

# UCI Medical Center

University of California, Irvine

*A Passion for Care. The Power to Cure.*

## **IMPROVING DOCUMENTATION OF THE PATHOLOGY REPORT FOR CANCER DIAGNOSES**

### **INTRODUCTION**

The pathology report is vital in the diagnosis and management of cancer, since the diagnosis of malignancy must be confirmed histologically before one can proceed with staging and treatment. To assist pathologists in providing complete, consistent and clinically relevant information for patient care, the College of American Pathologists (CAP) developed cancer protocols to serve as guidelines for the essential elements of the pathology report. In 2004, the American College of Surgeons, Commission on Cancer established a target of 90% of cancer pathology reports to include the scientifically validated data elements outlined in the CAP cancer protocols for all appropriate cancer-directed surgical resection specimens.

An opportunity was identified for improving the content of the pathology reports. Even though the pathologists were completing their portion of the Tumor, Nodes, Metastases (TNM) staging form, a separate form filed in the patient's medical record, those data elements were not included within the dictated body of the pathology report, which is required to be compliant with the CAP protocols. Two studies conducted of breast and colon/rectal pathology reports during 2004 assessed UCI Medical Center's compliance with the CAP protocols, specifically the TNM elements, to be at zero.

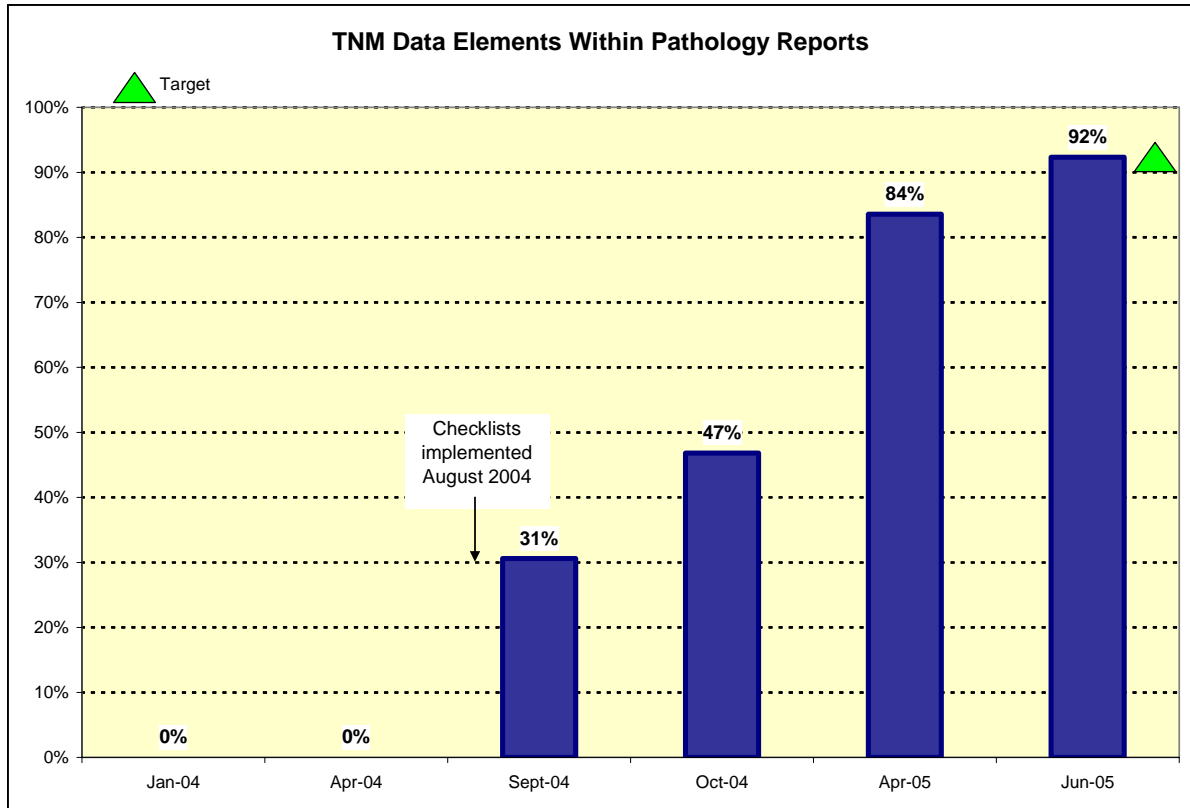
### **INTERVENTIONS**

An Oncology/Pathology Multidisciplinary Workgroup was established to enhance communication between pathologists and oncologists and to address oncology needs, including the CAP cancer protocols. As a result, the Pathology Department developed checklists for the 15 top primary sites containing all of the elements required by the CAP cancer protocols. These checklists are used when the Pathology Report is being dictated to ensure all elements are included.

### **RESULTS/DISCUSSION**

Immediate improvement was achieved with the implementation of the checklists in August 2004. The Cancer Registry continued to monitor the pathology reports for inclusion of the TNM data elements in all appropriate cancer directed surgery resection specimens. A total of 65 appropriate pathology reports for all primary sites were reviewed in June 2005 that showed the target rate of 90% was achieved. Ongoing monitoring will continue for the TNM

data elements. In addition, the site-specific data elements for breast and colon/rectal cases will be tracked for CAP protocol compliance until a target rate of 90% is achieved for all data elements.



**For more information, please contact:**

Linda Jund  
(714) 456-6768