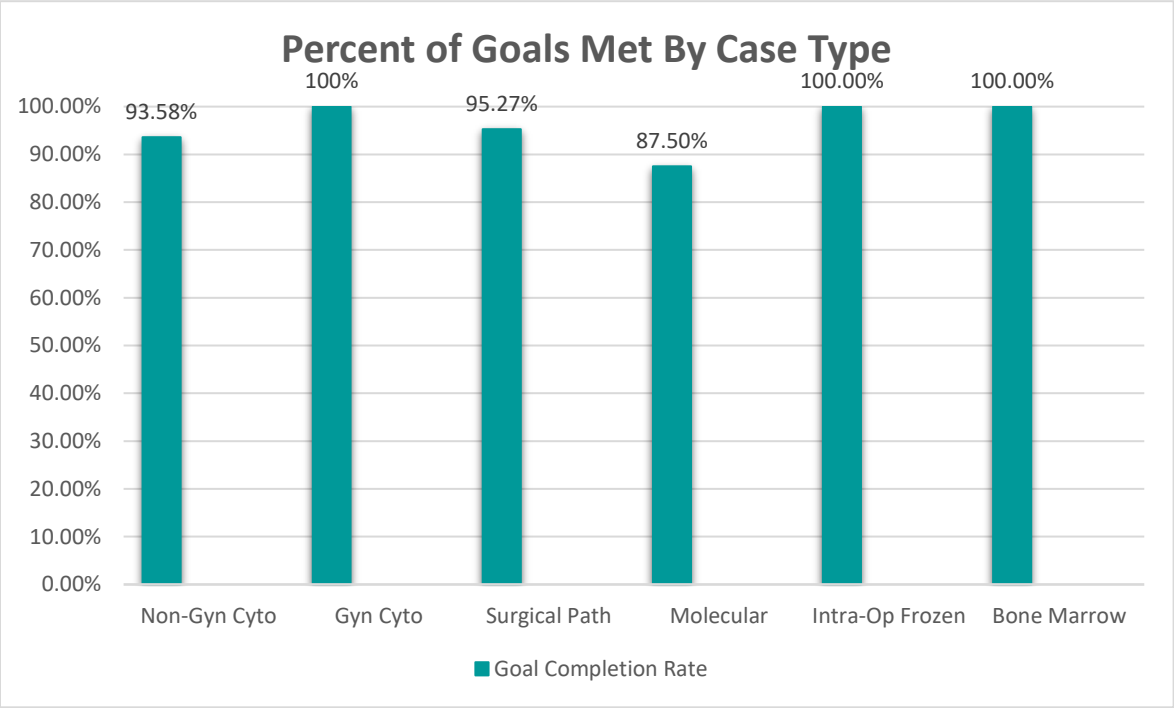
Associates in Pathology Quarterly Newsletter

4/23/2024 Quarter 1



Quarter 1 In Review

At Associates in Pathology, one of our main points of focus is case turnaround time (TAT). TAT for pathology specimens is an indicator of efficiency. TAT affects coordination of patient care, which in turn impacts satisfaction of both physicians and patients. We handle a variety of case types, each with their own TAT guidelines. Non-Gynecologic Cytology, FNAs, and Surgical Pathology cases have a goal of 90% signed out within 2 working days. Molecular cases have a goal of 3 working days and Gynecologic Cytology (Pap Smears) aim for within 7 working days. Bone Marrows have a goal of 90% signed out in 5 working days.

Frozen section analysis is an essential tool utilized during surgery by offering the surgeon a rapid diagnosis; therefore, frozen section TAT has a direct impact on patient's therapy and safety during/after surgery. With respect to our Intraoperative Single Frozen Sections, we strive to have a call back to surgeons in 20 minutes or less.

The chart above reviews AIP's TAT for 2024 Quarter 1.

IMPORTANT TERMINOLOGY

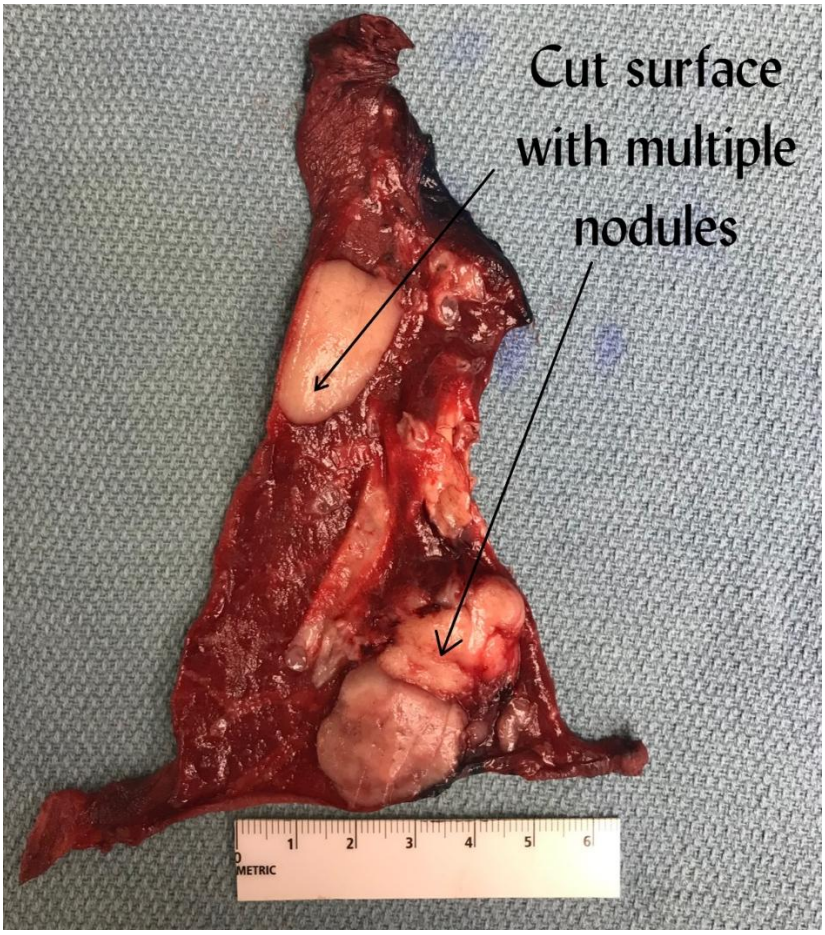
- Proper use of terminology ensures that specimens get delivered to the right area/laboratory so testing can begin and turnaround time and specimen quality is not hindered. When directing a tissue specimen to AIP, please use the terms SURGICAL PATHOLOGY or HISTOLOGY instead of "pathology".
- Pathology: When referring to the laboratory, pathology is an ambiguous term incorporating a wide range of biology research fields and medical practices. Pathology encompasses the following laboratories…
    - Surgical Pathology/Histology: study of tissues to help diagnose a disease and determine a treatment plan, Examines the characteristics of cells microscopically from tissues and organs (SP Exam in Epic, AIP)
    - Clinical Pathology: Hematology, microbiology, chemistry, blood bank, serology, molecular biology, etc. (Aspirus Regional Lab- ARL)
    - Cytology (non-Gyn, GYN, body fluids, FNA): examines single cells or small clusters of cells that are scraped from the body, aspirated with a fine needle, or collected from bodily fluids for diagnosing diseases (AIP)
- For shared specimens between ARL and AIP, please ensure that BOTH laboratories are receiving a portion for required testing.

INTERESTING CASE OF THE QUARTER: ADENOID CYSTIC CARCINOMA (ACC) METASTASIS TO LUNG

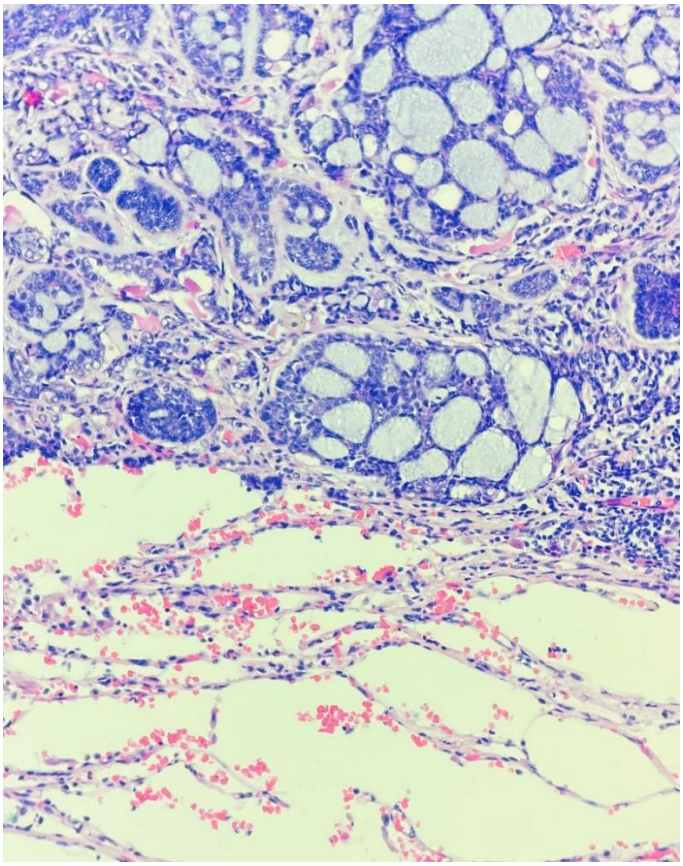
- Received is a 209 gr, 17 x 9 x 4.2 cm right lower lobe of lung
- No fewer than 10 masses are present, all with tan-pink cut surfaces, ranging from 0.5 to 4.3 cm greatest dimension
- All masses are diagnosed as adenoid cystic carcinoma
- The specimen has a pt3 stage due to multiple masses in one lobe
- Patient has adenoid cystic carcinoma of the trachea/carina with development of lung metastases

Facts

- ACC is second most common primary malignant tumor of the trachea
- Present with upper airway obstructive symptoms and signs including cough, dyspnea, and hemoptysis
- Primary tracheal tumors are rare, accounting for approximately 0.2% of entire respiratory system malignancies
- ACC arise from intercalated duct reserve cells of terminal tubular complex, which gives rise to tracheobronchial submucosal seromucinous glands



Picture 1: Lung lobe cut surface demonstrating multiple masses.



Picture 2: Normal lung parenchyma (bottom third of photograph) with tumor involvement superiorly.