# SOP5352/6 – Findings During Retrieval Requiring Histopathology Assessment

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### **Objective**

During the Organ Retrieval Process there are occasions when suspicious lesions are identified that require histopathology assessment. This is not a service provided or commissioned by NHSBT and the destination of samples can vary significantly.

This process provides guidance for all those involved in the histopathology assessment of samples that may affect the safety of an organ, including SNODs, NORS teams, histopathologists, Biomedical Scientists, Hub Operations staff, and Receiving Centres

### Changes in this version

Addition to update the DFCS handover form and the regional post donation trackers.

Merging of 'Transplanting Centre' and 'Receiving Centre' responsibilities.

Addition of report to be uploaded by the SN.

Procedural diagram updated to new format.

#### **Roles**

- National Organ Retrieval Team (NORS) –
  Identify any lesion that may require
  histopathology assessment, gain advice
  where required and inform the SNOD as
  soon as lesion identified. To complete all
  relevant clinical information on National
  Request Form (FRM5867)
- Specialist Nurse (SN) To facilitate the organisation of samples to be sent for histopathology assessment as agreed by the NORS surgeon and complete demographics on the National Histopathology Request Form (FRM5867). To communicate, report and document any findings requiring additional action that is identified during the organ donation process to Hub Operations. The SN is responsible for ensuring the provisional and final histopathology results are ascertained. SN to follow SOP4938 for sharing of new clinical information.
- Histopathology Laboratory Notify SN/Hub Operations of any findings or results following histopathology assessment.
- Hub Operations (HO) To follow SOP4938 for sharing of new clinical information.
- Receiving Centres— To notify Hub
   Operations if there is any change in agreed process for assessment. To notify Hub
   Operations immediately if any new suspicious lesions are identified at organ assessment at the Recipient Centre as per SOP5735.
- Donor Family Care Service (DFCS) To forward all histopathology findings to the SN as soon as they are received from Hub Operations. N.B. the DFCS is not a 24/7 service.

### **Instructions**

This SOP is intended to support and advise the SN on steps when a need for histopathology is identified during deceased donor organ retrieval. Such findings require immediate assessment, communication, and an application of critical thinking by the SN and NORS Lead in theatre.

On all occasions access to histopathology should be considered in the following order:

1. Donor Hospital (Trust / Board)

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- 2. Attending NORS Team base hospital
- 3. 'Recipient Centre' (sample sent with accepted organ for histopathology) in order of urgency Cardiothoracic

Liver Kidney

Care should be taken to ensure all options are explored however consideration must also be given to the type of donor DBD/DCD and the point in the retrieval process when the findings are made. Recipient centres must be made aware as fast as possible that there is a suspicious lesion (Cardiothoracic recipient surgery may already have commenced). For example:

- DBD whether prior to or after cross clamp. It is permitted to delay cross clamp for 60 minutes to identify a centre/pathologist who will provide an opinion.
- DCD will always be post asystole therefore impact on cold ischaemic times. If novel therapies are in use such as NRP / Organ Ox, this will potentially allow additional time to seek histopathology support. (NRP applies only to abdominal organs, and OrganOx applies only to liver).

On all occasions immediate findings must be communicated to all centres as per SOP4938 Sharing Clinical Information.

The process below outlines the steps to be taken when histopathology resource is identified. On all occasions where samples are taken for histopathology FRM5867 must be used which is available via the SN Donor Pack.

In circumstances where no histopathology is available resulting in stand-down of the deceased organ donors a Clinical Governance notification should be made: <a href="https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/">https://www.odt.nhs.uk/odt-structures-and-standards/governance-and-quality/tell-us-about-an-incident/</a>

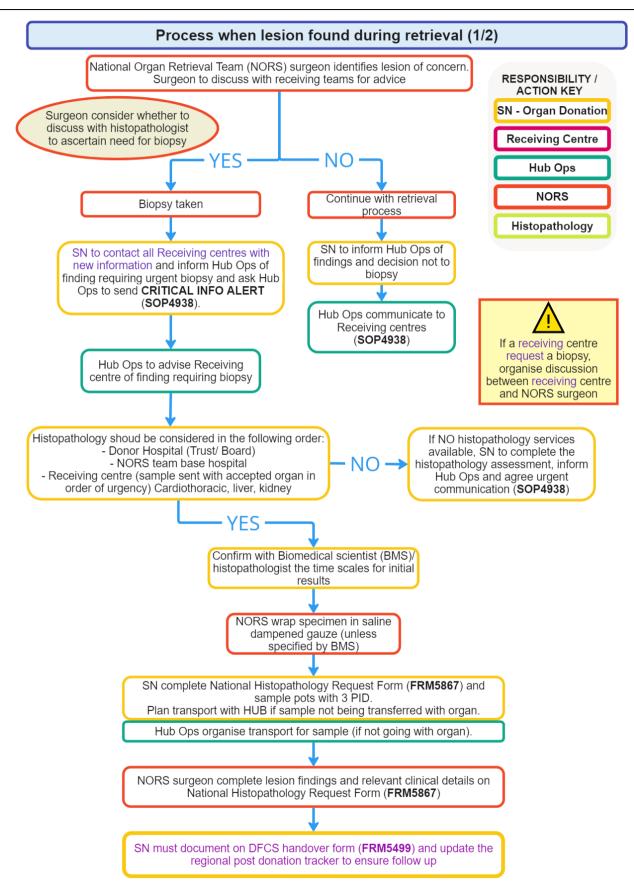
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### Process when lesion found during retrieval (2/2)

SN informs Hub Ops of where histopathology will be completed and expected timescales for initial results confirming communication cascade (SOP4938)

Samples are processed on arrival by BMS/ histopathologist

If suspicious lesion is noted at the Receiving centre that was not noted during retrieval and a biopsy is taken, Hub Ops must be immediately contacted (SOP5735) to ensure all other centres are informed of findings If at any point a decision is made by anyone involved, NOT to process a sample or timescales are altered, then ALL Receiving centres MUST be informed (SOP4938) to ensure the decision does not impact on the implantation of any organs. This is still the case if it is felt the lesion is not suspicious.

RESPONSIBILITY /
ACTION KEY

SN - Organ Donation

Receiving Centre

Hub Ops

NORS

Histopathology

SN to liaise

with

histopathologist if results not

received within

expected

timescales

When initial results are available contact the SN who can provide details of implanting surgeons/ recipient coordinators if needed to discuss difficult/ equivocal case. Provide SN with preliminary findings and confirm written report/ summary will be sent to Hub Ops via secure email immediately to enable dissemination to Receiving centres.

Email a copy/ summary of the frozen section report immediately to odthub.operations@nhsbt.nhs.uk (via secure email). Include pathologist name and contact number in case surgeon needs to discuss case. Email must include 3 donor PID

Hub Ops must disseminate to the SN (regional inbox) as per SOP4938.

SN to review report and check if further clinical explanation required. Upload to DonorPath under Miscellaneous - title 'Interim Histopathology'.

SN <u>MUST</u> update CDD (Indicated by Wifi symbol) with new clinical information.

HUB Ops to disseminate to Receiving centre when requested by SN.

Histopathology to email final report to <a href="mailto:odthub.operations@nhsbt.nhs.uk">odthub.operations@nhsbt.nhs.uk</a> (via secure email). Email must include donor's 3 PID

Hub Ops to forward final report via secure email to SN (regional inbox) as per SOP4938.

SN to update post donation tracker and upload final report on DonorPath under 'Final Histopathology Report'.

SN **MUST** update CDD (Indicated by Wifi symbol) with new clinical information.

Ask Hub Ops to forward to receiving centres.

Hub Ops to contact Receiving centre to advise new information available on TransplantPath as per **SOP4938**. If SN receives report from alternative source, please follow SOP4938

INAL REPORT

**NTERIM REPORT** 

A final report is required for ALL biopsy samples even if frozen section is benign.

If final report not received within expected timescales, SN MUST contact histopathologist to discussed expected time for receipt of report

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### **End of Procedure**

### **Definitions**

None

#### **Related Documents / References**

- FRM5867 National Histopathology Request Form
- FRM5499 SN to DFCS Handover Form
- MPD881 Findings Requiring Additional Action
- SOP4938 Clinical Information Sharing
- SOP5735 Findings at a Transplant Centre Requiring Histopathology

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