

# Clinical Audit of Papillary Thyroid Cancer Reporting Format in Sultan Qaboos University Hospital in Oman

Papillary thyroid carcinoma (PTC) comprises the most common type of histologically evaluated thyroid cancer in the world. In Oman, thyroid cancer is the second most encountered cancer among females, according to the latest cancer statistics 2019.<sup>1</sup> This clinical audit aims to assess PTC reporting trends in Sultan Qaboos University Hospital. A total of 144 cases of PTC diagnosed between 2021 and 2022 were retrieved. Their reports were evaluated and matched to the guidelines of PTC reporting as per the Royal College of Pathologists and the American Joint Committee on Cancer (AJCC).

All the printed reports were checked for the following parameters: Tumour type, tumour size, tumour focality, vascular invasion, and extrathyroidal extension. There were only two cases where extrathyroidal extension was not reported (1.5%), and in two instances, vascular invasion was not reported (1.5%).

The overall statistics of the results show that the completeness of PTC pathology reporting, according to the Royal College of Pathologists (RCPATH) data set, is around 96%.

Clinical audits of histology reports are crucial for enhancing patient care, ensuring accurate diagnosis, and maintaining the highest quality standards in healthcare. Thus, audits should be conducted systematically and collaboratively, involving relevant stakeholders to drive positive changes in the reporting process.<sup>2</sup>

This audit indicates the consistency of reporting in the department. All reporting pathologists adhere to the reporting parameters as laid out in the RCPATH data set. The results of this audit are consistent with those reported in the literature.<sup>3,4</sup>

In summary, clinical audit is a fundamental process in healthcare that helps ensure the delivery of high-quality, safe, and efficient care. It promotes continuous improvement, accountability, and evidence-based practice, ultimately benefitting both healthcare providers and, most importantly, patients.<sup>5</sup>

## COMPETING INTEREST:

The authors declared no conflict of interest.

## AUTHORS' CONTRIBUTION:

SAK: Basic calculations and manuscript writing.

SAJ: Overall supervision and manuscript writing.

AQ: Basic concept, manuscript writing, and supervision.

All authors approved the final version of the manuscript to be published.

## REFERENCES

1. Qureshi A, Haddabi IA, Saparamadu A, Al-Shehhi AH, Silva CD. Histomorphological spectrum of papillary carcinoma of thyroid in Oman. *J Coll Physicians Surg Pak* 2015; **25(6)**: 467-8. <http://pubmed.ncbi.nlm.nih.gov/26101007>.
2. Burn S, D'Cruz L. Clinical audit-process and outcome for improved clinical practice. *Dent Update* 2012; **39(10)**: 710-4. doi: 10.12968/denu.2012.39.10.710.
3. Ross P, Hubert J, Saunders M, Wong WL. The importance of a supportive environment in the clinical audit: A pilot study of doctors' engagement with the NHS National PET-CT audit program. *Nucl Med Commun* 2014; **35(10)**:1052-7. doi: 10.1097/MNM.000000000000161.
4. Mendelsohn AH, Elashoff DA, Abemayor E, St John MA. Surgery for papillary thyroid carcinoma: Is lobectomy enough? *Arch Otolaryngol Head Neck Surg* 2010; **136(11)**:1055-61. doi: 10.1001/archoto.2010.181.
5. Rathod R, Panda NK, Bakshi J, Nayak G, Ramavat A. Hemithyroidectomy in papillary thyroid cancers: A prospective, single institutional surgical audit and contemplating on the clinical implications of 2015 American Thyroid Association Guidelines. *Indian J Otolaryngol Head Neck Surg* 2023; **75(2)**:508-16. doi: 10.1007/s12070-022-03312-w.

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Received: November 06, 2023; Revised: April 29, 2024;

Accepted: May 03, 2024

DOI: <https://doi.org/10.29271/jcpsp.2024.06.743>

