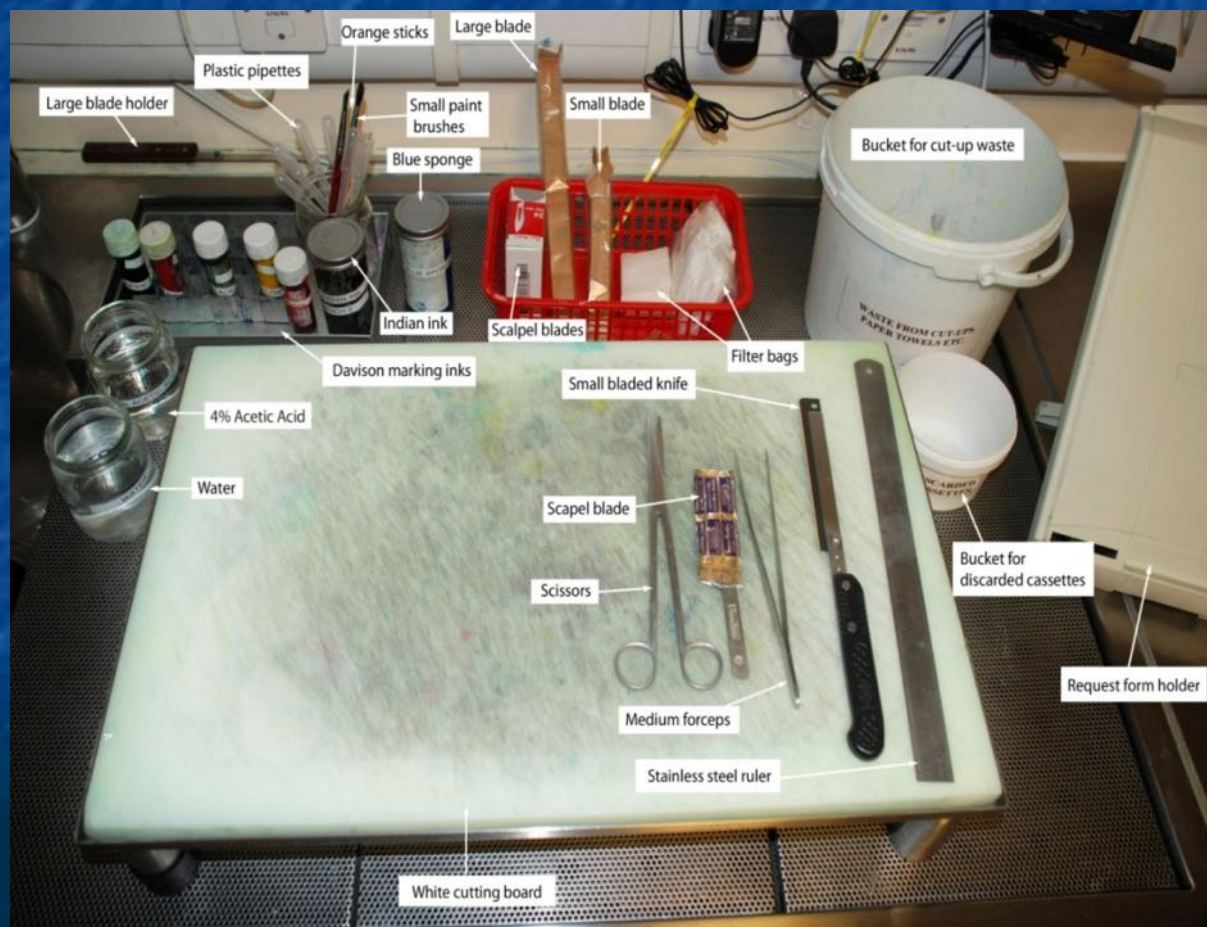


# What might help?

- Previous histology reports
  - Radiology
  - Speak to the clinician
  - Ask a friend!
- 
- Usually you only have one (first) chance to do it well, therefore;

**IF IN DOUBT DO NOT TOUCH THE SPECIMEN**





# Consider the blocks needed

- Why are you taking the blocks?

- To answer a question....

For example for cancer resection specimens;

- Tumour

- Diagnosis

- Prognostic information (including molecular pathology)

- Staging

- Other pathology

- Background tissue

- Margins

- Large or small blocks?

- Orientation of tissue



# Royal College of Pathologists

## Standards and Datasets for Reporting Cancers and Tissue Pathways

- Consistent approach for the reporting of the more common cancers
- To define the range of acceptable practice in handling pathology specimens



# RCPATH 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.

# RCPATH Tissue Handling Pathways

- Provide guidance on handling routine surgical specimens such that 'accurate diagnostic and prognostic information can be provided to clinicians for patient care'
- Allow equitable comparison of standards between laboratories
- Define the range of acceptable practice
- Guidance is based upon;
  - Evidence where possible
  - Best practice guidelines
  - Custom and practice



# 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
- Show anatomical and surgical understanding
- Consider your wording
  - Use terms such as 'irregular' and not 'ragged'
- Does it make sense?

# Take home messages

- Think before you start
- Clean, tidy, appropriately equipped workspace
- Standardise the assessment as far as possible
- Photograph where necessary
- Good macroscopic examination and description
- Consider your block-taking
- Have you provided yourself with sufficient information to provide an accurate and meaningful report?

# Thank you!

## Acknowledgements to

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