

**SURGICAL PATHOLOGY REVIEW COMMITTEE (SPRC)
HEALTH SCIENCE CENTRE, HCCSJ
MINUTES OF MEETING, APRIL 15, 2003**

*Done the minute for next week
Cook
Tyr
2/12/2003*

PRESENT: Dr. G. Ejeckam, Chairman
Dr. S. Battcock
Dr. L. Dawson
Dr. M. Parai
Dr. J. Siddiqui
Theresa Curtis, Secretary

APOLOGIES: Dr. M. Thavanthan
Dr. A. Kwan

VICE PRESIDENT

AUG 11 2003

MEDICAL SERVICES

1. CALL TO ORDER

The first meeting of the Surgical Pathology Review Committee was called to order by Dr. G. Ejeckam, Chairman at 2:10 p.m. on April 15, 2003 in Room 2864, HSC.

2. BUSINESS ARISING

2.1 Terms of Reference

a) Standardized Reporting of Pathology Specimens

Dr. Ejeckam asked the members for input for standardized reporting of Pathology specimens. After much discussion it was agreed that ER and PR receptors be done automatically on breast surgery cases. Since Her 2 Neu testing is expensive and only done when requested, it was suggested it should be performed automatically on patients with a past history of carcinoma of the breast.

b) Clinical Information

Dr. G. Ejeckam circulated a form listing ten requirements a properly completed specimen requisition form should include. All members agreed these requirement would benefit the clinician and pathologist for improved patient care.

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2. BUSINESS ARISING (CONT'D):

2.1 Terms of Reference (Cont'd):

c) Tissue Audits on Surgical Specimens

It was stated that requests are received which are inappropriate. It was noted there are guidelines which have to be followed and this information will be forwarded to the clinicians.

d) Reporting Mechanism

It was agreed a memo should be sent to the medical staff through the Medical Director stating the requirements for a properly completed specimen requisition. If these requirements are not met, the committee would make recommendations on individual cases to Dr. R. Williams and Dr. D. Cook. /

3. NEW BUSINESS

3.1 ER and PR Receptors

Dr. G. Ejeckam stated that ER and PR Receptors are not being performed for the next six weeks due to a technical problem. If a solution cannot be found, these tests will be sent outside St. John's. He stated it is being considered to send one or two technologists to Halifax or Toronto for training.

3.2 Pilot Project

Dr. G. Ejeckam suggested a pilot project should be started such as to study Frozen Section Reports and compare with final pathologist's diagnosis. This project will review the information received, discrepancies and inadequate diagnosis, if any. These will be graded according to the severity of each case.

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3. NEW BUSINESS (CONT'D):

3.3 Case Review

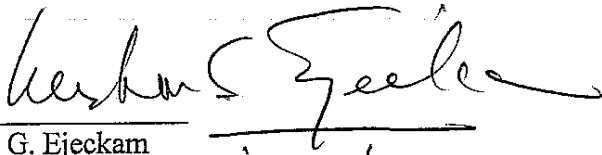
It was agreed for the next meeting 20 uteri cases and 20 skin biopsies would be reviewed regarding system of reporting from the Pathology Department and requesting information requirements.

3.4 Flagging of Cases

A memo will be sent to the Pathologists requesting them to flag cases suitable for discussion in the Committee. These include cases that have no or relevant clinical history, no site of tissue, clinical diagnosis and also cases where the clinical diagnosis vary significantly from the pathologic diagnosis. Besides the cases flagged by the Pathologists, clinicians are free to submit cases to the committee for review.

4. ADJOURNMENT

There being no further business, the meeting adjourned at 3:10 p.m.



Dr. G. Ejeckam
Chairman

/tc