

## Annual report for sub-specialty advisors in histopathology – November 2012

### 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](http://www.virtualpathology.leeds.ac.uk/eqa/liver_pages.php)

#### 1. Liver CPD

a. Seventh annual liver pathology update meeting – Leeds, 6<sup>th</sup> December, local organiser Judy Wyatt. 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.

b. Educational course ‘Liver biopsy in the assessment of medical liver diseases’ was held for the third time at RCPATH in March 2012 and will be repeated in September 2013. 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. Fourth annual liver transplant histopathology meeting will be on 15<sup>th</sup> November in Leeds. This allows the pathologists from the 8 transplant centres in UK and Ireland to meet, discuss slides and service issues. It precedes the annual UK and Ireland Liver Transplant meeting.

#### 2. Liver EQA scheme

This currently has 99 members, with an increasing rate of new members. Both annual circulations are now discussed during the Winter BSG/ACP update meeting. Since 2011, responses have been submitted electronically (through SurveyMonkey) onto an excel spreadsheet. We are developing the educational aspects of the EQA scheme while retaining its quality assurance function for sub-specialists working in liver centres.

- introduction of ‘educational participant’ – non-EQA members can submit diagnoses based on photomicrographs prior to case discussion at the EQA open meeting,
- ‘masterclass’ style discussion of selected EQA cases, e.g. approach where no consensus reached or illustrating topical problems in liver pathology

The virtual slides, photomicrographs, results and discussions from previous circulations continue to accumulate on the website, now an archive of over 200 educational cases.

#### 3. Liver Cancer Dataset

The second edition of the liver dataset was published in June 2012. It 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. In line with TNM7, 7<sup>th</sup> edition of AJCC and 4<sup>th</sup> edition of the WHO Classification, all of which were published in 2009-10.

#### 4. Tissue Pathways

In 2012 we have been 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. The aim is for a draft for discussion at the December liver update meeting, and to complete in time for a symposium on medical liver biopsies at the 2013 BSG meeting.

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 measures 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.

#### 4. Future challenges

There are two items in the RCPATH Key Performance Indicators (2011) that are particularly relevant to medical 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.

If strictly applied this would drive centralisation of liver biopsy reporting, since virtual slide technology is not usable for medical liver biopsy EQA, and the slide based circulation is limited by the number of duplicates possible from needle core biopsies. Conversely, the national strategy is to support patient management in primary and secondary care wherever possible, reserving tertiary services for most complex e.g. liver failure and surgery..