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Request for Information Reference: 05.20.03

Email: cdda-tr.cddftfoi@nhs.net

Email only

22 September 2020

Freedom of Information Act 2000 – Request for Information

Thank you for submitting a request for information which we received on 21 August 2020 in relation to County Durham and Darlington NHS Foundation Trust (the Trust). Your request has been processed under the provisions of the Freedom of Information Act 2000 and I am now able to provide you with a response.

Firstly please accept my apologies for the time taken to respond. Your request was in relation to Breast cancer reporting/ histopathology etc. and I am providing the following information in response to your specific questions:

Section 1: Respondent/response details

Q1: Respondent/ response details:

- **Name of hospital Trust:** County Durham and Darlington NHS Foundation Trust
- **Address of hospital Trust:** Hollyhurst Road, Darlington, DL3 6HX
- **Name of laboratory providing histology services:** University Hospital of North Durham
- **Address of laboratory providing histology services:** North Road, Durham, DH1 5TW

Section 2: Breast Cancer Reporting

Q2: Do you perform diagnostic reporting of breast cancers in the house? [Y/N]

Yes

If Y, what types?

Yes, the Trust performs diagnostic reporting of all types of breast cancer including malignant cancer.

Q3: What are the steps involved in diagnostic reporting once a tissue sample has been received? Please tick as appropriate.

- Tissue preparation: ✓
- Primary diagnosis by pathologist: ✓
- Molecular test: ✓ yes by referral
- Secondary diagnosis (opinion): ✓
- MDT: ✓
- Other - please specify

Q4: How many breast cases do you receive per year?

- <100
- 100-500
- 500-1000
- 1000+ (please specify an approximate number): ✓ 2,000

Q5: What % of breast samples received constitute breast cancers?

- <25%
- 25-50%
- 50-75%
- 75-100%

The information requested is not centrally recorded. To extract the information requested it would require a manual examination of the data which would take a member of staff a number of weeks. The Trust is therefore refusing this section of your request for information pursuant to section 12 of the Act on the grounds that we estimate that the cost of complying with the request would exceed the appropriate limit. The appropriate limit at the present time is £450.00 which equates to eighteen hours of work by a member of staff at the rate of £25 per hour.

Q6: What % of breast samples come from Breast Cancer Screening? What % of breast cancers come from Breast Cancer Screening Program?

- <25%
- 25-50%
- 50-75%
- 75-100%

The information requested is not centrally recorded. To extract the information requested it would require a manual examination of the data which would take a member of staff a number of weeks. The Trust is therefore refusing this section of your request for information pursuant to section 12 of the Act on the grounds that we estimate that the cost of complying with the request would exceed the appropriate limit. The appropriate limit at the present time is £450.00 which equates to eighteen hours of work by a member of staff at the rate of £25 per hour.

Q7: What are the additional tests performed for characterisation of breast cancers? Select all that apply:

- Estrogen receptor IHC: ✓
- Progesterone Receptor IHC: ✓
- Her2 Receptor IHC: ✓
- Her2 Receptor FISH: ✓
- Ki67 IHC: ✓
- OncotypeDx: ✓
- Others (please specify)

Q8: Which of the below tests are routinely performed? For non-routine/conditional tests, please specify the conditions for these tests to be performed.

- Estrogen receptor IHC: ✓
- Progesterone Receptor IHC: ✓
- Her2 Receptor IHC:
- Her2 Receptor FISH
- Ki67 IHC
- Oncotype Dx
- Others (please specify)

Q9: What is the cost per patient for the following tests?

- Estrogen receptor IHC; £75.00
- Progesterone Receptor IHC: £75.00
- Her2 Receptor IHC: Block payment
- Her2 Receptor FISH: Block payment
- Ki67 IHC: £75.00
- OncotypDx: Block payment
- Others (please specify)

If cost per patient is not available, please provide whatever cost breakdown is available (total number of patients + total cost of testing OR total cost of all tests per patient OR routine cost of IHC/FISH + number of cases tested etc.)? Please specify the type of costs provided?

Please note, the Trust is unable to provide a total figure for the Block payment details as listed above. The Finance Department have examined their PLICS system however they do not hold information for the specific tests as mentioned in Q9. The Pathology Department have also confirmed that this information is not centrally held and that it would take a significant amount of time to try and pull this information together. The Trust is therefore refusing this section of your request for information pursuant to section 12 of the Act on the grounds that we estimate that the cost of complying with the request would exceed the appropriate limit. The appropriate limit

at the present time is £450.00 which equates to eighteen hours of work by a member of staff at the rate of £25 per hour.

Q10: What is the average turnaround time for following steps? Is there any mandated target for each step? If so, what % of cases exceed the target?

- Preparation of diagnostic biopsy: 2 days
- Primary Diagnostic Reporting: 5 days
- IHC testing: 1 day
- Other molecular testing: 7-10 days

Note: where numbers for breast malignancies are unavailable, overall numbers will be accepted (please indicate).

Q11: What percentage of cases exceed a 7 day turnaround time and 14 days respectively?

8% exceed the 7 days turn-around time.
23% exceed the 14 day turn-around time

Section 3: Use of digital/computational pathology

Q12: Did your histology laboratory use any form of digital/ computational pathology in 2019 [Y/N]

No.

If [N] to the above question are you planning to introduce digital pathology in the near future (please provide details)?

Yes, the Trust is planning to implement the regional Sectra scanner project.

Note: If your histology laboratory does not currently use any form of digital/computational pathology, the remainder of this section can be left blank. Please proceed to Section 4.

Q13: What was digital pathology used for in your laboratory during 2019?

- Research
- Training
- Primary diagnosis
- Secondary diagnosis (second opinion)
- Telepathology (Requestor)
- Telepathology (Consultant)
- Preparing cases for review at multi-disciplinary team meetings
- Other (please detail)

Digital pathology was not used in 2019 within the Trust.

Q14: Please indicate which of the listed systems were used in your histology laboratory in 2019. If a software suite is used please indicate the features used from the suite.

- Telepathology
- Whole Slide Imaging
- Image analysis
- Conventional (analogue) light microscopy: ✓
- Voice recognition system for reporting
- Digital case requesting (ICE) system
- Digital dissection macro imaging systems
- Voice recognition system for dissection: ✓
- Specimen tracking system: ✓
- Pathology reporting software
- LIS/LIMS/PACS: ✓
- Other (please detail)

Q15: If whole slide imaging was used in your laboratory in 2019 please provide the following details on system configuration.

- Number of scanners (and manufacturer)
- PACS/ Image management systems provider
- Current size of digital slide archive
 - Total number of cases
 - Number of years
 - Estimated retrospective digitization rate (%)
- Number of slides routinely scanned per week
 - Of these, how many are on-demand
- Number of slides routinely scanned at 40x
 - For diagnostic reporting
 - For other purposes
- Other (please detail)

Whole slide imaging was not used in the Trust laboratory in 2019

Section 4: Future use of digital/computational pathology (only to be filled if Section 3 does not apply)

Q16: Which of the following reasons best describes why you have not used or increased your use of digital pathology?

- High costs
- Lack of evidence surrounding clinical effectiveness
- Staff training requirements
- Disruption to current workflows
- Lack of existing digital infrastructure: ✓
- Other (please specify): ✓ IT constraints

In line with the Information Commissioner's directive on the disclosure of information under the Freedom of Information Act 2000 your request will form part of our

disclosure log on the Trust's website. However please be assured that we anonymise all responses prior to adding them to the disclosure log.

I hope that this response has provided you with the information you had requested. If you have any queries or wish to discuss the information supplied, please do not hesitate to contact me by telephone or in writing. If however, you are dissatisfied with the way in which your request has been handled and would like an internal review, you will need to contact me in writing at the above address or via cdda-tr.cddftfoi@nhs.

If you remain dissatisfied with our response following an internal review you have the right to appeal to The Information Commissioner at Wycliffe House, Water Lane, Wilmslow, Cheshire, SK9 5AF. More information is available on their website; www.ico.gov.uk.

Yours sincerely

Joanna Tyrrell
Freedom of Information Officer