

## UK NEQAS ICC & ISH User Satisfaction Survey: 2017

### Seema Dhanjal, Neil Bilbe and Keith Miller

#### Overview

At June 2017, approximately **450** active participants were registered with UK NEQAS ICC & ISH, a reduction of around **100** (20%) from the previous year. Excluding any central contacts or agents, and new laboratories (**15**) recently joining the scheme, a total of **441** labs were emailed, with a link to the online survey. The survey was open for 4 weeks – the closing date was chosen as 1<sup>st</sup> July 2017 to allow time for review prior to the 2017 AMR.

#### Regional breakdown (441 Labs):

UK & Eire (UK): 209 Labs – 47% of registered participants

Rest of World (OS): 232 Labs – 53% of registrants

At the start of the survey, there were 4 mandatory fields to complete:

- Participant Code
- Region (UK & Eire or ROW)
- Modules participated in LAST YEAR (Runs: 114 – 117)
- Cytology sample type if this module was selected

There were 31 questions/sections. Respondents were asked to give a rating of **Very Satisfied, Satisfied, Neutral, Dissatisfied, or Very Dissatisfied** to the first 16 questions; Q.17 asked for the reason for participation in UK NEQAS ICC & ISH, Q.18 how likely they are to continue to use our service; Q.19 to 24, required a **Yes or No** type response.

Q. 25 asked participants to rate the quality of the EQA material by sample type: a) tissue sections and cell lines, b) cell blocks and cytopspins (cytology module only)

Q. 26 asked if a change in methods based on EQA results had been made

Q. 27 asked whether any reassessments requests had been made.

The next three questions (Q. 28, 29, 30) asked for the rating of our service; firstly by level of satisfaction, secondly, with an overall score out of 10, and thirdly by individual modules subscribed to, also out of 10. The final question (Q. 31) asked if participants were satisfied with the range of antibodies offered, which was a new question this year.

At the end of each section, or following some individual questions, there were comments sections allowing participants to express their views.

#### Return details

Over 140 responses were received; any duplicate, unusable, or multiple entries were removed, we contacted any labs submitting incomplete surveys to

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ask for a completed form. A final total of **136** replies for analysis were received.

The overall response rate to the survey was therefore approximately 31%, a small increase from last year.

**74** UK & Eire labs responded (**54%**) out of a total of 209 labs registered in the UK & Eire which represents **35%** of all registered UK & Eire labs.

**62** Non-UK & Eire labs replied (**46%**) out of a total of 332 registered with the scheme which represents **27%** of all registered OS labs.

#### Overall analysis of satisfaction

Results from the response to Q. 28 relating to overall satisfaction levels.

- Very Satisfied (43) 31.6%
- Satisfied (84) 61.8%
- Neutral (8) 5.9%
- Dissatisfied (1) 0.7%

Effectively, over 93% of users were either Very Satisfied or Satisfied with the service; 5.9% responded to being Neutral. This year there was one Dissatisfied response.

#### Response by region 2017:

| 2017                     | UK (N=74)         | OS (N=62)         |
|--------------------------|-------------------|-------------------|
| <b>Very Satisfied</b>    | <b>23 (31%)</b>   | <b>20 (32.2%)</b> |
| <b>Satisfied</b>         | <b>46 (62.1%)</b> | <b>38 (61.2%)</b> |
| <b>Neutral</b>           | <b>4 (5.4%)</b>   | <b>4 (6.4%)</b>   |
| <b>Very/Dissatisfied</b> | <b>1 (1.3%)</b>   | <b>0 (0%)</b>     |

#### Comparisons with data from 2016 Survey

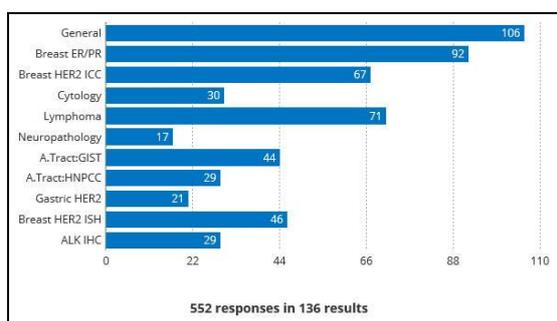
| 2016                     | UK (N=79)         | OS (N=64)         |
|--------------------------|-------------------|-------------------|
| <b>Very Satisfied</b>    | <b>26 (32.9%)</b> | <b>18 (28.1%)</b> |
| <b>Satisfied</b>         | <b>50 (63.3%)</b> | <b>43 (67.2%)</b> |
| <b>Neutral</b>           | <b>3 (3.8%)</b>   | <b>3 (4.7%)</b>   |
| <b>Very/Dissatisfied</b> | <b>0 (0%)</b>     | <b>0 (0%)</b>     |

| Responses             | 2016 (%)    | 2017 (%)    |
|-----------------------|-------------|-------------|
| <b>Very Satisfied</b> | <b>30.8</b> | <b>31.6</b> |
| <b>Satisfied</b>      | <b>65</b>   | <b>61.8</b> |
| <b>Neutral</b>        | <b>4.2</b>  | <b>5.9</b>  |
| <b>Dissatisfied</b>   | <b>0</b>    | <b>0.7</b>  |

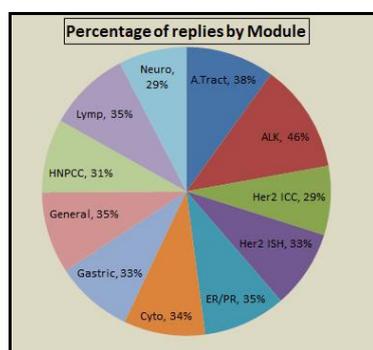
The overall levels of satisfaction remain *relatively* unchanged, but there has been a small increase in the number of Very Satisfied ( $\uparrow$  0.8%) responses. There was a decrease in the levels of satisfied replies ( $\downarrow$  3.2%), a small increase in neutral responses ( $\uparrow$  1.7%) plus the single dissatisfied response. There appears to have been a drop in the level of UK Very Satisfied responses of 1.9%, but a 4.1% increase from overseas (OS) participants.

### Some module related data

The average number of modules that all registered labs participate in is approximately 3.5 The number for those actually responding is 4: The combined number of modules for all labs responding was 552 (136 replies), the number of labs for each module can be seen in the table below:



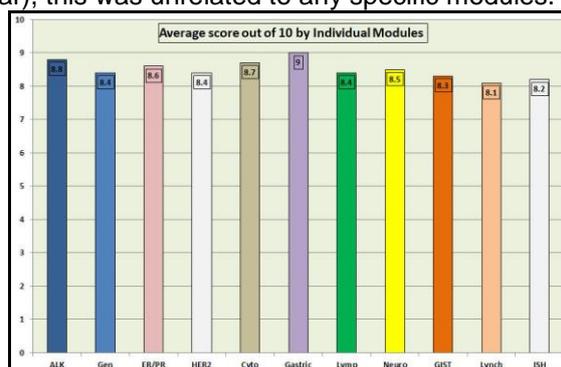
The actual percentage of labs registered for each module who responded was:



Average of 34% of labs registered for a particular module responded, with a median of 34%. Lowest response 29% (Neuro & Her2 ISH), to the highest 46% (ALK).

### Overall rating of UK NEQAS ICC & ISH out of 10 (Q. 29) and by individual module (Q. 30)

The overall average score (Q.29) was 8.1, (8.2 last year), this was unrelated to any specific modules.



The average the scores from all the *individual* modules (Q. 30) is 8.5, a slight increase from last year (8.3). Interestingly for the Cytology module both the cell block (CB) users and cytopspins users (CS) averaged 8.7.

The lowest average score was 8.1 (Lynch Syndrome) and the highest of 9 (Gastric).

The biggest *increases* in score were for the Gastric (1.0), from 8 last year to 9 this year, and the ER/PR from 8.2 (2016) to 8.6 (2017). For all the other modules the changes were minor ( $\pm$  0.1 or 0.2), with more modules increasing their score, albeit marginally, and essentially ratings for the scheme and modules are consistent year on year.

### Replies to individual questions

The response to individual questions was not mandatory, therefore the number of participants leaving feedback varied from question to question, and topic to topic.

This year the method employed was slightly different from previous surveys, the percentage of non-satisfied responses was derived from Q. 1- 13; the final 3 questions (Q. 14 – 16) relating to UK NEQAS ICC & ISH meetings was filtered to only include those that attended last year's meeting(s). The overall level of dissatisfaction was 3.4% a slight increase (3.2%), but in line with previous years.

### Levels of dissatisfaction 2016

The main findings and from this year's survey were:

- Turnaround times: increased to 8.9% from 8.5%
- Assessor comments: decreased again to 8.1% from 11.3%
- Time to stain samples: decreased from 6.3% to 3%
- The labelling of slides: decreased from 3.5% to 0.7%

The other main area where there was a general decreased level of participant satisfaction were the questions relating to: technical help, communication, dealing with enquiries and contacting the scheme. These averaged 1.2% last year but now are 3.1%.

The three questions relating to UK NEQAS ICC & ISH meetings (Q. 13 – 16) only had 38 respondents with 2 (1.8%) dissatisfied replies, both relating to the location of the meetings. There were no adverse comments about meeting content or frequency.

### Quality of material provided by UK NEQAS

We asked the participants to give us feedback on the quality of the EQA material/samples provided. This was not module specific, although cell lines are only used on a few modules (ALK and Breast Her2), the two questions relating to cytology material (cytopspins and cell blocks) were only visible to those who selected Cytology at the beginning of the survey, and was filtered depending on their sample type: Cell Blocks or Cytopspins so that there was no chance of the wrong sample being selected.

## 2016 Quality of Material

|                 | FFPE (n=141) | Cell Lines (n=93) | Cytospins (n=23) | Cell Blocks (n=22) | Ave   |
|-----------------|--------------|-------------------|------------------|--------------------|-------|
| Excellent       | 7.1%         | 15.1%             | 4.3%             | 9.1%               | 8.9%  |
| Very Good       | 41.1%        | 44.1%             | 65.2%            | 59.1%              | 52.4% |
| Good/Acceptable | 46.8%        | 36.6%             | 30.4%            | 31.8%              | 36.4% |
| Poor            | 5.0%         | 3.2%              | 0.0%             | 0.0%               | 2.0%  |
| Very Poor       | 0.0%         | 1.1%              | 0.0%             | 0.0%               | 0.3%  |

## 2017 Quality of Material

|                 | FFPE (n=133) | Cell Lines (n=88) | Cytospins (n=9) | Cell Blocks (n=21) | Ave   |
|-----------------|--------------|-------------------|-----------------|--------------------|-------|
| Excellent       | 9.0%         | 18.2%             | 8.3%            | 17.3%              | 13.2% |
| Very Good       | 36.8%        | 39.8%             | 58.3%           | 47.8%              | 45.7% |
| Good/Acceptable | 50.4%        | 40.9%             | 0.0%            | 26.0%              | 29.3% |
| Poor            | 3.0%         | 1.1%              | 8.3%            | 0.0%               | 3.1%  |
| Very Poor       | 0.8%         | 0.0%              | 0.0%            | 0.0%               | 0.2%  |

There appears to be a general trend upwards in terms of the overall quality of material, when comparing the 2016 and 2017 results. The one blip is that there was a single cytology cytospin user, who returned a response of Poor. As there were only 9 cytospin users this equates to 8.3%.

When trying to equate quality of material with individual modules, a cross tabulation, or by applying module filters gives a good indication, although this is not in response to a question for each specific module, as most labs subscribe to 3 or 4 different modules, and the number of participants varies:

| Rating          | General | Breast ER/PRI | Breast HER2 ICC | Lymphoma | Neuropathology | A.Tract: GIST | A.Tract: Lynch | Gastric HER2 | Breast HER2 ISH | ALK/INIC (pilot) |
|-----------------|---------|---------------|-----------------|----------|----------------|---------------|----------------|--------------|-----------------|------------------|
| Excellent       | 7%      | 7%            | 10%             | 4%       | 6%             | 5%            | 3%             | 14%          | 11%             | 14%              |
| Very Good       | 34%     | 32%           | 25%             | 31%      | 47%            | 32%           | 28%            | 33%          | 33%             | 28%              |
| Good/Acceptable | 33%     | 38%           | 41%             | 43%      | 33%            | 39%           | 49%            | 32%          | 32%             | 38%              |
| Poor            | 4%      | 3%            | 3%              | 0%       | 0%             | 2%            | 3%             | 0%           | 2%              | 3%               |
| Very Poor       | 2%      | 3%            | 0%              | 1%       | 0%             | 2%            | 0%             | 0%           | 0%              | 0%               |

Overall, the biomarker type modules (Gastric Her2, ALK, and Breast Her2 ISH) have the highest level of 'Excellent' responses, though these modules are more likely to be subscribed to as a standalone than some of the generic modules: Lymphoma, Neuropathology and Alimentary Tract; this should be taken into account when viewing the table.

## Range of antibodies offered by UK NEQAS ICC & ISH

A new question (Q. 31) was introduced to the survey this year: 'Are you satisfied with the range of antibodies offered?' This was in response to the comments and communication from participants following UKAS visits. This was set as a mandatory question.

**87.5%** of participants said that they were satisfied. When this is filtered by region; 95% of OS labs stated that they were satisfied, as against 81% of UK & Eire participants, but still an overwhelming majority. In terms of any module variance:

Highest satisfaction: Neuro: 94%

Lowest satisfaction: Lynch syndrome: 72%

## Comments, suggestions, and feedback about the service

Comments were returned throughout the survey; these were collated and categorized into 11 main areas:

- Sample and results section (24 comments)
- Participant feedback and communication section (28)
- UK NEQAS ICC & ISH meetings section (8)

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- Complaints about the service (9)
- Treatment of in-house samples and UK NEQAS ICC & ISH samples (18)
- Assessment of in-house controls (12)
- Quality of the UK NEQAS ICC & ISH EQA material (24)
- Use of EQA results to improve in-house staining (57)
- Reassessment requests (18)
- Range of antibodies offered (18)
- General comments and feedback about the service (27)

It is not possible to list all the comments; many were not relevant to the section or questions they appeared in. Several participants made the same or a similar comment in several sections.

In total of **240** plus comments were received, a scheme reply and comments on some of these are given further down.

## The main themes are summarised below:

- Not enough time between results and next run to tweak protocols
- Assessor comments are contradictory, probably due to stock comments – more free text would be better
- Scores of  $\frac{4}{5}$  do not have comments
- More meetings (2) and locations outside of London
- Journal should be produced at the same time as the results
- No reply or late reply to queries and enquiries
- Slides received without any sections on
- Fixation differences between NEQAS and in-house
- Sections have been arriving scratched or damaged
- Many labs use their results to optimise methods
- Range of antibodies: General & Lymphoma
- UKAS comments
- Assessment of antibodies outside of runs
- Plus lots of complimentary comments about the scheme

## Summary

This year's response level of 31% was encouraging, but may be due to the selective removal of any rogue responses and the fact that a large portion of labs who were perennial non respondents (commercially sponsored laboratories who often only submitted one or two runs per year) have now left the scheme.

There was a slight dip in the overall participant satisfaction level at c. 93%, from a consistent 95% in previous years. This is due to an increase in Neutral replies ( $\uparrow$  1.7%) and the single Dissatisfied response, but the actual level of Very Satisfied respondents has increased to 31.6%, up from 30.8%. The difference is mainly due to the OS participants showing a shift of around 5% to Very Satisfied from Satisfied.

The results for the scores out of 10 are still of the same magnitude, with an 8.1 overall average for the question 'Please rate (out of 10) UK NEQAS ICC & ISH for overall quality and service to EQA and education?'

A quick survey of the results for individual modules shows slightly more tailored replies rather than allocating the same score for every module, which is encouraging.

The E-Journal again showed a slightly decreased satisfaction level at 81%, with comments about the time taken to publish it the main reason for dissatisfaction.

The sample quality rating shows an improvement from last year; having shown a decline in previous years.

Cross tabulation shows a wide range of results across the modules. Some had no adverse (Poor or Very Poor) responses (ALK, Gastric), the rest ranged from 1% (Lymphoma) to 7% (Cytology) with a median of 3%.

The overall Excellent rating across all samples was 13.2%, again up from last year of 8.9%.

### **UK v OS levels of dissatisfaction**

Areas where dissatisfaction has been high were used to gauge whether there were any discernible regional (UK/Eire v ROW) differences:

|                                 |                        |
|---------------------------------|------------------------|
| Turnaround times:               | 10.8% (UK) v 6.4% (OS) |
| Assessor comments:              | 9.45 v 6.4%            |
| Communication with scheme:      | 4% v 4.8%              |
| Time given to stain/return:     | 1.3% v 4.8%            |
| Information sent with material: | 4% v 1.6%              |
| Technical help and advice:      | 4% v 3.2%              |

The main findings, when comparing the regional responses is that there appears to be less disparity between UK and OS labs than last year, although Overseas labs appear much more satisfied than their UK counterparts in these particular areas.

### **UK NEQAS ICC & ISH response to some areas of dissatisfaction, and participants' comments.**

#### **1. Communication and advice from the scheme**

We appreciate that on occasion the time taken to respond to participant queries has not been ideal. Due to the recent departure of two key staff members and limited availability of appropriate personnel to respond to some specific queries has meant that there has been some delays. The use of the [info@ukneqasiccish.org](mailto:info@ukneqasiccish.org) email address, whilst being a useful way of contacting UK NEQAS ICC & ISH and is to be encouraged, the subject matter should be clearly stated in the message header to aid allocation of the query and therefore speed up the response.

#### **2. Time taken to produce the E-Journals**

The Journals are essentially a single record of the EQA Runs and all modules. Some parts of the Journal are available for the modules labs are subscribed to; e.g. images, graphs and best methods as part of their results and reports. The additional write ups and interpretations produced by UK NEQAS ICC & ISH technical staff are the time consuming sections. What we are looking to do is to produce a

summary Journal within a few weeks of the assessments, which will not contain any in-depth analysis for each run and module. Participants will then have access to the overall results for all modules. A more detailed version will then follow at a later date.

#### **3. Problems with sections being damaged/scratched**

This is something that has been brought to our attention more over some of the preceding runs. The scheme is trying to pinpoint the main cause of this problem:

- The supplier(s) of the sections as most of these are provided by third parties
  - Our packaging and handling methods
  - The containers and boxes used
- Needless to say UK NEQAS ICC & ISH is aware of this, and no participant is marked down because of any tissue damage of this nature, i.e. not caused by any protocol or staining related issues.

#### **4. Assessment of antibodies not requested by UK NEQAS ICC & ISH**

There has been a constant 'enquiry' from participants, mainly as a result of labs being assessed by UKAS under ISO: 15189, and also the fact that other EQA schemes offer some sort of standalone 'assessment' as a paid-for service. Unfortunately, at present UK NEQAS ICC & ISH are unable to offer this as an option to laboratories, but is something that will be frequently discussed as a possible future addition to the scheme's repertoire.

#### **5. Variations in scores between NEQAS and In-house sections**

Another longstanding and frequent comment from participants is the variance in scores between the NEQAS material, and a laboratory's own in-house sections or samples, usually as a result of the in-house sample obtaining higher scores than the NEQAS one. This is a double edged sword: UK NEQAS ICC & ISH has to ensure that control material is treated in exactly the same way as the NEQAS sample. The only fool proof way to do this is to request that the in-house sample be placed on the same slide as the NEQAS one. In doing so of course individual tweaking of samples/sections is not possible. EQA should also be testing that methods and protocols are robust enough to perform adequately on samples other than the lab's own tissues. The UK NEQAS ICC & ISH samples are sourced, tested, and treated (fixation, processing) in a manner not dissimilar or the same as those used by most routine diagnostic departments.

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UK NEQAS ICC & ISH staff and management would like to thank all the users and participants for their time and comments whilst completing this survey. If you require any further information, or wish to contact the office concerning this article, please write, call, or email: [info@ukneqasiccish.org](mailto:info@ukneqasiccish.org) or [nbilbe@ukneqasiccish.org](mailto:nbilbe@ukneqasiccish.org)