

**Head & Neck Clinical Sub Group**

**Network Agreed Pathology Guidelines for UAT and Thyroid Cancer**

**Measure Nos: 11-1C-107i & 11-1C-108i**

The pathologists within the network adopt and follow the guidelines issued by the Royal College of Pathologists. See links below:

<http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g098datasetforthyroidcancerhistopathologyreportsfinal.pdf>

[http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g110\\_oralmucosaldataset\\_dec11.pdf](http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g110_oralmucosaldataset_dec11.pdf)

[http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g111\\_pharynxmucosaldataset\\_dec11.pdf](http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g111_pharynxmucosaldataset_dec11.pdf)

[http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g112\\_neckdissectiondataset\\_dec11.pdf](http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g112_neckdissectiondataset_dec11.pdf)

[http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g113\\_larynxmucosaldataset\\_dec11.pdf](http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g113_larynxmucosaldataset_dec11.pdf)

[http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g114\\_nosesinusesdataset\\_dec11.pdf](http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g114_nosesinusesdataset_dec11.pdf)

[http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g115\\_salivarydataset\\_dec11.pdf](http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g115_salivarydataset_dec11.pdf)

Thyroid cytopathology

<http://www.rcpath.org/Resources/RCPATH/Migrated%20Resources/Documents/G/g089guidanceonthereportingofthyroidcytologyfinal.pdf>

## Responsibilities

Following FNA / biopsy, responsibility to act on the results lies with the diagnostic and assessment service. Responsibility for taking action following resection and discussion of the post-op pathology information lies with the MDT.

## Unexpected Malignancies

In the event of malignancy being diagnosed unexpectedly (UAT only), the pathologist will make all effort to alert the clinician of the diagnosis by the end of that working day, by telephone or by faxing the report and requesting acknowledgement of receipt. If the clinician is a non-designated clinician, the pathologist can provide information regarding onward referral to a designated clinician. Some centres have pathology reports available electronically and in that instance, an email alert can be generated to ask the clinician to check the pathology report. This is then documented electronically.

## Data Collection

Pathologists agree to ensure that final pathological pTNM staging is included and is as clear as possible to assist data entering for database purposes.

## Clinical Lines of Enquiry

In response to clinical lines of enquiry, pathologists reporting UAT resections will alert MDT co-ordinators when resection pathology is available to ensure that all cases are discussed.

## Case Review

For cases discussed at MDT for which the biopsy has been reported elsewhere, it is at the discretion of the MDT as to whether they wish for the pathology to be reviewed. In these instances, the reviewing pathologist will copy his / her review report to the referring pathologist and also to the MDT clinician who has assumed care of the patient.

Difficult thyroid cases (benign v malignant) and salivary gland tumours are routinely sent to other MDT core member pathologists for review and there is a low threshold for doing so.

## Lymphoma

Lymph node biopsies which prove to be lymphoma are sent to a regional haematological malignancy diagnostic centre (Christie Hospital or elsewhere) for confirmation of the diagnosis and definitive sub-typing. It is the responsibility of the diagnostic and assessment service to ensure the patient is referred to a haemato-oncologist.