COLLEGE of AMERICAN PATHOLOGISTS

Bone Marrow Synoptic Reporting for Hematologic Neoplasms

Statements and Strength of Recommendations

Summary of Recommendations

Guideline Statement		Strength of Recommendation
1.	Laboratories should adopt synoptic reporting as a component of bone marrow pathology reports for clearly defined neoplasia or widely applied classification schemes and receive appropriate institutional support.	Strong Recommendation
2.	When reporting on peripheral blood specimens for bone marrow synoptic reports, laboratories should report clinically and diagnostically pertinent elements, if available. These key elements may include one or more parameters from complete blood cell count, absolute cell counts, and relevant morphologic descriptors.	Strong Recommendation
3.	When reporting bone marrow aspirate results, laboratories should report clinically and diagnostically pertinent elements in the synoptic section. These key elements may include the evidence-based parameters such as blast percentage, dysplasia, myeloid to erythroid ratio, morphology of myeloid/lymphoid elements, and enumeration of lymphoid elements and plasma cells; additional elements may be included in nonsynoptic sections of the report.	Strong Recommendation for blast percentage; Recommendation for all other parameters
4.	When reporting bone marrow core biopsy results, laboratories should report clinically or diagnostically pertinent elements in the synoptic section. These key elements may include the evidence-based parameters such as fibrosis, cellularity, distribution pattern of hematopoietic elements, morphology of lymphoid elements, and enumeration of lymphoid elements and plasma cells; additional elements may be included in nonsynoptic sections of the report.	Strong Recommendation for fibrosis; Recommendation for all other parameters
5.	If relevant ancillary testing studies are performed on the primary sample (blood or bone marrow), laboratories should report the results, general methodology, performance site and interpretation site or have the data be readily available. If the results are not available, pending status should be explicitly stated.	Strong Recommendation
6.	Laboratories should include in the synoptic section of the report data groups for diagnosis, supporting studies, and ancillary data that are critical for diagnosis. Key morphologic descriptors should be included and may be in the diagnosis line if critical or if a component of the disease classification. The diagnosis (or diagnosis group) should head the synoptic section when possible. A narrative interpretative comment should immediately follow the synoptic section if required.	Strong Recommendation for inclusion of data groups for diagnosis, supporting studies, and ancillary data; Recommendation for the layout of the data groups

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

Summary of Recommendations continued

Guideline Statement		Strength of Recommendation
7.	Laboratories should consider the integrity of electronic data transmission for formatting and data presentation of synoptic reports.	Strong Recommendation
8.	No recommendation is made regarding the inclusion of coding terms in a synoptic report because coding terms are distinct from scientific terms and vary considerably among health authorities, payers, and different countries.	No Recommendation
9.	Laboratories should include clinical and laboratory data required for a definitive diagnosis in the synoptic section, along with its source(s), if applicable.	Recommendation

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.

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