



## Interpretive Diagnostic Error Reduction Guideline Update Draft Recommendations and Good Practice Statements

Guideline Update Draft Statements	Strength of Recommendation/Category
1. Anatomic pathologists should develop procedures for review of pathology cases in order to detect disagreements and potential interpretive errors, and to improve patient care.	Strong Recommendation
2. Anatomic pathologists should perform case reviews in a timely manner to have a positive impact on patient care.	Strong Recommendation
3. Anatomic pathologists should have documented case review procedures that are relevant to their practice setting.	Good Practice Statement
4. Anatomic pathologists should continuously monitor and document the results of case review.	Good Practice Statement
5. If pathology case reviews show poor agreement within a defined area, anatomic pathologists should take steps to improve agreement.	Good Practice Statement
6. Anatomic pathologists should use fewer tiers (eg, two tiers versus three or more tiers) if possible and with clinical relevance, when there is poor agreement in grading.	Good Practice Statement

**Additional Findings:**

The guideline expert panel reviewed literature for the key question if the use of artificial intelligence increases or decrease the rate of error reduction. The evidence was insufficient to draft a guideline statement using the Grading of Recommendations Assessment, Development and Evaluation (GRADE) framework. The panel, however, concluded from the studies that artificial intelligence has the potential to be promising, however regulatory framework needs to be developed before clinical implementation.

**Disclaimer**

The information, data, and draft recommendations provided by the College of American Pathologists are presented for informational and public feedback purposes only.

The draft recommendations and supporting documents will be removed on November 20, 2024.

The draft recommendations along with the public comments received and completed evidence review will be reassessed by the expert panel in order to formulate the final recommendations.

These draft materials should not be stored, adapted, or redistributed in any manner.

**Please note:** comments are not posted automatically. All comments will be posted on a weekly basis beginning October 30, 2024.



Certainty of Evidence Grades <sup>1</sup>	
Grade	Definition
High	There is high confidence that available evidence reflects true effect. Further research is very unlikely to change the confidence in the estimate of effect.
Moderate	There is moderate confidence that available evidence reflects true effect. Further research is likely to have an important impact on the confidence in estimate of effect and may change the estimate.
Low	There is limited confidence in the estimate of effect. The true effect may be substantially different from the estimate of the effect.
Very Low	There is very little confidence in the estimate of effect. The true effect is likely to be substantially different from the estimate of effect. Any estimate of effect is very uncertain.

Strength of Recommendations <sup>1</sup>		
Category	Definition	Rationale
Strong Recommendation	Recommend for or against a particular practice (Can include “must” or “should”)	Supported by high or moderate quality of evidence and clear benefit that outweighs any harms.
Conditional Recommendation	Recommend for or against a particular practice (Can include “should” or “may”)	Some limitations in quality of evidence (moderate to very low), balance of benefits and harms, values, or costs but panel concludes that there is sufficient evidence and/or benefit to inform a recommendation.

References

- Schuenemann H, Brozek J, Guyatt G, Oxman A, eds; The GRADE Working Group. GRADE Handbook for Grading Quality of Evidence and Strength of Recommendations: Gradepro website. Updated October 2013. Accessed February 29, 2024. <https://gdt.gradeapro.org/app/handbook/handbook.html>

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