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## FROZEN SECTION AND PERMANENT SECTIONS CORRELATION

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### FROZEN SECTION AND PERMANENT SECTIONS CORRELATION: POLICY AND PROCEDURE

**Purpose:** All cases with intraoperative diagnoses (frozen section consultation including touch prep) are reviewed at the time of case sign-out for any discrepancies in the original frozen section diagnosis and/or with the final diagnosis.

**Policy:** Diagnosis review must be performed on 100% of Frozen Sections and intraoperative touch preps by the pathologist assigned to the surgical pathology case sign-out.

**Procedure:** All frozen section slides and permanent sections are submitted to surgical sign-out pathologist. If it happens that the sign-out pathologist is the same pathologist who reviewed the case originally, he/she must give the case to another pathologist for review before the case is signed out.

The results of the review of the frozen sections and the permanent sections are performed independently and recorded on the Frozen section – permanent section correlation form (see attached form) are classified as follows:

- . No significant differences of opinion
- . Minor disagreement that does not change the diagnosis or affect patient care
- . Disagreements in diagnosis with minimal effect on patient care
- . Major discrepancies that affect treatment of patient and may require a revised report.

Cases, for which there are discrepancies, are brought to the attention of the primary Pathologist responsible for the frozen section diagnosis. The responsible attending clinician is notified of the discrepancy, if major, and a report that documents the discrepancy is prepared and kept on file within the department.

Reasons for the discrepancies are also discussed in the final diagnostic report for the individual case.

Any discrepancies between the results of frozen - permanent sections should be addressed in the 'Comment' field of the report and the clinician is notified of any major discrepancy. This notification must also be documented.

The record of the discrepancies is kept, the Director Anatomic Pathology is notified and data generated is submitted to the QA committee for review and for documentation of the On-going Professional Performance Evaluation (OPPE).

Recurring problems experienced by individual Pathologists are discussed with the Director of Anatomic Pathology and corrective plan is undertaken.

This will be incorporated into the monthly reports to the Chairman of Pathology at UT Health and the Chief Medical Officer of MHH-TMC and LBJ Hospitals.

Reviewed and approved by :Jaiyeola Thomas-Ogunniyi, FRCPath(UK) Professor, Vice-Chair Anatomic Pathology

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Breast/GYN Pathology