Hypothesis: Implementation of a formal synoptic pathologic report results in improved adherence to pathologic reporting protocols and is feasible on a multi-institutional level.

Background and Clinical Significance:
• The publication of To Err is Human, the role of the Institute of Medicine, and the Physician Quality Reporting Initiative are evidence of the current era of quality assurance in medicine
• National Comprehensive Cancer Network (NCCN) treatment guidelines exist
• Quality measures have been defined for malignancies such as breast and colon cancer but as of 2005 no such measures were defined for head and neck cancer.
• 2005: American Head and Neck Society Committee on Quality of Care formed
• Goals to identify evidence-based and measurable practices during the pre-treatment, course of treatment, and post-treatment phases, thus enabling practitioners to better evaluate their own treatment practices
• 2008: Oral cavity cancer quality of care measures introduced

Quality of Care Measures:

Pre-Treatment Phase
• Documented histopathologic confirmation of disease according to College of American Pathologists criteria
• Appropriate documentation of TNM staging
• Tobacco cessation counseling

Treatment Phase
• Radiation Oncology referral in cases of advanced disease or extracapsular extension
• Medical Oncology and Radiation Oncology referral in cases with positive surgical margins or metastatic lymphadenopathy with extracapsular extension

Post-Treatment Phase
• Follow-up visits
• Post-radiation evaluation for hypothyroidism

Methods
• IRB Approved retrospective chart review from 2000-2009
• All patients evaluated and surgically treated for T1/T2, N0/N1 squamous cell carcinoma of the oral tongue between 2000 and 2009 were included
• Records reviewed for clinical documentation of pathologic quality of care measures

Results
• 2000-2004: 86 patients identified
• 2005-2009: 233 patients identified
• Records reviewed and compared for documentation of:
  - Pathologic T, N, and M stage
  - Perineural invasion
  - Angiolymphatic invasion
  - Nodal extracapsular extension
  - Extent of invasion (i.e. muscle involvement)
• No significant improvement noted for N-stage, extent of invasion, and depth of invasion
• Depth of invasion only reported in ~25% of patients during both time periods

Summary
1. Detailed pathology reports are critical for accurate staging, prognosis, and determining the need for adjuvant treatment.
2. Incomplete reports are inefficient and require surgeons and pathologists to spend time seeking additional data.
3. Implementation of a formal synoptic pathologic report results in increased compliance with national quality of care standards as compared to traditional free text reports and is feasible on a local and national level.
5. In an era of value-based healthcare, quality of care measures are a vital means of tracking treatment practices and will result in more efficient healthcare delivery and improved patient care.