



QI Month 2024

Application of the Chemotherapy Response Score in Ovarian Cancer at RCHT

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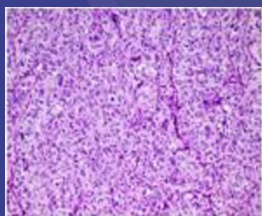
What highlighted the improvement opportunity?

Histopathology at Treliske receives a significant number of cases from Plymouth for patients with high grade ovarian cancer and who have had neoadjuvant chemotherapy prior to having debulking surgery. Oncologists in Plymouth have requested tumor chemotherapy response scores (CRS scores) to help guide further treatment for these patients; however, this is not routinely done here as the CRS is not a part of the current proforma for reporting ovarian carcinomas.

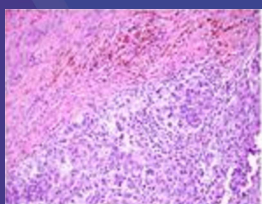
What did you do to implement the change/improvement?

As need for improvement was identified, an information session regarding the CRS scoring system was held in the histology department. We will also be making an informational poster on the CRS criteria to put on the walls in the department.

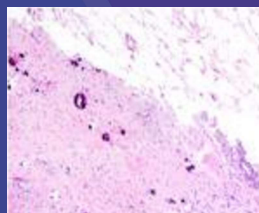
CRS 1



CRS 2



CRS 3



What did you want to achieve?

The aim of this project is to assess current levels of knowledge of the CRS score and its application and to assess interobserver variability within the department when using this scoring system. Following this assessment, the objective of the QI is to improve knowledge of the criteria of the CRS score and to improve accuracy and interobserver variability in applying the CRS score to ovarian cancer cases in the Trust.

How will/did you know that there has been an improvement?

To assess current levels of knowledge of the CRS score and its application, we used a short 2-question quiz on CRS and requested responses from the histopathologists at RCHT

To assess interobserver variability within the department, 5 cases of high-grade serous ovarian cancer (HGSC) were selected and passed to the histopath consultants for CRS scoring.

The same 5 cases were also sent for scoring to the Gynaecology lead in Exeter, who more routinely applies CRS scoring to ovarian cancer cases. The CRS scores assigned by the pathologists here were also compared with the scores assigned by the lead in Exeter.

The information above was collected in September-October 2024, and it showed that 67% of respondents could answer the questionnaire on CRS correctly and that currently there was significant interobserver variability within the RCHT department and between RCHT and Exeter as represented by the Gynaecology lead.

An informational session on CRS was held within the department following these results, with the aim of repeating the CRS quiz and selecting another 5 cases of ovarian cancer for assessment in the next months.

Have you had any feedback?

No feedback collected yet, but I hope to capture feedback on the usefulness of the information session and the practicality of routinely applying a CRS score to cases of high-grade serous ovarian cancer.