

**SURGICAL PATHOLOGY REVIEW COMMITTEE (SPRC)
HEALTH SCIENCE CENTRE, HCCSJ
MINUTES OF MEETING, MARCH 9, 2004**

PRESENT: Dr. G. Ejeckam, Chairman
Dr. L. Dawson
Dr. M. Parai
Dr. J. Siddiqui
Theresa Curtis, Secretary

ABSENT: Dr. S. Battcock
Dr. A. Kwan
Dr. M. Thavanthan

1. CALL TO ORDER

Dr. G. Ejeckam, Chairman called the meeting to order at 2:10 p.m. on March 9, 2004 in Room 2767, HSC.

2. MINUTES OF THE MEETING OF SEPTEMBER 23, 2003

The minutes were adopted as circulated.

3. BUSINESS ARISING

3.1 Pathology Requisitions

Dr. L. Dawson stated Dr. D. Tennent brought to her attention the reported concerns regarding completion of pathology requisitions. She asked if there has been any improvement since Dr. D. Cook and Dr. R. Williams addressed this issue at the MAC meeting.

Much discussion was held on the importance of the completion of this form and how to resolve this issue. Dr. M. Parai suggested to re-design the form. This committee felt that redesign of the form would not make a big difference.

It was suggested to bring this issue to the O.R. Committee to have a policy implemented where the surgical specimen cannot leave the O.R. until the proper information is completed on the form. Dr. G. Ejeckam stated he will send a letter to Dr. Kwan, Chairman, O.R. Committee recommending this policy. Dr. L. Dawson will bring this issue to the Gynecology Departmental meeting.

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3. BUSINESS ARISING (CONT'D):

3.2 Review of Flagged Cases

Dr. G. Ejeckam circulated to the members incompleting pathology requisitions which were monitored over a three month period from the Health Science Centre and St. Clare's Hospital. Much discussion was held on this issue and the problems encountered because of the lack of history and how to resolve this issue.

Dr. Dawson stated most of the forms applied to the same surgeons and suggested they should be made aware of this. All agreed a standard policy should be implemented.

4. NEW BUSINESS

4.1 Pilot Project

It was suggested between 100 to 200 cases without proper information should be analyzed and categorized by surgeon and the number of cases.

4.2 Frozen Sections

Dr. G. Ejeckam stated that a lot of requests for frozen section were unnecessary. Much discussion was held on this issue. It was agreed that the physician and pathologist should consult prior to the case and if intraoperatively necessary, a frozen section should be done.

Dr. G. Ejeckam said he will circulate the CAP list of indications for Frozen section again as a reminder when to request it.

There was discussion outlining the pros / cons of doing the frozen section in the lab versus the O.R. It was agreed it was more feasible to continue doing the frozen sections in the O.R.

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4. NEW BUSINESS (CONT'D):

4.3 Pathology Reports – Addendum

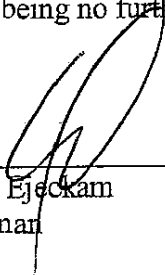
Dr. J. Siddiqui informed the committee of a situation regarding a case where the pathology report tumor summary stated a range of T3, addendum stated T4, then the pathology changed again to T3. He questioned if the pathologist should inform the doctor because these changes could affect the treatment of the patient.

He gave another example where a patient was diagnosed as non-small carcinoma to small cell carcinoma which changes a patient's treatment to either surgery or just chemotherapy. It was also noted there could be legal implications.

It was recommended that the addendum report should be sent to the oncologist by the physician. The pathologist should send a copy of the addendum directly to the requesting physician for a particular case in addition to entering the addendum in the computer (Meditech).

5. ADJOURNMENT

There being no further business, the meeting adjourned at 3:20 p.m.



Dr. G. Ejekam
Chairman

/tc