

Improving Service Delivery & Implementing System Changes: Turnaround Time in Diagnostics

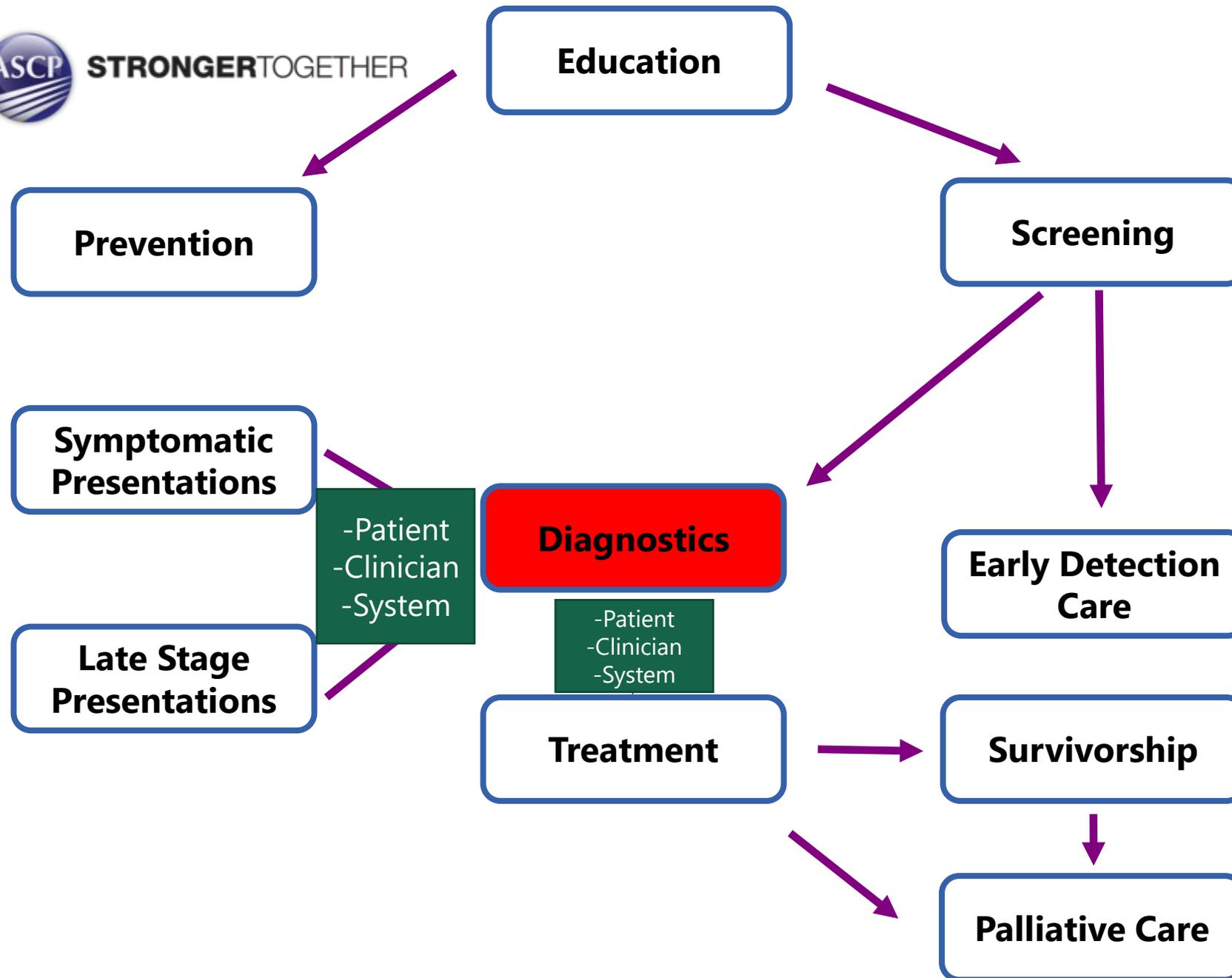
ICCP ECHO
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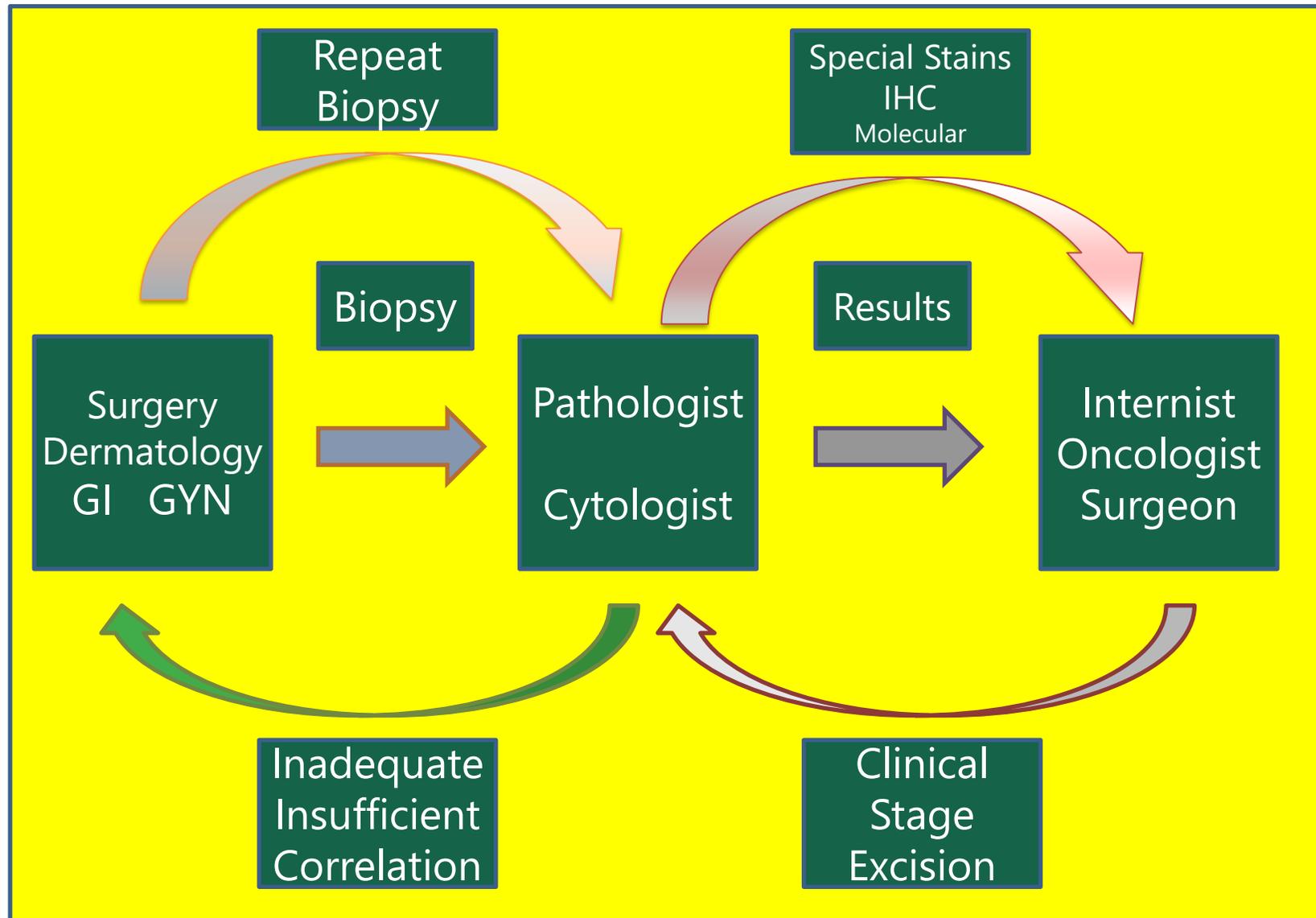
STRONGERTOGETHER

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The Clinicopathological Cycle



Delay & (Solutions) In Pathology Value Chain

- Patient presentation
 - ⑩ Not aware of cancer as a disease (**Education, public awareness**)
 - ⑩ Fear of death, loss of body image (**CHW outreach, Survivor Stories**)
 - ⑩ Lack of resources for accessing system (**Insurance schemes and donor programs**)
- Clinical acumen
 - ⑩ Not aware of cancer as a disease (**National Cancer Control Plans**)
 - ⑩ No guiding documentation (**Tiered Training across health sector**)
 - ⑩ Lack of resources for diagnosis (**Clinical network procurement plans**)

Delay & (Solutions) In Pathology Value Chain

- Biopsy tools
 - ⑩ No simple tools (FNA) available (**Training in FNA/FNB + essential tools**)
 - ⑩ No biopsy tools (surgical) available (**Training in Biopsy + essential tools**)
- Specimen Transportation
 - ⑩ No formalin available (**Defined specimen transport network**)
 - ⑩ No specimen containers/requisitions (**Supplies exchange program**)
 - ⑩ Unclear referral network (**Public-private partnerships**)

Delay & (Solutions) In Pathology Value Chain

- Personnel
 - ⑩ No pathologist (**Telepathology, visiting pathologists, training**)
 - ⑩ No trained or poorly trained technical staff (**On site and remedial training with support**)
 - ⑩ Management issues (**Laboratory management training**)
- Reagents and Supplies
 - ⑩ No reliable supply of standard reagents (**Defined role of laboratory in network**)
 - ⑩ No supply of special reagents (**Central support for recurring procurement**)
 - ⑩ Delays in procurement (**Public-private partnerships**)

Delay & (Solutions) In Pathology Value Chain

- Reporting Process
 - ⑩ On paper reporting (**APLIS with networking across system**)
 - ⑩ No laboratory information system (**APLIS with networking across system**)
 - ⑩ No standardize reporting (**Synoptic reporting to international standards**)
 - ⑩ No electronic reporting systems (**APLIS with networking across system**)
- Communications
 - ⑩ Difficult channels between pathology and clinicians
 - (**Synoptic reporting**)
 - (**Interdisciplinary teams**)
 - (**Standardize requisition forms with rejection rules**)

Examples - Broad Approaches to Global Pathology

- **Universal Synoptic Reporting Templates**
- Guidelines for National Cancer Control Plan Pathology Activities
- Projection model tools for level of service needed
- Budgeting model tools for optimizing laboratory operations
- Integration of Diagnostic and Treatment Protocols
- Assessment Documents with Expert Consultations

Breast Cancer Pathology Reporting Checklist

Gross Assessment

Side: Right/Left (note - if bilateral please describe each side individually).

Specimen Type:

FNA, Needle Core Biopsy

Surgical Biopsy (incisional/excisional), Wide Excision/ Partial Mastectomy

Total Mastectomy +/- sentinel node biopsy/axillary dissection

Measurement of Specimen: Largest piece

Presence or Absence of Tumour

Number of Tumours: solitary/ multiple

Size of Tumour: 3 dimensions if possible

Gross Relationship of Tumour to Margins: measurement to closest margin

Gross Involvement of Skin or Skeletal Muscle.

Histological Assessment

Histological Diagnosis: State any specific type of carcinoma.

Size: check if greater than gross estimate; use a micrometer if possible. Greatest dimension.

Grade: note - see below

Lymphatic Invasion Outside the Tumour: Yes/ No

Venous Invasion: Yes/ No

Margins (Invasive ca.):

Distance to Closest Margin

State Which Margin If Possible

Look for deep fascia

Skeletal Muscle: State If Invaded.

Skin:

Ulceration

Dermal Invasion

Dermal Lymphatic Invasion

Nipple:

Paget's Disease

Stromal Invasion

Estrogen Receptor Status: see below

PR Status

Her-2 neu Status

Intraductal Component:

Present/ Absent

Pattern of DCIS (Type)

Grade of DCIS

FIG Pattern: Yes (No note - see below)

CAP Approved

Breast • Invasive Carcinoma • Resection • 4.4.0.0

Surgical Pathology Cancer Case Summary

Protocol posting date: February 2020

INVASIVE CARCINOMA OF THE BREAST: Resection

Select a single response unless otherwise indicated.

Procedure, Laterality, and Site may be listed separately or on 1 line.

Procedure (Note A)

Excision (less than total mastectomy)

Total mastectomy (including nipple-sparing and skin-sparing mastectomy)

Other (specify): _____

Not specified

Specimen Laterality

Right

Left

Not specified

+ Tumor Site (select all that apply, as appropriate) (Note B)

+ Upper outer quadrant

+ Lower outer quadrant

+ Upper inner quadrant

+ Lower inner quadrant

+ Central

+ Nipple

+ Clock position (specify): _____ o'clock

+ Distance from nipple (centimeters): _____ cm

+ Other (specify): _____

+ Not specified

Tumor Size (Note C)

Microinvasion only (≤ 1 mm)

Greatest dimension of largest invasive focus > 1 mm (specify exact measurement) (millimeters): _____ mm

+ Additional dimensions: _____ x _____ mm

No residual invasive carcinoma

Size of largest invasive focus cannot be determined (explain): _____

Note: The size of the invasive carcinoma should take into consideration the gross findings correlated with the microscopic examination. If multiple foci of invasion are present, the size listed is the size of the largest contiguous area of invasion. The size of multiple invasive carcinomas should not be added together. The size does not include adjacent ductal carcinoma in situ (DCIS). For any carcinoma larger than 1.0 mm but less than 1.5 mm, the size should not be rounded down to 1.0 mm, but rather rounded up to 2.0 mm, to ensure that the tumor is not miscategorized as pT1mi. Exception to the size rule – if two histologically similar carcinomas are within 5.0 mm of each other, measure from outer edges of the two. For staging purposes radiologic findings can be used for pT category.

If there has been a prior core needle biopsy or incisional biopsy showing a larger area of invasion than in the excisional specimen, the largest dimension of the invasive carcinoma in the prior specimen should be used for T classification, if known. This also applies if the entire tumor has been removed by prior biopsy. The size of the largest foci in the two specimens should not be added together.

If there has been prior neoadjuvant treatment and no invasive carcinoma is present, the cancer is classified as ypTis if there is residual DCIS and ypT0 if there is no remaining carcinoma. A protocol is not required if no cancer is present

Breast specimen type

Wide excision (specify)

Total mastectomy (specify)

Specimen laterality

Right

Left

Unspecified

Tumor location

UOQ

LOQ

UIQ

LIQ

Central

Unspecified

Histologic type

Invasive breast carcinoma of no special type (specify for special morphological patterns)

Invasive lobular carcinoma (specify for subtype)

Tubular carcinoma

Cribriform carcinoma

Mucinous carcinoma

Invasive micropapillary carcinoma

Carcinoma with apocrine differentiation

Metaplastic carcinoma (specify for subtype)

Other rare subtype (specify)

Tumor focality

Unifocal

Multifocal

Tumor size

_____ × _____ cm

Histologic grade

Grade I (Low)

Grade II (Intermediate)

Grade III (High)

Ductal carcinoma in situ (DCIS)

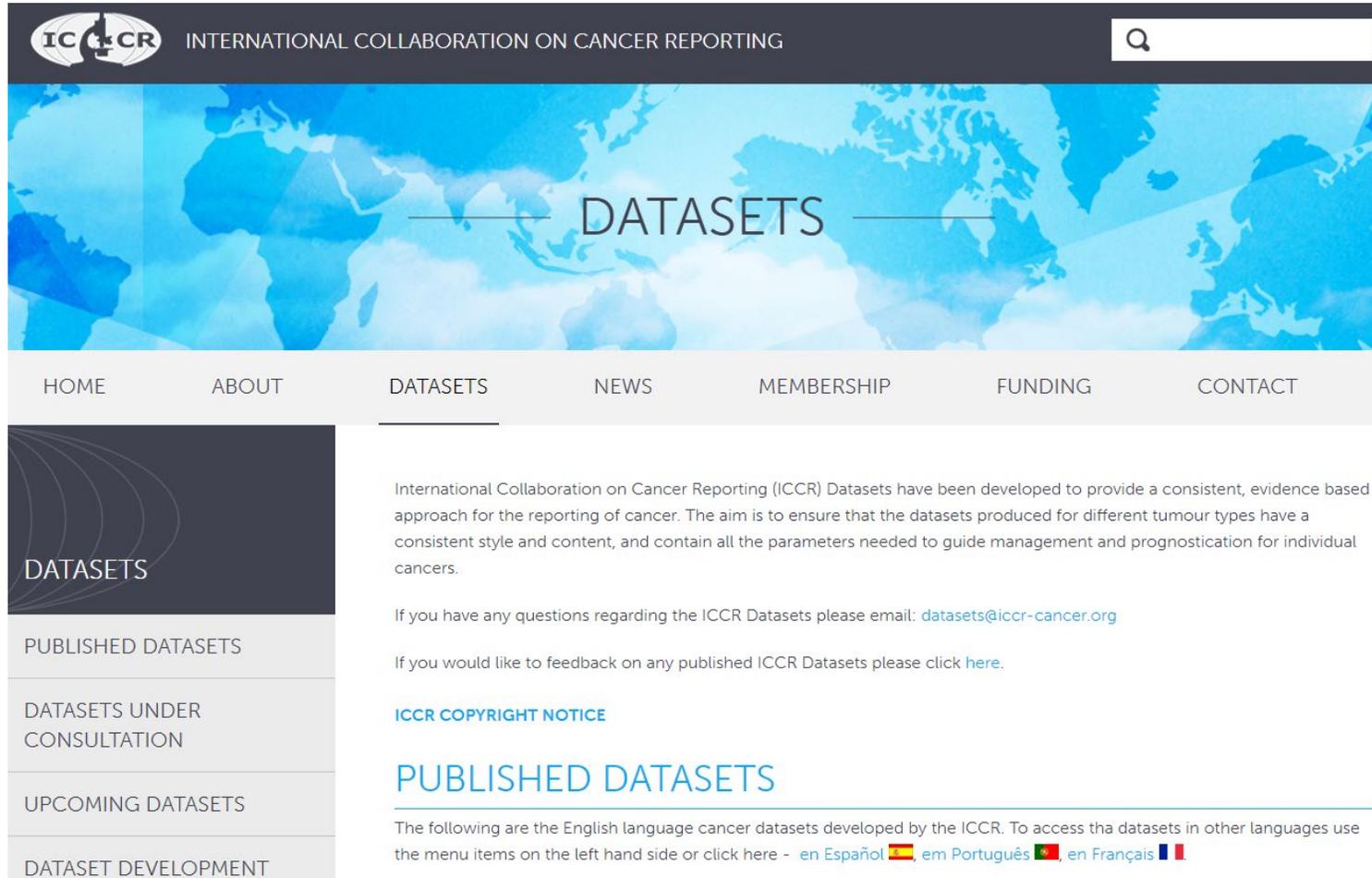
Not identified

-BRCA1/2 Panel

-Homologous recombination deficiency phenotype

-Aromatase inhibitor resistance testing

Universal Synoptic Reporting Templates



The screenshot shows the website for the International Collaboration on Cancer Reporting (ICCR) Datasets. The header features the ICCR logo and the text "INTERNATIONAL COLLABORATION ON CANCER REPORTING" on the left, and a search bar on the right. Below the header is a large blue banner with a world map background and the word "DATASETS" in the center. A navigation menu below the banner includes links for HOME, ABOUT, DATASETS (which is underlined), NEWS, MEMBERSHIP, FUNDING, and CONTACT. On the left side, there is a vertical menu with the heading "DATASETS" and four sub-items: PUBLISHED DATASETS, DATASETS UNDER CONSULTATION, UPCOMING DATASETS, and DATASET DEVELOPMENT. The main content area on the right contains a paragraph explaining the purpose of the datasets, followed by contact information and a link for feedback. Below this is a section titled "ICCR COPYRIGHT NOTICE" and "PUBLISHED DATASETS", which includes a note about language options and links for Spanish, Portuguese, and French.

ICCR INTERNATIONAL COLLABORATION ON CANCER REPORTING

Q

DATASETS

HOME ABOUT DATASETS NEWS MEMBERSHIP FUNDING CONTACT

DATASETS

PUBLISHED DATASETS

DATASETS UNDER CONSULTATION

UPCOMING DATASETS

DATASET DEVELOPMENT

International Collaboration on Cancer Reporting (ICCR) Datasets have been developed to provide a consistent, evidence based approach for the reporting of cancer. The aim is to ensure that the datasets produced for different tumour types have a consistent style and content, and contain all the parameters needed to guide management and prognostication for individual cancers.

If you have any questions regarding the ICCR Datasets please email: datasets@iccr-cancer.org

If you would like to feedback on any published ICCR Datasets please click [here](#).

ICCR COPYRIGHT NOTICE

PUBLISHED DATASETS

The following are the English language cancer datasets developed by the ICCR. To access the datasets in other languages use the menu items on the left hand side or click here - [en Español](#) , [em Português](#) , [en Français](#) 

Example - Deep Approaches to Global Pathology

- Traveling volunteers to provide service, training, or support
- Donations of specific equipment, books, reagents, supplies, etc.
- Funding travel for others to study, train, or attend conferences
- **Developing a pathology implementation plan with milestones and executing each step to completion**
- Coordinating diagnostics and treatment at clinic, city, country, or regional level as part of a care network

In Person Training
-Pathologists
-Histotechnologists
-Pathologists' Assistants



Partners for Cancer Diagnosis
and Treatment in Africa

Synoptic Reporting (ICCR)
-Template translation to
other languages
-FR, SP, PG complete

Textbooks
-To support training and
diagnosis

Conference Support
-Advocacy, education,
and collaborations

Motic Collaboration Suite



Motic
GE
Philips



**IHC with Novartis
& Roche**

Sakura
Used Donations
Direct Purchase
Xifin



**Leapfrog
Histopathology /
Telepathology
Process**



**Project ECHO Telementoring
LMU & Leadership**



Rapid, accurate diagnosis



<72 Hours

A hand holding a stack of US dollar bills, overlaid with a colorful molecular structure graphic. The graphic consists of a central cluster of red and orange dots, transitioning to yellow and green dots, with a network of grey dots and lines extending outwards. The background is a blurred image of a hand holding a stack of US dollar bills.

Thank You!