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Case review as an anatomic pathology quality assurance tool to reduce diagnostic discordance in breast cancer

Objective: To review quality assurance case review programs that focus on reducing cancer diagnostic discordance in anatomic pathology and validating their ability to detect case based interpretive error.

Design: From an extensive number of published studies, the rate of major discrepancies identified for cancer patients referred to another institution occur from 4.6% to 14.7%, depending on type of tissue. However, published data indicates the current intra-lab QA programs ability to detect these discrepancies is only 0.8% to 1.7%. Implementing GAP analysis, four formal anatomic pathology quality assurance case review programs, both inter and intra-lab, were reviewed for their ability to satisfy a set of selected design attributes known to help identify interpretive error. Peer reviewed literature was researched to support claims for each program's percent compliance to the attributes, strengths, drawbacks and best demonstrated practices were identified.

Results: No program met the selected attribute listing 100% and compliance ranged from 29% (met 2 of 7) to 86% (met 6 of 7) for each program.

Conclusion: Pathology laboratories and radiology departments should be aware of the limitations of each QA program and take into consideration their case and medical specialist mix and current on-site concerns in order to select a program with attributes that best match their QA goals. In general, programs that are standardized, include external review by subspecialist and are performed close to the final sign-out date may offer the greatest amount of error discovery and potential to positively influence patient outcomes and continuous improvement. Although this study focused on discordance in cancer related surgical pathology, case review can also be an effective tool in discovery of all histology/cytology and medical imaging diagnostic and clerical discrepancies.

Speaker Biography

Mark Priebe is a Subject Matter Expert in the utilization of whole slide digital imaging for quality assurance of surgical pathology for cancer. He has presented on quality in surgical pathology via podium and posters at multiple scientific meetings and was the Co-Chair for Pathology 16 (Chicago). He received his Under-graduate degree in Medical Technology from Marquette University, Milwaukee, and advance certification by the ASCP in Immunohematology from the Medical College of Wisconsin. He is the Co-developer of Quality Star quality consortium of Omaha Nebraska. Quality Star is an external peer review quality assurance program for Surgical Pathology, approved by the American Board of Pathology for Part II (SAM) and IV (QA) MOC, the Agency for HealthCare Research and Quality (AHRQ) as a Patient Safety Organization (PSO), Indiana State Medical Association certified for AMA PRA Category 1 Credits, and Qualified Clinical Data Registry (QCDR) for Anatomic Pathology approved by CMS. The Mission of Quality Star is to support the reduction of major diagnostic discordance in surgical pathology by 5% (7 to 2%) impacting the lives of over 80,000 patients annually in North America.

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