Provincial Anatomical Pathology Advisory Committee
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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 and other news

The "Path Hub"

The **Path Hub** continues to serve as a central access point for provincial pathology resources, including the **Tumour Specific Testing Guidelines**, commonly used **requisitions**, and the **Provincial IHC List**. Together, these resources support consistent testing practices and provide easy access to essential documents used across BC.

Under the **Documents** tab, users can also access a range of AP Best Practice documents that promote standardized practice across the province. A newly added AP Best Practice document, "***Requests from Unaccredited Labs***," is now available to support sites in responding to such requests.

Pathologists are encouraged to visit the Path Hub regularly, as updates continue to be made. The **Tumour-Specific Testing Guidelines** have been updated for the following tumour types:

- Colorectal cancer and GIST
- Endometrial cancer
- Nasal cavity
- CNS tumours

In addition, **links to commonly used requisitions** have been added as part of our ongoing effort to keep the Path Hub relevant, practical, and up to date. We strive to keep all Path Hub resources up to date and encourage users to report any required updates to Brigette.Rabel@phsa.ca.

The Path Hub Has Moved!

We are pleased to announce that the **Path Hub** has officially migrated to a modern, enhanced platform on **SharePoint Online**. 🔗 **New Path Hub Link:**
https://healthbc.sharepoint.com/sites/PathHubPHSA/SitePages/Home.aspx

👉 **Remember to bookmark the new site** for quick and easy access to all resources.

Why the Move to SharePoint Online?

The transition to SharePoint Online brings several improvements that enhance usability, collaboration, and long-term sustainability:

- A cleaner, more intuitive layout for faster navigation
- Quicker access to files with streamlined version control
- Enhanced security features for safe, reliable access across health organizations
- Alignment with PHSA's cloud-based digital modernization strategy
- Scalable infrastructure to support future growth

Digital Pathology Update

Digital Pathology in B.C.: From Testbed Learning to Provincial Progress
"Knowing is not enough; we must apply. Willing is not enough; we must do." — von Goethe

Over the past two years, the Provincial Digital Pathology Testbed has brought together pathologists, medical laboratory technologists (MLTs), health authorities, and technology partners to explore how digital pathology can be implemented safely and effectively within British Columbia's laboratory system.

In 2023, all Health Organizations (HOs) participated in developing a Provincial Digital Pathology Reference Architecture (RA)—a blueprint to build a connected, standardized, and interoperable digital pathology system for the province. With funding from Innovate BC, several HOs spent the past two years advancing and testing components of the RA. Across the Testbed, participating sites within Northern Health, BC Cancer, St. Paul's Hospital (SPH), and Fraser Health contributed to evaluating scanning quality, image management approaches, and the technical and operational requirements needed to support a connected provincial ecosystem. More recent work at BC Children's Hospital (BCCH) and SPH has been particularly valuable in demonstrating how scanning and digital review can be incorporated into daily laboratory workflows and in identifying practical considerations for implementation at scale. These learnings have directly informed updates to the provincial Digital Pathology Reference Architecture and strengthened the province's understanding of the infrastructure, workflow design, costs, and governance needed to support future adoption.

The Testbed program will pause in its current form on April 1st while the work transitions toward health authority–led operational environments. The infrastructure, partnerships, and knowledge developed through the Testbed will continue to support organizations that wish to advance digital pathology within their own programs. Provincial Laboratory Medicine Services (PLMS) will continue to convene the Provincial Digital Pathology Working Group and advance shared priorities such as procurement alignment, reference architecture development, and the exploration of image management and AI capabilities. While this marks the transition of the Testbed phase, the province has established a strong foundation for the next stage of digital pathology in British Columbia—one focused on sustainable implementation, continued collaboration, and improved diagnostic capabilities for patients across the provincial laboratory system.

PLMS is grateful for the contributions of pathologists and laboratory staff, as well as experts in informatics, procurement, privacy, security, and other domains across our health system. We are especially appreciative of the laboratory teams within BC Cancer, BC Children's Hospital, Fraser Health, Interior Health, Island Health, Northern Health, and Vancouver Coastal Health for their time, expertise, enthusiasm, and dedication to this initiative.

Diagnostic and Molecular Pathology (DMP) Capabilities Review

A current state **Diagnostic and Molecular Pathology (DMP) Capability Review** was initiated in early 2026 by Provincial Lab Medicine Services (PLMS) and will be completed in March 2026. This review assesses the current state, readiness, and future needs of diagnostic and molecular pathology services across the province, examining clinical, operational, workforce, digital, infrastructure, and system-integration capabilities, including preparedness for digital pathology, molecular and genomics testing, and emerging diagnostic technologies.

The findings will be compiled into a report intended to support ongoing annual provincial planning for DMP practices, resources, and investments. The review spans **13 priority domains** identified by PLMS and health organizations as essential to sustaining and advancing pathology services across the province: Health Human Resources, Funding Models, Information Technology and System Infrastructure, Data and Analytics, Clinical Practices, System Integration and Collaboration, Transportation and Logistics, Supply Chain, Equipment, Facilities and Infrastructure, Quality, Safety and Accreditation, Research, and Education and Training.

Pathologists' Assistant Master's Program at UBC

UBC is advancing plans for a **new Master's-level Pathologists' Assistant (PA) program**, aimed at strengthening the pathology workforce and addressing growing system needs across Canada.

A recent labour market and environmental scan conducted by **UBC Extended Learning** confirms **sustained and increasing demand** for graduates of accredited PA programs. Nationally, there is a significant training shortfall - **only five PA programs currently exist in Canada,** collectively offering just **3–8 seats per program per year**. Notably, British Columbia currently has no accredited PA training pathway, representing a critical gap for the province.

Key next steps include:

- Initiating **curriculum development** in collaboration with the UBC Centre for Teaching, Learning and Technology
- Establishing a **PA Program planning group**
- Beginning discussions with **BC health authorities** to explore clinical placement capacity and partnership opportunities

This proposed program represents an important opportunity to enhance pathology service capacity, support team-based practice models, and build a sustainable training pipeline for BC.

Pathologist Special Interest Groups (SIGs)

Pathologist Special Interest Groups (SIGs) are open to all pathologists!

SIG meetings are accredited by the Royal College. At the end of the year, participants receive a certificate of participation which can be counted toward CME credits.

Any pathologist can join a SIG by sending an email to brigette.rabel@phsa.ca.

Neuropathology SIG

We are pleased to introduce the **Neuropathology Special Interest Group (SIG)**, chaired by **Dr. Ian MacKenzie** from VGH. The SIG will meet **4–5 times per year** and will focus on reviewing interesting and educational consult cases rather than formal presentations, with a preference for cases referred from other centres to VGH.

Topics for discussion will include:

- **Diagnostic challenges** encountered in neuropathology
- **Technical and quality-assurance issues**, such as immunohistochemistry differences between sites
- **Decision-making around additional studies**, including when molecular testing is warranted
- **Appropriateness of consult referrals** and expectations for work-ups

Any pathologist who would like to submit a case for presentation or is interested in joining the Neuropathology SIG can email brigette.rabel@phsa.ca. This new SIG will provide a valuable forum for shared learning, case-based discussion, and alignment of neuropathology practices across the province.

Autopsy SIG

We are pleased to highlight the new **Autopsy Special Interest Group (SIG)**, chaired by Dr. Launny Lowden of Interior Health. The SIG meets monthly and provides a provincial forum dedicated to strengthening and standardizing medical autopsy practice across BC.

Current projects underway include:

- Developing a **provincial adult autopsy consent form and requisition**
- Coordinating **referrals of autopsy specimens** to specialists (e.g. cardiac and neuropathology)
- Standardizing processes for requests for **non-coroner, non-hospital (community) medical autopsies**
- Creating an **Information for Families** document to support communication and clarity around consent

Future initiatives under discussion include:

- A framework for *autopsy competency*
- Enhancements to *residency education*
- *Infectious autopsy requirements* and related safety considerations
- Balancing care close to home with volumes required to support quality and sustainability (i.e. recommendations on *appropriate centralization of services*)
- Strengthening *QA practices* across provincial autopsy programs

Anyone interested in joining the Autopsy SIG is invited to email brigette.rabel@phsa.ca.

GI-Liver SIG

At the January meeting, Carol Cremin and Dr. Intan Schrader from the **Hereditary Cancer Program (HCP)** presented a proposal to add a "mainstream" hereditary cancer referral comment to **FNA/FNB reports** when **pancreatic ductal adenocarcinoma (PDAC) is confirmed or suspected**. The goal is to support more consistent referrals to the HCP and improve identification of eligible patients. The HCP supports use of this reminder for **both confirmed and suspected PDAC cases**.

Proposed report comment: *"Mainstream hereditary cancer testing is currently recommended for ALL patients with pancreatic adenocarcinoma. Any provider can order this testing using the Hereditary Cancer Multi-Gene Panel Requisition on the BC Cancer Genetics Lab website."* This comment has already been incorporated into the **Pancreas – Exocrine synoptic checklist**; however, it must currently be **added manually to FNA/FNB reports**.

Recent Synoptic Reporting Checklist Updates

Checklist Name	Change Details	Implementation Date
Breast Biomarkers	As requested by the Breast Special Interest Group: To align with the CAP Protocol, we are deploying the **Breast Biomarkers** checklist from mTuitive.	February 25, 2026
Endometrium – Hysterectomy	1. Previously, when **Myometrial Invasion** was "Not identified", the pT did not calculate. Now, this calculates as pT1a. 2. **LVI extent** responses have been changed - From: _Low (less than 3 vessel involvement) _Extensive (greater than or equal to 3 vessel involvement) To: _Low (less than 4 vessel involvement) _Extensive (greater than or equal to 4 vessel involvement)	March 24, 2026
Gynecologic Biomarker	As requested by the GYN Special Interest Group: To align with the CAP Protocol, we are deploying the **Gynecologic Biomarker** checklist from mTuitive. This replaces the **Endometrium – Biomarker** checklist.	February 2, 2026
Kidney - Nephrectomy	Previously, when **Histologic Type** was Papillary Renal Cell Carcinoma, the next mandatory question asked whether it was Type 1 or Type 2. Now, subclassification into Type 1 or 2 is no longer required.	March 24, 2026
Lip and Oral Cavity	Tumour Site – reformatted Margins – reformatted Lymph Node ENE – updated Pathologic Stage – reformatted	January 6, 2026
Lung – Resection	New optional fields: - IASLC Grade - EBUS FNA Result	January 6, 2026
Lung – Resection	When histologic type is squamous cell carcinoma, add optional question: **Tumour Budding** _ Low (0-9 buds) _ High (10 or more buds)	March 24, 2026
Ovary, Fallopian Tube and Primary Peritoneum	Previously, when the ovary capsule reported as "ruptured", staged automatically as pT1c2. This was incorrect. Now, an additional field asks whether rupture happened prior to surgery or during surgery. Staging calculations have been edited as follows: If ovarian rupture was:	January 22, 2026

	"intraoperative" → pT1c1 "preoperative" → pT1c2	
Pancreas – Exocrine	Update comment footer after consultation with the Hereditary Cancer Program From: Patients with pancreatic ductal adenocarcinoma are eligible for mainstream hereditary cancer testing. Any provider can order this testing using the Hereditary Cancer Panel Requisition on the BC Cancer Genetics Lab website. To: Mainstream hereditary cancer testing is currently recommended for ALL patients with pancreatic ductal adenocarcinoma. Any provider can order this testing using the Hereditary Cancer Multi-Gene Panel Requisition on the BC Cancer Genetics Lab website.	March 24, 2026
Prostate – TUR; Enucleation Specimen	This field has been changed From: Estimated Percentage Prostate Involved by Tumour: __% (numeric response) To: Estimated Percentage of **Submitted Prostate Tissue** Involved by Tumour: __% (**free text response**)	March 24, 2026