Provincial Anatomical Pathology Advisory Committee
Issue #1

PROVINCIAL LABORATORY MEDICINE SERVICES
Provincial Health Services Authority

Provincial Anatomical Pathology

Newsletter

The purpose of this quarterly newsletter is to update the pathologists of BC on functions of the Provincial AP Advisory Committee

Pathologists' Assistants

UBC considering creating a two-year Pathologists' Assistant program and is consulting with the committee to determine the current state and the future need for Pathologists' Assistants in BC.

Biomarker Reporting

The committee received feedback from clinicians that biomarkers are reported inconsistently among pathologists.
For example, some pathologists report biomarkers as "positive" or "negative" and clinicians are unclear whether the results are normal or abnormal.
Pathologists are encouraged to use the synoptic checklists for reporting biomarker results. If your LIS does not permit use of synoptic checklist (e.g. as an addendum), use the same wording as the checklist so biomarkers are reported consistently to clinicians. A list of all standard MMR and BRAF reporting text is available on the Pathologist Team Site.

Individual Feedback Reports

In July, individual dashboards were distributed to **151 pathologists** and **90 surgeons**.
Please email Brigette Rabel if you have questions about the results of your dashboard.

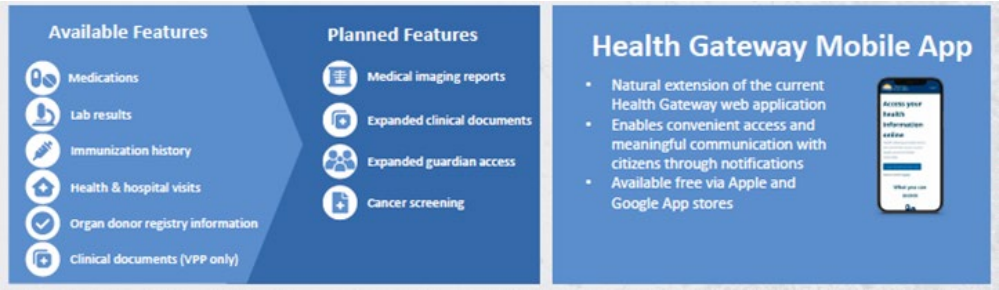
- *The **Provincial Anatomical Pathology Advisory Committee** is made up of 23 members including medical, technical and operational representation from all health authorities, PLMS and the MoH. The committee is co-chaired by Dr. Lik Hang Lee (PLMS Medical Lead for AP) and Brigette Rabel (PLMS Discipline Lead for AP).*
- *The committee was created in the Fall of 2022 to support the implementation of the provincial mandate of Provincial Laboratory Medicine Services (PLMS), which is to ensure that clinical laboratory diagnostics are quality driven, achieve excellent clinical outcomes, and remain sustainable by being provided effectively and efficiently.*
- *The committee works with PLMS, the Health Authorities, private laboratory partners, and the Ministry of Health (MoH), by providing discipline specific clinical, technical, and operational leadership; and providing advice/expertise on provincial guidelines, policies, and discipline strategic planning.*

Pathology Results to Patients

A team from the Ministry of Health gave a presentation to the committee outlining the Health Gateway project which provides lab results online to patients. In May 2022, Health Gateway began making **pathology reports** available to patients. There is a publishing delay for pathology results to allow providers time to review the results and discuss with their patients. Most health authorities have a 7-day delay, some have moved to a 3-day delay.

Health Gateway's Features

Based on citizen/user feedback, new features are planned and released in Health Gateway



Breast Reporting

a) **New footnote in updated ASCO/CAP HER2 reporting guidelines:**

- While it is premature to change reporting terminology for lower levels of HER2 IHC expression (e.g. HER2-Low), pathology labs should include a footnote in their HER2 testing reports (IHC and in situ hybridization [ISH]) with the following recommended comment:

  "Patients with breast cancers that are HER2 IHC 3+ or IHC 2+/ISH amplified may be eligible for several therapies that disrupt HER2 signaling pathways. Invasive breast cancers that test 'HER2-negative' (IHC 0, 1+ or 2+/ISH not-amplified) are more specifically considered 'HER2-negative for protein overexpression/gene amplification' since non-overexpressed levels of the HER2 protein may be present in these cases. Patients with breast cancers that are HER2 IHC 1+ or IHC 2+/ISH not amplified may be eligible for a treatment that targets non-amplified/non-overexpressed levels of HER2 expression for cytotoxic drug delivery (IHC 0 results do not result in eligibility currently)."

- Committee will wait for CAP biomarker reporting checklist to be updated before adjusting BC's checklists

b) **Ordering biomarkers on excision/resection specimens on cases that were HER2 negative on biopsy:**

- Pathologists should initiate testing when they deem it is necessary

- *The committee will provide advice and guidance, will foster engagement and act as change management champions for discipline specific quality improvement, innovation and optimization opportunities.*
- *The committee objectives will align with the PLMS purpose to lead innovative, high quality laboratory services that improve the health of B.C. citizens by helping providers and citizens make timely and insightful decisions regarding patient care.*

Questions or Comments? Send to:

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- If a medical oncologist requests repeat testing, pathologists may choose to just simply order on the resection specimen
- If pathologist has reservations with repeat testing (being mindful of resources, professional time, technical time….), we would suggest they chat with the ordering physician and discuss the reasons behind the request.

c) **Biomarker repeat testing of TNBC on resection specimens post neoadjuvant therapy:**

- As per CAP biomarker checklist *"If hormone receptors and HER2 are both negative on a core biopsy, repeat testing on a subsequent specimen should be considered, particularly when the results are discordant with the histopathologic findings." Other than this there is no official/widely accepted consensus, practices vary. Some will order on all cases, others on select cases, some only upon clinician request.*
- Approximately 16% of patients with HER2 negative before neoadjuvant therapy changed to HER2 positive following treatment (Reference*:* ***Predictors of pathological complete response to neoadjuvant treatment and changes to post-neoadjuvant HER2 status in HER2-positive invasive breast cancer*** https://pubmed.ncbi.nlm.nih.gov/33526875/)

d) **Cold ischemia time:**

Some hospitals are tracking cold ischemia time, while many aren't. If in doubt about a HER2 IHC, better to err on the side of sending for FISH. If non-amplified, could be a false negative. Positive result however is extremely unlikely to be a false positive, and would be reliable and useful for management purposes.

CoPath – Searching for Checklists

For Sunquest CoPath users!

Here is a trick for searching the list of templates:
Use "%" before and after your search word.

Example, using %biomarker% in the search field will show all biomarker checklists: