SITE CHIEFS MEETING - ANATOMIC PATHOLOGY
HEALTH CARE CORPORATION
WEDNESDAY, APRIL 22, 1998, 2:00 P.M.

The minutes of the meeting of March 19, 1998, were accepted by Dr. Sushil Parai and seconded by Mr. Terry Gulliver.

BUSINESS ARISING:

(A) **Update on Case Referral Policies:**

We are awaiting a legal opinion from the Corporation's lawyer regarding the wording of the document. It was also agreed that photographs should be taken for documentation in the case of a single slide showing pertinent histological features.

(B) **Adding New Immunoperoxidase Stains to Existing Panel:**

Dr. Griffin's letter was submitted to the Committee. After some discussion, it was agreed to acquire the Immunoperoxidase stains, CD5, CD10, Cyclin D1 and Calretinin. In regards to the rapid immunostaining technique, it was agreed that the current procedure employed at the General Hospital Site appears adequate. Currently, the DAKO envision system is employed which is a two step method giving comparable results to the rapid immunostaining technique outlined in Dr. Griffin's letter.

(C) **TNM Classification:**

There was considerable discussion regarding this with different points of views presented. On one hand, it is felt that this classification is part of a National standard and should be included on our report as part of a standardized classification and research mechanism. On the other hand, a viewpoint was expressed that the Pathology TNM classification may not be needed on a clinical basis. It was felt that some clinicians believed the tumor summary provides adequate information to formulate a clinical TNM classification. This is to be used in determining the type and intensity of treatment. Some expressed the opinion that it is the role of the pathologist to provide this standardized method of reporting while others feel it may be of no clinical benefit. It was decided that the best approach was to bring this to the Discipline Meeting with Dr. Thain from the Cancer Clinic, explaining his point of view. It is hoped that all pathologists will be encouraged to use this system.

(D) **Guidelines for Storage of Specimens (Blocks, Slides and Reports):**

It is agreed that the September, 1996 CAP minimal guidelines for storage of specimens, blocks, slides and reports will become a policy for the Division of Anatomic Pathology, Laboratory Medicine Program. Some discussion took place regarding the slide envelopes at St. Clare's containing the slides and pathology reports. It was expressed by some at the meeting that there was no need to include hard copy reports with the histology slides. Dr. Cook and Mr. Murphy will look into this and make the appropriate recommendation at the next meeting.

(E) **Update on Locum:**

Dr. Cook submitted a letter from Gordon Nash, Manager of Cost Shared Programs with the Department of Health, to the Committee. This is in regards to locums and their policy of not paying for weekends due to the fact that Pathology is not listed as a core speciality. This is considered unacceptable by those at the meeting and it is agreed that Dr. Haegert would pursue the matter with Dr. Bert Davis who is currently handling medical affairs with the Corporation and with the Dr. Bob Williams, once he assumes his duties with the Corporation on May 4, 1998. In the meantime, Dr. Cook, acting on behalf of the NAP, will consult with the Medical Association regarding this.

(F) **Estrogen Receptors:**

Dr. Cook wondered about the rider in the case where Estrogen Receptors stain less than 30% of the cells. Dr. Khalifa informed him that this rider is a recommendation only and is not part of the formal policy regarding the reporting of breast receptors.

NEW BUSINESS:

(G) **Management Professional Fee:**

Dr. Parai reported that in the past, the pathologists at the Grace were regarded as management personnel. As a result of that, he stated that their disability payments were covered by the Grace Hospital. However, this was discontinued shortly after the formulation of the Health Care Corporation. There was some discussion whether the pathologists should be regarded as managers and as a result, able to obtain the appropriate fringe benefits. Dr. Haegert will look into this.

Unfortunately, due to time restraints, a number of agenda items were not covered under new business, and these will be discussed at the next Site Chiefs meeting to be held at the Grace Hospital in the last week of May. The meeting adjourned at 3:55 p.m.

Respectfully submitted,

Donald M. Cook, MD, FRCP(C), FCAP
Site Chief, Anatomic Pathology, St. Clare's

DMC:jt