

NHS Board Bowel Screening Co-ordinators

Date 27 March 2009  
Your ref  
Our ref D4-8-1 Programme Board\Letters

Copied to:-

NHS Board Medical Directors  
Scottish Bowel Screening Programme Board  
Scottish Bowel Screening Governance Group

Enquiries to Janice Birrell  
Direct line 0131 275 6609  
Email [janice.birrell@nsd.csa.scot.nhs.uk](mailto:janice.birrell@nsd.csa.scot.nhs.uk)

Dear Colleagues

### **SCOTTISH BOWEL SCREENING PROGRAMME - QUALITY ASSURANCE IN BOWEL SCREENING PATHOLOGY**

At the last NHS Board Bowel Screening Implementation Group meeting the proposals for QA of pathology for the Programme were discussed and that the introduction of a system for referral of problematic cases will be in place from 1 April 2009 (see point 3 below).

I write to confirm that the Bowel Screening Programme Board has made the following recommendations for the reporting of pathological specimens arising within the context of the Scottish Bowel Screening Programme.

1. Pathologists reporting screening specimens will be required to participate in the forthcoming EQA slide circulation. The slide circulation will be organised across the UK. Further notification will be given when a commencement date has been identified.
2. Reports on cancers and polypoid cancers issued in the programme will be formulated in accordance with UK guidelines (Royal College of Pathologists [www.rcpath.org](http://www.rcpath.org)). The specific bowel screening publication Reporting Lesions in the NHS Bowel Cancer Screening Programme available from [www.cancerscreening.nhs.uk/bowel/publications/index.html](http://www.cancerscreening.nhs.uk/bowel/publications/index.html).
3. Experience from the pilot programme and early screening rounds has shown that about 15% of new cancers are early stage "polyp cancers" (a cancer focus in a lesion removed as a polyp and potentially cured at the time of endoscopic removal). This is well recognised as a difficult diagnostic area. The governance group of the bowel screening programme has recommended that a referral/review system is instituted. The attached Standard Operating Procedure details the operation of the system. Any polypoid cancer or suspected polypoid cancer (or any case in which there is diagnostic difficulty in this area) should be sent to Anne Park, Department of Pathology, Ninewells Hospital, Dundee DD1 9SY. Each case will be seen by two of a panel of three pathologists and a report issued to the referring department. A referral form is included with the SOP. The paperwork will also be published on the Scottish Pathology Network (SPAN) website [www.pathologyscotland.org](http://www.pathologyscotland.org).



We would be grateful if these guidelines and attached SOP could be circulated to local clinical leads in pathology.

Yours sincerely



**Professor Bob Steele**  
**Director**  
**Scottish Bowel Screening Programme**



**Dr Mike Winter**  
**Medical Director**  
**National Services Division**

**Enc.**

**PATHOLOGY DEPARTMENT****NHS TAYSIDE**

**Title: Scottish Bowel Screening Programme Standard Operating Procedure  
Pathology Case Referral**

<b>Version</b>	1.0	
<b>Date of Original Issue</b>	01/02/2009	
<b>CPA Standard</b>		
<b>Review Interval</b>	Biennial	
<b>Authorised By</b>	A Park	Signature
<b>Author</b>	A Park/F Carey	
<b>Relevant Staff Groups</b>	Project co-ordinator and designated individuals	
<b>Copy</b>	Master	
<b>Location of Copies</b>	1. L6 226 (SPAN Manager)	

**Rationale**

The reporting of diagnostically challenging cases is the most difficult area. The Scottish Bowel Screening Programme Board have decided that a small panel will be convened, this based on the existing Cancer Networks. The initial panel members will be Prof FA Carey, Dr M Balsitis and Dr AM Lessels (Edinburgh). Any case of polypoid cancer that might be considered treated at polypectomy *should* be referred to the panel. It is recognised that differential diagnosis with high grade dysplasia, particularly in the setting of epithelial misplacement, is difficult and pathologists are encouraged to send cases where they feel that there is any suspicion of invasive malignancy.

**Relevant safety data, COSHH and risk assessments:-**

The above cross references risk assessments must be read and understood before carrying out this procedure

<b>Equipment</b>	<b>Location</b>	<b>Equipment</b>	<b>Location</b>

**Scottish Bowel Screening Programme  
Standard Operating Procedure  
Pathology Case Referral**

Referrals will come from any pathology department in Scotland. The referral proforma (appendix1) is available through the SPAN website <http://www.pathologyscotland.org/> Cases should be referred as slides with the standard referral proforma and sent to: **Anne Park, Pathology Dept, Ninewells Hospital, Dundee, DD1 9SY**. Slide packages will be opened in the event of Anne's absence by A Forsyth / A Munro Pathology Dept Ninewells

### **Receipt in Ninewells**

On receipt of the slide(s) all cases will be entered on a database - (Scottish Bowel Screening Referral cases G:Drive\ Pathdata\ SBoSP Referral cases\ Referral cases.xls Appendix 2) and also booked in to the Tayside Pathology laboratory system using the SBoSP code (BSR) and given a surgical pathology number. Cases originating in Ninewells will require to be re-coded by Prof FA Carey using the SBoSP code (BSR) Instructions below:

### **Booking in External Referral Cases**

Enter Login and Password  
Enter 1- Histology  
Enter 1- Specimen Reception  
Enter 2- Enter Request  
Enter 18 - Printer Number  
Enter - BSR code at 14

### **Internal Referral Amendment**

Enter Login and Password  
Enter 1- Histology  
Enter 1- Specimen Reception  
Enter 3- Amend Request  
Enter TS Number  
Enter 18 - Printer Number  
Alter original code to - BSR code at 14

### **Audit Function on Labcentre**

Enter Login and Password  
Enter 1- Histology  
Enter 1- Specimen Reception  
Enter 1- Results Enquiry  
Enter TS Number  
U accesses audit trail

### **Incoming cases for referral**

Slides will be sent to the initial panel (Prof FA Carey, Dr AM Lessells, Dr M Balsitis). Responses will be required to be completed and returned to referring pathologist 10 working days from receipt. The receiving departments will be responsible for the security of the referred material.

Anne Park will send an e-mail to the appropriate panel pathologists to highlight the slide(s) arrival and to confirm pathologist's availability.

In order to speed up reporting, cases will initially be sent to 2 of the reporting panel, the third being required only in cases where there is significant discrepancy of opinion. eg Benign/Malignant or Vascular invasion.

Slides from the West of the country will be sent to a panel pathologist on the East and vice versa Responses from the panel pathologists should be e-mailed to Anne Park [anne.park@nhs.net](mailto:anne.park@nhs.net) in the first instance to aid turnaround time. The hard copy accompanying the slide(s) will be returned to Anne Park at the above address.

### **Report**

A report will be issued on the Tayside pathology system detailing the responses of each of the panel pathologists. The report will be issued to the referring pathologist and returned with the referred slides. In the event of absence of Prof FA Carey the responses from the other panel pathologists will be issued to the referring pathologist by the project coordinator at Ninewells. The final report will be authorised on Prof FA Carey's return. If a case has no consensus the final diagnosis will be recorded as the majority verdict. It is also acknowledged that there may be cases in which a definitive diagnosis is not possible.

### **Return of slides to Originator**

On completion of opinion by the panel pathologist, slide(s) must be returned to Anne Park at the above address to ensure their return to the originating laboratory.

### **Audit/Review**

The panel will produce an annual report and present the data to the Scottish Pathology Network (SPAN) Gastrointestinal Pathology group and to the Scottish Bowel Screening Programme Board.

Referring Pathologist	
Department (address)	
Patient CHI Number	
Pathology Number	
Nature of specimen (indicate as appropriate)	<ul style="list-style-type: none"> <li>• Biopsy</li> <li>• Polypectomy (pedunculated)</li> <li>• Polypectomy (sessile)</li> <li>• Polypectomy (piecemeal)</li> <li>• Other (state)</li> </ul>
Site of specimen	•
Number of slides enclosed	•
Macro Report	
Diagnostic Question	
<b>Provisional Report *</b>	

\* **Optional field**

**Diagnostic Opinion of Panel Pathologist**

Invasive cancer present (yes/no/uncertain)	
Grade of invasive cancer	
Vascular invasion (yes/no/uncertain)	
Completeness of resection/distance to resection margin	
Adenoma only	
Comment/Other Diagnosis	

Send slides together with this form to:

Anne Park  
Pathology Dept  
Ninewells Hospital  
Dundee  
DD1 9SY

