Annual Progress Report for Sub Specialty Advisors Committee in Histopathology

Liver Histopathology

1. Tissue pathways document for liver biopsies
Published in May 2008. This covers biopsies for medical indications and for the investigation of focal lesions, (this section also in the liver dataset document (Sept 07)). It emphasizes the need for clinical dialogue in producing a relevant biopsy report, and the need for recognised liver pathology network arrangements.

2. The National Plan for liver services
This BASL/BSG/AUGIS document from 2004 is currently being re-written. The first version made little reference to the role of histopathology, and we have submitted more detailed comments on this occasion, emphasizing the need for liver histopathology networks to match those envisaged for the clinical hepatology services.

The National Plan document recognizes three tiers of service provision - primary hospital responsible for routine investigations of non-emergency cases, hepatology centres for in-patient management and complex cases, and transplant centres (7 in UK).

3. National questionnaire of liver biopsy reporting
This was e-mailed to histopathologists by the RCPath in July 2008. There were 99 respondents representing 85 (about 40%) of relevant UK histopathology departments. There was sub-specialist reporting of liver biopsies in 77% of centres and 22% hospitals without hepatologists. Overall, liver cases accounted for 0.7% of all specimens received; about 62% of liver biopsies were medical, 38% tumour. About half of the respondents had been to a liver CPD event in the last 3 years, and 66% said they would like more time for liver CPD.

An ACP News article ‘Liver Pathology in the UK - What Is The Way Forward?’ was published in the ACP news in summer of 2008, to coincide with the e-mailing of the questionnaire. We plan to write up the results of this survey for the college bulletin.

4. Web site
The liver EQA scheme virtual slides since 2003 (12 circulations, 144 cases) with powerpoint of results and discussion are available on the web site for CPD: http://www.virtualpathology.leeds.ac.uk/eqa/liver_pages.php. In 2008 we expanded the site to include separate pages for other CPD related material, and other professional documents, including links to the RCPath for tissue pathways and liver data set. This page also includes the remit and minutes of the liver sub committee meetings.

5. Liver EQA scheme
This currently has 75 members and remains slide-based. During 2008, the secretarial support has transferred to the secretariat of the quality assurance reference centre in Leeds; this organization already runs three EQA schemes and employs a quality manager. The transfer has occurred smoothly we anticipate applying for CPA accreditation in 2009.
We are currently arranging the first meeting of histopathologists who report liver transplant biopsies, as part of the annual UK & Ireland Liver Transplant Meeting, London, December 2008.

6. Annual educational meeting
The second “Update in Liver Pathology” meeting in Lancaster, December 2007, had 65 attendees; the virtual slides and powerpoints are on the Liver Pages CPD website.

This year, the BDIAP meeting on 28-29 November is hepatobiliary and pancreatic pathology.

Starting next year, we hope to run annual CPD meetings over 2 days, to include a basic diagnostic liver course aimed at senior trainees and non-specialist consultants, together with an update meeting for specialist liver pathologists; this will again be followed by the hollow organ GI update meeting.

7. Routine cholecystectomy histopathology – National meta-audit
Following correspondence between RCPath and NHS Institute for Innovation and Improvement, this audit aims to determine whether there are circumstances in which histopathological examination of routine cholecystectomy specimens is unnecessary.

There were 54 responders to an RCPath e-mail in July 2008, of which 9 had previously audited routine cholecystectomy histopathology. Combining data suggests that about 0.5\% of 13,500 gallbladders (range 0 - 2.2\%) showed primary or metastatic malignancy – work is ongoing to determine how many were unsuspected before microscopy. 31/52 responders thought histology should be done on all gallbladders routinely. 34 expressed interest in participating in a future prospective audit, should this be required.

9. NICE appraisal, Sorafenib for advanced hepatocellular carcinoma
The submission on behalf of the RCPath has been given by Professor Hubscher.

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12.11.08