

AB192. 168. Improving the diagnostic quality of data on melanoma pathological reports in a tertiary referral center—a retrospective audit

Matt Davey¹, Christina Buckley², Shirley Potter², Alan Hussey²

¹National University of Ireland, Galway, Ireland; ²Department of Plastic, Reconstruction and Aesthetic Surgery, Galway University Hospital, Galway, Ireland

Background: Pathological assessment of tissue is a critical aspect in the multidisciplinary management of Malignant Melanoma. Histological parameters of the primary tumour are the strongest predictors of outcome in patients with clinically localized primary melanoma and strongly influence the next stages of management. Traditionally, the British Association of Dermatology (BAD) guidelines for melanoma pathology reports used in Ireland. The International Collaboration on Cancer Reporting (ICCR) have developed an internationally agreed, evidence based

dataset for pathological reporting of cutaneous melanoma.

Methods: All primary melanoma pathology reports were evaluated from February 2018 to June 2018. Data was retrieved from the Galway Melanoma Multidisciplinary team (MDT). Compliance with the BAD and ICCR guidelines were assessed.

Results: A total of 84 malignant melanoma pathology reports were analyzed. Reports contained 71.2% of the 'required' ICCR pathological features, and 62.8% of the ICCR 'recommended' features. Upon comparison with the BAD guidelines, reports contained 78% of the BAD guideline criteria.

Conclusions: Accurate pathological reporting is essential to accurate melanoma diagnosis. Our results show that improvements can be made in terms of pathological reporting of melanoma. Following this study, we have closely adopted the ICCR guidelines and plan to re-evaluate practice over the next year.

Keywords: Melanoma; pathology; reports

doi: 10.21037/map.2019.AB192

Cite this abstract as: Davey M, Buckley C, Potter S, Hussey A. Improving the diagnostic quality of data on melanoma pathological reports in a tertiary referral center—a retrospective audit. *Mesentery Peritoneum* 2019;3:AB192.