



Eastern Health

FAX TRANSMISSION

TO: Dr Paul Neil FROM: Judy
 FAX: 634-9162 PAGES: _____
 SUBJECT: _____ DATE May 31-07

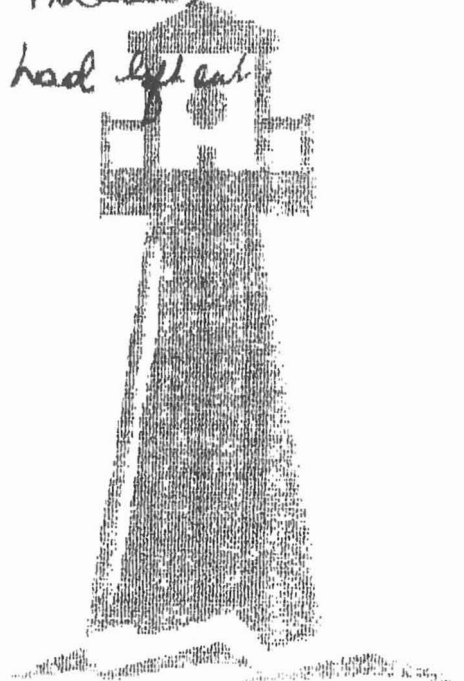
☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply

COMMENTS:

As requested

*including one Path Procedure
 Sheet I had left out*

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Judy Thomas

From: Nebojsa Denic
Sent: Thursday, May 31, 2007 10:19 AM
To: Judy Thomas
Subject: FW: MEMORANDUM
Attachments: SYNOPTIC DCIS.BB.doc; Breast needle core biopsies standardized grossing.doc; Breast needle core biopsies standardized reporting.doc; Breast, Sentinel Node, Lymph Node.doc; Cancer Lumpectomy Specimen breast conserving surgery.doc; Canned text needle core biopsy reporting.doc; Fixation.doc; For optimal tissue selection for immunohistochemical staining of breast cancer specimens the following steps are suggested.doc; Minimal Standards of Reporting.doc; Pathology grossing needle localization.doc

Memorandum

To: Pathologists in NL

From: From: Dr. Nebojsa (Nash) Denic, Clinical Chief Laboratory Medicine Program, Dr. Beverley Carter, Breast Pathology Subspecialty Group Leader and Joy McCarthy, Chair, Breast Disease Site Group, Cancer Care Program, Eastern Health

Date: 5/31/2007

Re: Breast Pathology

Please find enclosed a number of evidence-based policies in current use at the St John's Hospitals of Eastern Health. These policies refer to the grossing and reporting of breast specimens. These policies directly address items that were identified in the recent ER review as possible contributing factors.

As you know, the fixation policies and the selection of tissues for Immunohistochemistry policy should be applied to all oncology specimens. It is **highly recommended** that Synoptic or check-list style reporting be used in all oncology cases and for ease of use, these checklists can be found at <http://www.cap.org>. In the coming months, it will be policy at Eastern Health, including the Cancer Care Program, to provide synoptic reports on all oncology specimens.

As per our discussion during our teleconference call, we are planning to re-open our lab for ER and PR testing for the entire province. The testing and reporting of ER and PR is resumed for St. John's Hospitals only, since February 1, 2007. During the summer, the Her-2-Neu will be validated and the entire immunohistochemical package for breast cancer, including reporting, will be offered to you. It is our understanding that the Mt. Sinai Hospital also wants us to take ER and PR testing back for the entire province.

5/31/2007

I am inviting all Lab Directors to pay us a visit and view the IHC Lab. At this visit you can get familiarized with issues and recommendations by external reviewers, and the accomplishments in the Immunohistochemistry Lab pertaining to ER/PR testing and reporting. Your input in this field is greatly appreciated as an equal partner in the quality assurance program of our Lab. Suggestions can be forwarded to me and/ or Dr. Ford Elms, IHC Lab Director or Mr. Terry Gulliver, Laboratory Program Director. In case you have any questions in regards to enclosed protocols, you can address them to Dr. Beverley Carter.

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Pathology Procedures Manual	
Section: Anatomic Pathology / Reporting Protocols	Number: 09, SP. 920
Title: Breast needle core biopsies - standardized reporting	Page: 1 of 1
Issuing Authority (s):	
Terry Gulliver, Laboratory Program Director	Nebojsa Denic, MD, Clinical Chief

PURPOSE

Standardized reporting of specimens in the pathology laboratory may lead to better patient outcomes.

In order to sample breast masses, for diagnosis or for pre-operative planning, needle core biopsy is carried out. The sample can be taken from a palpable mass or be radiologically guided.

PROCEDURE

- A microscopic description may be recorded when the pathologist deems it useful, but it need not be part of any report.
- A comment (defined as any other information, besides descriptions of cytologic and architectural features) may be placed in the report when the pathologist deems it useful but it need not be part of any report.
- The results of special and immunohistochemical stains should be listed in the report.
- State you are using canned text BCBR for the final diagnosis
- Final Diagnosis:
- Breast (side), needle core biopsy/ vacuum assisted biopsy(ies):
- Calcifications-present/absent/not applicable
- Main diagnosis: e.g. sclerosing adenosis/ tubular adenoma/DCIS/ Infiltrating carcinoma
- If infiltrating carcinoma is the main diagnosis:
- Histologic type
- Largest dimension on a single core fragment in mm
- Histologic grade 1/2/3
- Lymphovascular invasion present/absent/equivocal

Eastern Health City Hospitals	St. John's, Newfoundland & Labrador (2006)	
Revision # New	Issue Date: April 27/07	Date Effective: May 15 /07
Originator: B. Carter	Department: Pathology	