

UK NEQAS – An Assessors View

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SAH Meeting
4th Nov 2016

- **NEQAS HISTORY**
- **MODULES**
- **THE ASSESSMENT PROCESS**
- **SCORING**
- **STAINING EXAMPLES**

UK NEQAS ICC & ISH

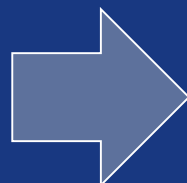


- National scheme was set up in 1985 following amalgamation of London EQA & Wessex Schemes
- Run 1 – Kappa only
 - 17 participants, slides circulated for scoring
- Run 2 - Second antibody introduced
 - Kappa as Gold standard, 4 runs, 31 participants
- 1988 – official scheme recognition
 - 89 participants

HISTORY – cont.

1986

- 1 General Module
- 17 participants
- Pool of 5 Assessors
- 4 required each run



2016

- 9 ICC Modules
- 1 ISH Modules
- 612 participants-50 countries
- 95 Assessors - 6 countries
- 60 Assessors per run
- UKAS ISO 17043

Lynch Syndrome/HNPCC-85

Her2 ISH-75

GIST-118

General -330

Lymphoma-223

MODULES

ALK-1 NSCLC-47

Gastric Her 2 IHC-78

Cytology-109

Breast Her 2 IHC-350

Breast Hormone Receptors -291

Neuropathology-64

PDL1 NSCLC

Route to being an Assessor



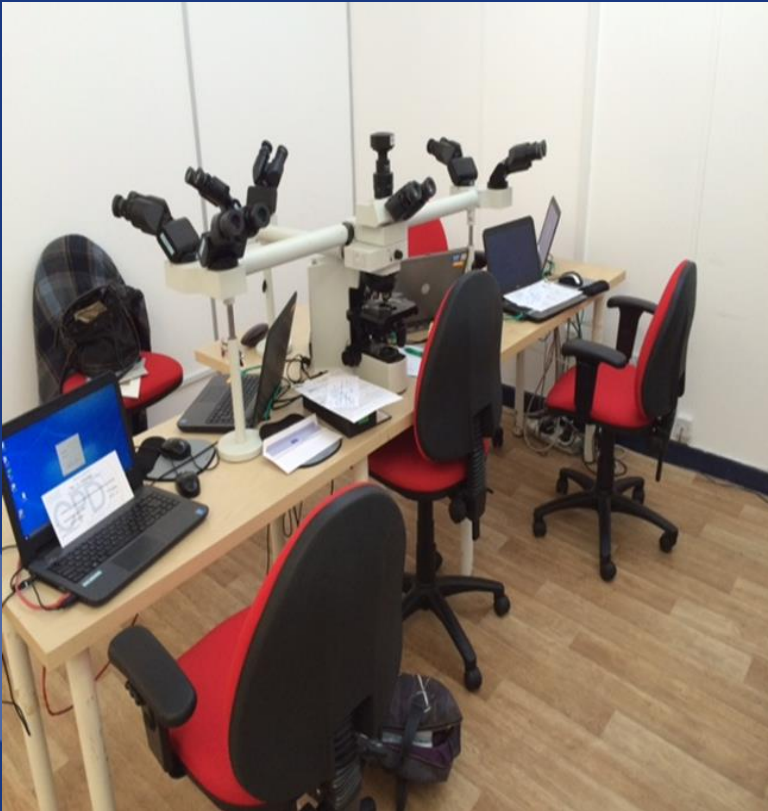
- MSc, Fellowship or equivalent
- Several years experience particularly in immunocytochemistry
- BMS Band 7 equivalent or above
- Professional registration – HCPC or RCPATH
- Potential assessors invited to view an assessment – carry out mock assessment
- Sign assessor agreement form
- Need to commit to attending at least 2 assessments per year

Assessment - Process

- Meet rest of team
- Gold Standard review
- Assess NEQAS section, then In House
- Score out of 5 (total 20)
- Lead assessor drives microscope & adjudicates
- Review if discrepancy between assessors
- Review Gold Standard throughout -IQC

Hard at Work

- 4 Assessors plus 1 Lead Assessor



Scoring Sheet

Assessor Scoresheet Details for the General Pathology module

File

Save Issues Previous Next

Go To Slide 1

Assessment Run Information

Run 81A S100 - NEQAS

Assessor 1
Dr Merdol Ibrahim

| SLIDE NO | | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 10 | 12 | 13 | 14 | 15 | 16 | 17 | 18 | 19 |
|---|---|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| MARKS | | 5 | 4 | 5 | 5 | 4 | 4 | 4 | 3 | 4 | 5 | 2 | 4 | 4 | 3 | 3 | 4 |
| ANTIBODY NOT STOCKED | | | | | | | | | | | | | | | | | |
| NOT APPLICABLE | | | | | | | | | | | | | | | | | |
| NOT RETURNED | | | | | | | | | | | | | | | | | |
| COMMENTS | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| S-100 is demonstrated but staining could be stronger. | A | | | | | | | | | | | A | | | | | |
| Weak demonstration of S-100 | B | | | | | | | | ✓ | | | B | | | | ✓ | |
| Some S-100 is not demonstrated. | C | | | | | | | | | | | C | ✓ | | | | |
| S-100 is not demonstrated or only very weakly. | D | | | | | | | | | | | D | | | | | |
| Diffuse staining of S-100. | E | | | | | | | | | | | E | | | | | |
| Inappropriate staining of stroma | | | | | | | | | | | | | | | | | |
| Slight background. | | | | | | | | | | | | | | | | | |
| Slightly excessive background | | | | | | | | | | | | | | | ✓ | | |
| Background is excessive. | | | | | | | | | | | | | | | | | |
| Insufficient pre-treatment (if applicable) | | | | | | | | | | | | | | | | | |
| Excessive pre-treatment (if applicable) | | | | | | | | | | | | | | | | | |
| Counter-stain is pale. | | | | | | | | | | | | | | | | | |
| Counter-stain is excessive. | | | | | | | | | | | | | | | | | |
| Poor choice of control tissue | | | | | | | | | | | | | | | | | |
| Uneven staining. | | | | | | | | | | | | | | | | | |

General Assessment Combined scoring guide

16 – 20/20: Excellent

13 – 15/20: Acceptable

10 -12/20: Borderline acceptable

4 - 9/20: Unacceptable

frmAssessorScoresheet

Version 1.02

Recent Developments



- | Use of new slides for NEQAS controls to standardise pre-treatment.
- | Assessors review In-house staining directly after NEQAS slide
- | Scoring software allows entry of both scores

Assessment – Process

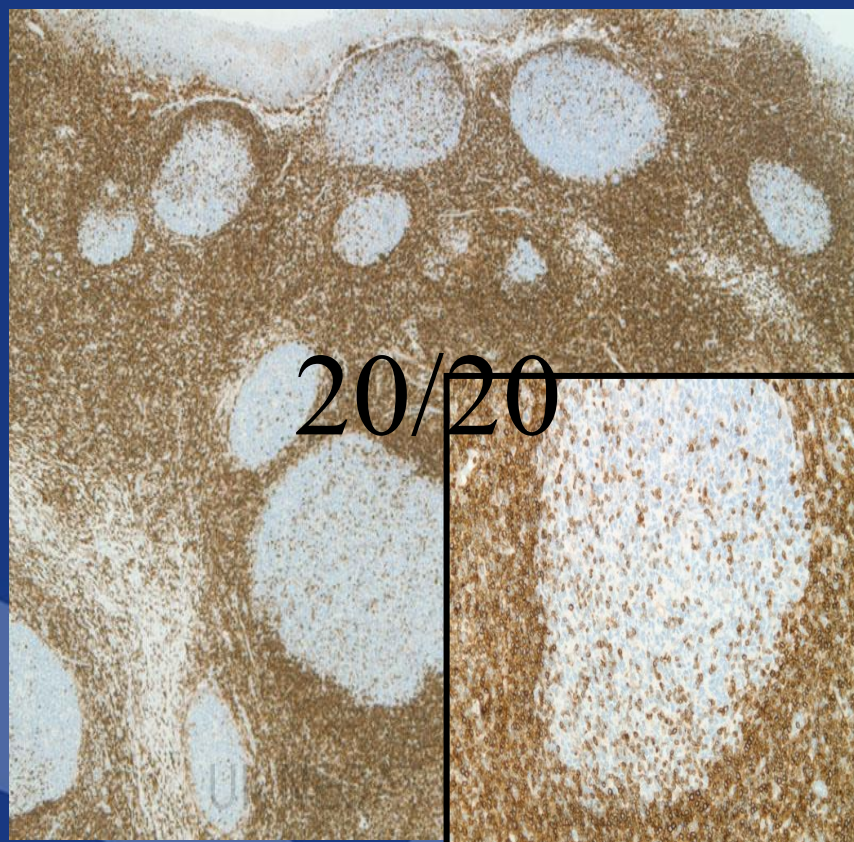
- Lymphoma module – 223 participants
- 446 sections for each antibody
- Audit of NEQAS section quality
- Review any slides for re-assessment or late submissions
- Lead Assessor – selects slides for photographs



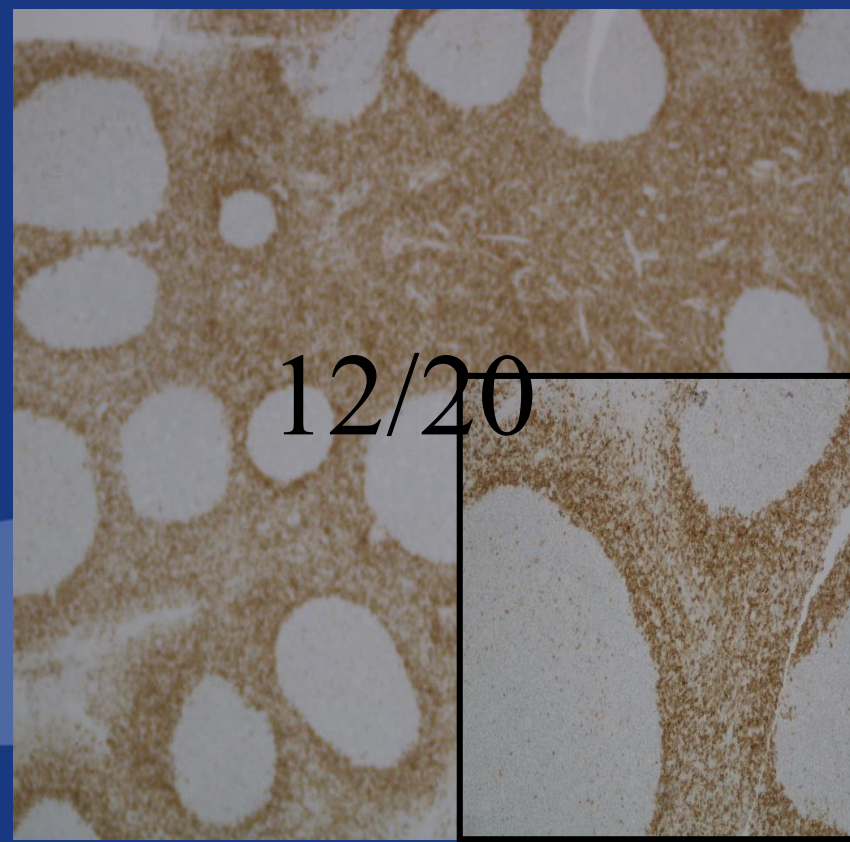
Lymphoma team – Front to back Left to Right -Lynn Govan, Guy Orchard, David Blyth (Lead) Clive Abbott, Christine Thomas.

Lymphoma – Tonsil Bcl2

Leica/Bond

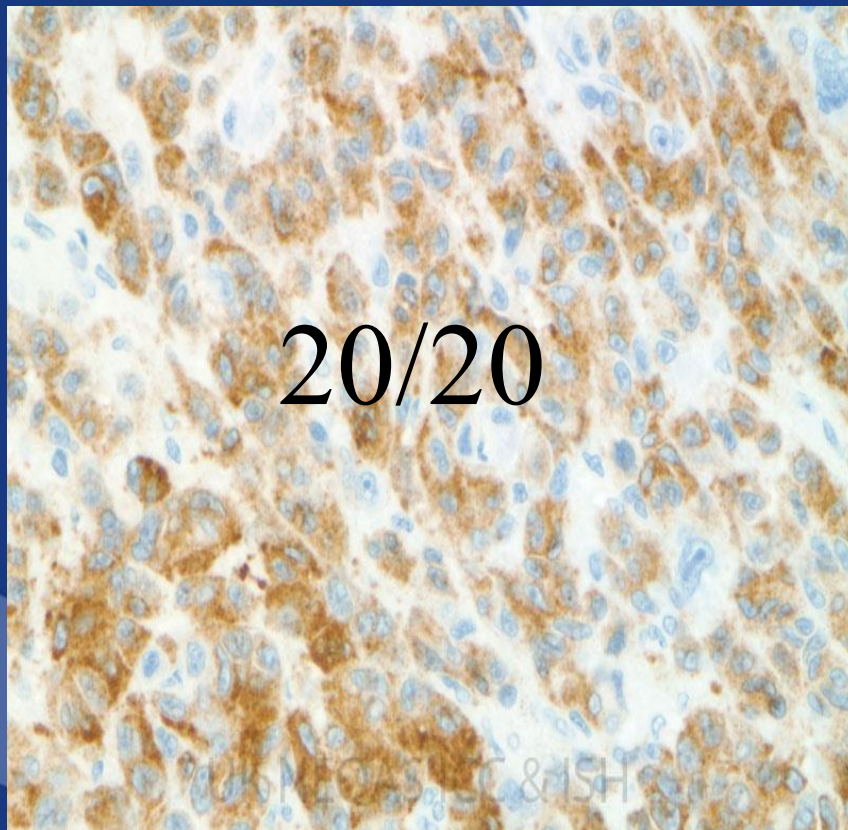


Ventana/Ultra

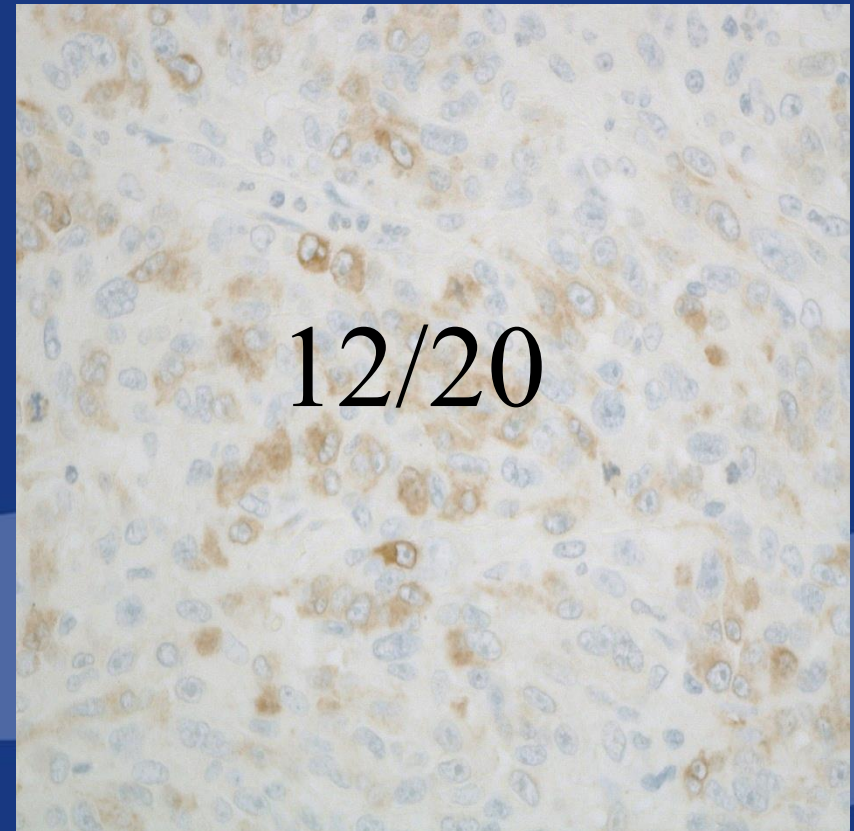


General –Melanoma Mel A

Dako & Bond

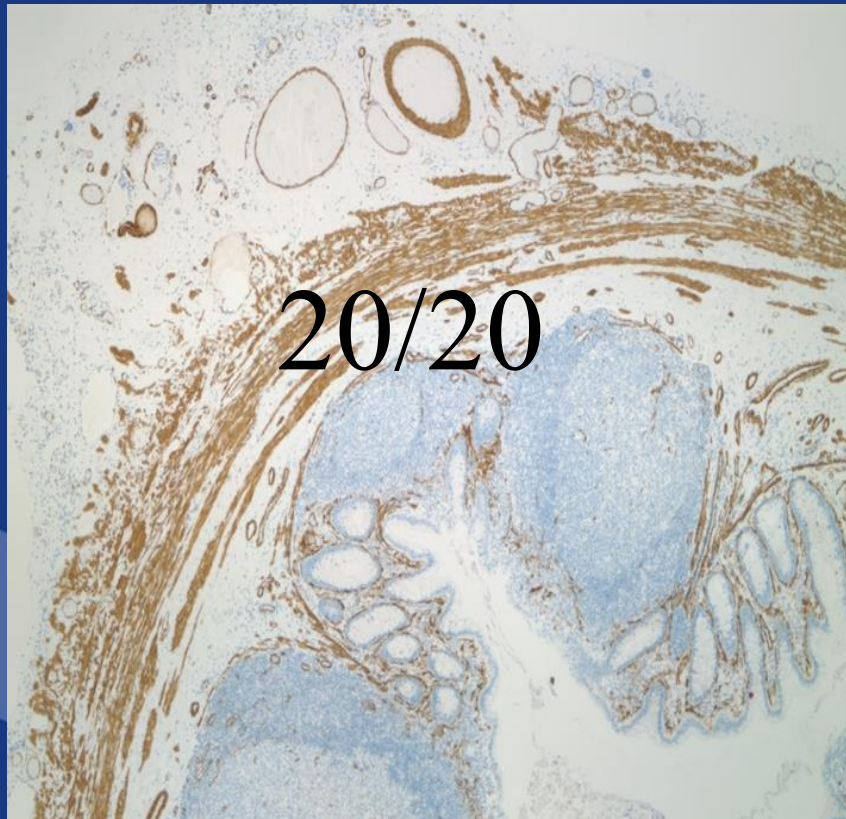


Ventana & Ultra

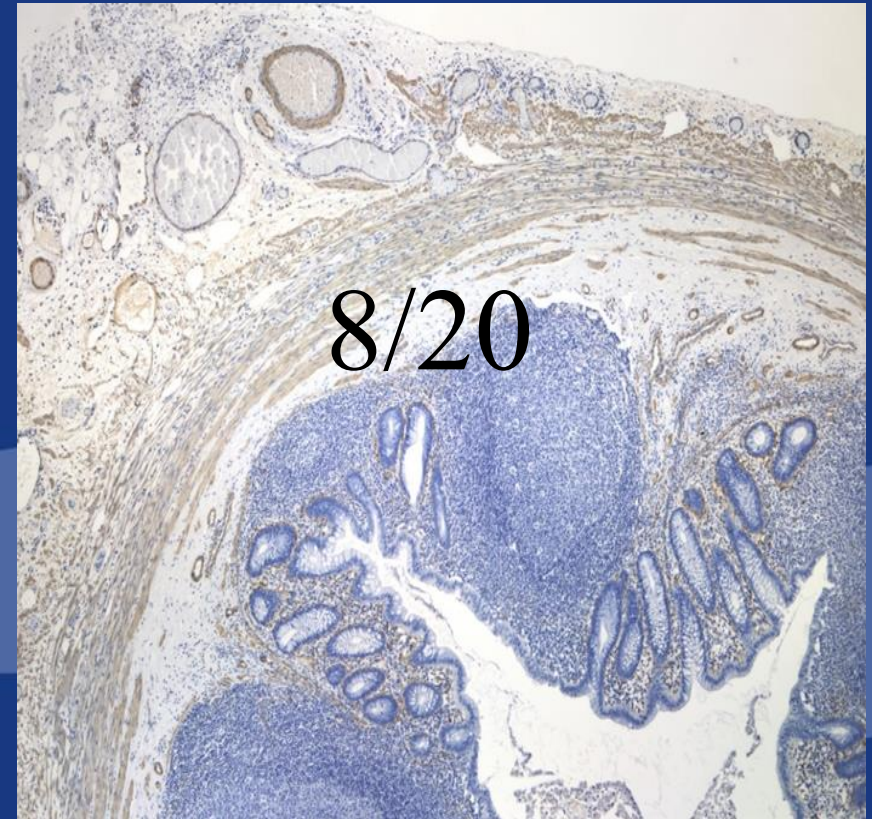


General – Appendix SMA

Dako & Omnis

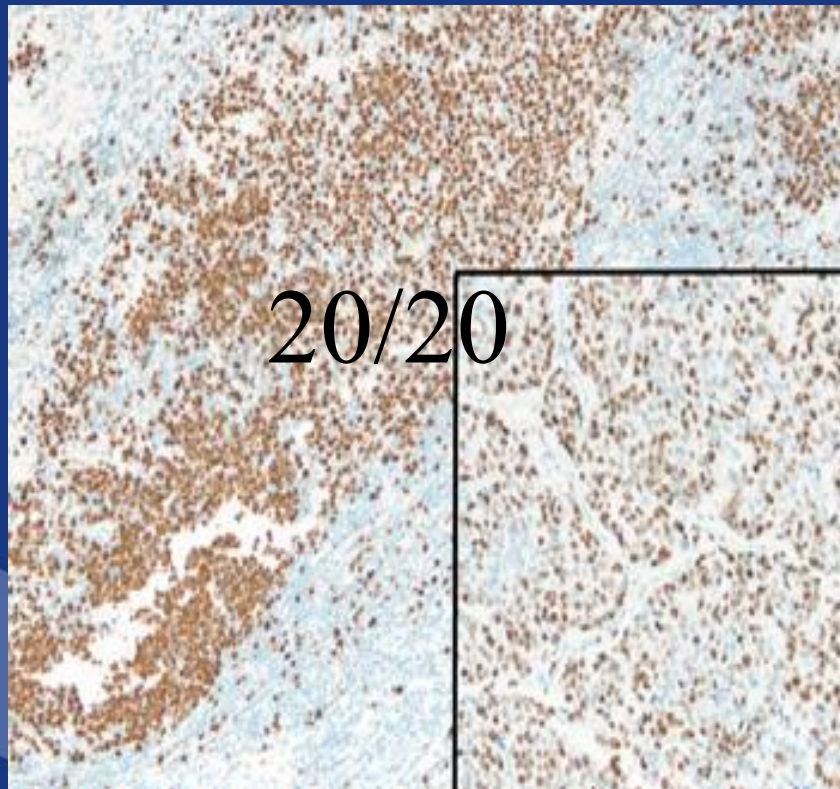


Dako & Autostainer

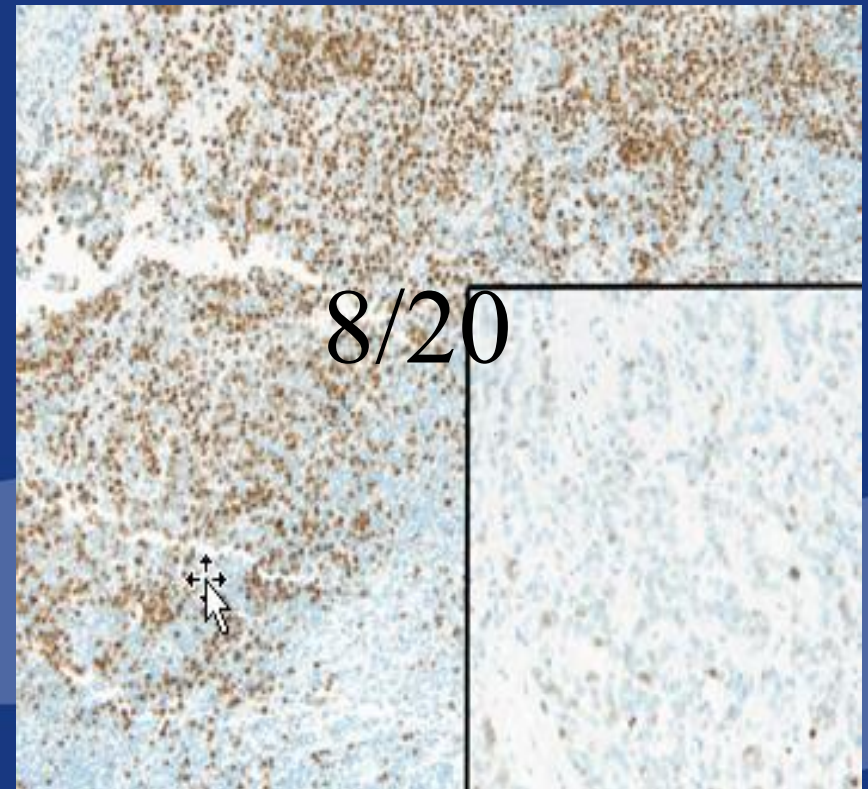


Ki 67 Tonsil & Breast

Dako & Autostainer

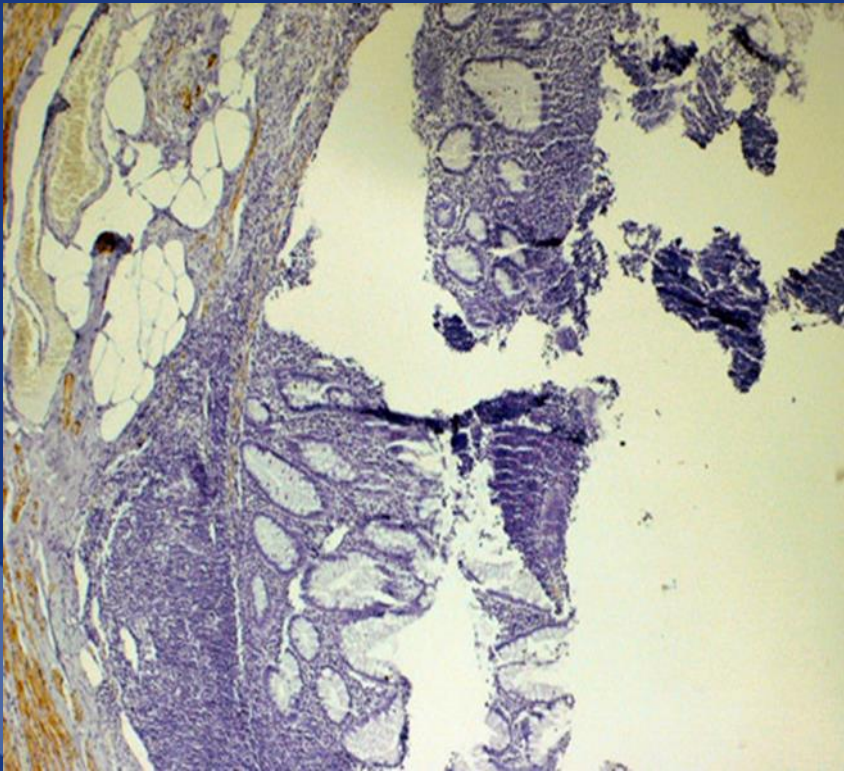


Leica & Bond



Section Quality

Floating, detachment



Creased, chattered tonsil



Down Time !!



Thank You



- Acknowledgements: Suzanne Parry UKNEQAS Temp. Manager, Neil Bilbe Support Scientist, Julie Williams Lead Assessor