

Pathology Review Process

1. PURPOSE

To establish a process for resolving/managing diagnostic disagreements as a result of a case review. To classify diagnostic discrepancies and provide a consistent process for notification and documentation.

2. BACKGROUND

Reviews provide an opportunity for pathologists to collaborate in patient care. The pathologists involved must act in the best interest of the patient while maintaining respect for their colleagues' expertise and opinion.

Cases are reviewed in a number of situations, including but not limited to the following situations.

- a. Institutional review: Review of pathology at a second institution in case of patient referral to ensure consistency within the local institution and to incorporate any new clinical information.
- b. Requested by the treating physician, outside of a formalized institutional process or by the patient.
- c. Previous histology to correlate with a current specimen or histology correlation with cytopathology.
- d. Teaching purposes.
- e. As part of a formalized Quality Management process.
- f. Research project.

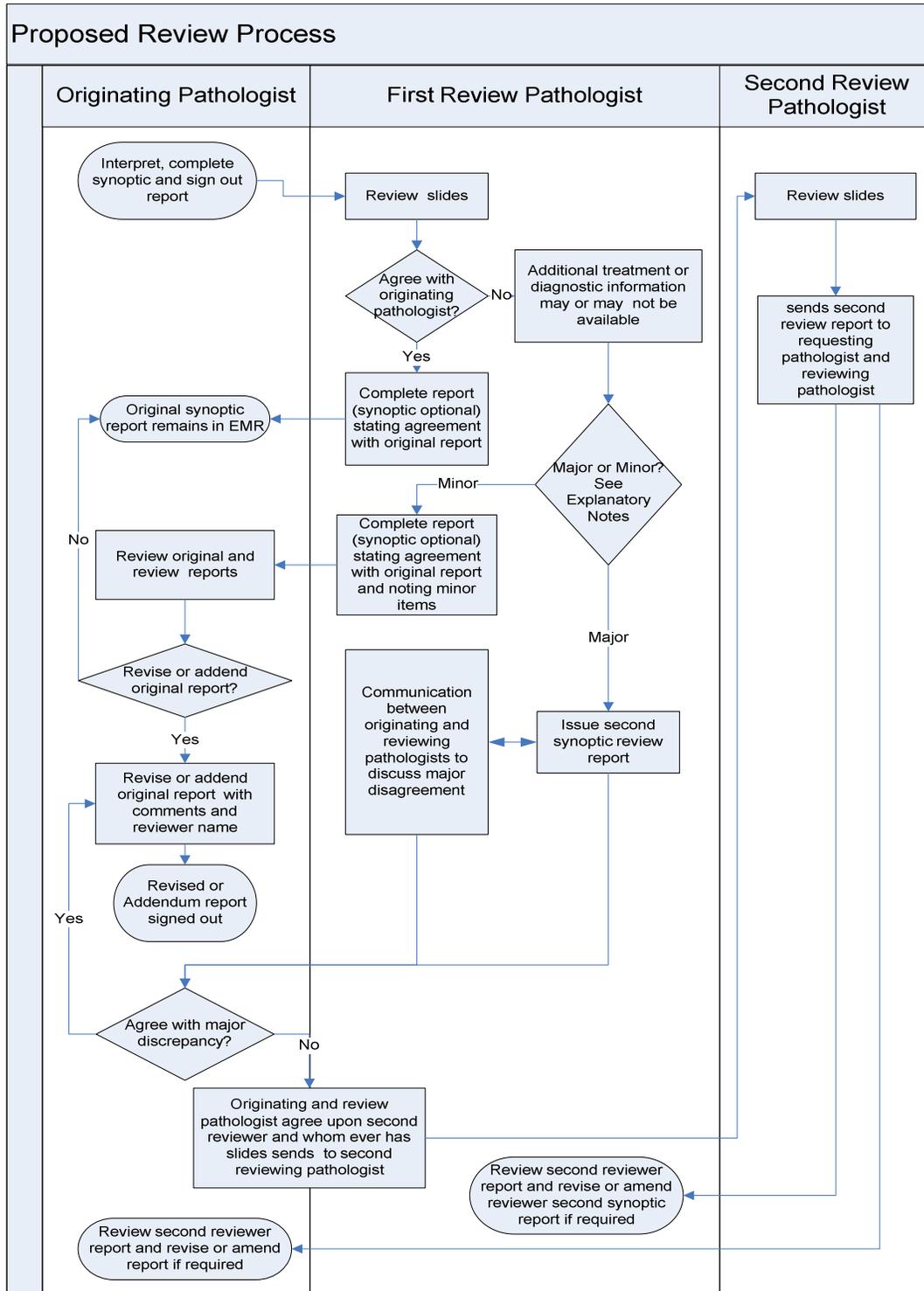
These reviews may occasionally reveal diagnostic disagreements that need to be reconciled to prevent confusion or patient harm.

3. DISAGREEMENT DEFINITIONS

Disagreements have traditionally been grouped into major and minor discrepancies depending on the degree of potential impact on patient care. However this is often difficult to determine as it needs significant inputs from the treating physician and can be dependent on the time frame between discovery and disclosure. In all cases notification of the treating clinician and patient treatment/care decisions may override this process.

Term	Definition
Major diagnostic disagreement	Discrepancy will /may have a major effect on therapy or will have a major effect on prognostication. Examples include but are not limited to the following disagreements. <ol style="list-style-type: none"> a. Change from benign to malignant. b. Change from malignant to benign. c. Different type of neoplasm. d. Change in the TNM classification.
Minor diagnostic disagreement	Discrepancy will /may not have a major effect on therapy, prognosis or prognostication.

4. PROCESS DEPICTION



5. PROCESS TABLE OF RESPONSIBILITIES

Review pathologist:

Review slides and ensure copy of review report goes to originating pathologist.
If originating pathologist report is narrative, prepare and issue a synoptic report, where feasible.

If in	Then
agreement with originating pathologist,	issue a report stating agreement with originating report.
agreement with review pathologist,	issue a report stating agreement with review report.
minor disagreement(s),	issue a report specifying point(s) of disagreement.
major disagreement,	<ol style="list-style-type: none"> Contact the originating pathologist to discuss case. Issue a second synoptic report specifying point(s) of disagreement Review report from second reviewer and determine if an addendum report is required. If required include names of reviewers and rational for change.

Originating pathologist:

Complete synoptic report and sign out case.

If the review report and original report show	Then
agreement,	determine if an addendum to the original report to include the reviewer's name and agreement is required.
minor disagreement,	issue an appropriate addendum to the original report, if required.
major disagreement,	<ol style="list-style-type: none"> Discuss review report with reviewer and decide if original report or review report is correct. Determine if a second review is required and who is to complete the review Review report from second reviewer and determine if an addendum report is required. If required include names of reviewers and rational for change.

6. EXPLANATORY NOTES

I. **All review activities must be documented.**

- a. Requests for reviews from clinicians, patients, third parties or off-site pathologists must be made in writing via fax, e-mail, paper or via a Laboratory Information System (LIS).
- b. A separate case number different from the original case number will be issued.
- c. This review report must have a reference to the original case number for which the consultation is being provided and include a list of slides examined. E.g. A total of 12 slides were prepared and viewed but only 4 were sent to the reviewer. These may not be slides 1, 2 3, 4, but slides 1 3, 5, 8 therefore slide identification numbers must be documented.
- d. Reviews performed in conjunction with follow-up biopsies are documented in the subsequent biopsy report.
- e. The report should be completed within the institutional turn around time benchmarks and should not delay patient care.
- f. The pathologist and/or designate responsible for the original report must receive notification of the request for review/release when received. Pathologist notification can be verbal, written or electronic and must be documented.

II. **Notification Logistics**

- a. In situations of minor disagreement, the need for direct communication can be considered on a case by case basis.
- b. In situations of major disagreement between the original pathologist findings and first review findings and there is a potential to cause a clinically serious adverse event, the following guidelines apply.
Note: Patient treatment/oncologist visit timelines may change impact.
 - i. The first reviewing pathologist will notify the originating pathologist of any major disagreement in a clinically relevant period of time, at or near time of issuing review report.
 - ii. Slides submitted for review will be returned to the originating pathologist as soon as possible to allow original pathologist to review slides along with review report.
 - iii. If the originating pathologist is not available the review pathologist will attempt to notify; designate for originating pathologist, Anatomical Pathology division head or lab medical director.
 - iv. The only exceptions to this are situations where delay would cause patient harm (i.e. Tumor Board Rounds in which patient treatment adjustments are made immediately based on review); in this instance the original pathologist will be notified in a timely manner.
 - v. If the originating pathologist disagrees with the first review pathologist then they together should agree on a prompt second pathologist review.

- ### III. **Research project reviews** must comply with Research Ethics Board (REB) policy and protocol should stipulate how discrepancies will be managed.