

# Large-Scale Human Tissue Analysis Identifies in Surgical Pathology Reports with Umbilical Discharge

Anna Parwani\*

Department of Pathology, university of Pittsburgh Medical Center, USA

## Abstract

Surgical pathologists employ a range of expressions to convey varied levels of diagnostic certainty, however these expressions may be misunderstood [1]. This study aimed to evaluate the context, types, and frequency of use of expressions of diagnostic uncertainty in the diagnostic line of surgical pathology reports, evaluate expressions of uncertainty by experience and gender, ascertain how these expressions are interpreted by clinicians and pathologists, and evaluate potential solutions to this communication issue. We examined 1500 surgical pathology reports to count the number of times uncertainty phrases were used, to identify the most frequently used ones, and to check for differences in usage rates based on case type, experience, and gender [2]. Doctors at tumour boards were surveyed, and they were asked to rate the degree of certainty [3]. We draw the conclusion that non-standardized terminology is a substantial cause of misunderstanding among pathologists and between pathologists and doctors when expressing diagnostic uncertainty [4]. All facets of medicine require the sharing of diagnostic ambiguity. Since pathology is typically the last line of diagnosis, when the pathologist expresses doubt about their conclusion, it may result in postponing therapy, repeating a biopsy, and other interventions that raise costs for healthcare and may have a negative effect on patient care [5]. Using ambiguous language in the diagnostic line is standard procedure in the pathology field, especially when dealing with biopsy specimens. This may be understandably the result of insufficient tissue or significant artefact that prevents accurate interpretation. Nonstandard situations are another factor stated as an uncertainty unsubstantiated to avoid being held accountable for a wrong diagnosis [6]. We take pride in our language prowess as pathologists. Pathologists are both very specific and very creative in their word choices when expressing ambiguity. Veterinary pathologists were surveyed about their sign-out procedures in 2004. It was discovered that they used at least 68 different words to convey doubt. In the literature on human pathology, there isn't a study like it.

**Keywords:** Application, cell phone, consultation, digital pathology, I Phone, smartphone, telepathology

## Introduction

Naturally, depending on how well they grasp the pathologist's intent, clinicians and other members of the medical community interpret and apply these statements differently [7]. "Consistent with" and "worrisome for" may have various meanings and suggest different actions to the pathologist, potentially representing a scaled continuum of diagnostic certainty [8]. However, we are failing both ourselves and our patients if this difference is not fully understood by the clinicians [9]. This study set out to identify and measure this potential discrepancy between intent, perception, and diagnostic language in order to start looking for ways to bridge it [10]. We tallied the frequency of terms of diagnostic doubt in 1500 sequential surgical pathology reports from our institution to estimate the rate of utilisation of these phrases [11]. We conducted an anonymous poll of participants at multidisciplinary tumour boards to determine how various terms were perceived by doctors [12]. We organised a focus group by sending a more thorough survey to seven senior physicians in various departments in order to find workable answers to reporting of ambiguity. In this poll, participants ranked In our concentrated investigation of seven senior doctors, we discovered significant variation in the clinicians' assessments of the degree of confidence attached to various terms [13]. The many clinicians we surveyed also had varying views on how we should approach this communication issue. Many of the free text comments we got were insightful and reflected their own preferred method for handling these problems [14]. For instance, one surgeon underlined the necessity of having a direct phone conversation or, at the very least, reviewing the slide in person with the pathologist [15].

## Discussion

Another person noted that choosing the appropriate threshold to treat or explore additional diagnostic evidence was more important than categorising the level of ambiguity. Additionally, we wanted to determine which terms however the information is not displayed here. Only responses with an unqualified diagnosis or the words "consistent with" were judged actionable for definite therapy from the majority of comments in the targeted survey. We took into account a variety of probable causes that are frequently said to be connected with a hedged diagnosis. No statistically significant differences were found when the use of uncertainty expressions by pathologists in reporting was examined by age and gender. This disproves the idea that expressing hesitation is tied to a lack of expertise or, more archaically, the pathologist's gender. Both of these hypotheses are not supported by our results. Conflicting or low probability staining results, a lack of or inconsistency in the clinical information, ambiguous criteria, and other factors are additional potential explanations for manifestations of ambiguity in diagnostic lines At a nationwide event on the subject, we presented some potential solutions to the focus group clinicians at our institution

\***Corresponding author:** Anna Parwani, Department of Pathology, university of Pittsburgh Medical Center, United States, Email: AnnaParwani89@gmail.com

**Received:** 01-Sep-2022, Manuscript No. jdce-22-75306; **Editor assigned:** 05-Sep-2022, PreQC No. jdce-22-75306 (PQ); **Reviewed:** 12-Sep-2022, QC No. jdce-22-75306; **Revised:** 19-Sep-2022, Manuscript No. jdce-22-75306 (R); **Published:** 30-Sep-2022, DOI: 10.4172/jdce.1000164

**Citation:** Parwani A (2022) Large-Scale Human Tissue Analysis Identifies in Surgical Pathology Reports with Umbilical Discharge. J Diabetes Clin Prac 5: 164.

**Copyright:** © 2022 Parwani A. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

as well as to a group of about 30 practising pathologists. The creation of a national consensus classification with data-driven advice, like to the Bethesda systems in cytology, is one possibility. Less ambitiously, we could create a regional departmental or institutional consensus on usage that was communicated to consumers in a monolithic way. This consensus might be more gestalt-driven and based on a tiered system similar to the cytology model. For instance, a diagnosis of a malignancy without any qualifiers would warrant immediate action; a diagnosis of "suspicious for" or "consistent with," on the other hand, would warrant immediate action if the clinical story agreed; and "atypical," "favour," "cannot rule out," or "suggestive of" would be accepted to warrant further investigation or follow-up. Alternately provided as a note or other component of the report itself could likewise bridge the gap between sender and recipient, but usage and experience would vary. The final and least rigorous option is to leave reporting and usage alone and simply raise awareness among pathologists and clinicians that use of these phrases can lead to misunderstandings. This may best be accomplished by having the pathologist call the clinician or vice versa to discuss the case and the course of action to be taken. Although they acknowledged the enormity of the task in finding a data-driven solution given the amount and variety of causes for the problem, tissue sample kinds, locations, and professional stakeholders, our focus group found aspects of each of these proposed solutions attractive and useful. This conversation brought to light how common this specific communication issue is in pathology offices throughout. The British literature has previously studied some facets of this problem. At the University Hospital Wales, Attanoos et al. investigated how surgeons and pathologists communicated uncertainty in surgical reports. Online and at the University College London Medical School, Galloway and Taiyeb looked at how pathologists, other medical professionals, and medical students interpreted words used to indicate ambiguity. Although they acknowledged the enormity of the challenge in finding a data-driven solution given the number and variety of causes for the problem, tissue sample types, locations, and professional stakeholders potentially impacted, our focus group found aspects of each of these proposed solutions attractive and useful. The presentation Some facets of this topic have already been covered in British literature. At the University Hospital Wales, Attanoos researched how surgeons and pathologists communicate uncertainty in surgical reports. Online and at the University College London Medical School, Galloway and Taiyeb looked at how pathologists, other medical professionals, and medical students interpreted words used to indicate ambiguity. We have come to some significant findings, even though a clear consensus answer, either at our institution or among our counterparts elsewhere, remains elusive. Communication of uncertainty is a prevalent practise and an under-researched cause of potential medical error in the United States, just like in the British studies. We intend to investigate this potential connection in more detail. In tumour boards and a variety of professional settings, our own anecdotal experience has contributed various although it would be susceptible to different usage and experience, an individually allocated, subjective quantification of the intended degree of certainty included as a remark or other component of the report itself might help bridge the gap between sender and receiver. The final and least rigorous option is to leave reporting and usage alone and simply raise awareness among pathologists and clinicians that use of these phrases can lead to misunderstandings.

## Conclusion

This may best be accomplished by having the pathologist call the clinician or vice versa to discuss the case and the course of action to be taken. Second, steps need to be taken, preferably nationally, to

address the problem of the discrepancy between uncertainty intention and perception. An intriguing pattern emerges the problem at hand concerns a crucial pathologist practise ability, one for which the available evidence may suggest we are not yet fully skilled. Our statistics indicate that a move toward uniformity in reporting style and language is the proper way in terms of communication clarity. Studies and databases that summarise the RNA expression of genes in many normal tissues have revealed that only a small subset of organs, such as the tonsils, urinary bladder, kidney, prostate, gallbladder, and placenta, express the Upk1b gene. It has been previously reported on the technical aspects of the web-based solution our team developed to support digital pathology consultations. The main purpose of this digital pathology consultation platform was to make it easier for second opinion consultations using complete slide images. However, this portal also allows for the posting of static images. The site allows for the securely uploading of essential supplementary clinical data in addition to accompanying photographs. To speed up the submission of cases, the tool was made to only take a small amount of data fields. A complete patient history can be entered, patient reports can be attached if necessary, static and/or whole slide image files can be uploaded, insurance reimbursement information can be submitted, and the customer can choose a particular consulting pathologist or subspecialty pathology division from which to request a consultation.

## Acknowledgement

None

## Conflict of Interest

None

## References

1. Galloway M, Taiyeb T (2011) The interpretation of phrases used to describe uncertainty in pathology reports. *Pathol Res Int* 2011: 656079.
2. Sobel JL, Pearson ML, Gross K (1996) Information content and clarity of radiologists' reports for chest radiography. *Acad Radiol* 3: 709-717.
3. Domen RE (2016) The ethics of ambiguity: rethinking the role and importance of uncertainty in medical education and practice. *Acad Pathol*: 3.
4. Attanoos RL, Bull AD, Douglas Jones AG, Fligelstone LJ, Semararo D (1996) Phraseology in pathology reports. A comparative study of interpretation among pathologists and surgeons. *J Clin Pathol* 49: 79-81.
5. Allison KH, Reisch LM, Carney PA (2014) Understanding diagnostic variability in breast pathology: lessons learned from an expert consensus review panel. *Histopathology* 65: 240-251.
6. Petronio S, Torke A, Bosslet G, Isenberg S, Wocial L (2013) Disclosing medical mistakes: a communication management plan for physicians. *Perm J* 17: 73-79.
7. Coons AH, Kaplan MH (1950) Localization of antigen in tissue cells; improvements in a method for the detection of antigen by means of fluorescent antibody. *J Exp Med* 91: 1-13.
8. Johnson SR, Fransen J, Khanna D, Baron M, van den Hoogen F, et al. (2012) Validation of potential classification criteria for systemic sclerosis. *Arthritis care & research*. 64: 358-367.
9. Feudtner C (2007) Collaborative communication in pediatric palliative care: a foundation for problem-solving and decision-making. *Pediatr Clin North Am* 54: 583-607.
10. Lim C, Wannapinij P, White L, Day NP, Cooper BS, et al. (2013) Using a web-based application to define the accuracy of diagnostic tests when the gold standard is imperfect. *PLoS one* 8: e7948910.
11. Bastuji Garin S, Schaeffer A, Wolkenstein P (1998) Pulmonary embolism: lung scanning interpretation—about words. *Chest* 114: 1551-1555.
12. Boland GM, Chang GJ, Haynes AB, Chiang YJ, Chagpar R, et al. (2013) Association between adherence to National Comprehensive Cancer Network

- treatment guidelines and improved survival in patients with colon cancer. *Cancer* 119: 1593-1601.
13. Kobak KA, Taylor LH, Dottl SL (1997) A computer-administered telephone interview to identify mental disorders. *JAMA* 278: 905-910.
14. Fogelson NS, Rubin ZA, Ault KA (2013) Beyond likes and tweets: an in-depth look at the physician social media landscape. *Clin Obstet Gynecol.* 56: 495-508.
15. Hwang DH, Szeto DP, Perry AS (2014) Pulmonary large cell carcinoma lacking squamous differentiation is clinicopathologically indistinguishable from solid-subtype adenocarcinoma. *Arch Pathol Lab Med* 138: 626-635.