

Frequently Asked Questions Radiology and Pathology NAPRC Standards

Review by MDT Members

If a non-MDT member does the initial review of pathology specimens for Standard 5.9: Pathology Reports after Surgical Resection or MRI for Standard 5.3: Standardized Staging Reporting for MRI Results, when must the MDT radiologist/pathologist do the review? What must be documented?

As long as it is reviewed before or at the MDT by the MDT pathologist/radiologist, then that is satisfactory. How that is documented is left to the discretion of the facility as long as it is reviewable by the site reviewer during the site visit. We recommend touching base with your legal/risk management department for how your facility wants this documented.

Review of Outside Imaging and Pathology

If the patient received all neoadjuvant care and definitive surgery outside of the facility, does the diagnostic pathology have to be reviewed (per requirements in Standard 5.1) before adjuvant therapy at their program?

At a minimum, before the initiation of adjuvant therapy, the surgical pathology report must be obtained for patient who had all neoadjuvant and surgery elsewhere.

If a patient completes imaging (CT, PET/CT, rectal MRI) at an outside facility, does the imaging need to be re-reviewed by an MDT member?

Outside MRIs need to be fully re-reviewed by an MDT radiologist. Outside CT or PET/CTs should be re-reviewed at the program's discretion.

Is a full report required after review of outside pathology or imaging?

If the MRI report meets the requirements of the NAPRC approved template, then a full report does not need to be generated. How the re-review is documented is left to the discretion of the program. If the outside MRI report does not include all of the elements, then the missing elements need to be documented. How this is documented is left to the discretion of the facility. All components of the NAPRC approved template must be included. The document is signed prior to treatment initiation and is retrievable for the future survey. The MRI core elements are reported in the treatment evaluation and summary.

For biopsy specimens, CTs, and PET/CTs, a full report is not required, and how to document the review is left to the discretion of the program.

If a MRI is read at an outside institution and that MRI does not follow the NAPRC approved template, does a MDT radiologist have to document the MRI read to be compliant with the NAPRC approved Template?

If the outside MRI report does not include all of the elements, then the missing elements need to be documented. How this is documented is left to the discretion of the facility. All components of the NAPRC approved template must be included. The document is signed prior to treatment

initiation and is retrievable for the future survey. The MRI core elements are reported in the treatment evaluation and summary.

Standardized MRI Template

If our internal audit finds an element missing from the standardized MRI report, can we addend our report to be compliant with Standard 5.3: Standardized Staging Reporting for MRI Results? Can this be done at any time, including after treatment?

The standardized MRI report is required to ensure accurate staging prior to therapy. It is therefore critical that all elements are included before initiation of therapy. Addendums after the initiation of treatment do not meet the standard.

Is it necessary for our radiologists to include headings for each section in the rectal MRI report?

Headings are not required if all elements of the standardized report are included in synoptic format.

Shared MDT Members Between Affiliated Hospitals

We are two hospitals under the same umbrella. One of our medical oncologists would like to be a member on both MDTs. Is it necessary for her to attend both hospitals' MDTs to be counted as a member for both?

Yes, individual attendance requirements under Standard 2.5: Rectal Cancer Multidisciplinary Team Attendance must be met for both programs. Keep in mind that virtual attendance meets requirements as long as the teleattendee has access to all necessary meeting materials. It is also an option to combine MDTs as long as all requirements are met for each program. The same answer applies to any required specialty on the MDT, including surgeons, radiologists, pathologists, and radiation oncologists.

We have two hospitals in our system with separate CoC accreditations both of which are applying for NAPRC accreditation in parallel. Can we include in our policies that an approved MDT pathologist at another NAPRC site within our system may do the review and reporting in compliance with Standard 5.9: Pathology Reports after Surgical Resection?

Only reviews/reads done by pathologists appointed to the individual program's MDT are considered for compliance with Standard 5.9. If a pathologist would like to do reads at both institutions, then the pathologist must be appointed to both MDTs and comply with the individual attendance requirements at each. Note, the same answer applies to radiologist members of the MDT and Standard 5.3: Standardized Staging Reporting for MRI Results.