Bowel Cancer Screening Programme
WAHT-KD-021

Guideline for Histology Reporting

Worcestershire Acute Hospitals NHS Trust

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Approved by:	Bowel Screening Operational Meeting	
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Key Amendments

Date	Amendment	Approved by
19th June 2019	Documents extended for 6 months whilst reviewed	Emma Duggan
11th Feb 2020	Documents extended for 6 months whilst review and approval is processed	Emma Duggan
27th July 2020	Documents extended for 6 months during COVID-19 period	QGC/Gold Meeting

Introduction

This operational guideline refers to the pathway for histology samples and reports.

Details of Guideline

1. The endoscopy nurse will label the histology pots and will ensure that the histology request forms are completed and enter all details in the histology book in the endoscopy room. The SSP must ensure that there is one specimen per pot if there is more than one polyp, unless a polyp is removed piecemeal.

2. The endoscopy nurse will ensure that both the request form and histology pot can be identified as Bowel Cancer Screening by applying the BCSP sticker to the histology pot and histology request form. The SSP is responsible for checking that this has been completed.

3. The endoscopy nurse will ensure that a copy of the endoscopy report will be attached to the histology request form to accompany the specimen. The SSP is responsible for checking that this has been completed.

4. All specimens taken during a screening colonoscopy should be sent directly to the Histopathology Department the same day.

5. Each SSP will monitor results due from their respective screening lists to ensure that results are received within the 7 day target. SSPs will handover to colleagues in the event of annual leave/courses/sickness etc. Delays in receipt of histology should be referred to the histology department by telephoning histopathology and if unresolved an email should be sent to Consultant Histopathology Lead.This should take place at 5 days post procedure.

6. The histology results will be reviewed on the pathology reporting system (ICE) by the SSP using the BSG criteria for surveillance following adenoma removal. Atkins WS, Saunders BP (2002). After review the SSP can then contact the patient to either inform them of the results and further management or arrange a post investigation appointment. (See guideline: BCSP Guideline for informing patients of post investigation histology).

7. In the event of complex results being received or those indicating a suspicious lesion, the SSP should refer to the appropriate screening colonoscopist or Screening Director for advice regarding actions required. Once the pathway has been established the patient should be invited to attend a results clinic or given the results over the phone if this is their preference.

8. The BCSS will be completed for each patient, with all polyps recorded appropriately along with appropriate interventions and whether retrieved. The histology fields should be completed as soon as histology is available, with episode notes being completed for relevant information. The episode should be advanced as appropriate, and letters printed for the patient and GP, with a copy for scanning to eZ notes.
   In the event of the SSP being unable to record the data on BCSS (for example non accredited histopathologist) the problem should be immediately escalated to the Lead SSP or Programme Manager.

9. All relevant documentation to be completed by SSP.

10. Results should be filed on ICE.