COLLEGE of AMERICAN PATHOLOGISTS

FAQs

Topic: **Bone Marrow Synoptic Reporting for Hematologic Neoplasms**

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Why is this guideline needed?
Bone marrow reporting is highly variable among different institutions. Data elements for clinical decision making can be difficult to find or may not even be included in the report. Ultimately, the guideline will improve the consistency, accuracy, and completeness of diagnostic information reported across care teams.

If the guideline is in favor of the use of synoptic reports, why would one need a separate section that is not synoptic?
While the guideline restricts the synoptic section to a short list of evidence-based elements directly relevant to clinical outcomes, there are reasons to have a nonsynoptic section. The nonsynoptic section can include explanatory notes, such as interpretation of complex data, recommendations for further work-up, and relevant clinical history. In addition, it can document the working tools of the pathologist such as differential counts, a complete list of special stains, or immunohistochemistry used in the work-up.

Does this guideline prohibit the use of free-text in the synoptic report?
Yes. However, there is no restriction on free text in the nonsynoptic section of the report.

Does this guideline replace the CAP Cancer Protocols?
No. The CAP Cancer Protocols are templates that can be used for reporting. They contain additional useful elements based on expert opinion. Many of these elements are optional. The synoptic guideline is not a template; it is a framework that can be used to inform templates.

There are elements in the guideline that are not included in the current CAP Cancer Protocol for Hematologic Bone Marrow (3.0.1.1). What should I do?
If your laboratory uses this cancer protocol, you may continue to use it. However, you should work towards including in your reports any diagnostically pertinent elements detailed in the synoptic guideline. When the protocol is updated, the guideline will be considered.

What is a "diagnostically pertinent" element?
It is an element that has been shown to impact patient outcome and management.

Our laboratory information system supports the use of special characters such as tables in our reports, why shouldn't we use them?
The guideline recommendations do not call for the use of special characters in the synoptic section. However, there are no restrictions on the use of them in the nonsynoptic section as long as there is accurate, validated transmission across interfaces to all clients receiving the reports.

How will the guideline be enforced? What happens if a laboratory doesn't follow the guideline?
As with any clinical evidence-based guideline, following the recommendations is not mandatory. These recommendations may be incorporated into future versions of the CAP Laboratory Accreditation Program (LAP) checklist; however, they are not currently required by LAP or any regulatory or accrediting agency. It is only highly encouraged that laboratories adopt these recommendations. The hope is that over time, as laboratories select or develop their synoptic reporting templates for bone marrow specimens, they follow the guideline framework.

*Inactive guidelines are no longer updated with systematic literature reviews, but the recommendations may still be useful for educational, informational, or historic purposes.

REFERENCES

1. Sever C, Abbott C, de Baca M, et al. Bone marrow synoptic reporting for hematologic neoplasms: guideline from the College of American Pathologists Pathology and Laboratory Quality Center. *Arch Pathol Lab Med*. 2016;140(9):932-949.

2. Hussong JW, Arber DA, Bradley KT, et al. Protocol for the examination of specimens from patients with hematopoietic neoplasms involving the bone marrow. College of American Pathologists. http://www.cap.org/ShowProperty?nodePath=/UCMCon/Contribution%20Folders/WebContent/pdf/bone-13protocol-3111.pdf. Updated March 13, 2015. Accessed October 28, 2015.