



Consensus Statement on Effective Communication of Urgent Diagnoses and Significant, Unexpected Diagnoses in Surgical Pathology and Cytopathology From the College of American Pathologists and Association of Directors of Anatomic and Surgical Pathology
Assessment and Reaffirmation Summary – June 26, 2017

Introduction: The “Consensus Statement on Effective Communication of Urgent Diagnoses and Significant, Unexpected Diagnoses in Surgical Pathology and Cytopathology From the College of American Pathologists and Association of Directors of Anatomic and Surgical Pathology”, originally published in print in the February, 2012, issue of *Archives of Pathology and Laboratory Medicine*, has been reaffirmed following a comprehensive assessment and reaffirmation process.

Background: The guideline, “Consensus Statement on Effective Communication of Urgent Diagnoses and Significant, Unexpected Diagnoses in Surgical Pathology and Cytopathology From the College of American Pathologists and Association of Directors of Anatomic and Surgical Pathology” was initially developed in 2011 by a working group comprised of pathologist members of the College of American Pathologists and the Association of Directors of Anatomic and Surgical Pathology. The guideline was based upon a systematic review, with a comprehensive literature search completed utilizing Ovid MEDLINE (3/1/2011), CSA Illumina Conference Papers Index (3/1/2011), and Google Scholar (3/1/2011), and including relevant articles published in English during the date parameters of January 1, 1990 through February 28, 2011. No initial limits on publication types were set.

Update

Process: For the assessment and reaffirmation process, the original search strategy was rerun in Ovid MEDLINE on 11/1/2016 with the date parameters set to capture articles published from 2/1/2011 through 11/1/2016. In addition, a citation search was run in Scopus on 11/1/2016, and guideline repository and systematic reviews websites (i.e., National Guidelines Clearinghouse, Guideline International Network, Cochrane Library, Prospero) and relevant organizations’ websites (i.e., Clinical Laboratory Standards Institute, Royal College of Pathologists) were hand searched. Supplemental searches were completed in PubMed and Scopus, with a title screen completed for relevant articles. A total of forty articles were loaded into DistillerSR (Evidence Partners, Ottawa, Canada) and a dual review of titles and abstracts was completed using a signals approach, with only those with the potential of providing data that could strengthen, contradict, or diminish the original statements included for further review. Fifteen articles were selected to undergo a full text review. Upon review, none of the reviewed articles were felt to contradict or diminish the original recommendations, nor did they provide objective data that would change the original statements in any way. All of the original consensus statements were reaffirmed by both reviewers.



Benefits and

Harms:

The potential benefits of this consensus statement include providing clarification of the concept of critical values in relation to anatomic pathology, promoting the effective communication of urgent and significant, unexpected diagnoses in surgical pathology and cytology, and reducing the risk of patient death or serious harm due to lack of communication of these diagnoses.

Potential harms of this consensus statement are difficult to assess but may result during problematic situations that are not easily addressed by policy. A false sense of security may occur when a communication plan is developed but results are communicated to someone who fails to broadcast the message to other providers directly responsible for diagnostic or therapeutic decision making. The consideration of alternative methods of communication and contact with primary treating clinicians for all direct time-sensitive communications is emphasized. Laboratories must be diligent when developing and implementing a communication plan for urgent or significant/unexpected diagnoses. A more detailed discussion of potentially problematic situations can be found under "Cautionary Notes" in the original document.

Review and

Approval:

A summary document was created outlining the updated literature search and the citation list of all full text articles reviewed, and distributed to all members of the original expert panel and guideline authors. After review, all nine expert panel members formally approved and reaffirmed the consensus statement. The College of American Pathologists' Center Committee, which provides oversight to all guideline and consensus statement development processes, unanimously approved the consensus statement's reaffirmation on January 28, 2017. The College of American Pathologists' Council on Scientific Affairs voted unanimously to bestow final approval of the consensus statement's reaffirmation on February 18, 2017. The Association of Directors of Anatomic and Surgical Pathology confirmed their approval of the document's reaffirmation on April 22, 2017.

Details:

Approved by the College of American Pathologists (CAP) on February 18, 2017

Approved by the Association of Directors of Anatomic and Surgical Pathology (ADASP) on April 22, 2017

Citation:

Nakhleh RE, Myers JL, Allen TC, et al. Consensus statement on effective communication of urgent diagnoses and significant, unexpected diagnoses in surgical pathology and cytopathology from the College of American Pathologists and Association of Directors of Anatomic and Surgical Pathology. *Arch Pathol Lab Med.* 2012;136(2):148-154