

**MINUTES OF THE SCOTTISH GASTROINTESTINAL PATHOLOGY GROUP MEETING  
HELD ON WEDNESDAY 19<sup>TH</sup> NOVEMBER 2008 AT 11:00  
IN ROOM ED002, BEATSON WEST OF SCOTLAND CANCER CENTRE**

***In Attendance:*** Dr Margaret Balsitis (Chair), Dr Maria Benkovicova, Dr Roddy Campbell, Professor Frank Carey, Dr Fraser Duthie, Dr Alan Foulis, Dr Christina Harper, Dr Gabriele Kohnen, Dr Barbara Langdale-Brown, Dr Geraldine O'Dowd, Dr Maxine Paul, Dr Graeme Smith, Ms Anne Park

**1. INTRODUCTION**

**Action**

Dr Maria Benkovicova has recently taken up post as Consultant Pathologist at Wishaw. Ms Anne Park is based at Ninewells Hospital and will be providing administrative support to the bowel screening/polyp cancer review scheme

*(Post meeting note – Dr Alastair Lessells was not included in the distribution list for the last two or three group e-mails and therefore did not receive details of the meeting. MB will update the GI Path Group e-mail list)*

**MB**

Apologies had been received from Dr Annette Riley, Professor Graeme Smith, Dr Jim McPhee and Dr Ian Brown.

**2. SCOTTISH BOWEL SCREENING PROGRAMME**

**a. Feedback from Rollout/Problems Encountered**

MB provided some feedback from Ayrshire; figures are available after one year of screening. Overall, slightly less lesions than had been anticipated had been received by the Pathology department however there were slightly more polyp cancers than expected. Preliminary figures suggest that there has been 47% uptake, i.e. less than the anticipated 60%. The cancers identified (approximately 50) which required resection appear to be new cases that would not have otherwise been operated on that year as the last few years figures for Ayrshire have been reasonably constant at just over 200 carcinoma resections per year. Two lymphomas involving the colon have been diagnosed through screening.

The structured text report distributed at the group's last meeting had been used for adenomas in Ayrshire but it is undergoing alteration in that the "size of largest fragment" line will be deleted as this is included in the macroscopic part of the report. The phrase "complete excision" will be changed to "margin involved". FD discussed some aspects of the meeting held yesterday in Stirling regarding computer generation of dataset reports (see also 3b). For the Greater Glasgow & Clyde rollout of screening it is expected that there will be electronic transmission of relevant pathology data to the programme administrator/audit offices, as the volume of patients in the whole screening programme will be too great for admin staff to deal with paper forms. FD will convene a meeting to discuss this with Greater Glasgow & Clyde Pathologists. BLB enquired about the minimum dataset for pathology information; MB will forward a copy to her.

**FD**

**MB**

The NHS areas still to roll out are as follows

- Dumfries and Galloway, December 2008
- Greater Glasgow & Clyde, April 2009

- Lanarkshire, August 2009
- Shetland, October 2009
- Highland, December 2009

b. *Quality Assurance Document including EQA and Polyp Cancer Review*

FC reported on quality assurance items from the bowel screening programme in England (previously circulated). The pilot round of the English EQA scheme is currently active, coordinated by Dr Nick Mapstone who also co-ordinates the gastrointestinal EQA scheme. Approximately 10 cases will be included in the first round. After the pilot round it is likely that this will be rolled out in England from Spring 2009. The correct answers will be decided by the coordinating committee and the membership will possibly rotate every five years. There should be an opportunity to discuss this at the BSG meeting in Glasgow in March 2009. Participation in the EQA will not be required for dealing with resection specimens resulting from screening participation. A payment from participants departments will be required for the scheme.

A decision has been made by the Bowel Screening Clinical Governance Group in Scotland (including Dr Amelia Crichton) that participation in bowel screening EQA in Scotland will become mandatory if reporting cases in this scheme. This follows the approach to reporting cases in the breast screening programme. It is therefore important that cases are identified appropriately as being screening cases.

GK indicated that she did not have a copy of the English NHS booklet "Reporting Lesions in the NHS – Bowel Cancer Screening Programme". There had apparently been some reluctance to provide this booklet to Scottish pathologists, in view of funding issues. MB will try to obtain at least one copy per person for the members of this group.

MB

*Polyp Cancer Review*

FC discussed the difficulties in reporting these lesions including the risk of overcalling cancer. The proposal for this scheme had already been circulated to the group. (Comments had earlier been received from Dr J McPhie indicating that he agreed with the proposal). FC summarised that the initial proposal was to circulate submitted cases around the three named pathologists. A further name should maybe be added from Greater Glasgow & Clyde. It was suggested by AF that the circulation around three additional pathologists was maybe more than was required, particularly as cases may already have been shown around within the submitting pathologists department. There was some discussion around this. There may be issues related to turnaround times. Pathologists submitting cases should indicate in their preliminary pathology report that the case is being referred to the review group and that a supplementary report will be issued. FC will draft an SOP with Anne Park. FC indicated that his current practice is to 'double report' polyp cancers.

FC  
AP

**3. FEEDBACK FROM IMPLEMENTATION OF 2007 RCPATH DATASET**

a. *Specific Data Items*

There was some discussion around the use of the 2007 RCPATH dataset. With regard to non-core items in the document, practice varies among members of the group with regard to receipt of resection specimens fresh and photography of

rectal cancer cases. Nobody present was routinely using megablocks for rectal cancer resections. Some had audited reporting of extramural vascular invasion and were of the opinion that the RCPATH suggested figure of  $\geq 25\%$  was appropriate.

Some Glasgow pathologists include the 'Petersen' or 'Prognostic' index in reports; this may be a useful prognostic indicator in Dukes B carcinomas. (papers include Petersen *et al* Gut 2002; 51: 65-69 & Morris *et al* Gut 2007; 56: 1419-1425). AF has a publication pending on this index.

*b. Computer Problems/Dataset Production*

FD reported on the meeting which took place on the previous day in Stirling which included a presentation of two computer systems which can run in conjunction with laboratory computer systems to produce dataset reports. These can extract individual data items easily for audit. The relevant data could go instantly to audit offices, cancer registry etc. The system is pre-prepared with RCPATH templates. Only one authorisation would be required. However if a Scotland-wide system was being purchased this would have to go to European tender. There was uncertainty as to whether this fitted with the overall NHS e-Health strategy. Pilot sites may be required.

**4. KRAS MUTATION TESTING IN COLORECTAL CARCINOMA**

FC summarised the current situation. With regard to use of the chemotherapeutic drug cetuximab, a much better response is identified in patients who do not have the KRAS mutation in their tumour. (Cetuximab blocks EGFR receptor. In tumours with mutant KRAS, signalling in cells to reproduce continues despite EGFR blocking). This drug is not currently approved by NICE. If oncologists contact the manufacturer (Merck) it will fund the testing either by the Genetics Dept in Dundee or by a private laboratory in England. If this drug gains approval then 3 or 4 centres may be required to deal with the volume of testing required in Scotland.

**5. FEEDBACK FROM SCOTTISH MCN MEETING EDINBURGH MAY 2008**

MB presented a powerpoint summary slide of items from this meeting.

**6. ANY OTHER COMPETENT BUSINESS**

The meeting which was due to follow this meeting had been postponed by the West of Scotland Managed Clinical Network. MB will keep members informed of the new date

**MB**

**7. DATE AND TIME OF NEXT MEETING**

Date and venue to be confirmed.