Annual report for sub-specialty advisors in histopathology – November 2011

Liver

The liver sub-committee of the BSG pathology section was set up in 2007 with the aim to develop and co-ordinate activities related to CPD, service delivery, links with organisations and training in liver pathology.

There is now a series of annual CPD meetings. Activities relating to EQA, CPD etc. are accessible through the liver pages on the virtualpathology website http://www.virtualpathology.leeds.ac.uk/eqa/liver_pages.php

1. Liver CPD

a. Sixth annual liver pathology update meeting – Southampton, 10th November, local organiser Adrian Bateman. These BSG/ACP meetings are intended primarily for those with a specialist interest in liver pathology, and include summaries of European and American liver meetings and lectures in topical subjects. This is now also the venue for the liver EQA discussions, and 30/53 registrants are members of the liver EQA scheme.

b. Educational course 'Liver biopsy in the assessment of medical liver diseases' will be held for the third time at RCPath in March 2012. This annual course is organised by Stefan Hubscher and delivered by hepatologists and liver pathologists. It is designed for general histopathologists and hepatologists, and has been fully subscribed in previous years.

c. Third annual liver transplant histopathology meeting will be on 17th November in Newcastle. This allows the pathologists of 8 transplant centres in UK and Ireland to meet, discuss slides, and this year be informed about the 2011 Banff Transplant Pathology meeting. It preceeds the annual UK and Ireland Liver Transplant meeting.

2. Liver EQA scheme

This currently has 97 members, with an increasing rate of new members. Both annual circulations of 12 slides are now discussed during the update meeting (previously during BSG and Path Soc meetings). Starting in 2011, responses are submitted electronically (through SurveyMonkey) onto an excel spreadsheet; this makes the collating task by the organiser much simpler, and has the potential for wider involvement of steering committee members in this task. We are exploring ways of developing the educational aspects of the EQA scheme, while retaining its quality assurance function for sub-specialists working in liver centres. The virtual slides, digital images, results and discussions from previous circulations continue to accumulate on the website, now an archive of over 200 educational cases.

3. Liver Cancer Dataset

There is an increasing incidence and earlier detection of primary liver cancers due to increasing liver disease, improved imaging, and surveillance of cirrhotic patients. This has resulted in refined diagnostic criteria in early hepatocellular carcinoma, intrahepatic cholangiocarcinoma and liver cell adenoma. These are included in TNM7, 7th edition of AJCC and 4th edition of the WHO Classification, all of which were published in 2009-10.

The second edition of the liver dataset incorporates these changes and represents a substantial re-write. It covers all categories of liver cancer resection in one document, together with a section on liver biopsy. The dataset includes newly added sections and separate proformas

for intrahepatic cholangiocarcinoma and gall bladder cancer, in addition to updating those for hepatocellular carcinoma, perihilar cholangiocarcinoma and metastatic colorectal cancer.

These new developments were the subject of lectures during the 2010 liver update meeting in Dundee, and are reviewed in the liver mini-symposium articles in the 2011 December edition of Diagnostic Histopathology - copies of this will be given 'free' to members of the liver EQA scheme.

4. Future challenges

There are two items in the RCPath Key Performance Indicators (2011) that are particularly relevant to liver pathology:

page 6: Multidisciplinary meetings to discuss malignancies and suspected malignancies include meetings to discuss cervical screening cases. In addition locally agreed benign multidisciplinary meetings may include transplant services, renal meetings, inflammatory skins and gastrointestinal inflammatory disease. The requirement for these meetings and the level of Consultant histopathologist input should be governed by local and regional patient pathways. The Consultant Histopathologist attending the multidisciplinary team meeting should be a member of the team reporting the relevant cases and attendance may be defined by a team rota.

Page 18: Histopathology EQA interpretive scheme membership:
Suggestion: interpretive EQA scheme membership will be undertaken as a minimum by the lead in each area covered by the service repertoire.

In 2012 we will be working on the second edition of the RCPath 'Tissue pathways for liver biopsies for the investigation of medical disease'. This will be an opportunity to generate practical advice in delivery of the medical liver biopsy service.

With increasing recognition of the costs, how can the value of experienced opinion be recognised, in comparison with the quantifiable expense of molecular diagnostics?

Current provision of liver biopsy reporting ranges from general pathologists reporting <20 biopsies per year, to specialists in transplant centres reporting several hundred. The direction of travel, as availability of non-invasive markers of liver fibrosis increases and hepatology networks become more established, is likely to be towards more sub-specialisation and centralisation. This concentration of experience would improve biopsy diagnosis. However, it depends on a structure that will support the training of sufficient histopathologists with a sub-specialist liver interest.

JIW 04.11.11