

# UK NEQAS ICC & ISH Participants Meeting 2016

## UK NEQAS ICC & ISH Participant Meeting September 9th

UK NEQAS ICC & ISH welcomed around 60 delegates from the UK and Eire, from 50 individual laboratories, to its Participant Meeting held at the Grange Holborn Hotel, in Central London.

Six external speakers, in addition to UK NEQAS ICC & ISH staff and associates, contributed to a full day's programme. The meeting was complimented by the presence of 5 trade stands, who provided much appreciated sponsorship for the meeting.

The day was chaired by **Keith Miller**, UK NEQAS ICC & ISH Scheme Director. Keith started by reminding the delegates of the recent departure of Merdol Ibrahim as Scheme Manager.

A range of disease entities were covered, alongside several scheme related talks.

The first presentation was a joint effort given by consultant genetic pathologist **Dr Ian Frayling** from Cardiff, and consultant histopathologist **Professor Mark Arends** from Edinburgh. Their talk covered the developments in DNA Mismatch Repair (MMR), with a comprehensive review of Lynch and related syndromes, including the aetiology, diagnosis, and management; plus a thorough overview of the MMR immunohistochemical demonstration, interpretation and quality assessment issues relating to the disease.

**Professor John Gosney**, of Royal Liverpool UH, gave the next presentation on: The detection and interpretation of PD-L1 in NSCLC. Starting with the biology, and then covering the histological appearance of the tumour, particularly in relation to the associated immune response, he then progressed to PD-L1 expression and prognosis. He rounded off his talk by covering the diagnostic requirements and pitfalls, and finally posing the question: 'is PD-L1 the best biomarker?'

**Seema Dhanjal**, Quality Manager, presented the findings from the latest User Survey sent out to participants in June. 29% of labs submitted, up from 20% in 2015. Overall levels of satisfaction remain unchanged at 95% although there was a swing of 6-7% from Very Satisfied to Satisfied responses. As in previous years there were no dissatisfied replies. Seema then compared 2016 to 2015 for a number of topics and then showed the results for individual modules, and quality of material, before summarizing the individual comments received, of around 200.

**Dr Andrew Wotherspoon**, consultant histopathologist at Royal Marsden Hospital concluded the morning session with a presentation: The role of IHC in the evaluation of lymphoid proliferations. He started by emphasizing the importance of fixation, processing and sectioning; then highlighting the lengthy classification. The roles, uses and pitfalls of immunocytochemistry were covered, along with the diagnostic pathways employed. The importance of QC and experience were stressed, and not to forget that the H&E is still the most important stain in histopathology.

An excellent hot buffet lunch in the Constellation restaurant followed, before reconvening for the afternoon sessions.

**Andrew Dodson**, from ICR, and Deputy Director of UK NEQAS ICC & ISH started proceedings with an overview of our parent body, UK NEQAS; its structure, personnel and wide ranging roles and how it regulates the numerous EQA schemes which come under its control. The organisation has various working groups and committees, with the Executive probably being the most important and influential. Cellular Pathology has two representatives on this, including Andrew himself.

**Barbara De la Salle**, of UK NEQAS Haematology, spoke on PREPQ End to End Quality, a system designed to collect errors from diagnostic laboratories in line with ISO: 15189 and the Pathology QA Review of 2014. A Working Group was set-up as a pan-UK NEQAS and disciplinary process. A number of design models were considered in order to collate and collect the errors. The number of participants (voluntary) has risen from an initial 10-

20 to 250+ currently. Problems with data formats, IT, and staff and time issues all added to the challenges. Extending this to Cellular Pathology labs is being considered.

Two presentations from UK NEQAS ICC & ISH support scientists, **Dawn Wilkinson** and **Neil Bilbe** followed.

Dawn gave an update of recent scheme news and changes, starting with our move to Finsbury Business Centre in January, the appointment of Seema Dhanjal as Quality Manager also in January, which was quickly followed by our first UKAS assessment under ISO: 17043 in February, not to mention the 6 month surveillance, and Extension To Scope visits a few days before the meeting. Single slide and section adhesion issues, and a round up of some module changes (status, poor performance, and proposed additions) concluded the talk.

Neil covered the subject 'How do we choose what markers to request?' which outlined the processes involved in deciding the antibodies to be requested each EQA year, primarily through the Antibody Repertoire survey, collating the levels of markers for each module, applying our criteria for Golds (90% +) and 2nd antigens (75% upwards). Possible markers, new and current, are then passed to our suppliers, who will see if both suitable and sufficient cases and material can be prepared. The issues of Ethics (PM, HTA, RC Path) and ensuring suitably experienced assessors are available to assess new markers were also stated.

**Suzanne Parry**, currently Acting Scheme Manager, gave us an update of the ALK IHC module. She started with the background involved in setting up the module from pre-pilot (2014) to live (2016). From an initial survey response of 100, around 30-50 labs have participated in the module since. Antibody clones, NEQAS samples (both cell lines and tissue), in-house control tissues used, validation procedures, and methodologies were all covered. The most widely used and best performing clone is still the Roche D5F3. The EQA results show the use of multiple methods and some potential pitfalls. A FISH module is to be introduced sometime in the future.

**Dr Naomi Guppy**, Research Manager in UCL-AD was the last speaker of the day, her topic was IHC and ISH in the diagnosis of Infectious Agents. The biology, life cycles, clinical presentations as well as the histological picture of several infectious diseases were covered, starting with HPV, the herpes virus family: CMV in particular; then the organisms *Helicobacter pylori* and *Treponema pallidum* were discussed. Treatment, management, and the various techniques available were shown, along with their diagnostic uses and pitfalls.

This completed the programme of formal presentations.

**Keith Miller**, rounded things up by thanking all the speakers for their time and contribution to the day; the trade for their support; the UK NEQAS team for the organisation and assistance throughout the meeting; and the delegates for coming, all of which contributed to a successful meeting. He wished everyone a safe journey home.



Barbara De la Salle presenting



An attentive audience

The presentation pdfs can be viewed and downloaded from the scheme's website: [www.uknegasiccish.org/downloads/](http://www.uknegasiccish.org/downloads/)